Don't Staple	2023	III kararooka karaka kedisalay	angender nach der	ivate Boost to Je Kriet Andrea	
	I Income Tax Return				
Amended Return? Check the box.	State Use Only	1. 17. 17. 17. 17. 17. 17. 17. 17. 17. 1			
See page 7 of the instructions for the reasons to amend, and enter the number that applies.	• VANK		Ratylogist	HERERSKAR	
For calendar year 2023 or fiscal year beginr	, ending				
	Your last name	Your Social Security number (SSN)		
Your first name and initial GIRI Spouse's first name and initial SHILPA Current mailing address	VANKAYALAPATI	898-48-7938	,	Deceas in 2023	
Spouse's first name and initial	Spouse's last name	Spouse's Social Security num	Deceas		
E SHILPA	VANKAYALAPATI	815-57-5754		in 2023	
Current mailing address 1141 E FAIRVIEW AVE APT	C101		l instructions available at tax.idaho.gov		
City	State ZIP Code	Foreign country (if not U.S.)			
	ID 83642				
•	narried filing jointly or separately, enter	-	-		
1. Single 2. X Married fili jointly			fying survivi qualifying de		
Household. See instructions, page 7. If s	omeone can claim you as a dependent, leav	e line 6a blank. Enter "1" on line	s 6a and 6b,	if they apply.	
6a. Yourself 1 6b. Spou	se <u>1</u> 6c. Dependents <u>1</u>	6d. Total household	3		
·	· · ·			60	
List your dependents below. If you have	e more than four dependents, continue o	II FUIII 39K. EIILEI LULAI IIUIII		lent's birthdate	
Dependent's first name	Dependent's last name	Dependent's SSN		n/dd/yyyy)	
RITHVIK	VANKAYALAPATI	971-94-0758	01/3	01/19/2017	
ncome. See instructions, page 7.					
	ncome from federal Form 1040 or 1040-	SR. line 11.			
, , ,	deral return		7	107705	
8. Additions from Form 39R, Part A, line 7. Include Form 39R					
9. Total Add lines 7 and 8				107705 0	
10. Subtractions from Form 39R, Part B, line 24. Include Form 39R			10	0	
	ine 10 from line 9		11	107705	
Tax Computation. See instructions				·	
Standard					
Deduction a. If age	65 or older • 🗌 Y	ourself 🔹 🗌 Spouse			
	I • 🗌 Y	ourself 🛛 🗌 Spouse			
Single or c. If your	parent or someone else can claim you a	as a			
Married Filing depen	dent, check here and enter zero on line	43 •			
\$13,850	Include federal Schedule A. Enderal limi	to opply	12		
Head of I	Include federal Schedule A. Federal limi		13 14		
0.00	ne or general sales taxes included on feo		14		
 Subtract line 14 from line 13. If you don't use federal Schedule A, enter zero Married Filing - 16. Standard deduction. See instructions, page 8, to determine amount if not standard 					
Jointly or			16 17	27700 0 80005 0	
Qualifying Surviving Snurves 17. Subtract the larger of line 15 or 16 from line 11. If less than zero, enter zero 18. Qualified business income deduction. If less than zero, enter zero			17	80005 C	
	e. Subtract line 18 from line 17		19	80005 0	
	See instructions, page 9		20	4120	
	ntinue to page 2.			<u>4120</u>	
	e Tax Commission, PO Box 83784, Boise, II	D 83707-3784			
	nmission, PO Box 56, Boise, ID 83756-005				
-	te copy of your federal return.				



ID/	HO State Tax Commission		For	m 40		1030 2 023 (continu	ued)
21.	Tax amount from line 20				21	4120	00
	lits. Limits apply. See instructions, page 9.						
22.	Income tax paid to other states. Include Form 39R and a copy of oth	ner states' returns • 2	22	00			
23.	Total credits from Form 39R, Part D, line 4. Include Form 39R		23	00			
24.	Total business income tax credits from Form 44, Part I, line 10.	nclude Form 44 2	24	00			
25.	Idaho Child Tax Credit. Computed amount from worksheet on pa	age 10 ▪ 2	25	0 00			
26.	Total Credits. Add lines 22 through 25				26	C	00
27.	Subtract line 26 from line 21. If line 26 is more than line 21, enter	r zero		[27	4120	00
Othe	er Taxes. See instructions, page 10.			Í	Ì		
28.	Fuels use tax due. Include Form 75				28		00
29.	Sales/use tax due on untaxed purchases (online, mail order	r, and other)		• [29		00
	Total tax from recapture of income tax credits from Form 44, Pa	-			30		00
	Tax from recapture of qualified investment exemption (QIE). Inc			- F	31		00
	Permanent building fund tax.			F			
	Check the box if you received Idaho public assistance payment	s for 2023	∎		32	10	00
33.	Total Tax. Add lines 27 through 32	,		. • [33	4130	00
Don	ations. See instructions, page 10. I want to donate to:						
34.	Idaho Nongame Wildlife Fund 35. Idaho C	hildren's Trust Fund	•				
36.	Special Olympics Idaho 37. Idaho G	uard & Reserve Family	• •				
38.	· · · · · · · · · · · · · · · · · · ·	s Support Fund					
40.	Idaho Food Bank Fund 41. Opportu	nity Scholarship Progra		- 1			
	Total Tax Plus Donations. Add lines 33 through 41		-	.	42	4130	00
	ments and Other Credits.						
-	Grocery Credit. Computed amount from worksheet on page 11		• <u> </u>	60			
	To receive your grocery credit, enter the computed amount o			. •	43	360	00
	To donate your grocery credit to the Cooperative Welfare Fund, chec						-
44.	Maintaining a home for family member age 65 or older or develop				44		00
45.	Special fuels tax refund Gasoline tax refund	•	e Form 75	- F	45		00
46.	Idaho income tax withheld. Include Form W-2s and any 1099s t		-	- F	46	4111	
47.	2023 Form 51 estimated payments and amount applied from 20		-		47		00
	Paid by entity • Withheld • ABE			- F	48		00
			e instructions .	- F	49		00
	Total Payments and Other Credits. Add lines 43 through 49				50	4471	
	Due or Refund. See instructions, page 12.			··	00		
	Tax Due. If line 42 is more than line 50, subtract line 50 from lin	e 42	-	51			00
	Penalty • Interest from the due date •	Enter total	-		52		00
02.	, <u> </u>		-	b	02		100
53	Check box if penalty is caused by an unqualified Idaho medical savings account withdrawal •						00
	Total Due. Add lines 51 and 52, then subtract line 53			- E	53 54		00
	Overpaid. If line 42 is less than line 50, subtract lines 42 and 52 fro				55	2/1	00
	Refund 341 Apply to 2024			·· -	55 [. 00
57.	Direct Deposit. See instructions, page 13. • Check if fin	al deposit destination	is outside t	ne U.S	S	Type of •X Chec	king
 Rout 	ing No. 1 1 1 1 0 0 0 0 2 5 • Account No. 4 8 8 0	5 6 4 8 5 6 9	9			Account:	
					<u> </u>		1
	ended Return Only. Complete this section to determine you						
	Total due (line 54) or overpaid (line 55) on this return			- F	58		00
	Refund from original return plus additional refunds				59 60		00
	60. Tax paid with original return plus additional tax paid						00
61.	Amended tax due or refund. Add lines 58 and 59 then subtract		61		00		
•	Within 180 days of receiving this return, the Idaho State Tax Commi Under penalties of perjury, I declare that to the best of my knowledg	e and belief this return is	true, correct, a			ete. See instructio	
	Your signature (required) Spouse's	signature (if a joint return, both m	nust sign)			Date	
Sign			·			have work	
Here	Paid preparer's signature Preparer	s EIN, SSN, PTIN				hone number	
				(682)31	3-9382	
	arer's address GLOBAL TAXES LLC State ZIP Code	Preparer's phone	number				1.181
	ROONEY CT E BRUNSWICK NJ 08816			📕		T III T I T II T II	
EFO	D0089 08-23-2023 F	REV 01/25/24 PRO Page	e 2 of 2	0	2 3	3 1 5 2 3	0