

# 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>PUNEETH KUMAR KOUMUDHI RADHAKESHAV | Social security number<br>103-39-8292          |
| Spouse's name<br>SRUTHI SUNDERRAJAN                   | Spouse's social security number<br>864-85-9510 |

## 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   | 125,087. |
| 2 Total tax   | 12,038.  |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 23,404.  |
| 4 Amount you want refunded to you                               | 11,366.  |
| 5 Amount you owe  |          |

## 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 

|   |   |   |   |   |
|---|---|---|---|---|
| 9 | 8 | 2 | 9 | 2 |
|---|---|---|---|---|

 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 ▶ \_\_\_\_\_

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

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 5 | 9 | 5 | 1 | 0 |
|---|---|---|---|---|

 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>PUNEETH KUMAR</b>  | Last name<br><b>KOUMUDHI RADHAKESHAV</b> | Your social security number<br><b>103   39   8292</b>     |
| If joint return, spouse's first name and middle initial<br><b>SRUTHI</b>                                  | Last name<br><b>SUNDERRAJAN</b>          | Spouse's social security number<br><b>864   85   9510</b> |
| Home address (number and street). If you have a P.O. box, see instructions.<br><b>212 HARRISON AVE</b>    |  | Apt. no.<br>_____   |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br><b>HARRISON</b> |  | State<br><b>NJ</b>  |
| Foreign country name<br>_____   |  | ZIP code<br><b>07029</b>                                  |
| Foreign province/state/county<br>_____  |  | Foreign postal code<br>_____                              |

**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):

| 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):<br>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"/>    |

|  |   |  |
|--|---|--|
| <b>Income</b>  | <b>1a</b> Total amount from Form(s) W-2, box 1 (see instructions) . . . . .<br><b>b</b> Household employee wages not reported on Form(s) W-2 . . . . .<br><b>c</b> Tip income not reported on line 1a (see instructions) . . . . .<br><b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions) . . . . .<br><b>e</b> Taxable dependent care benefits from Form 2441, line 26 . . . . .<br><b>f</b> Employer-provided adoption benefits from Form 8839, line 29 . . . . .<br><b>g</b> Wages from Form 8919, line 6 . . . . .<br><b>h</b> Other earned income (see instructions) . . . . .<br><b>i</b> Nontaxable combat pay election (see instructions) . . . . . <b>1i</b><br><b>z</b> Add lines 1a through 1h  | <b>1a</b> 140,845.<br><b>1b</b> _____<br><b>1c</b> _____<br><b>1d</b> _____<br><b>1e</b> _____<br><b>1f</b> _____<br><b>1g</b> _____<br><b>1h</b> 0.<br><b>1z</b> 140,845. |
| Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. | <b>2a</b> Tax-exempt interest . . . . . <b>2a</b> _____ <b>b</b> Taxable interest . . . . . <b>2b</b> _____<br><b>3a</b> Qualified dividends . . . . . <b>3a</b> _____ <b>b</b> Ordinary dividends . . . . . <b>3b</b> _____<br><b>4a</b> IRA distributions . . . . . <b>4a</b> _____ <b>b</b> Taxable amount . . . . . <b>4b</b> _____<br><b>5a</b> Pensions and annuities . . . . . <b>5a</b> _____ <b>b</b> Taxable amount . . . . . <b>5b</b> _____<br><b>6a</b> Social security benefits . . . . . <b>6a</b> _____ <b>b</b> Taxable amount . . . . . <b>6b</b> _____<br><b>c</b> If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/><br><b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/><br><b>8</b> Additional income from Schedule 1, line 10 . . . . . <b>8</b> -15,758.<br><b>9</b> Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . <b>9</b> 125,087.<br><b>10</b> Adjustments to income from Schedule 1, line 26 . . . . . <b>10</b> _____<br><b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . . <b>11</b> 125,087.<br><b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . . <b>12</b> 27,700.<br><b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A . . . . . <b>13</b> _____<br><b>14</b> Add lines 12 and 13 . . . . . <b>14</b> 27,700.<br><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> 97,387. |  |

Attach Sch. B if required.

**Standard Deduction for—**

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

|                        |           |  |           |         |
|------------------------|-----------|--|-----------|---------|
| <b>Tax and Credits</b> | <b>16</b> | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | <b>16</b> | 12,038. |
|                        | <b>17</b> | Amount from Schedule 2, line 3   | <b>17</b> |         |
|                        | <b>18</b> | Add lines 16 and 17  | <b>18</b> | 12,038. |
|                        | <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> | 12,038. |
|                        | <b>23</b> | Other taxes, including self-employment tax, from Schedule 2, line 21   | <b>23</b> | 0.      |
|                        | <b>24</b> | Add lines 22 and 23. This is your <b>total tax</b>   | <b>24</b> | 12,038. |

|                 |           |   |            |         |
|-----------------|-----------|---|------------|---------|
| <b>Payments</b> | <b>25</b> | Federal income tax withheld from:   |            |         |
|                 | <b>a</b>  | Form(s) W-2   | <b>25a</b> | 23,404. |
|                 | <b>b</b>  | Form(s) 1099  | <b>25b</b> |         |
|                 | <b>c</b>  | Other forms (see instructions)  | <b>25c</b> |         |
|                 | <b>d</b>  | Add lines 25a through 25c   | <b>25d</b> | 23,404. |
|                 | <b>26</b> | 2023 estimated tax payments and amount applied from 2022 return                                 | <b>26</b>  |         |
|                 | <b>27</b> | Earned income credit (EIC) <input type="checkbox"/> NO  | <b>27</b>  |         |
|                 | <b>28</b> | Additional child tax credit from Schedule 8812  | <b>28</b>  |         |
|                 | <b>29</b> | American opportunity credit from Form 8863, line 8  | <b>29</b>  |         |
|                 | <b>30</b> | Reserved for future use   | <b>30</b>  |         |
|                 | <b>31</b> | Amount from Schedule 3, line 15   | <b>31</b>  |         |
|                 | <b>32</b> | Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> | <b>32</b>  |         |
|                 | <b>33</b> | Add lines 25d, 26, and 32. These are your <b>total payments</b>                                 | <b>33</b>  | 23,404. |

|                                      |            |   |            |         |
|--------------------------------------|------------|---|------------|---------|
| <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>  | 11,366. |
|                                      | <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> | 11,366. |
| Direct deposit?<br>See instructions. | <b>b</b>   | Routing number 021100361 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |            |         |
|                                      | <b>d</b>   | Account number 628053220  |            |         |
|                                      | <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 DEVELOPER | 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. (908) 630-7966                                      | Email address PUNEETHKUMAR.KRK@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>03/09/2024 | 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  
P KOUMUDHI RADHAKESHAV & S SUNDERRAJAN

Your social security number  
103-39-8292

**Part I Additional Income**

|           |   |           |          |
|-----------|---|-----------|----------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  | <b>1</b>  | 0.       |
| <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>  | -15,758. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  | <b>6</b>  |          |
| <b>7</b>  | Unemployment compensation . . . . .   | <b>7</b>  |          |
| <b>8</b>  | Other income:   |           |          |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> | ( )      |
| <b>b</b>  | Gambling . . . . .  | <b>8b</b> |          |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b> |          |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> | ( )      |
| <b>e</b>  | Income from Form 8853 . . . . .   | <b>8e</b> |          |
| <b>f</b>  | Income from Form 8889 . . . . .   | <b>8f</b> |          |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8g</b> |          |
| <b>h</b>  | Jury duty pay . . . . .   | <b>8h</b> |          |
| <b>i</b>  | Prizes and awards . . . . .   | <b>8i</b> |          |
| <b>j</b>  | Activity not engaged in for profit income . . . . .   | <b>8j</b> |          |
| <b>k</b>  | Stock options . . . . .   | <b>8k</b> |          |
| <b>l</b>  | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . . | <b>8l</b> |          |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8m</b> |          |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8n</b> |          |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8o</b> |          |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8p</b> |          |
| <b>q</b>  | Taxable distributions from an 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>  |          |
| <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> | -15,758. |

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

Schedule 1 (Form 1040) 2023

**Part II Adjustments to Income**

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

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

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

Department of the Treasury  
Internal Revenue Service

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.

Name(s) shown on return

P KOUMUDHI RADHAKESHAV & S SUNDERRAJAN

Your social security number

103-39-8292

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

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

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

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

**A** 2-3-18/52/B, TULASINAGAR CPLONY, GOLNAKA HYDERABAD, TELANGANA IN 500013

**B**  
**C**

| 1b Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days |   | Personal Use Days | QJV                      |
|---------------------------------------|--|------------------|---|-------------------|--------------------------|
|                                       |  | A                | B | C                 |                          |
| <b>A</b> 3                            |  | 330              |   | 0                 | <input type="checkbox"/> |
| <b>B</b>                              |  |                  |   |                   | <input type="checkbox"/> |
| <b>C</b>                              |  |                  |   |                   | <input type="checkbox"/> |

**Type of Property:**

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

| Income:   | Properties:           |   |   |
|---|-----------------------|---|---|
|   | A                     | B | C |
| <b>3</b> Rents received . . . . .   | <b>3</b> 810.         |   |   |
| <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> 890.         |   |   |
| <b>8</b> Commissions . . . . .  | <b>8</b>              |   |   |
| <b>9</b> Insurance . . . . .  | <b>9</b>              |   |   |
| <b>10</b> Legal and other professional fees . . . . .   | <b>10</b>             |   |   |
| <b>11</b> Management fees . . . . .   | <b>11</b> 1,874.      |   |   |
| <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> 4,122.      |   |   |
| <b>15</b> Supplies . . . . .  | <b>15</b> 4,528.      |   |   |
| <b>16</b> Taxes . . . . .   | <b>16</b>             |   |   |
| <b>17</b> Utilities . . . . .   | <b>17</b> 1,845.      |   |   |
| <b>18</b> Depreciation expense or depletion . . . . .   | <b>18</b> 3,309.      |   |   |
| <b>19</b> Other (list) _____  | <b>19</b>             |   |   |
| <b>20</b> Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b> 16,568.     |   |   |
| <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> -15,758.    |   |   |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | <b>22</b> ( 15,758. ) |   |   |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .  | <b>23a</b> 810.       |   |   |
| <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> 3,309.     |   |   |
| <b>e</b> Total of all amounts reported on line 20 for all properties . . . . .  | <b>23e</b> 16,568.    |   |   |
| <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> ( 15,758. ) |   |   |
| <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> -15,758.    |   |   |

For Paperwork Reduction Act Notice, see the separate instructions.

NPA -15,758.

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.  
103-39-8292

PUNEETH KUMAR KOUMUDHI RADHAKESHAV

**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 1,950.  |
| 10 | Qualified HSA funding distributions . . . . .  | 10  |
| 11 | Add lines 9 and 10 . . . . .   | 11 1,950.   |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- . . . . .   | 12 5,800.   |
| 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 |
| 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 |
| 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  |
| 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 |

**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.

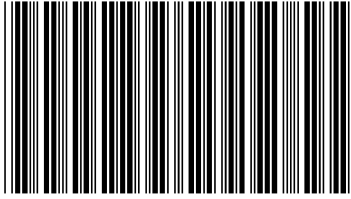
|    |  |    |
|----|--|----|
| 18 | Last-month rule . . . . .  | 18 |
| 19 | Qualified HSA funding distribution . . . . .   | 19 |
| 20 | <b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f . . . . .                             | 20 |
| 21 | <b>Additional 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 |

2023 NJ-1040  
New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040  
2023  
Page 1



040MP01230

Your Social Security Number (required)  
103398292

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)  
KOUMUDHI RADHAKESHAV PUNEETH KUMAR & SUNDERRA

Spouse's/CU Partner's SSN (if filing jointly)  
864859510

Home Address (Number and Street, including apartment number)  
County/Municipality Code (See Table page 50)  
0808  
212 HARRISON AVE

City, Town, Post Office State ZIP Code  
HARRISON NJ 07029

Driver's License Number (Voluntary) (See instructions)  
K68106350007911

- Federal extension filed.
- The address above is a foreign address.
- Your address has changed.
- Death certificate is enclosed.
- Do not want a paper form next year.
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
- NJ-1040-O is enclosed.

**Gubernatorial Elections Fund** Note: This does not reduce your refund or increase your balance due.

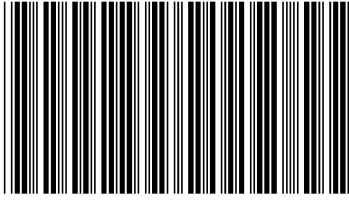
|   |                   |     |    |
|---|-------------------|-----|----|
| Do you want to designate \$1 to the Gubernatorial Elections Fund? | You               | Yes | No |
| If joint return, does your spouse want to designate \$1?          | Spouse/CU Partner | Yes | No |

**Direct Deposit Information**

|  |      |   |           |
|--|------|---|-----------|
| dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)                    | dd1. | 1 |           |
| dd2. Account type (C for checking, S for savings)  | dd2. | C |           |
| dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States | dd3. |   |           |
| dd4. Routing number  | dd4. |   | 021100361 |
| dd5. Account number  | dd5. |   | 628053220 |







Name(s) as shown on Form NJ-1040  
KOUMUDHI RADHAKESHAV PUNEETH KUMAR & SUN

Your Social Security Number  
103398292

1555

Part-year residents, provide months/days you were a New Jersey resident during 2023:  
From: To:

Fiscal year filers only:  
Enter month of your year end 2 0 2 4

**Filing Status**  
Fill in only one.

- 1. Single
- 2.  Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return
- 4. Head of Household Enter spouse's/CU partner's SSN
- 5. Qualifying Widow(er)/Surviving CU Partner  
Indicate the year of your spouse's/CU partner's death: 2021 2022

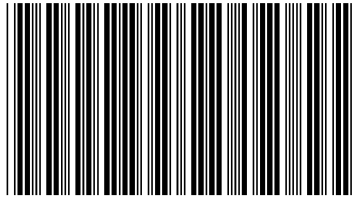
**Exemptions**

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

|  |                                     |      |                                     |                   |                  |   |             |               |
|--|-------------------------------------|------|-------------------------------------|-------------------|------------------|---|-------------|---------------|
| 6. Regular   | <input checked="" type="checkbox"/> | Self | <input checked="" type="checkbox"/> | Spouse/CU Partner | Domestic Partner | 2 | x \$1,000 = | <u>2000</u>   |
| 7. Senior 65+ (Born in 1958 or earlier)                                |                                     | Self |                                     | Spouse/CU Partner |                  |   | x \$1,000 = | _____         |
| 8. Blind/Disabled  |                                     | Self |                                     | Spouse/CU Partner |                  |   | x \$1,000 = | _____         |
| 9. Veteran   |                                     | Self |                                     | Spouse/CU Partner |                  |   | x \$6,000 = | _____         |
| 10. Qualified Dependent Children                                       |                                     |      |                                     |                   |                  |   | x \$1,500 = | _____         |
| 11. Other Dependents   |                                     |      |                                     |                   |                  |   | x \$1,500 = | _____         |
| 12. Dependents Attending Colleges (See instructions)                   |                                     |      |                                     |                   |                  |   | x \$1,000 = | _____         |
| 13. Total Exemption Amount (Add totals from the lines at 6 through 12) |                                     |      |                                     |                   |                  |   | 13.         | <u>2000</u> . |

14. Dependent Information. Provide the following information for each dependent.

|    | Last Name, First Name, Middle Initial | Social Security Number | Birth Year | No Health Insurance |
|----|---------------------------------------|------------------------|------------|---------------------|
| a. | _____                                 |                        |            |                     |
| b. | _____                                 |                        |            |                     |
| c. | _____                                 |                        |            |                     |
| d. | _____                                 |                        |            |                     |



040MP03230

Name(s) as shown on Form NJ-1040

KOUMUDHI RADHAKESHAV PUNEETH KUMAR & SUND

Your Social Security Number

103398292

1555

|      |  |        |        |   |
|------|--|--------|--------|---|
| 15.  | Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)             | 15.    | 145697 | . |
| 16a. | Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)  | 16a.   | .      | . |
| 16b. | Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a  | 16b.   | .      | . |
| 17.  | Dividends  | 17.    | .      | . |
| 18.  | Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)   | 18.    | .      | . |
| 19.  | Net gains or income from disposition of property (Schedule NJ-DOP, line 4)   | 19.    | .      | . |
| 20a. | Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)  | 20a.   | .      | . |
| 20b. | Excludable pension, annuity, and IRA distributions/withdrawals   | 20b.   | .      | . |
| 21.  | Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)     | 21.    | .      | . |
| 22.  | Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1) | 22.    | .      | . |
| 23.  | Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)                            | 23.    | .      | . |
| 24.  | Net gambling winnings (See instructions)   | 24.    | .      | . |
| 25.  | Alimony and separate maintenance payments received   | 25.    | .      | . |
| 26.  | Other (Enclose documents) (See instructions)   | 26.    | .      | . |
| 27.  | Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)  | 27.    | 145697 | . |
| 28a. | Pension/Retirement Exclusion (See instructions)  | 28a.   | .      | . |
| 28b. | Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)   | 28b.   | .      | . |
| 28c. | Total Exclusion Amount (Add lines 28a and 28b)   | 28c.   | .      | . |
| 29.  | New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)  | 29.    | 145697 | . |
| 30.  | Exemption Amount (Enter amount from line 13. Part-year residents see instr.)   | 30.    | 2000   | . |
| 31.  | Medical Expenses (See Worksheet F and instructions)  | 31.    | .      | . |
| 32.  | Alimony and separate maintenance payments (See instructions)   | 32.    | .      | . |
| 33.  | Qualified Conservation Contribution  | 33.    | .      | . |
| 34.  | Health Enterprise Zone Deduction   | 34.    | .      | . |
| 35.  | Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)   | 35.    | 0      | . |
| 36.  | Organ/Bone Marrow Donation Deduction (See instructions)  | 36.    | .      | . |
| 37a. | NJBEST Deduction   | 37a.   | .      | . |
| 37b. | NJCLASS Deduction  | 37b.   | .      | . |
| 37c. | NJ Higher Ed. Tuition Deduction  | 37c.   | .      | . |
| 38.  | Total Exemptions and Deductions (Add lines 30 through 37c)   | 38.    | 2000   | . |
| 39.  | Taxable Income (Subtract line 38 from line 29)   | 39.    | 143697 | . |
| 40a. | Total Property Taxes (18% of Rent) Paid (See instructions page 25)   | 40a.   | 2520   | . |
| 40b. | Indicate your residency status during 2023 (fill in only one)  |        |        |   |
|      | Homeowner  | Tenant | Both   |   |
| 41.  | Property Tax Deduction (From Worksheet H) (See instructions)   | 41.    | 2520   | . |
| 42.  | New Jersey Taxable Income (Subtract line 41 from line 39)  | 42.    | 141177 | . |
| 43.  | Tax on amount on line 42 (Tax Table page 52)   | 43.    | 5025   | . |
| 44.  | Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)                                   | 44.    | 2349   | . |
|      | Enter Code   |        | 32     |   |
| 45.  | Balance of Tax (Subtract line 44 from line 43)   | 45.    | 2676   | . |
| 46.  | Sheltered Workshop Tax Credit  | 46.    | .      | . |
| 47.  | Gold Star Family Counseling Credit (See instructions)  | 47.    | .      | . |
| 48.  | Credit for Employer of Organ/Bone Marrow Donor (See instructions)  | 48.    | .      | . |
| 49.  | Total Credits (Add lines 46 through 48)  | 49.    | .      | . |
| 50.  | Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry  | 50.    | 2676   | . |
| 51.  | Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0                     | 51.    | 0      | . |
| 52.  | Interest on Underpayment of Estimated Tax  | 52.    | .      | . |
|      | Fill in if Form NJ-2210 is enclosed  |        |        |   |
| 53a. | Fill in if anyone in your tax household does not currently have health insurance. (Enclose NJ-EZ Enroll form) (See instructions)   | 53a.   |        | . |



Name(s) as shown on Form NJ-1040  
KOUUMUDHI RADHAKESHAV PUNEETH KUMAR & SUND

Your Social Security Number  
103398292 1555

|   |      |        |
|---|------|--------|
| 53b. If you indicated at line 53a that someone in your tax household does not have health insurance, fill in to allow Get Covered New Jersey to assist with obtaining coverage (See instructions)               | 53b. |        |
| 53c. Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule NJ-HCC and fill in <input checked="" type="checkbox"/>  | 53c. | 0 .    |
| 54. Total Tax Due (Add lines 50 through 53c)  | 54.  | 2676 . |
| 55. Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part-year residents, see instructions)   | 55.  | 3923 . |
| 56. Property Tax Credit (See instructions page 24)  | 56.  | . .    |
| 57. New Jersey Estimated Tax Payments/Credit from 2022 tax return   | 57.  | . .    |
| 58. New Jersey Earned Income Tax Credit (See instructions)<br>Fill in if you had the IRS calculate your federal earned income credit<br>Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit | 58.  | . .    |
| 59. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)  | 59.  | . .    |
| 60. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)   | 60.  | . .    |
| 61. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)   | 61.  | . .    |
| 62. Wounded Warrior Caregivers Credit (See instructions)  | 62.  | . .    |
| 63. Pass-Through Business Alternative Income Tax Credit (See instructions)  | 63.  | . .    |
| 64. Child and Dependent Care Credit (See instructions)<br>Fill in if you are a CU couple claiming the Child and Dependent Care Credit   | 64.  | . .    |
| 65. New Jersey Child Tax Credit (See instructions)<br>Number of dependents age 5 or younger on 12/31/2023   | 65.  | . .    |
| 66. Total Withholdings, Credits, and Payments (Add lines 55 through 65)   | 66.  | 3923 . |
| 67. If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you owe<br>If you owe tax, you can still make a donation on lines 70 through 77.                      | 67.  | . .    |
| 68. If the total on line 66 is more than line 54, you have an overpayment. Subtract line 54 from line 66 and enter the overpayment  | 68.  | 1247 . |
| 69. Amount from line 68 you want to credit to your 2024 tax   | 69.  | . .    |
| 70. Contribution to N.J. Endangered Wildlife Fund   | 70.  | . .    |
| 71. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse   | 71.  | . .    |
| 72. Contribution to N.J. Vietnam Veterans' Memorial Fund  | 72.  | . .    |
| 73. Contribution to N.J. Breast Cancer Research Fund  | 73.  | . .    |
| 74. Contribution to U.S.S. New Jersey Educational Museum Fund   | 74.  | . .    |
| 75. Other Designated Contribution (See instructions) Enter Code   | 75.  | . .    |
| 76. Other Designated Contribution (See instructions) Enter Code   | 76.  | . .    |
| 77. Other Designated Contribution (See instructions) Enter Code   | 77.  | . .    |
| 78. Total Adjustments to Tax Due/Overpayment amount (Add lines 69 through 77)   | 78.  | . .    |
| 79. Balance due (If line 67 is more than zero, add line 67 and line 78)   | 79.  | . .    |
| 80. Refund amount (If line 68 is more than zero, subtract line 78 from line 68)   | 80.  | 1247 . |

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

\_\_\_\_\_  
Your Signature Date \_\_\_\_\_  
Spouse's/CU Partner's Signature (required if filing jointly) Date \_\_\_\_\_  
Paid Preparer's Signature Federal Identification Number  
SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703

\_\_\_\_\_  
Firm's Name Firm's Federal Employer Identification Number  
GLOBAL TAXES LLC 84-3171965

**Tax Due Address**  
Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:  
State of New Jersey  
Division of Taxation  
Revenue Processing Center - Payments  
PO Box 111  
Trenton, NJ 08645-0111  
Include Social Security number and make check or money order payable to:  
State of New Jersey - TGI  
You can also make a payment on our website:  
nj.gov/taxation

**Refund or No Tax Due Address**  
Use the labels provided with the envelope and mail to:  
New Jersey Division of Taxation  
Revenue Processing Center - Refunds  
PO Box 555  
Trenton, NJ 08647-0555

**Schedule NJ-BUS-1**  
(Form NJ-1040)

New Jersey Gross Income Tax  
Business Income Summary Schedule

**2023**

**Part I Net Profits From Business** List the net profit (loss) from business(es). See instructions.

|    | Business Name   | Social Security Number/<br>Federal EIN | Profit or (Loss) |
|----|---|--|------------------|
| 1. |   |  |                  |
| 2. |   |  |                  |
| 3. |   |  |                  |
| 4. | Net Profit or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 18, NJ-1040. If loss, make no entry on line 18.) |  | 4.               |

**Part II Distributive Share of Partnership Income** List the distributive share of income (loss) from partnership(s). See instructions.

|    | Partnership Name  | Federal EIN | Share of Partnership<br>Income or (Loss) | Share of Pass-Through<br>Business Alternative<br>Income Tax |
|----|---|-------------|--|---|
| 1. |   |             |  |   |
| 2. |   |             |  |   |
| 3. |   |             |  |   |
| 4. | Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 21, NJ-1040. If loss, make no entry on line 21.) |             | 4.                                       |   |
| 5. | Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 63, NJ-1040.)                    |             | 5.                                       |   |

**Part III Net Pro Rata Share of S Corporation Income** List the pro rata share of income (usable loss) from S corporation(s). See instructions.

|    | S Corporation Name   | Federal EIN | Pro Rata Share of S Corporation<br>Income or (Usable Loss) | Share of Pass-Through Business<br>Alternative Income Tax |
|----|--|-------------|--|--|
| 1. |  |             |  |  |
| 2. |  |             |  |  |
| 3. |  |             |  |  |
| 4. | Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 22, NJ-1040. If loss, make no entry on line 22.) |             | 4.   |  |
| 5. | Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 63, NJ-1040)                              |             | 5.   |  |

**Part IV Net Gains or Income From Rents, Royalties, Patents, and Copyrights** List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions.  
Type of Property:  
1 – Rental real estate 2 – Royalties 3 – Patents 4 – Copyrights

|    | Source of Income or Loss. If rental real estate, enter physical address of property.                                    | Social Security Number/<br>Federal EIN | Type – Enter<br>number from<br>list above | Income or (Loss) |
|----|---|--|---|------------------|
| 1. | 2-3-18/52/B, TULASINAGAR  | 103398292                              | 1   | -15,758.         |
| 2. |   |  |   |                  |
| 3. |   |  |   |                  |
| 4. | Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, NJ-1040. If loss, make no entry on line 23.) |  |   | 4. -15,758.      |

Keep a copy of this schedule for your records

**Schedule NJ-BUS-2**  
(Form NJ-1040)New Jersey Gross Income Tax  
Alternative Business Calculation Adjustment**2023**

| Part I Income (Loss)                               |   | Column A                           |    |      | Column B                           |             |  |
|--|---|------------------------------------|----|------|------------------------------------|-------------|--|
|  |   | Reportable Regular Business Income |    |      | Alternative Business Income (Loss) |             |  |
| 1.   | Net Profits From Business   | 1a.                                | 0. |      | 1b.                                | 0.          |  |
| 2.   | Distributive Share of Partnership Income                          | 2a.                                | 0. |      | 2b.                                | 0.          |  |
| 3.   | Net Pro Rata Share of S Corporation Income                        | 3a.                                | 0. |      | 3b.                                | 0.          |  |
| 4.   | Net Gain or Income From Rents, Royalties, Patents, and Copyrights | 4a.                                | 0. |      | 4b.                                | -15,758.    |  |
| 5.   | Loss Carryforward From Tax Year 2022                              |                                    |    |      | 5b.                                | ( 16,975. ) |  |
| 6.   | Totals  | 6a.                                | 0. |      | 6b.                                | -32,733.    |  |
| <b>Part II Adjustment Calculation</b>              |   |                                    |    |      |                                    |             |  |
| 7.   | Total Regular Business Income                                     | 7.                                 | 0. |      |                                    |             |  |
| 8.   | Total Alternative Business Income/(Loss) (If loss, enter zero)    | 8.                                 | 0. |      |                                    |             |  |
| 9.   | Business Increment (Subtract line 8 from line 7)                  | 9.                                 | 0. |      |                                    |             |  |
| 10.  | Adjustment Percentage   | 10.                                |    | 0.50 |                                    |             |  |
| 11.  | Alternative Business Calculation Adjustment (Line 9 x 0.50)       | 11.                                | 0. |      |                                    |             |  |
| <b>Part III Loss Carryforward to Tax Year 2024</b> |   |                                    |    |      |                                    |             |  |
| 12.  | Loss Carryforward to Tax Year 2024                                |                                    |    |      | 12.                                | ( 32,733. ) |  |

**Instructions**

- Line 1a. Enter the amount from line 18, Form NJ-1040.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from line 21, Form NJ-1040.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from line 22, Form NJ-1040.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from line 23, Form NJ-1040.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from line 12 of your 2022 Schedule NJ-BUS-2 (Form NJ-1040).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2023 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040.
- Line 12. If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

# REQUIRED

If your income on line 29 is above the filing threshold, you **must** submit this schedule with your return.

|   |                                       |
|---|---------------------------------------|
| Name(s) as shown on Form NJ-1040<br>KOUMUDHI RADHAKESHAV PUNEETH KUMAR & SUNDERRAJAN SRUTHI | Social Security Number<br>103-39-8292 |
|---|---------------------------------------|

## Schedule NJ-HCC

## Health Care Coverage

### 2023

If your income on line 29 is at or below the filing threshold (see instructions), do not complete this schedule.

### Part I

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2023? (See instructions for line 53c, NJ-1040.) Part-year residents include only months as a New Jersey resident.

- Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53c, NJ-1040, and enclose this schedule with your return.
- No. Continue to Part II.

If you or any member of your tax household does not **currently** have minimum essential health coverage, also complete the NJ-EZ Enroll form. (See instructions for lines 53a and 53b, NJ-1040.)

### Part II

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 53c, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

|                   |                        | Jan  | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|-------------------|------------------------|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Name              | Social Security Number |  |     |     |     |     |     |     |     |     |     |     |     |
| Exemption number: | <input type="text"/>   | Check box if this individual has more than one exemption number <input type="checkbox"/> |     |     |     |     |     |     |     |     |     |     |     |

|                   |                        | Jan  | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|-------------------|------------------------|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Name              | Social Security Number |  |     |     |     |     |     |     |     |     |     |     |     |
| Exemption number: | <input type="text"/>   | Check box if this individual has more than one exemption number <input type="checkbox"/> |     |     |     |     |     |     |     |     |     |     |     |

|                   |                        | Jan  | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|-------------------|------------------------|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Name              | Social Security Number |  |     |     |     |     |     |     |     |     |     |     |     |
| Exemption number: | <input type="text"/>   | Check box if this individual has more than one exemption number <input type="checkbox"/> |     |     |     |     |     |     |     |     |     |     |     |

|                   |                        | Jan  | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|-------------------|------------------------|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Name              | Social Security Number |  |     |     |     |     |     |     |     |     |     |     |     |
| Exemption number: | <input type="text"/>   | Check box if this individual has more than one exemption number <input type="checkbox"/> |     |     |     |     |     |     |     |     |     |     |     |

|                   |                        | Jan  | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|-------------------|------------------------|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Name              | Social Security Number |  |     |     |     |     |     |     |     |     |     |     |     |
| Exemption number: | <input type="text"/>   | Check box if this individual has more than one exemption number <input type="checkbox"/> |     |     |     |     |     |     |     |     |     |     |     |



Office of Processing and Taxpayer Services  
W A Harriman Campus, Albany NY 12227-0865

## New York State requires this income tax return to be filed electronically.

### Attention tax return preparer:

Most tax return preparers are required to e-file their clients' New York State tax returns. Because this return was prepared using software, you **MUST** use e-file. If you file a paper New York State tax return, you will be in violation of New York State law.

## Preparers who file paper returns are subject to penalties.

### Avoid penalties and e-file this return.

### Attention taxpayer:

New York State law requires this return to be filed electronically. If your tax return preparer has provided you with a paper New York State tax return with instructions to mail it, contact that preparer and request that the return be electronically filed.

- **No charge for e-filing:** New York State Tax Law prohibits your tax preparer from charging you a separate or additional fee for e-filing your New York State tax return.
- **Faster tax refunds:** New York State tax refunds on e-filed returns are twice as fast as refunds on paper returns.
- **Most New Yorkers** enjoy the benefits of e-filing.

### Questions?

Visit our website for more information about New York's e-file mandate.



Department of Taxation and Finance

# Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

# IT-203

For the year January 1, 2023, through December 31, 2023, or fiscal year beginning ..... **23**  
and ending .....

For help completing your return, see the instructions, Form IT-203-I.

|  |  |   |                   |   |  |
|--|--|---|-------------------|---|--|
| Your first name and middle initial<br>PUNEETH KUMAR                                  |  | Your last name (for a joint return, enter spouse's name on line below)<br>KOU MUDHI RADHAKESHAV |                   | Your date of birth (mmddyyyy)<br>07131991     | Your Social Security number<br>103398292     |
| Spouse's first name and middle initial<br>SRUTHI                                     |  | Spouse's last name<br>SUNDERRAJAN   |                   | Spouse's date of birth (mmddyyyy)<br>07091992 | Spouse's Social Security number<br>864859510 |
| Mailing address (see instructions) (number and street or PO Box)<br>212 HARRISON AVE |  |   |                   | Apartment number                              | New York State county of residence<br>NR     |
| City, village, or post office<br>HARRISON  |  | State<br>NJ   | ZIP code<br>07029 | Country<br>UNITED STATES                      | School district name<br>NR                   |
| Taxpayer's permanent home address (see instructions) (no. and street or rural route) |  |   |                   | Apartment no.                                 | City, village, or post office                |
| State  |  | ZIP code  | Country           | Decedent information                          | Taxpayer's date of death                     |
|  |  |   |                   |   | Spouse's date of death                       |

**A Filing status** (mark an X in one box):

①  Single

②  Married filing joint return (enter both spouses' Social Security numbers above)

③  Married filing separate return (enter both spouses' Social Security numbers above)

④  Head of household (with qualifying person)

⑤  Qualifying surviving spouse

**B Did you itemize** your deductions on your 2023 federal income tax return? ..... Yes  No

**C Can you be claimed** as a dependent on another taxpayer's federal return? ..... Yes  No

**D1 Did you have a financial account** located in a foreign country? ..... Yes  No



**D2 (1) Did you or your spouse maintain living quarters in Yonkers** for any part of 2023? ..... Yes  No   
If Yes:

(2) Number of months **you** lived in Yonkers in 2023 ...

(3) Number of months **your spouse** lived in Yonkers in 2023 ...   
If No:

(4) Did you or your spouse work in Yonkers while not living in Yonkers for any part of 2023 ... Yes  No

**E New York City part-year residents only** (This includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island)

(1) Number of months **you** lived in NY City in 2023 ....

(2) Number of months **your spouse** lived in NY City in 2023 .....

**F Enter your 2-character special condition code(s) if applicable** .....

**G New York State part-year residents**

Enter the date you moved into or out of NYS (mmddyyyy) .....

On the last day of the tax year (mark an X in one box):

1) Lived in NYS .....

2) Lived outside NYS; received income from NYS sources during nonresident period .....

3) Lived outside NYS; received no income from NYS sources during nonresident period .....

**H Did you or your spouse maintain living quarters in NYS in 2023?** ..... Yes  No   
(if Yes, complete Form IT-203-B)

### I Dependent information

| First name and middle initial | Last name | Relationship | Social Security number | Date of birth (mmddyyyy) |
|-------------------------------|-----------|--------------|------------------------|--------------------------|
|                               |           |              |                        |                          |
|                               |           |              |                        |                          |
|                               |           |              |                        |                          |
|                               |           |              |                        |                          |
|                               |           |              |                        |                          |

If more than 6 dependents, mark an X in the box.



203001233555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Enter your Social Security number  
103398292

| Federal income and adjustments   | Federal amount<br>Whole dollars only |            | New York State amount<br>Whole dollars only |           |
|--|--------------------------------------|------------|---|-----------|
| 1 Wages, salaries, tips, etc. ....   | 1                                    | 140845 .00 | 1   | 68120 .00 |
| 2 Taxable interest income .....  | 2                                    | .00        | 2   | .00       |
| 3 Ordinary dividends .....   | 3                                    | .00        | 3   | .00       |
| 4 Taxable refunds, credits, or offsets of state and local<br>income taxes (also enter on line 24) .....                          | 4                                    | .00        | 4   | .00       |
| 5 Alimony received .....   | 5                                    | .00        | 5   | .00       |
| 6 Business income or loss (submit a copy of federal Sch. C, Form 1040)   | 6                                    | .00        | 6   | .00       |
| 7 Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)   | 7                                    | .00        | 7   | .00       |
| 8 Other gains or losses (submit a copy of federal Form 4797)   | 8                                    | .00        | 8   | .00       |
| 9 Taxable amount of IRA distributions. Beneficiaries: mark <b>X</b> in box <input type="checkbox"/>                              | 9                                    | .00        | 9   | .00       |
| 10 Taxable amount of pensions/annuities. Beneficiaries: mark <b>X</b> in box <input type="checkbox"/>                            | 10                                   | .00        | 10  | .00       |
| 11 Rental real estate, royalties, partnerships, S corporations,<br>trusts, etc. (submit a copy of federal Schedule E, Form 1040) | 11                                   | -15758 .00 | 11  | .00       |
| 12 Rental real estate included<br>in line 11 (federal amount) <b>12.</b> <input type="text" value="-15758 .00"/>                 |                                      |            |   |           |
| 13 Farm income or loss (submit a copy of federal Sch. F, Form 1040)  | 13                                   | .00        | 13  | .00       |
| 14 Unemployment compensation.....  | 14                                   | .00        | 14  | .00       |
| 15 Taxable amount of Social Security benefits (also enter on line 26)  | 15                                   | .00        | 15  | .00       |
| 16 Other income <i>Identify:</i> <input type="text"/>  | 16                                   | .00        | 16  | .00       |
| 17 Add lines 1 through 11 and 13 through 16 .....  | 17                                   | 125087 .00 | 17  | 68120 .00 |
| 18 Total federal adjustments to income<br><i>Identify:</i> <input type="text"/>  | 18                                   | .00        | 18  | .00       |
| 19 Federal adjusted gross income (subtract line 18 from line 17) ..  | 19                                   | 125087 .00 | 19  | 68120 .00 |

| New York additions   |    |            |    |           |
|--|----|------------|----|-----------|
| 20 Interest income on state and local bonds and obligations<br>(but not those of New York State or its localities) ..... | 20 | .00        | 20 | .00       |
| 21 Public employee 414(h) retirement contributions .....   | 21 | .00        | 21 | .00       |
| 22 Other (Form IT-225, line 9) .....   | 22 | .00        | 22 | .00       |
| 23 Add lines 19 through 22 .....   | 23 | 125087 .00 | 23 | 68120 .00 |

| New York subtractions  |    |            |    |           |
|--|----|------------|----|-----------|
| 24 Taxable refunds, credits, or offsets of state and<br>local income taxes (from line 4) ..... | 24 | .00        | 24 | .00       |
| 25 Pensions of NYS and local governments and the<br>federal government .....                   | 25 | .00        | 25 | .00       |
| 26 Taxable amount of Social Security benefits (from line 15)                                   | 26 | .00        | 26 | .00       |
| 27 Interest income on U.S. government bonds .....  | 27 | .00        | 27 | .00       |
| 28 Pension and annuity income exclusion .....  | 28 | .00        | 28 | .00       |
| 29 Other (Form IT-225, line 18) .....  | 29 | .00        | 29 | .00       |
| 30 Add lines 24 through 29 .....   | 30 | .00        | 30 | .00       |
| 31 New York adjusted gross income (subtract line 30 from line 23)                              | 31 | 125087 .00 | 31 | 68120 .00 |

32 Enter the amount from line 31, **Federal amount** column 125087 .00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



**Standard deduction or itemized deduction**

33 Enter your **standard deduction** or your **itemized deduction** (from Form IT-196).  
Mark an **X** in the appropriate box: ...  **Standard** – or –  **Itemized**

|   |           |
|---|-----------|
| 33  | 16050.00  |
| 34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)             | 109037.00 |
| 35 Dependent exemptions (enter the number of dependents listed in Item I; see instructions) | 000.00    |
| 36 <b>New York taxable income</b> (subtract line 35 from line 34)                           | 109037.00 |

**Tax computation, credits, and other taxes**

|   |           |
|---|-----------|
| 37 <b>New York taxable income</b> (from line 36)                                | 109037.00 |
| 38 New York State tax on line 37 amount   | 5781.00   |
| 39 New York State household credit  | .00       |
| 40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank) | 5781.00   |
| 41 New York State child and dependent care credit                               | .00       |
| 42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank) | 5781.00   |
| 43 New York State earned income credit  | .00       |

|  |         |
|--|---------|
| 44 <b>Base tax</b> (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) | 5781.00 |
|--|---------|

|  |                                  |
|--|----------------------------------|
| 45 <b>Income percentage</b> <input type="text"/> New York State amount from line 31 <input type="text"/> 68120.00 ÷ Federal amount from line 31 <input type="text"/> 125087.00 = <b>45</b> <input type="text"/> 0.5446 | Round result to 4 decimal places |
|--|----------------------------------|

|   |         |
|---|---------|
| 46 <b>Allocated New York State tax</b> (multiply line 44 by the decimal on line 45) | 3148.00 |
| 47 New York State nonrefundable credits (Form IT-203-ATT, line 8)                   | .00     |
| 48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)     | 3148.00 |
| 49 <b>Net other New York State taxes</b> (Form IT-203-ATT, line 33)                 | .00     |
| 50 <b>Total New York State taxes</b> (add lines 48 and 49)                          | 3148.00 |

**New York City and Yonkers taxes, credits, and surcharges, and MCTMT**

|   |     |         |   |
|---|-----|---------|---|
| 51 Part-year New York City resident tax (Form IT-360.1)   | 51  | .00     | See instructions to compute New York City and Yonkers taxes, credits, and surcharges. |
| 52 Part-year resident nonrefundable New York City child and dependent care credit   | 52  | .00     |   |
| 52a Subtract line 52 from 51  | 52a | .00     |   |
| 52b MCTMT net earnings base for Zone 1  | 52b | .00     | See instructions to compute the MCTMT for each zone.                                  |
| 52c MCTMT net earnings base for Zone 2  | 52c | .00     |   |
| 52d MCTMT for Zone 1  | 52d | .00     |   |
| 52e MCTMT for Zone 2  | 52e | .00     |   |
| 52f <b>Total MCTMT</b> (add lines 52d and 52e)  | 52f | .00     |   |
| 53 Yonkers nonresident earnings tax (Form Y-203)  | 53  | .00     |   |
| 54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)  | 54  | .00     |   |
| 55 <b>Total New York City and Yonkers taxes / surcharges and MCTMT</b> (add lines 52a, and 52f through 54)  | 55  | .00     |   |
| 56 <b>Sales or use tax</b> (Do not leave blank.)  | 56  | 0.00    |   |
| 57 <b>Voluntary contributions</b> (Form IT-227, Part 2, line 1)   | 57  | .00     |   |
| 58 <b>Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions</b> (add lines 50, 55, 56, and 57) | 58  | 3148.00 |   |

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Enter your Social Security number
103398292

59 Enter amount from line 58 ..... 59 3148 .00

Payments and refundable credits

Table with 2 columns: Description and Amount. Rows include NYC school tax credit, other refundable credits, and total payments and refundable credits.

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return. Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information

Table with 2 columns: Description and Amount. Rows include amount overpaid, amount available for refund, and total refund after NYS 529 account deposit.

Mark one refund choice: [X] direct deposit to checking or savings account (fill in line 73) - or - [ ] paper check

Refund? Direct deposit is the easiest, fastest way to get your refund. See instructions for payment options.

Table with 2 columns: Description and Amount. Rows include amount applied to 2024 tax, amount owed, and estimated tax penalty.

See instructions for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal. If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box [ ]

73a Account type: [X] Personal checking - or - [ ] Personal savings - or - [ ] Business checking - or - [ ] Business savings

73b Routing number 021100361 73c Account number 628053220

74 Electronic funds withdrawal ..... Date [ ] Amount [ ] .00

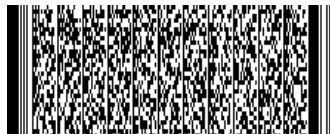
Third-party designee? (see instr.) Yes [ ] No [X] Print designee's name, Designee's phone number, Personal identification number (PIN), Email:

Preparer information: Paid preparer must complete. Preparer's signature, printed name, firm's name, address, PTIN or SSN, employer ID, date.

Taxpayer(s) must sign here. Your signature, occupation, spouse's signature and occupation, date, daytime phone number, email.

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





Department of Taxation and Finance

# Summary of W-2 Statements

New York State • New York City • Yonkers

# IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

## W-2 Record 1

**Box a** Employee's Social Security number for this W-2 Record

103398292

**Box b** Employer identification number (EIN)

261222517

**Box c** Employer's information

|   |                    |                          |                |
|---|--------------------|--------------------------|----------------|
| <b>Employer's name</b><br>VISTA APPLIED SOLUTIONS GROUP INC                   |                    |                          |                |
| <b>Employer's address (number and street)</b><br>459 HERNDON PARKWAY SUITE 16 |                    |                          |                |
| <b>City</b><br>HERNDON  | <b>State</b><br>VA | <b>ZIP code</b><br>20170 | <b>Country</b> |

**Box 1** Wages, tips, other compensation

72725.00

**Box 8** Allocated tips

.00

**Box 10** Dependent care benefits

.00

**Box 11** Nonqualified plans

.00

**Box 12a** Amount

.00

**Code**

**Box 12b** Amount

.00

**Code**

**Box 12c** Amount

.00

**Code**

**Box 12d** Amount

.00

**Code**

**Box 14a** Amount

0.00

**Description**

NJ-SDI

**Box 14b** Amount

157.00

**Description**

NJ-SUI

**Box 14c** Amount

17.00

**Description**

NJ-WFD

**Box 14d** Amount

45.00

**Description**

NJ-FLI

**Box 13** Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c)

**NY State information:**

**Box 15a** NY State

N|Y

**Box 16a** NYS wages, tips, etc.

.00

**Box 17a** NYS income tax withheld

.00

**Other state information:**

**Box 15b** other state

N|J

**Box 16b** Other state wages, tips, etc.

74880.00

**Box 17b** Other state income tax withheld

3847.00

**NYC and Yonkers information (see instr.):**

**Box 18** Local wages, tips, etc.

Locality a .00

Locality b .00

**Box 19** Local income tax withheld

Locality a .00

Locality b .00

**Box 20** Locality name

Locality a

Locality b

## Do not detach. W-2 Record 2

**Box a** Employee's Social Security number for this W-2 Record

103398292

**Box b** Employer identification number (EIN)

824950578

**Box c** Employer's information

|  |                    |                          |                |
|--|--------------------|--------------------------|----------------|
| <b>Employer's name</b><br>MIZUHO AMERICAS SERVICES LLC                       |                    |                          |                |
| <b>Employer's address (number and street)</b><br>1271 AVENUE OF THE AMERICAS |                    |                          |                |
| <b>City</b><br>NEW YORK  | <b>State</b><br>NY | <b>ZIP code</b><br>10020 | <b>Country</b> |

**Box 1** Wages, tips, other compensation

68120.00

**Box 8** Allocated tips

.00

**Box 10** Dependent care benefits

.00

**Box 11** Nonqualified plans

.00

**Box 12a** Amount

192.00

**Code**

C

**Box 12b** Amount

4375.00

**Code**

D

**Box 12c** Amount

1950.00

**Code**

W

**Box 12d** Amount

11577.00

**Code**

D|D

**Box 14a** Amount

.00

**Description**

**Box 14b** Amount

.00

**Description**

**Box 14c** Amount

.00

**Description**

**Box 14d** Amount

.00

**Description**

**Box 13** Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c)

**NY State information:**

**Box 15a** NY State

N|Y

**Box 16a** NYS wages, tips, etc.

68120.00

**Box 17a** NYS income tax withheld

3721.00

**Other state information:**

**Box 15b** other state

N|J

**Box 16b** Other state wages, tips, etc.

70817.00

**Box 17b** Other state income tax withheld

76.00

**NYC and Yonkers information (see instr.):**

**Box 18** Local wages, tips, etc.

Locality a .00

Locality b .00

**Box 19** Local income tax withheld

Locality a .00

Locality b .00

**Box 20** Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001233555

