

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

Taxpayer's name SUMA NAGA VAISHNAVI PURIGHALLA	Social security number 160-89-3632
Spouse's name	Spouse's social security number

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

Enter whole dollars only on lines 1 through 5.

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

1 Adjusted gross income	1	99,805.
2 Total tax	2	14,222.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	22,571.
4 Amount you want refunded to you	4	8,349.
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

9	3	6	3	2
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 as my signature on the income tax return (original or amended) I am now authorizing.

ERO firm name

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 _____ to enter or generate my PIN

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

ERO firm name

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: SUMA NAGA VAISHNAVI Last name: PURIGHALLA Your social security number: 160 89 3632

If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 14515, BRIAR FOREST DR Apt. no. 1826 Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. HOUSTON State TX ZIP code 77077

Foreign country name Foreign province/state/country Foreign postal code Presidential Election Campaign

Filing Status: [X] Single [] Head of household (HOH) [] Married filing jointly [] Married filing separately (MFS) [] Qualifying surviving spouse (QSS)

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)? [] Yes [X] No

Standard Deduction: Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1959 [] Are blind Spouse: [] Was born before January 2, 1959 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents

Income section table with rows 1a through 1z. Total amount from Form(s) W-2, box 1: 134,805.

Table with columns for tax-exempt interest, qualified dividends, IRA distributions, pensions and annuities, social security benefits, taxable interest, ordinary dividends, taxable amount, and adjusted gross income.

Tax and Credits table with rows 16-24. Includes Tax (16), Amount from Schedule 2 (17), Add lines 16 and 17 (18), Child tax credit (19), Amount from Schedule 3 (20), Add lines 19 and 20 (21), Subtract line 21 (22), Other taxes (23), and Add lines 22 and 23 (24).

Payments table with rows 25-33. Includes Federal income tax withheld (25a-c), 2023 estimated tax payments (26), Earned income credit (27), Additional child tax credit (28), American opportunity credit (29), Reserved for future use (30), Amount from Schedule 3 (31), and total other payments and refundable credits (32, 33).

Refund table with rows 34-36. Includes amount overpaid (34), amount refunded to you (35a), routing number and account number (35b-d), and amount applied to 2024 estimated tax (36).

Amount You Owe table with rows 37-38. Includes amount you owe (37) and estimated tax penalty (38).

Third Party Designee section with a declaration and fields for name, phone number, and PIN.

Sign Here section with a declaration and signature fields for the preparer and spouse, including occupation and PIN information.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, firm name, address, phone number, and EIN.

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SUMA NAGA VAISHNAVI PURIGHALLA

Your social security number
160-89-3632

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions): _____			
3	Business income or (loss). Attach Schedule C		3	-35,000.
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount: _____	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	-35,000.

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

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

**SCHEDULE C
(Form 1040)**

**Profit or Loss From Business
(Sole Proprietorship)**

OMB No. 1545-0074

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.

Attachment
Sequence No. **09**

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

Name of proprietor SUMA NAGA VAISHNAVI PURIGHALLA		Social security number (SSN) 160-89-3632
A Principal business or profession, including product or service (see instructions) SOFTWARE SERVICES	B Enter code from instructions 5 1 9 2 0 0	
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.)	
E Business address (including suite or room no.) 14515, BRIAR FOREST DR, Apt. 1826 City, town or post office, state, and ZIP code HOUSTON, TX 77077		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify)		
G Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2023, check here <input type="checkbox"/>		
I Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9	2,796.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):	20a	
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20b	15,120.
12 Depletion	12		b Other business property	21	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:	24a	
a Mortgage (paid to banks, etc.)	16a		a Travel	24b	2,645.
b Other	16b		b Deductible meals (see instructions)	25	2,520.
17 Legal and professional services	17		25 Utilities	26	
28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28		26 Wages (less employment credits)	27a	11,919.
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27b	
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b Energy efficient commercial bldgs deduction (attach Form 7205)	28	35,000.
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31		29	31	-35,000.
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.				32a	<input checked="" type="checkbox"/> All investment is at risk.
				32b	<input type="checkbox"/> Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: **a** Cost **b** Lower of cost or market **c** Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation **Yes** **No**

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) 11/16/2019

44 Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle for:

a Business 4,269 **b** Commuting (see instructions) _____ **c** Other 1,731

45 Was your vehicle available for personal use during off-duty hours? **Yes** **No**

46 Do you (or your spouse) have another vehicle available for personal use?. **Yes** **No**

47a Do you have evidence to support your deduction? **Yes** **No**

b If "Yes," is the evidence written? **Yes** **No**

Part V Other Expenses. List below business expenses not included on lines 8–26, line 27b, or line 30.

BACK OFFICE EXPENSES		11,919.

48 Total other expenses. Enter here and on line 27a	48	11,919.

Additional Information From 2023 Federal Tax Return**Schedule C (SOFTWARE SERVICES): Profit or Loss from Business****Line 20b****Itemization Statement**

Description	Amount
RENT (1260*12)	15,120.
Total	15,120.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business**Line 25****Itemization Statement**

Description	Amount
PHONE (40*12)	480.
INTERNET (45*12)	540.
ELECTRICITY (85*12)	1,020.
WATER (40*12)	480.
Total	2,520.



Oklahoma Individual Income Tax Declaration for Electronic Filing

NOTE: Do not mail Oklahoma Tax Return - Form 511 or Form 511-NR.

See instructions on Page 2 to determine if you are required to send Form 511-EF to the OTC.

2023
Form 511-EF

Your first name and middle initial SUMA NAGA VAISHNAVI	Last name PURIGHALLA
If a joint return, spouse's first name and middle initial	Last name
Mailing address (number and street, including apartment number, rural route or PO Box) 14515 BRIAR FOREST DR 1826	
City, State, ZIP HOUSTON TX 77077	

Your social security number:

160893632

Spouse's social security number:

Filing status:

1

Total number of exemptions:

1

PART ONE - TAX RETURN INFORMATION (WHOLE DOLLARS ONLY)

1	Oklahoma Adjusted Gross Income (511, Line 7) or Adjusted Gross Income: All Sources (511-NR, Line 8)	1	99805	00
2	Oklahoma Income Tax and Use Tax (511, Line 20 or 511-NR, Line 24)	2	4009	00
3	Oklahoma Income Tax Payments and Credits (511, Line 32 or 511-NR, Line 33)	3	4183	00
4	Refund (511, Line 37 or 511-NR, Line 38)	4	174	00
5	Balance Due (511, Line 41 or 511-NR, Line 42)	5		00

For a balance due return with an electronic payment, complete line 6b below. The due date for an electronic payment is April 20th. For a balance due return with a non-electronic payment, enclose a payment with the 511-V and submit on or before the due date of April 15th. If the Internal Revenue Code (IRC) of the IRS provides for a later due date, your payment may be made by the later due date and will be considered timely. If the due date falls on a weekend or legal holiday when OTC offices are closed, your payment is due the next business day.

PART TWO - DECLARATION OF TAXPAYER

6a I consent that my refund be directly deposited as designated in the electronic portion of my 2023 Oklahoma income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

6b I authorize the Oklahoma State 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 Oklahoma taxes owed on this return and/or a payment of estimated tax. 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.

If I have filed a balance due return, I understand that if the Oklahoma Tax Commission (OTC) does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

Under penalties of perjury, I declare I have compared the information contained on my return, with information I have provided to my Electronic Return Originator (ERO), and the amounts described in Part One above, agree with the amounts shown on the corresponding lines of my 2023 Oklahoma income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent that my return, including this declaration and accompanying schedules and statements, be sent to the OTC by my ERO.

In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the Oklahoma Tax Commission of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here: _____
Your Signature Date Spouse's Signature (If joint return, both must sign) Date

PART THREE - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare I have reviewed the above taxpayer's return and the entries on Form 511-EF are complete and correct to the best of my knowledge. (EROs who are collectors are not responsible for reviewing the taxpayer's return; however, they must ensure Form 511-EF accurately reflects the data on the return.) I have obtained the taxpayer's signature on Form 511-EF and I have provided the taxpayer with a copy of all forms and information to be filed with the OTC, and have followed all other requirements described in Pub. 1345, Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2023). If I am also a Paid Preparer, under penalties of perjury I declare I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO Use Only
ERO or Paid Preparer's Signature _____ Date 03/15/2024 PTIN _____

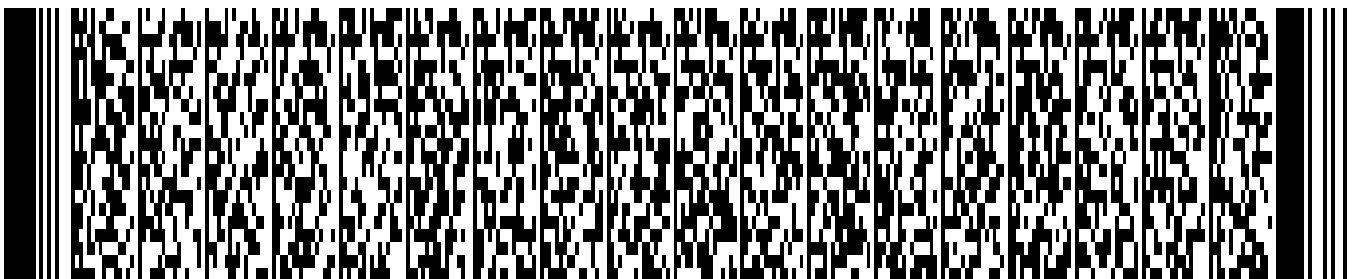
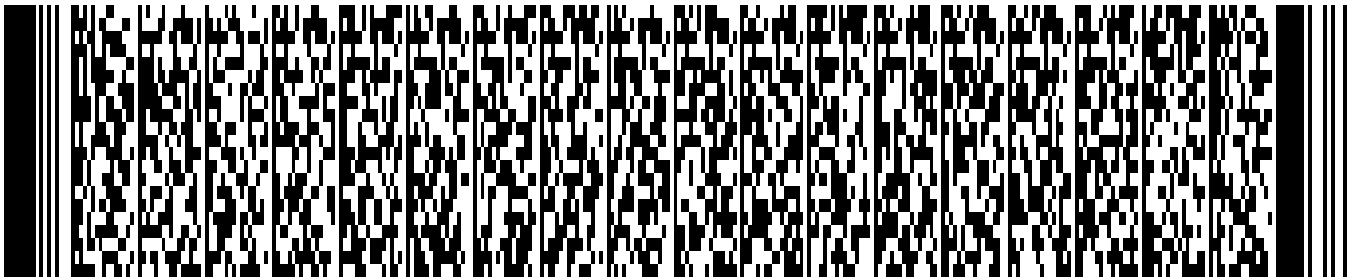
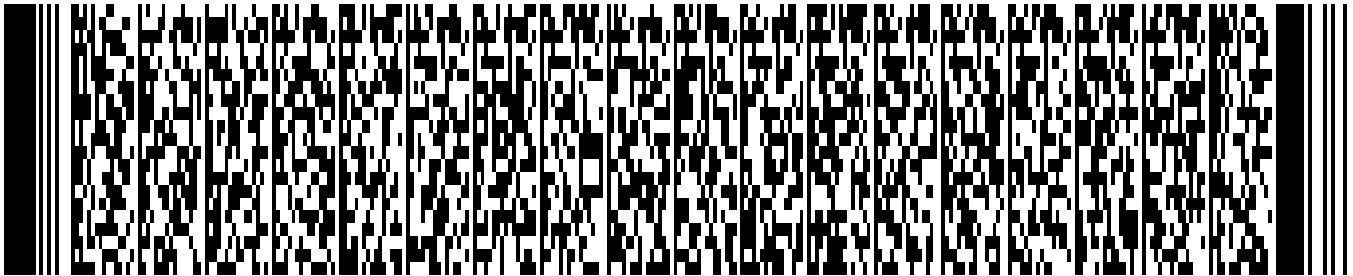
Paid Preparer Use Only
Paid Preparer Signature _____ Date 03/15/2024 PTIN P02082703

Firm Name (or yours if self-employed): SYAM PRIYA RAM SAGAR GUPTA

Address and ZIP: 245 ROONEY CT E BRUNSWICK NJ 08816

Phone Number: (678) 965-9522

**FAILURE TO SUBMIT THIS PAGE
WILL DELAY PROCESSING OF YOUR RETURN**



Note: This is to be mailed with original return. Please DO NOT attach this sheet when filing the payment voucher, Form 511V.



Oklahoma Nonresident/Part-Year Income Tax Return

Your Social Security Number: 160893632 Place an 'X' in this box if this taxpayer is deceased →

Spouse's Social Security Number (joint return only): Place an 'X' in this box if this taxpayer is deceased →

AMENDED RETURN!
Place an 'X' in this box if this is an amended 511-NR. See Schedule 511-NR-H. →

Name and Address - Please Print or Type

Your First Name: SUMA NAGA VAISHNAVI Middle Initial: Last Name: PURIGHALLA
 If a Joint Return, Spouse's First Name: Middle Initial: Last Name:

Mailing Address (Number and street, including apartment number, rural route or PO Box): 14515 BRIAR FOREST DR APT 1826 City: HOUSTON State: TX ZIP or Postal Code: 77077 Country:

Filing Status

1 Single
 2 Married filing joint return (even if only one had income)
 3 Married filing separate
 • If spouse is also filing, list Name: name and SSN in the boxes: SSN:
 4 Head of household with qualifying person
 5 Qualifying widow(er) with dependent child
 • Please list the year spouse died in box at right:

* Note: If claiming **Special Exemption**, see instructions on page 10 of 511NR Packet.

	Regular	* Special	Blind	
Exemptions				
Yourself	1	+	+	= 1 (a)
Spouse		+	+	= (b)
Number of dependents				= (c)
Add the Totals from boxes (a), (b) and (c). Enter the TOTAL here:				= 1

Note: If you may be claimed as a dependent on another return, enter "0" in the Total box for your regular exemption.

Residency Status

Nonresident(s) State of Residence: _____
 Part-Year Resident(s) From 01/01/2023 to 06/30/2023
 Resident/Part-Year Resident/Nonresident
 State of Residence: Yourself _____ Spouse _____

Age 65 or Older? (Please see instructions) Yourself Spouse

Dependents - If more than four dependents, see instructions and place an 'X' here:

1. First Name	2. Last Name	3. Social Security Number	4. Date of Birth	5. Relationship to You

Not Required to File - Place an 'X' in this box if you are a nonresident whose gross income from Oklahoma sources is less than \$1,000. (see instructions)

Complete Schedule 511-NR-1 "Income Allocation for Nonresidents and Part-Year Residents" to arrive at Oklahoma Source Income (line 1) and Federal adjusted gross income (line 2). Round to nearest whole dollar.

	Federal Amount	Oklahoma Amount
1 Oklahoma source income (Schedule 511-NR-1, line 18)		95172 00
2 Federal adjusted gross income (Schedule 511-NR-1, line 19)	99805 00	
3 Oklahoma additions (Schedule 511-NR-A, line 8)		00
4 Add lines (Federal 2 and 3) and then (Oklahoma 1 and 3)	99805 00	95172 00
5 Oklahoma subtractions (Schedule 511-NR-B, line 17)		00
6 Adjusted gross income: Oklahoma Source (line 4 minus line 5)		95172 00
7 Adjusted gross income: All Sources (line 4 minus line 5) Also enter on line 8	99805 00	
8 Adjusted gross income: All Sources (from line 7)		99805 00
9 Oklahoma Adjustments (Schedule 511-NR-C, line 6)		00
10 Income after adjustments (line 8 minus line 9)		99805 00



Name(s) Shown on Form 511NR: **SUMA NAGA VAISHNAVI PURIGHALLA**

Your Social Security Number: **160893632**

		Amount from line 10 on page 1			
11	Oklahoma itemized deductions (Schedule 511-NR-D, line 11) or Oklahoma standard deduction (Single or Married Filing Separate: \$6,350 • Married Filing Joint or Qualifying Widow(er): \$12,700 • Head of Household: \$9,350) ..	11	99805	00	
12	Exemptions: Enter the total number of exemptions claimed on page 1 <input type="text" value="1"/> X \$1,000.....	12	6350	00	
13	Total deductions and exemptions (add lines 11 and 12)	13	1000	00	
14	Oklahoma Taxable Income: (line 10 minus line 13).....	14	7350	00	
15	(a) Oklahoma Income Tax from Tax Table or if using Farm Income Averaging, enter tax from Form 573, line 22 and enter a "1" in box on line 15... 15a	15a	4204	00	
	(b) If paying the Health Savings Account additional 10% tax, add additional tax here and enter a "2" in box on line 15..... 15b	15b		00	
	Oklahoma Income Tax (line 15a plus line 15b)	15	4204	00	
STOP AND READ: If line 7 is equal to or larger than line 2, complete line 16. If line 7 is smaller than line 2, see Schedule 511-NR-E.					
16	Oklahoma child care/child tax credit (see instructions)	16		00	
17	Subtract line 16 from line 15 (This is your tax base) (Do not enter less than zero).....	17	4204	00	

18	Tax percentage: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>Oklahoma Amount (from line 6)</td> <td>•</td> <td>Federal Amount (from line 7)</td> </tr> <tr> <td>a) 95172</td> <td>•</td> <td>b) 99805</td> </tr> </table>	Oklahoma Amount (from line 6)	•	Federal Amount (from line 7)	a) 95172	•	b) 99805	18	95.358	%	
Oklahoma Amount (from line 6)	•	Federal Amount (from line 7)									
a) 95172	•	b) 99805									
19	Oklahoma Income Tax. Multiply line 17 by line 18 If recapturing the Oklahoma Affordable Housing Tax Credit, add recaptured credit here and enter a "1" in box. If making an Oklahoma installment payment pursuant to IRC Section 965(h) and 68 OS Sec. 2368(K), add the installment payment here and enter a "2" in the box)..... <input type="text"/>	19	4009	00							
20	Credit for taxes paid to another state (provide Form 511-TX) nonresidents do not qualify.....	20		00							
21	Form 511-CR - Other Credits Form - List 511-CR line number claimed here: <input type="text"/>	21		00							
22	Line 19 minus lines 20 and 21	22	4009	00							
23	Use tax due on Internet, mail order, or other out-of-state purchases while living in Oklahoma If you certify that no use tax is due, place an 'X' here: <input checked="" type="checkbox"/>	23		00							
24	Balance (add lines 22 and 23).....	24	4009	00							
25	Oklahoma withholding (provide W-2s, 1099s or withholding statement) ..	25	4183	00							
26	2023 Oklahoma estimated tax payments If you are a qualified farmer, place an 'X' here: <input type="checkbox"/>	26		00							
27	2023 payment with extension.....	27		00							
28	Credit from Form 578	28		00							
29	Oklahoma earned income credit (Sch. 511-NR-F, line 4).....	29		00							
30	Amount paid with original return plus additional paid after it was filed (amended return only).....	30		00							
31	Payments and credits (add lines 25-30)	31	4183	00							



Name(s) Shown on Form 511NR: **SUMA NAGA VAISHNAVI PURIGHALLA**

Your Social Security Number: **160893632**

		Amount from line 31 on page 2		4183	00
32	Overpayment, if any, as shown on original return and/or prior amended return(s) or as previously adjusted by Oklahoma (amended return only)	32		00	
33	Total payments and credits (line 31 minus line 32).....	33		4183	00
34	If line 33 is more than line 24, subtract line 24 from line 33. This is your overpayment	34		174	00
35	Amount of line 34 to be applied to 2024 estimated tax (original return only) (see page 4 of 511NR Packet for further information).....	35			00

Schedule 511-NR-G provides you with the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Place the line number of the organization from Schedule 511-NR-G in the box. If you give to more than one organization, put a "99" in the box. Provide Schedule 511-NR-G....

36	Donations from your refund (total from Schedule 511NR-G)	36		00	
37	Total deductions from refund (add lines 35 and 36)	37			00
38	Amount to be refunded (line 34 minus line 37)	38		174	00

Refund Note: For Direct Deposit, verify your account and routing numbers are correct. If your direct deposit fails to process you will receive a debit card. You can also choose to receive either a debit card or a paper check by placing an 'X' in the appropriate box below. **Note:** A minimum refund of \$10.00 is required to receive a paper check. If you request a paper check for an amount less than \$10.00, a debit card will be issued. If no options are selected, you will receive a debit card. See the 511-NR Packet for direct deposit, debit card and paper check information.

Send my refund as a:

Debit Card

Paper Check

Is this refund going to or through an account that is located outside of the United States? Yes No

Direct Deposit my refund in my:

Checking Account Routing Number:

Savings Account Account Number:

39	If line 24 is more than line 33, subtract line 33 from line 24. This is your tax due	39		00	
40	Underpayment of estimated tax interest (annualized installment method <input type="text"/>).....	40		00	
41	For delinquent payment add penalty of 5%.....\$ _____				
	plus interest of 1.25% per month.....\$ _____	41		00	
42	Total tax, penalty and interest (add lines 39-41).....	42		00	

Under penalty of perjury, I declare the information contained in this document, and all attachments and schedules, is true and correct to the best of my knowledge and belief.

Place an 'X' in this box if the Oklahoma Tax Commission may discuss this return with your tax preparer.....

Taxpayer's Signature _____ Date _____	Spouse's Signature _____ Date _____	Paid Preparer's Signature _____ Date _____
Taxpayer's Occupation NETWORK ENGINEER	Spouse's Occupation _____	Paid Preparer's Address and Phone Number 245 ROONEY CT E BRUNSWICK NJ 08816
Daytime Phone Number (optional) _____	A COPY OF FEDERAL RETURN MUST BE PROVIDED.	
		Paid Preparer's PTIN P02082703

Do not staple documentation to this form. To attach items, please use a paper clip.
Mailing Address for this form: PO Box 26800, Oklahoma City, OK 73126-0800
 The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.

Note: Provide this page with your return.



Name(s) Shown on Form 511NR: SUMA NAGA VAISHNAVI PURIGHALLA

Your Social Security Number: 160-89-3632

Schedule 511-NR-1: Income Allocation for Nonresidents and Part-Year Residents

See instructions on pages 10-12.

Lines 1-19: In the Federal column, enter the amounts from your Federal tax return. See the instructions to figure the amounts to report in the Oklahoma column.

	Federal Amount	Oklahoma Amount
1 Wages, salaries, tips, etc.....	134805 00	1 95172 00
2 Taxable interest income.....	00	2 00
3 Dividend income.....	00	3 00
4 Taxable IRA distribution.....	00	4 00
5 Taxable pensions and annuities.....	00	5 00
6 Taxable Social Security benefits (also enter on line 2 of Sch. 511-NR-B).....	00	6 00
7 Capital gains or losses (Federal Schedule D).....	00	7 00
8 Taxable refunds (state income tax).....	00	8 00
9 Alimony received (divorce/separation agreement date: _____)	00	9 00
10 Business income or (loss) (Federal Schedule C).....	-35000 00	10 00
11 Other gains or losses (Federal Form 4797).....	00	11 00
12 Rental real estate, royalties, partnerships, etc.....	00	12 00
13 Farm income or (loss).....	00	13 00
14 Unemployment compensation.....	00	14 00
15 Other income (identify: _____)	00	15 00
16 Add lines 1 through 15.....	99805 00	16 95172 00
17 Total Federal adjustments to income (identify: _____)	00	17 00
18 Oklahoma source income (line 16 minus line 17) Enter here and on page 1, line 1.....		18 95172 00
19 Federal adjusted gross income (line 16 minus line 17) Enter here and on page 1, line 2.....	99805 00	19



Name(s) Shown
 on Form 511NR: SUMA NAGA VAISHNAVI PURIGHALLA

Your Social Security Number: 160-89-3632

Schedule 511-NR-A: Oklahoma Additions
 See instructions on pages 19-21.

1	State and municipal bond interest
2	Lump sum distributions (not included in your Federal AGI).....
3	Federal net operating loss
4	Recapture depletion claimed on a lease bonus or add back of excess Federal depletion
5	Recapture of contributions to Oklahoma 529 College Savings Plan and OklahomaDream 529 Account(s)
6	Oklahoma loss distributed by an electing PTE
7	Miscellaneous: Other additions (enter number in box for the type of addition <input type="text"/>)
8	Total additions (add lines 1-7, enter total here and on line 3 of Form 511-NR)

Federal Amount		Oklahoma Amount	
00	1	00	00
00	2	00	00
00	3	00	00
00	4	00	00
00	5	00	00
00	6	00	00
00	7	00	00
00	8	00	00

Schedule 511-NR-B: Oklahoma Subtractions
 See instructions on pages 21-25.

1	Interest on U.S. government obligations
2	Taxable Social Security (from Schedule 511-NR-1, line 6).....
3	Federal civil service retirement in lieu of social security..... <u>Taxpayer Number</u> <u>Spouse Number</u> - Retirement Claim Number: <input type="text"/> <input type="text"/>
4	Military Retirement.....
5	Oklahoma government or Federal civil service retirement
6	Other retirement income.....
7	U.S. Railroad Retirement Board Benefits
8	Additional depletion
9	Oklahoma net operating loss (Loss Year[s] <input type="text"/>) (provide Schedules).....
10	Exempt tribal income (see instructions for qualifications).....
11	Gains from the sale of exempt government obligations
12	Nonresident military wages (provide W-2)
13	Oklahoma Capital Gain Deduction (provide Form 561-NR).....
14	Income Tax Refund (Federal Form 1040 or 1040-SR, Schedule 1, line 1)
15	Oklahoma income distributed by an electing PTE.....
16	Miscellaneous: Other subtractions (enter number in box for the type of deduction..... <input type="text"/>).....
17	Total subtractions (add lines 1-16, enter total here and on line 5 of Form 511-NR)

Federal Amount		Oklahoma Amount	
00	1	00	00
00	2	00	00
00	3	00	00
00	4	00	00
00	5	00	00
00	6	00	00
00	7	00	00
00	8	00	00
00	9	00	00
00	10	00	00
00	11	00	00
00	12	00	00
00	13	00	00
00	14	00	00
00	15	00	00
00	16	00	00
00	17	00	00



Name(s) Shown on Form 511NR: SUMA NAGA VAISHNAVI PURIGHALLA

Your Social Security Number: 160-89-3632

Schedule 511-NR-C: Oklahoma Adjustments See instructions on pages 25-28.

1	Military pay exclusion - Active Duty, Reserve and National Guard (not retirement)	1		00
2	Qualifying disability deduction (residents and part-year residents only).....	2		00
3	Contributions to Oklahoma 529 College Savings Plan and OklahomaDream 529 Account(s)	3		00
4	Deductions for providing foster care.....	4		00
5	Miscellaneous: Other adjustments (enter number in box for the type of deduction..... <input type="text"/>).....	5		00
6	Total Adjustments (add lines 1-5, enter total here and on line 9 of Form 511-NR)	6		00

Schedule 511-NR-D: Oklahoma Itemized Deductions See instructions on page 28.

If you claimed itemized deductions on your Federal return, you must claim Oklahoma Itemized Deductions.

1	Federal itemized deductions from Federal Sch. A, line 17	1		00
2	State and local sales or income taxes from Federal Sch. A, line 5a (If Federal Sch A, line 5e is limited, enter that portion of Federal Sch A, line 5a included in line 5e)	2		00
3	Line 1 minus line 2.....	3		00
4	Medical and Dental expenses from Federal Sch. A, line 4.....	4		00
5	Gifts to Charity from Federal Sch. A, line 14	5		00
6	Line 3 minus lines 4 and 5.....	6		00
7	Is line 6 more than \$17,000? <input type="checkbox"/> YES. Your itemized deductions are limited. Complete lines 9-11. <input type="checkbox"/> NO. Your itemized deductions are not limited. Skip lines 9 and 10. Go to line 11.			
8	Maximum amount allowed for itemized deductions. (Exception, lines 9 and 10).....	8	17,000	00
9	Medical and Dental expenses from Federal Sch. A, line 4.....	9		00
10	Gifts to Charity from Federal Sch. A, line 14	10		00
11	Oklahoma Itemized Deductions If you responded YES on line 7: Add lines 8, 9 and 10. If you responded NO on line 7: Enter the amount from line 3	11		00

Enter your Oklahoma Itemized Deductions on line 11 of Form 511-NR.



Name(s) Shown on Form 511NR: SUMA NAGA VAISHNAVI PURIGHALLA

Your Social Security Number: 160-89-3632

Schedule 511-NR-E: Child Care/Child Tax Credit See instructions on page 28.

If your Federal Adjusted Gross Income is \$100,000 or less and you are allowed either a credit for child care expenses or the child tax credit on your Federal return, then as a resident, part-year resident or nonresident military, you are allowed a credit against your Oklahoma tax. Your Oklahoma credit is the **greater** of:

- 20% of the credit for child care expenses allowed by the IRS Code.
- OR**
- 5% of the child tax credit allowed by the IRS Code. This includes both the nonrefundable child tax credit and the refundable additional child tax credit.

The credit must be prorated based on the ratio of Adjusted Gross Income: All sources to Federal Adjusted Gross Income. If your Federal Adjusted Gross Income is greater than \$100,000, no credit is allowed. **Provide** a copy of your Federal return and, if applicable, the Federal child care credit schedule.

1	Enter your Federal child care credit	1		00	
2	Multiply line 1 by 20%	2		00	
3	Enter your Federal child tax credit (total of child tax credit & additional child tax credit)	3		00	
4	Multiply line 3 by 5%	4		00	
5	Enter the larger of line 2 or line 4	5			00
6	Divide the amount on line 7 of Form 511-NR by the amount on line 2 of Form 511-NR <div style="display: flex; align-items: center; justify-content: center; gap: 20px;"> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="font-size: 24px;">÷</div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> Enter the percentage from the above calculation here (do not enter more than 100%)	6			%
7	Multiply line 5 by line 6. This is your Oklahoma child care/child tax credit. Enter total here and on line 16 of Form 511-NR	7			00

Schedule 511-NR-F: Earned Income Credit See instructions on page 28.

Residents and part-year residents are allowed a credit equal to 5% of the federal earned income credit calculated using the same requirements for calculating the earned income tax credit for federal income tax purposes in effect for the 2020 income tax year. **Provide** a copy of your Federal return and OTC Form 511-EIC.

Nonresidents do not qualify.

1	Federal earned income credit	1		00	
2	Multiply line 1 by 5%	2		00	
3	Divide the amount on line 6 of Form 511-NR by the amount on line 2 of Form 511-NR <div style="display: flex; align-items: center; justify-content: center; gap: 20px;"> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="font-size: 24px;">÷</div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> Enter the percentage from the above calculation here (do not enter more than 100%)	3			%
4	Oklahoma earned income credit (multiply line 2 by line 3, enter total here and on line 29 of Form 511-NR)	4			00

