

# 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>CHAKRAPANI LAKKOJU SRINIVASA | Social security number<br>347-47-9131          |
| Spouse's name<br>RAMADEVI LAKKOJU               | Spouse's social security number<br>988-92-4016 |

## 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 | 106,176. |
| 2 Total tax . . . . .   | 2 | 10,500.  |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | 3 | 22,202.  |
| 4 Amount you want refunded to you . . . . .                               | 4 | 11,702.  |
| 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 

|   |   |   |   |   |
|---|---|---|---|---|
| 7 | 9 | 1 | 3 | 1 |
|---|---|---|---|---|

 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 GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 2 | 4 | 0 | 1 | 6 |
|---|---|---|---|---|

 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 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

  
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 CHAKRAPANI Last name LAKKOJU SRINIVASA Your social security number 347 47 9131

If joint return, spouse's first name and middle initial RAMADEVI Last name LAKKOJU Spouse's social security number 988 92 4016

Home address (number and street). If you have a P.O. box, see instructions. 39639 LESLIE ST Apt. no. 165 Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. FREMONT State CA ZIP code 94538 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.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) 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)? (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

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 columns for line numbers (1a-1z) and amounts. Total amount from Form(s) W-2, box 1 is 128,388.

Table for Dividends and Interest with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b

Table for Adjustments and Deductions with columns for line numbers (7-15) and amounts. Total income is 106,176. Adjusted gross income is 106,176. Standard deduction is 27,700. Taxable income is 78,476.

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 10,500.

Table for Payments (lines 25-33). Includes federal income tax withheld (22,202) and total payments (22,202).

Table for Refund (lines 34-36). Shows overpaid amount (11,702) and amount applied to 2024 estimated tax.

Table for Amount You Owe (lines 37-38). Shows amount you owe and estimated tax penalty.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with declaration and signature fields for taxpayer and spouse.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, and firm information.

**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

CHAKRAPANI LAKKOJU SRINIVASA & RAMADEVI LAKKOJU

Your social security number

347-47-9131

**Part I Additional Income**

|           |   |               |           |          |
|-----------|---|---------------|-----------|----------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  |               | <b>1</b>  |          |
| <b>2a</b> | Alimony received . . . . .  |               | <b>2a</b> |          |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____  |               |           |          |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  |               | <b>3</b>  |          |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   |               | <b>4</b>  |          |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   |               | <b>5</b>  | -22,212. |
| <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 ABLÉ 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> | -22,212. |

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 2  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **02**

|  |  |
|--|--|
| Name(s) shown on Form 1040, 1040-SR, or 1040-NR<br>CHAKRAPANI LAKKOJU SRINIVASA & RAMADEVI LAKKOJU | Your social security number<br>347-47-9131 |
|--|--|

**Part I Tax**

|  |          |        |
|--|----------|--------|
| 1 Alternative minimum tax. Attach Form 6251 . . . . .                              | <b>1</b> |        |
| 2 Excess advance premium tax credit repayment. Attach Form 8962 . . . . .          | <b>2</b> | 1,523. |
| 3 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . | <b>3</b> | 1,523. |

**Part II Other Taxes**

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

*(continued on page 2)*

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

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

**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**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment  
Sequence No. **13**

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

Name(s) shown on return

Your social security number

CHAKRAPANI LAKKOJU SRINIVASA & RAMADEVI LAKKOJU

347-47-9131

**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** BACHUPALLY HYDERABAD TELANAGANA IN 500090

**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                            |  | 365              |   | 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> 550.         |   |   |
| <b>4</b> Royalties received . . . . .   | <b>4</b>              |   |   |
| <b>Expenses:</b>  |                       |   |   |
| <b>5</b> Advertising . . . . .  | <b>5</b>              |   |   |
| <b>6</b> Auto and travel (see instructions) . . . . .   | <b>6</b>              |   |   |
| <b>7</b> Cleaning and maintenance . . . . .   | <b>7</b> 1,562.       |   |   |
| <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> 1,120.      |   |   |
| <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> 6,253.      |   |   |
| <b>15</b> Supplies . . . . .  | <b>15</b> 6,953.      |   |   |
| <b>16</b> Taxes . . . . .   | <b>16</b>             |   |   |
| <b>17</b> Utilities . . . . .   | <b>17</b> 6,874.      |   |   |
| <b>18</b> Depreciation expense or depletion . . . . .   | <b>18</b>             |   |   |
| <b>19</b> Other (list) _____  | <b>19</b>             |   |   |
| <b>20</b> Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b> 22,762.     |   |   |
| <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> -22,212.    |   |   |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | <b>22</b> ( 22,212. ) |   |   |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .  | <b>23a</b> 550.       |   |   |
| <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>            |   |   |
| <b>e</b> Total of all amounts reported on line 20 for all properties . . . . .  | <b>23e</b> 22,762.    |   |   |
| <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> ( 22,212. ) |   |   |
| <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> -22,212.    |   |   |

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-22,212.

Schedule E (Form 1040) 2023



**Paid Preparer's Due Diligence Checklist**  
*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),  
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and  
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*  
**To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.  
Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.**

|   |   |
|---|---|
| Taxpayer name(s) shown on return<br>CHAKRAPANI LAKKOJU SRINIVASA & RAMADEVI LAKKOJU | Taxpayer identification number<br>347-47-9131   |
| Preparer's name<br>VENKATA SAI PAVAN KUMAR DUDIPALLI                                | Preparer tax identification number<br>P02470833 |

**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply).  EIC  CTC/ACTC/ODC  AOTC  HOH

|   | Yes                                 | No                                  | N/A                      |
|---|-------------------------------------|-------------------------------------|--------------------------|
| <b>1</b> Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| <b>2</b> If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>3</b> Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.<br><ul style="list-style-type: none"> <li>• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.</li> <li>• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) . . . . .</li> </ul>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| <b>4</b> Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) . . . . .   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                          |
| <b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |
| <b>b</b> Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |
| <b>5</b> Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) . . . . .<br>List those documents provided by the taxpayer, if any, that you relied on:<br>_____<br>_____<br>_____ | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| <b>6</b> Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| <b>7</b> Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . .<br><b>(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>a</b> Did you complete the required recertification Form 8862? . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>8</b> If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |

**Part II Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

|   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| <b>9a</b> Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? <b>(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)</b> . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>b</b> Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>c</b> Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

|   | Yes                                 | No                       | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|
| <b>10</b> Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States? . . . . .  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>11</b> Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? . . . . . | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>12</b> Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Part IV Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| <b>13</b> Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |

**Part V Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| <b>14</b> Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |

**Part VI Eligibility Certification**

**You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
  - 1. A copy of this Form 8867.
  - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
  - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
  - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
  - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

**If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).**

|   | Yes                                 | No                       |
|---|-------------------------------------|--------------------------|
| <b>15</b> Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? . . . . . | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**Premium Tax Credit (PTC)**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form8962](http://www.irs.gov/Form8962) for instructions and the latest information.

Name shown on your return

Your social security number

CHAKRAPANI LAKKOJU SRINIVASA & RAMADEVI L

347-47-9131

**A.** You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box

**Part I Annual and Monthly Contribution Amount**

|           |  |           |   |
|-----------|--|-----------|---|
| <b>1</b>  | Tax family size. Enter your tax family size. See instructions . . . . .  | <b>1</b>  | 2   |
| <b>2a</b> | Modified AGI. Enter your modified AGI. See instructions . . . . .  | <b>2a</b> | 106,176.  |
| <b>b</b>  | Enter the total of your dependents' modified AGI. See instructions . . . . .   | <b>2b</b> |   |
| <b>3</b>  | Household income. Add the amounts on lines 2a and 2b. See instructions . . . . .   | <b>3</b>  | 106,176.  |
| <b>4</b>  | Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the appropriate box for the federal poverty table used. <b>a</b> <input type="checkbox"/> Alaska <b>b</b> <input type="checkbox"/> Hawaii <b>c</b> <input checked="" type="checkbox"/> Other 48 states and DC | <b>4</b>  | 18,310.   |
| <b>5</b>  | Household income as a percentage of federal poverty line (see instructions) . . . . .  | <b>5</b>  | 401 %   |
| <b>6</b>  | Reserved for future use . . . . .  |           |   |
| <b>7</b>  | Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions . . . . .  | <b>7</b>  | 0.0850  |
| <b>8a</b> | Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount  | <b>8a</b> | 9,025.  |
|           |  | <b>b</b>  | Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount |
|           |  | <b>8b</b> | 752.  |

**Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit**

- 9** Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions.  
 **Yes.** Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage.  **No.** Continue to line 10.
- 10** See the instructions to determine if you can use line 11 or must complete lines 12 through 23.  
 **Yes.** Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24.  **No.** Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

| Annual Calculation      | (a) Annual enrollment premiums (Form(s) 1095-A, line 33A)               | (b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)               | (c) Annual contribution amount (line 8a)  | (d) Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)  | (e) Annual premium tax credit allowed (smaller of (a) or (d))  | (f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)               |
|-------------------------|---|--|---|--|--|--|
| <b>11</b> Annual Totals | 24,182.   | 24,134.  | 9,025.  | 15,109.  | 15,109.  | 16,632.  |
| Monthly Calculation     | (a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A) | (b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B) | (c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation) | (d) Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-) | (e) Monthly premium tax credit allowed (smaller of (a) or (d)) | (f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C) |
| <b>12</b> January       |   |  |   |  |  |  |
| <b>13</b> February      |   |  |   |  |  |  |
| <b>14</b> March         |   |  |   |  |  |  |
| <b>15</b> April         |   |  |   |  |  |  |
| <b>16</b> May           |   |  |   |  |  |  |
| <b>17</b> June          |   |  |   |  |  |  |
| <b>18</b> July          |   |  |   |  |  |  |
| <b>19</b> August        |   |  |   |  |  |  |
| <b>20</b> September     |   |  |   |  |  |  |
| <b>21</b> October       |   |  |   |  |  |  |
| <b>22</b> November      |   |  |   |  |  |  |
| <b>23</b> December      |   |  |   |  |  |  |

|           |  |           |         |
|-----------|--|-----------|---------|
| <b>24</b> | Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here   | <b>24</b> | 15,109. |
| <b>25</b> | Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here   | <b>25</b> | 16,632. |
| <b>26</b> | Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 9. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27 . . . . . | <b>26</b> |         |

**Part III Repayment of Excess Advance Payment of the Premium Tax Credit**

|           |   |           |        |
|-----------|---|-----------|--------|
| <b>27</b> | Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here               | <b>27</b> | 1,523. |
| <b>28</b> | Repayment limitation (see instructions) . . . . .   | <b>28</b> |        |
| <b>29</b> | Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 2 . . . . . | <b>29</b> | 1,523. |

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

**Part IV Allocation of Policy Amounts**

Complete the following information for up to four policy amount allocations. See instructions for allocation details.

**Allocation 1**

|           |   |                                  |                                   |  |
|-----------|---|----------------------------------|-----------------------------------|--|
| <b>30</b> | <b>(a)</b> Policy Number (Form 1095-A, line 2)          | <b>(b)</b> SSN of other taxpayer | <b>(c)</b> Allocation start month | <b>(d)</b> Allocation stop month                 |
|           | <b>Allocation percentage applied to monthly amounts</b> | <b>(e)</b> Premium Percentage    | <b>(f)</b> SLCSP Percentage       | <b>(g)</b> Advance Payment of the PTC Percentage |
|           |   |                                  |                                   |  |

**Allocation 2**

|           |   |                                  |                                   |  |
|-----------|---|----------------------------------|-----------------------------------|--|
| <b>31</b> | <b>(a)</b> Policy Number (Form 1095-A, line 2)          | <b>(b)</b> SSN of other taxpayer | <b>(c)</b> Allocation start month | <b>(d)</b> Allocation stop month                 |
|           | <b>Allocation percentage applied to monthly amounts</b> | <b>(e)</b> Premium Percentage    | <b>(f)</b> SLCSP Percentage       | <b>(g)</b> Advance Payment of the PTC Percentage |
|           |   |                                  |                                   |  |

**Allocation 3**

|           |   |                                  |                                   |  |
|-----------|---|----------------------------------|-----------------------------------|--|
| <b>32</b> | <b>(a)</b> Policy Number (Form 1095-A, line 2)          | <b>(b)</b> SSN of other taxpayer | <b>(c)</b> Allocation start month | <b>(d)</b> Allocation stop month                 |
|           | <b>Allocation percentage applied to monthly amounts</b> | <b>(e)</b> Premium Percentage    | <b>(f)</b> SLCSP Percentage       | <b>(g)</b> Advance Payment of the PTC Percentage |
|           |   |                                  |                                   |  |

**Allocation 4**

|           |   |                                  |                                   |  |
|-----------|---|----------------------------------|-----------------------------------|--|
| <b>33</b> | <b>(a)</b> Policy Number (Form 1095-A, line 2)          | <b>(b)</b> SSN of other taxpayer | <b>(c)</b> Allocation start month | <b>(d)</b> Allocation stop month                 |
|           | <b>Allocation percentage applied to monthly amounts</b> | <b>(e)</b> Premium Percentage    | <b>(f)</b> SLCSP Percentage       | <b>(g)</b> Advance Payment of the PTC Percentage |
|           |   |                                  |                                   |  |

**34** Have you completed all policy amount allocations?

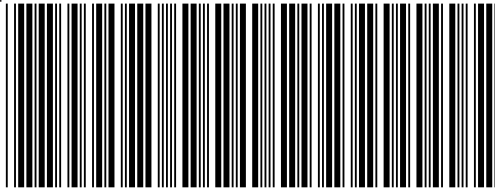
**Yes.** Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12–23, columns (a), (b), and (f). Compute the amounts for lines 12–23, columns (c)–(e), and continue to line 24.

**No.** See the instructions to report additional policy amount allocations.

**Part V Alternative Calculation for Year of Marriage**

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12–23, see the instructions for this Part V.

|           |  |                                    |  |                                    |                                   |
|-----------|--|------------------------------------|--|------------------------------------|-----------------------------------|
| <b>35</b> | <b>Alternative entries for your SSN</b>          | <b>(a)</b> Alternative family size | <b>(b)</b> Alternative monthly contribution amount | <b>(c)</b> Alternative start month | <b>(d)</b> Alternative stop month |
| <b>36</b> | <b>Alternative entries for your spouse's SSN</b> | <b>(a)</b> Alternative family size | <b>(b)</b> Alternative monthly contribution amount | <b>(c)</b> Alternative start month | <b>(d)</b> Alternative stop month |



2023 Form 1-NR/PY

MA23006011555

Massachusetts Nonresident/Part-Year Resident
Income Tax Return

For the year January 1–December 31, 2023 or other taxable

Year beginning Ending

CHAKRAPANI
RAMADEVI
39639 LESLIE ST

LAKKOJU SRINIVASA 347479131
LAKKOJU 988924016
FREMONT

CA 94538
165

Fill in if: Amended return Other jurisdiction change Enter date of change
Federal amendment Amended return due to IRS BBA Partnership Audit

State Election Campaign Fund:

Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula

Taxpayer deceased

Fill in if under age 18

Fill in if name change

Check one: X Nonresident

Part-year resident

a. Total federal income

106176

b. Federal adjusted gross income

106176

1. Filing status (select one only):

Single

X Married filing jointly

Married filing separate return NRA

Head of household

You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents. Enter dates as Massachusetts resident: From

To

3. Total days as Massachusetts resident

÷ 365 = . 3

\$1 You \$1 Spouse TOTAL
You Spouse
You Spouse
You Spouse

Fill in if noncustodial parent

Fill in if filing Schedule TDS

Fill in if filing Schedule FCI

Fill in if reporting crypto currency

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature

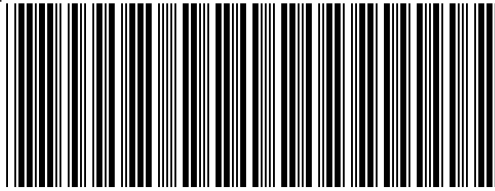
Date

Spouse's signature

Date

669-300-8287

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

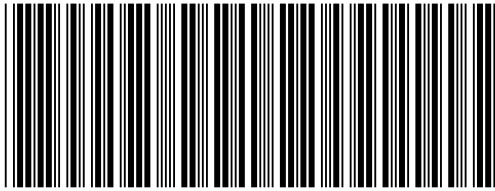


# 2023 Form 1-NR/PY, pg. 2

MA23006021555  
Massachusetts Nonresident/  
Part-Year Resident Income Tax Return  
347479131

|  |                          |                       |        |
|--|--------------------------|-----------------------|--------|
| <b>4. Exemptions:</b>  |                          |                       |        |
| a. Personal exemptions   |                          | <b>4a</b>             | 8800   |
| b. Number of dependents. (Do not include yourself or your spouse.) Enter number  |                          | x \$1,000 = <b>4b</b> |        |
| c. Age 65 or over before 2024      You +      Spouse =   |                          | x \$700 = <b>4c</b>   |        |
| d. Blindness      You +      Spouse =  |                          | x \$2,200 = <b>4d</b> |        |
| e. Medical/dental  |                          | <b>4e</b>             |        |
| f. Adoption  |                          | <b>4f</b>             |        |
| g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a   |                          | <b>4g</b>             | 8800   |
| <b>5.</b> Wages, salaries, tips  |                          | <b>5</b>              | 128388 |
| <b>6.</b> Taxable pensions and annuities   |                          | <b>6</b>              |        |
| <b>7.</b> Mass. bank interest: a.  | - b. exemption           | <b>= 7</b>            |        |
| <b>8.</b> Business/profession income/loss a.   | + b. Farming income/loss | <b>= 8</b>            |        |
| <b>9.</b> Rental, royalty and REMIC, partnership, S corp., trust income/loss   |                          | <b>9</b>              | -22212 |
| <b>10a.</b> Unemployment   |                          | <b>10a</b>            |        |
| <b>10b.</b> Mass. lottery winnings   |                          | <b>10b</b>            |        |
| <b>11.</b> Other income  |                          | <b>11</b>             |        |
| <b>12. TOTAL 5.0% INCOME</b>   |                          | <b>12</b>             | 106176 |
| <b>13. NONRESIDENT APPORTIONMENT WORKSHEET.</b> You cannot apportion Mass. wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Mass. source income. Only use when income from employment/business is earned both inside and outside Mass. and the exact Mass. amount is not known. Basis:      working days      miles      sales      other: |                          |                       |        |
| Working days (or other basis) outside Massachusetts  |                          | <b>13a</b>            |        |
| Working days (or other basis) inside Massachusetts   |                          | <b>13b</b>            |        |
| Total working days   |                          | <b>13c</b>            |        |
| Nonworking days (holidays, weekends, etc.)   |                          | <b>13d</b>            |        |
| Massachusetts ratio  |                          | <b>13e</b>            |        |
| Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2  |                          | <b>13f</b>            |        |
| Massachusetts income   |                          | <b>13g</b>            |        |

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2023 Form 1-NR/PY, pg. 3

MA23006031555

Massachusetts Nonresident/

Part-Year Resident Income Tax Return

CHAKRAPANI

LAKKOJU SRINIVASA

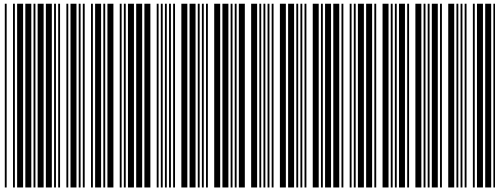
347479131

14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO

|   |     |        |
|---|-----|--------|
| a. Total 5.0% income  | 14a | 106176 |
| b. Interest income  | 14b |        |
| c. Total capital gain income  | 14c |        |
| d. Total income this return   | 14d | 106176 |
| e. Non-Massachusetts source income. <b>Not less than "0"</b>                        | 14e |        |
| f. Total income   | 14f | 106176 |
| g. Deduction and exemption ratio  | 14g | 1.0000 |
| 15a. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement              | 15a | 2000   |
| 15b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement | 15b |        |
| 16. Reserved for future use   | 16  |        |
| 17. Reserved for future use   | 17  |        |

|  |    |        |
|--|----|--------|
| 18. Rental deduction. a.   | 18 |        |
| Nonresidents, fill in if during 2023 you did not have a family home or any dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future |    |        |
| 19. Other deductions from Schedule Y, line 19  | 19 |        |
| 20. <b>Total deductions.</b> Add lines 15 through 19   | 20 | 2000   |
| 21. <b>5.0% INCOME AFTER DEDUCTIONS.</b> Subtract line 20 from line 12. <b>Not less than "0"</b>   | 21 | 104176 |
| 22. Exemption amount. a. 8800  | 22 | 8800   |
| 23. <b>5.0% INCOME AFTER EXEMPTIONS.</b> Subtract line 22 from line 21. <b>Not less than "0"</b>   | 23 | 95376  |
| 24. <b>INTEREST AND DIVIDEND INCOME</b>  | 24 |        |
| 25. <b>TOTAL TAXABLE 5.0% INCOME.</b> Add lines 23 and 24  | 25 | 95376  |
| 26. <b>TAX ON 5.0% INCOME. Note:</b> If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 21 by .0585                                  | 26 | 4769   |
| 27. <b>INCOME FROM SCHEDULE B.</b> Not less than "0."  |    |        |
| a. x .085 = 27a  |    |        |
| b. x .12 = 27b   |    |        |
| <b>TOTAL TAX ON INCOME FROM SCHEDULE B.</b> Add lines 27a and 27b  | 27 |        |

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



**2023 Form 1-NR/PY, pg. 4**

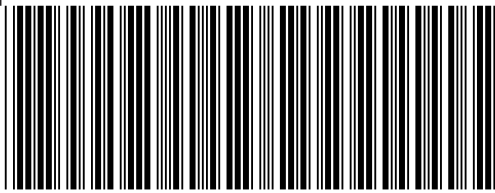
MA23006041555  
 Massachusetts Nonresident/  
 Part-Year Resident Income Tax Return  
 347479131

|   |     |      |            |      |
|---|-----|------|------------|------|
| <b>28. TAX ON LONG-TERM CAPITAL GAINS. Not less than "0."</b> Fill in if filing Schedule D-IS   |     |      | <b>28</b>  |      |
| Fill in if any excess exemptions were used in calculating lines 24, 27 or 28  |     |      |            |      |
| <b>29. Credit recapture amount</b> (from Credit Recapture Schedule)   |     |      | <b>29</b>  |      |
| <b>30. Additional tax on installment sale</b>   |     |      | <b>30</b>  |      |
| <b>31. If you qualify for No Tax Status, fill in and enter "0" on line 32</b>   |     |      |            |      |
| <b>32. TOTAL INCOME TAX.</b>  |     |      |            |      |
| a. Income tax. Add lines 26 through 30  | 32a | 4769 |            |      |
| b. 4% Surtax. (from Schedule 4% Surtax, line 7)   | 32b |      |            |      |
| c. If line 32b is greater than 0, enter the amount of Massachusetts income tax paid on your behalf on a Form MA NRRCR, Nonresident Composite Return. Otherwise, enter 0 | 32c |      |            |      |
| Total tax. Subtract line 32c from the total of lines 32a and 32b  |     |      | <b>32</b>  | 4769 |
| <b>33. Limited Income Credit</b>  |     |      | <b>33</b>  |      |
| <b>34. Income tax due to another state or jurisdiction</b>  |     |      | <b>34</b>  |      |
| <b>35. Other credits</b> (from Credit Manager Schedule)   |     |      | <b>35</b>  |      |
| <b>36. INCOME TAX AFTER CREDITS.</b> Subtract the total of lines 33 through 35 from line 32. <b>Not less than "0"</b>   |     |      | <b>36</b>  | 4769 |
| <b>37. Voluntary Contributions</b>  |     |      |            |      |
| a. Endangered Wildlife Conservation   |     |      | <b>37a</b> |      |
| b. Organ Transplant Fund  |     |      | <b>37b</b> |      |
| c. Massachusetts Public Health HIV and Hepatitis Fund   |     |      | <b>37c</b> |      |
| d. Massachusetts U.S. Olympic Fund  |     |      | <b>37d</b> |      |
| e. Massachusetts Military Family Relief Fund  |     |      | <b>37e</b> |      |
| f. Homeless Animal Prevention and Care  |     |      | <b>37f</b> |      |
| Total. Add lines 37a through 37f  |     |      | <b>37</b>  |      |
| <b>38. Use tax due on Internet, mail order and other out-of-state purchases</b>   |     |      | <b>38</b>  |      |
| <b>39. Health care penalty</b> a. You                                 + b. Spouse   |     |      | <b>39</b>  |      |
| <b>40. Amended return only.</b> Overpayment from original return  |     |      | <b>40</b>  |      |
| <b>41. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX.</b> Add lines 36 through 40   |     |      | <b>41</b>  | 4769 |
| <b>42. a.</b> Massachusetts income tax withheld from Form(s) W-2  | 42a | 6359 |            |      |
| <b>b.</b> Massachusetts income tax withheld from Form(s) 1099   | 42b |      |            |      |
| <b>c.</b> Massachusetts income tax withheld from other forms  | 42c |      |            |      |
| Total. Add lines 42a through 42c  |     |      | <b>42</b>  | 6359 |

**BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1**







**2023 Schedule INC**

MA23INC011555

CHAKRAPANI

LAKKOJU SRINIVASA

347479131

**Form W-2 and 1099 Information**

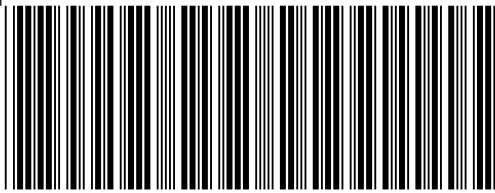
| A. FEDERAL ID NUMBER | B. STATE TAX WITHHELD | C. STATE WAGES/INCOME | D. TAXPAYER SS WITHHELD | E. SPOUSE SS WITHHELD | F. SOURCE OF WITHHOLDING |
|----------------------|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| 042646319            | 1968                  | 39910                 | 3053                    |                       | W2                       |
| 042646319            | 4391                  | 88478                 | 6769                    |                       | W2                       |

TOTALS

6359

128388

9822



**2023 Schedule E**

MA23013041555

CHAKRAPANI

LAKKOJU SRINIVASA

347479131

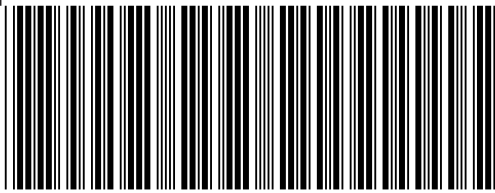
**Income or Loss from Real Estate and Royalties**

**Income**

|                       |   |     |
|-----------------------|---|-----|
| 1. Rents received     | 1 | 550 |
| 2. Royalties received | 2 |     |

**Expenses**

|   |    |        |
|---|----|--------|
| 3. Advertising  | 3  |        |
| 4. Auto and travel  | 4  |        |
| 5. Cleaning and maintenance   | 5  | 1562   |
| 6. Commissions  | 6  |        |
| 7. Insurance  | 7  |        |
| 8. Legal and other professional fees  | 8  |        |
| 9. Management fees  | 9  | 1120   |
| 10. Mortgage interest paid to banks, etc.                                       | 10 |        |
| 11. Other interest  | 11 |        |
| 12. Repairs   | 12 | 6253   |
| 13. Supplies  | 13 | 6953   |
| 14. Taxes   | 14 |        |
| 15. Utilities   | 15 | 6874   |
| 16. Other expenses  | 16 |        |
| 17. Add lines 3 through 16  | 17 | 22762  |
| 18. Depreciation expense or depletion   | 18 |        |
| 19. Total expenses. Add lines 17 and 18   | 19 | 22762  |
| 20. Income or loss from rental real estate or royalty properties                | 20 | -22212 |
| 21. Deductible rental real estate loss  | 21 | -22212 |
| 22. Income. Enter positive amounts shown on line 20                             | 22 |        |
| 23. Losses. Add royalty losses from line 20 and real estate losses from line 21 | 23 | -22212 |
| 24. Rental real estate and royalty income or loss                               | 24 | -22212 |



## 2023 Schedule E, pg. 2

MA23013051555

347479131

### Income or Loss from Partnerships and S Corporations

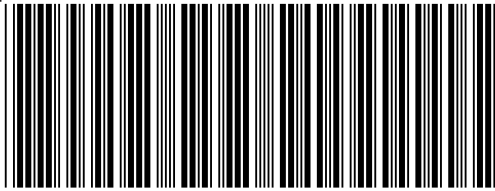
|   |    |
|---|----|
| 25. Passive loss allowed  | 25 |
| 26. Passive income  | 26 |
| 27. Non-passive loss  | 27 |
| 28. Section 179 expense deduction   | 28 |
| 29. Non-passive income  | 29 |
| 30. Combine lines 26 and 29   | 30 |
| 31. Combine lines 25, 27 and 28   | 31 |
| 32. Partnership and S corporation income or loss. Combine lines 30 and 31   | 32 |
| 33. Interest (other than MA banks) and dividends if included in line 32   | 33 |
| 34. Interest from Massachusetts banks if included in line 32  | 34 |
| 35. Total income or loss from partnerships and S corporations   | 35 |
| 36. Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses |    |

### Income or Loss from Estates and Trusts

|  |    |
|--|----|
| 37. Passive deduction or loss allowed                                | 37 |
| 38. Passive income   | 38 |
| 39. Non-passive deduction or loss                                    | 39 |
| 40. Non-passive other income   | 40 |
| 41. Add lines 38 and 40  | 41 |
| 42. Add lines 37 and 39  | 42 |
| 43. Estate and trust income or loss. Combine lines 41 and 42         | 43 |
| 44. Estate or non-grantor-type trust income                          | 44 |
| 45. Grantor-type trust and non-Massachusetts estate and trust income | 45 |
| 46. Interest and dividends if included in line 45                    | 46 |
| 47. Adjustments to 5.0% income                                       | 47 |
| 48. Subtotal. Combine lines 46 and 47                                | 48 |
| 49. Income or loss from grantor type and non-Mass estates and trusts | 49 |

### Income or Loss from REMICs

|                             |    |
|-----------------------------|----|
| 50. Excess inclusion        | 50 |
| 51. Taxable income or loss  | 51 |
| 52. Income                  | 52 |
| 53. Combine lines 51 and 52 | 53 |



**2023 Schedule E, pg. 3**

MA23013061555

347479131

**Farm Income**

54. Net farm rental income or loss

54

**Summary**

55. Income or loss. Combine lines 24, 35, 49, 53 and 54

55

- 22212

56. Massachusetts differences Enclose statements

56

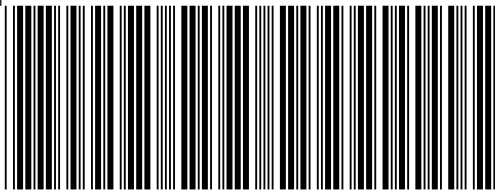
57. Abandoned building renovation deduction

57

58. Total income or loss. Combine lines 55 through 57

58

- 22212



# 2023 Schedule E-1

MA23013011555

CHAKRAPANI LAKKOJU SRINIVASA 347479131  
ORANGE HOMES APARTMENTS FLA  
BACHUPALLY HYDERABAD

Check one:  Real estate  Royalty  Rental property used for short-term rentals

## Income or Loss from Real Estate and Royalties

### Income

|                       |   |     |
|-----------------------|---|-----|
| 1. Rents received     | 1 | 550 |
| 2. Royalties received | 2 |     |

### Expenses

|  |    |        |
|--|----|--------|
| 3. Advertising   | 3  |        |
| 4. Auto and travel   | 4  |        |
| 5. Cleaning and maintenance  | 5  | 1562   |
| 6. Commissions   | 6  |        |
| 7. Insurance   | 7  |        |
| 8. Legal and other professional fees   | 8  |        |
| 9. Management fees   | 9  | 1120   |
| 10. Mortgage interest paid to banks, etc   | 10 |        |
| 11. Other interest   | 11 |        |
| 12. Repairs  | 12 | 6253   |
| 13. Supplies   | 13 | 6953   |
| 14. Taxes  | 14 |        |
| 15. Utilities  | 15 | 6874   |
| 16. Other expenses   | 16 |        |
| 17. Add lines 3 through 16   | 17 | 22762  |
| 18. Depreciation expense or depletion  | 18 |        |
| 19. Total expenses. Add lines 17 and 18  | 19 | 22762  |
| 20. Income or loss from rental real estate or royalty properties   | 20 | -22212 |
| 21. Deductible rental real estate loss   | 21 | -22212 |
| 22. Income. Enter positive amounts shown on line 20  | 22 |        |
| 23. Losses. Enter royalty losses from line 20 or rental real estate loss from line 21  | 23 | -22212 |
| 24. Rental real estate and royalty income or loss  | 24 | -22212 |
| 25. Check if this rental property was used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value |    |        |