Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)		•				
Taxpayer's name	Social security	y number				
MOHANA RAO INTURI	RAO INTURI 323-15-2022					
Spouse's name	Spouse's soci	al security number				
MOUNIKA INTURI	961-92-	-9251				
Part I Tax Return Information — Tax Year Ending December 31, 2023 (E	nter year you ar	e 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		1 162,928.				
2 Total tax		2 19,365.				
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 20,435.				
4 Amount you want refunded to you	[4 1,070.				
5 Amount you owe		5				
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a	nd keep a copy	of your return)				
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trato send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to term payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended Electronic Funds Withdrawal Consent.	ansmitter, or electro or rejection of the transe to the U.S. Treasury and tindicated in the tatitution to debit the innate the authorizar requests must be an the processing of the payment. I furth	nic return originator (ERO ansmission, (b) the reason id its designated Financia x preparation software for entry to this account. This tion. To revoke (cancel) a received no later than 2 the electronic payment of the received that the				
Taxpayer's PIN: check one box only						
▼ I authorize GLOBAL TAXES LLC to enter or gener	rate my PIN	2 0 2 2 as my				
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ente	er five digits, but 't enter all zeros				
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN r below.						
Your signature ► Date	-					
Spouse's PIN: check one box only						
· —	rate mv PIN 2	9 2 5 1 as my				
		$9 \mid 2 \mid 5 \mid 1$ as my er five digits, but				
signature on the income tax return (original or amended) I am now authorizing.		't enter all zeros				
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN r below.						
Spouse's signature ▶ Date	>					
Practitioner PIN Method Returns Only—continue be	low					
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 4 9 6 Don't ente					
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incor authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am serequirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers	submitting this retur	rn in accordance with the				
ERO's signature ▶ Date	•					
ERO Must Retain This Form — See Instruction						

Don't Submit This Form to the IRS Unless Requested To Do So

E1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2023

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling		, 20		See sepa	arate instructions.
Your first name and middle initial			Last na	ıme				٠,	Your soc	ial security number
MOHANA F	ΩΩ		INTU	IR T						15 2022
		s first name and middle initial	Last na					:		social security numbe
MOUNIKA			INTU	JR T					961	92 9251
	(numbe	er and street). If you have a P.O. box, see					Apt. no.			tial Election Campaigr
11 B REA	DIN	G ROAD PLUS GTL(C-BOX	12)					- 1	Check he	ere if you, or your
		ice. If you have a foreign address, also co		spaces below.	Sta	ate	ZIP code			filing jointly, want \$3
EDISON					No	J	08817		•	this fund. Checking a w will not change
Foreign country	name			Foreign province/state/	coun	ty	Foreign postal of			or refund.
										You Spouse
Filing Status	, [Single				☐ Head of ho	ousehold (HOF	H)		
Check only	×	Married filing jointly (even if only or	ne had	income)						
one box.		Married filing separately (MFS)				Qualifying	surviving spo	use (C	QSS)	
	lf y	you checked the MFS box, enter the	name	of your spouse. If you	u che	ecked the HOH	or QSS box,	enter	the child	d's name if the
	qu	ualifying person is a child but not you	ır depei	ndent:						
Digital	At a	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	navr	ment for proper	ty or services): or (l	b) sell.	
Assets		nange, or otherwise dispose of a digi	,				•	,	,	☐ Yes ☒ No
Standard	Som	neone can claim: You as a de	penden	t	e as	a dependent				
Deduction		Spouse itemizes on a separate return		•	alien	1				
Ago/Plindness	Vau	More born before lengery 2.1	050 [Are blind Spo		w	n hoforo Janu	0210	1050	☐ Is blind
		: Were born before January 2, 1	959 [-	ouse		n before Janua			es for (see instructions):
Dependents	•	instructions): First name Last name		(2) Social security number	/	(3) Relationshi to you	Child t			Predit for other dependents
If more than four		RNAV INTURI		961-92-928	5	Son				X
dependents,		ISHK INTURI		961-92-932		Son				×
see instructions	3	11110111		701 72 732		Bon				
and check here \square										
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (se	e instructions) .					1a	183,844.
	b	Household employee wages not re	eported	on Form(s) W-2 .					1b	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	ι (see in	structions)					1c	
attach Forms	d	Medicaid waiver payments not rep	orted c	n Form(s) W-2 (see ii	nstru	uctions)			1d	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Fo	rm 2441, line 26					1e	
was withheld.	f	Employer-provided adoption bene	fits fror	n Form 8839, line 29					1f	
If you did not	g	Wages from Form 8919, line 6 .							1g	
get a Form W-2, see	h	Other earned income (see instructi	ions)						1h	0.
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>1i</u>				
	z	Add lines 1a through 1h	. ;						1z	183,844.
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interest			2b	
if required.	3a	Qualified dividends	3a		b C	Ordinary dividen	nds		3b	
Standard	4a	_	4a			axable amount			4b	
Deduction for—	5a	_	5a			axable amount			5b	
Single or Married filing	6a	,	6a			axable amount			6b	
separately,	С	·	you elect to use the lump-sum election method, check here (see instructions)						l .	
\$13,850 Married filing	7	Capital gain or (loss). Attach Sched				-		. L	7	00.01.5
jointly or Qualifying	8	Additional income from Schedule							8	-20,916.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•	come	e			9	162,928.
\$27,700 • Head of	10	Adjustments to income from Sche	-						10	1.00
household, \$20,800	11	Subtract line 10 from line 9. This is	•						11	162,928.
If you checked	12	Standard deduction or itemized		•	,				12	27,700.
any box under Standard	13	Qualified business income deducti			899	ю-А			13	27 700
Deduction, see instructions.	14 15	Add lines 12 and 13		s ontor 0. This is w		tavable incom			14	27,700.

Form 1040 (2023	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 4972	з 🗌		16	20,365.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	20,365.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	1,000.
	20	Amount from Schedule 3, lir	ne 8					20	
	21	Add lines 19 and 20						21	1,000.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	19,365.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	19,365.
Payments	25	Federal income tax withheld	from:						
_	а	Form(s) W-2				25a 20	,435		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	20,435.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	022 return			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27			
allacii Scii. Elc.	28	Additional child tax credit from	m Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8 . .		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	20,435.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amoun	nt you overpaid		34	1,070.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	3 is attached, chec	k here	. 🗆	35a	1,070.
Direct deposit?	b	Routing number 0 6 4			,, <u> </u>	Checking	Savings		
See instructions.	d	Account number 4 4 4	0 1 9 9	1 3 8 3	3 8				
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another				See			
Designee	ins	structions				. 🗌 Yes. C	omplete	below.	⋈ No
		signee's		Phone			onal iden	tification	
<u></u>		me	hat I hava avamina	no.			ber (PIN)	the best	of my lenguage and
Sign		der penalties of perjury, I declare the lief, they are true, correct, and com							, ,
Here		•	•	Date	Your occupation				nt you an Identity
	10	Your signature		Date Tour occupation			Protection PIN, enter it here		
Joint return?				EMPLOYED			(se	e inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupation	on			nt your spouse an
your records.					IIOME MAKED			ntity Prot e inst.)	ection PIN, enter it here
		00000 (615)500 001	0	Frank address	HOME MAKER				
-		one no. (615)589-991 eparer's name	9 Preparer's signat	Email address	MOHAN.INTU	RI@GMAIL.CO Date	PTIN		Check if:
Paid		•	'		מווחתא האודאיי			27702	Self-employed
Preparer		M PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GOPIA TALLAM	03/06/2024	P0208		
Use Only		m's name GLOBAL TA		INTOTAT OF AT	T 00016		_		(678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	INSWICK N	J 08816		Fire	n's EIN	84-3171965

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

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

Attachment Sequence No. **01** Your social security number

MOHA	NA RAO & MOUNIKA INTURI		323-	15-20	122
Par	t 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	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta			5	-20,916.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a (,)	
b	Gambling	8b			
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d ()	
е	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			
I	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	81			
m	Olympic and Paralympic medals and USOC prize money (see				
	instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
0	Section 951A(a) inclusion (see instructions)	80			
р	Section 461(I) 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 (<u>)</u>	
t	Pension or annuity from a nonqualifed deferred compensation plan or				
	a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
Z	Other income. List type and amount:				
_	Total discourse Addition Configuration	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	r nere	and on Form		20 016
	1040, 1040-SR, or 1040-NR, line 8			10	-20,916.

Page **2** Schedule 1 (Form 1040) 2023

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	e-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	· <u> </u>			
С	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:				
а	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			
С	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			
е	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:				
0 -		24z		0-	
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income				
	Form 1040, 1040-SR, or 1040-NR, line 10			26	
	BAA	REV 02/	23/24 PRO	Schedu	ile 1 (Form 1040) 2023

SCHEDULE E (Form 1040)

Department of the Treasury

Supplemental Income and Loss

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

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

Attachment

Internal Revenue Service Go to www.irs.gov/ScheduleE for instructions and the latest information. Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number MOHANA RAO & MOUNIKA INTURI 323-15-2022 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. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions 1a Physical address of each property (street, city, state, ZIP code) 2-97-1, KANDUKUR PRAKASHAM ANDHRA PRADESH IN 523105 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and Davs **Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 748. 3 3 Rents received . 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 2,968. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees 11 2,103. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 3,968. 14 Repairs 14 15 Supplies 15 4,741. 16 16 Taxes 17 Utilities 17 2,230. 18 5,654. 18 Depreciation expense or depletion 19 19 Other (list) 20 20 Total expenses. Add lines 5 through 19 21,664. 21 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 Form 6198 21 -20,916. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 20,916.) 748. 23a Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 5,654. 23d Total of all amounts reported on line 18 for all properties 21,664. Total of all amounts reported on line 20 for all properties 23e 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 20,916. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 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 ...

-20,916.

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

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

2023

OMB No. 1545-0074

Attachment Sequence No. 47

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Name(s) shown on return Your social security number 323-15-2022 MOHANA RAO & MOUNIKA INTURI Child Tax Credit and Credit for Other Dependents 1 Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . 1 162,928. Enter income from Puerto Rico that you excluded 2a Enter the amounts from lines 45 and 50 of your Form 2555 . . . b 2b 0 c Enter the amount from line 15 of your Form 4563 Add lines 2a through 2c 2d3 3 162,928. 4 Number of qualifying children under age 17 with the required social security number 0 5 5 6 Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4. 7 7 1,000. Add lines 5 and 7 8 8 1,000. Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000 9 400,000. Subtract line 9 from line 3. 10 • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. 10 0. 11 11 0. Is the amount on line 8 more than the amount on line 11? . . . 12 1,000. No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. **X** Yes. Subtract line 11 from line 8. Enter the result. 13 Enter the amount from Credit Limit Worksheet A 13 20,365. Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents 1,000. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19. If the amount on line 12 is more than the amount on line 14, you may be able to take the additional child tax credit

on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

BAA

Schedule 8812 (Form 1040) 2023

Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line	27 .	
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,600.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	No. Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\dots \dots \dots \dots \dots \dots \dots \dots \dots$	20	
	Next. On line 16b, is the amount \$4,800 or more?		
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
	Otherwise, go to line 21.		
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	s of P	uerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or		
	if you are a bona fide resident of Puerto Rico, see instructions	-	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22	-	
23	Add lines 21 and 22		
24	1040 and		
	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,		
	and Schedule 3 (Form 1040), line 11.		
25	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.	25	
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the larger of line 20 or line 25	26	
Dord	Next, enter the smaller of line 17 or line 26 on line 27.		
	II-C Additional Child Tax Credit	27	
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	

Form **8889**

Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. 52

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

MOHANA RAO INTURI

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 323-15-2022

Befo	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, i	f requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023.		
	See instructions	∐ Se	lf-only 🗵 Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter	3	7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4	0
5	Subtract line 4 from line 3. If zero or less, enter -0	5	0. 7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family		7,730.
O	coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6	7,750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage		,,,,,,,
•	under an HDHP at any time during 2023, enter your additional contribution amount. See instructions.	7	
8	Add lines 6 and 7	8	7,750.
9	Employer contributions made to your HSAs for 2023		,
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	4,750.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	3,000.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	II HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse.	arate I	HSAs, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were		
	withdrawn by the due date of your return. See instructions	14b	
C	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part			
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form		
	1040) Part II line 17d	21	

(Rev. November 2023)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

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 for instructions and the latest information.

OMB No. 1545-0074 For tax year 20 23 Attachment

Sequence No. 70

Form **8867** (Rev. 11-2023)

Taxpayer identification number

MOHA	NA RAO & MOUNIKA INTURI	323-15-2022	2		
reparer	's name	Preparer tax identifica	ation numb	oer	
	I PRIYA RAM SAGAR GUPTA TALLAM	P02082703			
Part					
	check the appropriate box for the credit(s) and/or HOH filing status claimed on the retubenefit(s) claimed (check all that apply). \square EIC \square CTC/ACT		the rel		arts I-V HOH
1	Did you complete the return based on information for the applicable tax year provided b	y the taxpayer	Yes	No	N/A
	or reasonably obtained by you?		X		
2	If credits are claimed on the return, did you complete the applicable EIC and/or C worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedu 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions worksheet(s) that provides the same information, and all related forms and schedules claimed?	ule 8812 (Form , or your own	×		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you meet the following.	nust do both of			
	• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer' determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.	s responses to			
	• Review information to determine that the taxpayer is eligible to claim the credit(s) and status and to figure the amount(s) of any credit(s)		X		
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsist answer questions 4a and 4b. If " No ," go to question 5.)	ent? (If "Yes,"		×	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent info	ormation? .			
b	Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	the questions the impact the			
5	Did you satisfy the record retention requirement? To meet the record retention requirement keep a copy of your documentation referenced in question 4b, a copy of this Form 8867 applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) p taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing states the amount(s) of the credit(s)	, a copy of any prepare Form rovided by the tus or to figure	×		
	List those documents provided by the taxpayer, if any, that you relied on:				
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate e credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?		×		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous	year?	×		
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)				
	Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a correct Schedule C (Form 1040)?	complete and			

orm 8	867 (Rev. 11-2023)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a		Yes	No	N/A
	claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC			
	and does not have a qualifying child, go to question 10.)			
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?			
_	has supported the child the entire year?			
C	more than one person (tiebreaker rules)?			
Part	1 (claim C	TC, A	CTC.
	or ODC, go to Part IV.)		•	,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is	Yes	No	N/A
	a citizen, national, or resident of the United States?	×		
11	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?	×		
12	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?	×		
Part			 Part \	/\
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu		Yes	No
	tuition and related expenses for the claimed AOTC?			П
Part	Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	s, go to	D Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax	x year	Yes	No
	and provided more than half of the cost of keeping up a home for the year for a qualifying person?			
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HO	H filing	status
	 A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s); 	nses on s) and/c	the ref or HOH	turn or filing
	 B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed; 	ist for a	ny app	licable
	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 88 Document Retention.	67 instr	uctions	under
	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 credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	"s eligib	ility for	the
	A record of how, when, and from whom the information used to prepare this form and the applica obtained.	ble worl	ksheet(s) was
	A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount	payer's ınt(s) of	respon the cre	ses, to
	If you have not complied with all due diligence requirements, you may have to pay a penalty for each related to a claim of an applicable credit or HOH filing status (see instructions for more information	h failur).	e to co	mply
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct	t. and	Yes	No
	complete?		×	

REV 02/23/24 PRO



2023 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

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NJ-1040 2023 Page 1

040MP01230

 $\begin{array}{l} {\rm Your\ Social\ Security\ Number\ (required)} \\ {\rm 323152022} \end{array}$

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

INTURI MOHANA RAO & MOUNIKA

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

961929251

 $\begin{array}{l} {\rm County/Municipality\;Code\;(See\;Table\;page\;50)} \\ {\rm 1205} \end{array}$

Home Address (Number and Street, including apartment number)

11 B READING ROAD PLUS GTLC-BOX 1

City, Town, Post Office State ZIP Code EDISON NJ 08817

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

159915600007802

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

I authorize the Division of Taxation to discuss my return and enclosures with my preparer.

NJ-1040-O is enclosed.

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

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

Direct Deposit Information

dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1. <u> </u>	
dd2. Account type (C for checking, S for savings)	dd2. C	
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.	
dd4. Routing number	dd4.	064000020
dd5. Account number	dd5.	444019913838



NJ-1040

Name(s) as shown on Form NJ-1040

INTURI MOHANA RAO & MOUNIKA

Your Social Security Number

323152022

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2023

Page 2 Part-year residents, provide months/days you were a New Jersey resident during 2023: Fiscal year filers only: 2024 Enter month of your year end From: To: Filing Status Fill in only one 1. Single 2. × Married/CU Couple, filing joint return Married/CU Partner, filing separate return 3. 4. Head of Household Enter spouse's/CU partner's SSN Qualifying Widow(er)/Surviving CU Partner 5. Indicate the year of your spouse's/CU partner's death: 2021 2022 Exemptions Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation. X X x \$1,000 = 20002 Self Spouse/CU Partner 6. Domestic Partner x \$1,000 = __ 7. Senior 65+ (Born in 1958 or earlier) Self Spouse/CU Partner Blind/Disabled Self Spouse/CU Partner x \$1,000 = ___ 8. Spouse/CU Partner x \$6,000 = _ Veteran Self 2 x \$1,500 = 3000Qualified Dependent Children 10. x \$1,500 = Other Dependents 11. x \$1,000 = 12. Dependents Attending Colleges (See instructions) 5000 Total Exemption Amount (Add totals from the lines at 6 through 12) 13. 13. Dependent Information. Provide the following information for each dependent. Last Name, First Name, Middle Initial Social Security Number Birth Year No Health Insurance 961929285 2010 961929328 2017

a.	INTURI,	AARNAV	_
b.	INTURI,	ANISHK	
c.			_
d.			

NJ-1040

Name(s) as shown on Form NJ-1040

INTURI MOHANA RAO & MOUNIKA

Your Social Security Number

323152022

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NJ-1040 2023 Page 3

040MP03230

15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	194702 .	
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	171702 .	
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	•	
17.	Dividends	17.		
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.		
19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.		
20a.	Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)	20a.	•	
20b.	Excludable pension, annuity, and IRA distributions/withdrawals	20b.	·	
21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.	•	
22.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	•	
23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.	·	
24.	Net gambling winnings (See instructions)	24.	•	
25.	Alimony and separate maintenance payments received	25.	•	
26.	Other (Enclose documents) (See instructions)	26.	•	
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	194702 .	
28a.	Pension/Retirement Exclusion (See instructions)	28a.	101702 .	
28b.	Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)	28b.	•	
28c.	Total Exclusion Amount (Add lines 28a and 28b)	28c.	•	
29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	194702 .	
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	5000 .	
31.	Medical Expenses (See Worksheet F and instructions)	31.	5000 .	
32.	Alimony and separate maintenance payments (See instructions)	32.	•	
33.	Qualified Conservation Contribution	33.	•	
34.	Health Enterprise Zone Deduction	34.	•	
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0 .	
36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.	0.	
	NJBEST Deduction	37a.	•	
37a. 37b.	NJCLASS Deduction	37a. 37b.	•	,
37c.	NJ Higher Ed. Tuition Deduction	37c.	•	
38.	Total Exemptions and Deductions (Add lines 30 through 37c)	38.	5000 .	
39.	Taxable Income (Subtract line 38 from line 29)	39.	189702 .	
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	4968	
40b.	Indicate your residency status during 2023 (fill in only one) Homeowner Tenant	Both	4900 •	,
41.	Property Tax Deduction (From Worksheet H) (See instructions)	41.	4968 .	
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.	184734 .	
43.	Tax on amount on line 42 (Tax Table page 52)	43.	7725 .	
44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	44.	1125 .	
77.	Enter Code	77.	•	
45.	Balance of Tax (Subtract line 44 from line 43)	45.	7725 .	
46.	Sheltered Workshop Tax Credit	46.	1125	
47.	Gold Star Family Counseling Credit (See instructions)	47.	•	
48.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)	48.	•	
49.	Total Credits (Add lines 46 through 48)	49.	•	
50.	Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry	50.	7725 .	
51.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51.	7725 .	
52.	Interest on Underpayment of Estimated Tax	52.	0 •	
J2.	Fill in if Form NJ-2210 is enclosed	52.	•	
53a	Fill in if anyone in your tax household does not currently have health insurance. (Enclose NJ-EZ Enroll form) (See instructions)	53a.		
JJa.	A. M. A. Mayore M. 1998 and 1998 for earterny have reading insurance. (Enclose 197-122 Enroll 1911) (See Instructions)	JJa.		

NJ-1040 2023

Page 4



Name(s) as shown on Form NJ-1040

INTURI MOHANA RAO & MOUNIKA

Your Social Security Number

323152022

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	53b.	If you indicated at line 53a that someone in your tax household		53b.				
54. Total Tax Duc (Add Imes 50 through 51c) 55. Total VI Income Tax Withheld (Enclose Forms W-2 and 1099) (Party-ear residents, see instructions) 55. Total VI Income Tax Withheld (Enclose Forms w-2 and 1099) (Party-ear residents, see instructions) 56. Property Tax Credit (See instructions page 24) 56. Property Tax Credit (See instructions) 57. New Jersey Estimated Tax Polyments (Tredit from 2022 tax return 57. New Jersey Estimated Tax Department (Tex Income 2022 tax return) 58. New Jersey Estimated Lord (See instructions) 59. Excess New Jersey UNIF/SWF Withheld (Enclose Form N-2450) (See instructions) 60. Excess New Jersey Daily WithHeld (Enclose Form N-2450) (See instructions) 61. Excess New Jersey Family Learn formance Withheld (Enclose Form N-2450) (See instructions) 62. Wonded Warrior Caraginese Credit (See instructions) 63. Pass-Trougel Sanities Attendative Income Tax Credit (See instructions) 64. Child and Dependent Care Credit (See instructions) 65. New Jersey Child Tax Credit (See instructions) 66. New Jersey Child Tax Credit (See instructions) 67. If Itse 6 is Jess than line 54, you lave tax dies Schward Line 66 from line 54 and cater the amount you owe 15 you one tax, you can still make a donation on line 57 through 77. 68. If the total on line 68 you want to credit to your 2024 tax 69. Amount from line 68 you want to credit to your 2024 tax 70. Contribution to NJ. Plantager William Instructions) 71. Contribution to NJ. Plantager William Momental Bund 72. Contribution to NJ. Plantager William Momental Bund 73. Contribution to NJ. Plantager William Formation (See instructions) 74. On the Designated Contribution (See instructions) 75. Other Designated Contribution (See instructions) 76. Other Designated Contribution (See instructions) 77. Other Designated Contribution (See instructions) 78. See Jersey Contribution to NJ. Plantager William Formation (See instructions) 79. Designate des William Formation (See instructions) 79. Designate des William Formation (See instructions) 79. Designate des William Fo		Get Covered New Jersey to assist with obtaining coverage (Se	e instructions)					
55. Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part-year residents, see instructions) 56. Properly Tax Credit (See instructions page 24) 57. New Jessey Estimated Tax Payments (Credit (New Instructions) 58. New Jessey Estimated Tax Payments (Credit (See instructions) 58. Post Jessey See Jestimated Tax Payments (Credit (See instructions) 59. Excess New Jessey Disability Instrument Mitcheld (Enclose Form NJ-2450) (See instructions) 60. Excess New Jessey Disability Instrument Withheld (Enclose Form NJ-2450) (See instructions) 61. Excess New Jessey Disability Instrument Withheld (Enclose Form NJ-2450) (See instructions) 62. Pass-Through Business Alternative Income Tax Credit (See instructions) 63. Pass-Through Business Alternative Income Tax Credit (See instructions) 64. Crubid and Dependent Care Credit (See instructions) 65. Pass-Through Business Alternative Income Tax Credit (See instructions) 66. Pass-Through Business Alternative Income Tax Credit (See instructions) 67. If line 6 is less than line 54, von have tax due. Softment line 64 from line 54 and enter the amount you owe If Instrument of the United Mitcheld Instrument (Add lines 55 through 65) 68. If the total on line 66 is more than line 54, you have an overpayment Subtract line 54 from line 66 and enter the overpayment 68. 1284 69. Amount from line 68 you want to each to your 202d tax Only 1000 (See instructions) 60. Amount from line 68 you want to each doubtion on lines 70 through 77. 60. The Designated Contribution for Lot Instrument (Add lines 69 through 177) 60. Centribution to N.J. Findingered Wildlife Fund 60. Amount from line 68 you want to each to your 202d tax Only 1000 (See instructions) 60. Centribution to N.J. Findingered Wildlife Fund 71. Centribution to N.J. Findingered Wildlife Fund 72. Contribution to N.J. Findingered Wildlife Fund 73. Contribution to N.J. Findingered Wildlife Fund 74. Contribution to N.J. Findingered Wildlife Fund 75. Other Designated Contribution (See instructions) 76. Other Designated Contribution (See i	53c.	Shared Responsibility Payment (See instructions)	REQUIR	ED Enclose Schedule NJ-HCC and fill in	×	53c.		
56. Property Tax Credit (See instructions page 24) 57. New Jersey Estimated Tax Payments Credit from 2022 tax crum 57. New Jersey Estimated Tax Payments Credit (See instructions) 58. New Jersey Estemated Forms Tax Credit (See instructions) 59. Excess New Jersey UNWESWF Withheld (Enclose Form NJ-2450) (See instructions) 50. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions) 60. Excess New Jersey Pathyl Leven Standard (See Jose Form NJ-2450) (See instructions) 61. Excess New Jersey Pathyl Leven Standard (See Jose Form NJ-2450) (See instructions) 62. Windled Warrier Caregovers Credit (See instructions) 63. Pass: Through Business Alternative Income Tax Credit (See instructions) 64. Child and Dependent Care Credit (See instructions) 65. New Jersey Child Tax Credit (See instructions) 66. New Jersey Child Tax Credit (See instructions) 66. New Jersey Child Tax Credit (See instructions) 67. If Illin 60 is less than time 54, you have an overgament. Subtract line 64 from line 66 and enter the overpayment 68. If Jean Illin 64, you want to credit to your 2024 tax 69. Amount from line 68 you want to credit to your 2024 tax 69. Amount from line 68 you want to credit to your 2024 tax 69. Contribution to N.J. Endangered Wildlife Fund 69. Contribution to N.J. Endangered Wildlife Fund 69. Contribution to N.J. Endangered Wildlife Fund 69. Contribution to N.J. Beats Concer Research Fund 69. Contribution to N.J. See Concert and Mascam Fund 69. Contribution to N.J. See Concert for the See of and line 78 (See instructions) 69. Enter Code 79. Total Adjustments to Tax Due/Overpayment amount (Add lines 69 through 77) 79. Balance of the Time of a more than time 54, you have an overpayment. Subtract line 64 from line 66 and canter the tax payer, this declaration is based on all information of Which the preparer has any knowledge. Further Posignated Contribution (See instructions) 79. Balance of the Time of a more than time of an other line (See instructions) 79. Balance of the Time of a more than tin	54.	Total Tax Due (Add lines 50 through 53c)				54.		
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S8. New Jersey Earned Income Tax Coedit (See instructions) Fill in fry you had the IRS calculate your federal earned income credit Fill in fry you are a CU couple claiming the N Farmed Income Tax Credit Fill in fry you are a CU couple claiming the N Farmed Income Tax Credit Fill in fry you are a CU couple claiming the N Farmed Income Tax Credit Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions) Fill in fry you are a CU couple claiming the College Form NJ-2450) (See instructions) Fill in fry you are a CU couple claiming the Child and Dependent Care Credit (See instructions) Fill in fry you are a CU couple claiming the Child and Dependent Care Credit New Jersey Lind I Tax Credit (See instructions) Fill in fry you are a CU couple claiming the Child and Dependent Care Credit New Jersey Lind I Tax Credit (See instructions) Number of dependents age 5 or younger on 123/12023 Number of dependents age 5 or younger on 123/12023 Trail Withholdings, Credits, and Payments (Add lines 55 through 65) Trail Withholdings, Credits, and Payments (Add lines 55 through 65) Trail Withholdings, Credits, and Payments (Add lines 55 through 65) Trail Withholdings, Credits, and Payments (Add lines 55 through 65) Trail Withholdings, Credits, and Payments (Add lines 55 through 65) Trail Withholdings, Credits, and Payments (Add lines 65 through 65) Trail Withholdings, Credits, and Payments (Add lines 65 through 65) Trail Withholdings, Credits, and Payments (Add lines 65 through 65) Trail Withholding Credits (See Instructions) Trail Contribution to N.J. Children's Trust Fund to Prevent Child Abuse Trail Contribution to N.J. Children's Trust Fund to Prevent Child Abuse Trail Contribution to N.J. Children's Trust Fund to Prevent Child Abuse Trail Contribution to N.J. Children's Trust Fund to Prevent Child Abuse Trail Contribution to N.J. Children's Trust Fund to Prevent Child Abuse Trail Contribution to N.J. Children's Trust Fund to Prevent Child Abuse Trail Contribution to N.J. Children's Trust Fund to Pr	56.	Property Tax Credit (See instructions page 24)				56.		
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GLOBAL TAXES LLC 84-3171965 New Jersey Division of Taxation Revenue Processing Center - Refunds PO Box 555	SY	ZAM PRIYA RAM SAGAR GUPTA	TALLAM	P02082703	You nj.go	State of New Jersey – T can also make a payment of ov/taxation Refund or No Tax	on our website: Due Address	
GLOBAL TAXES LLC 84-31/1905 PO Box 555	Firm'	s Name		Firm's Federal Employer Identification Number	Use			to:
	GL	OBAL TAXES LLC		84-3171965		Revenue Processing Ce PO Box 555	nter - Refunds	

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

New Jersey Gross Income Tax Business Income Summary Schedule

2023

P	Part I Net Profits From Business List the net profit (loss) from business(es). See Instructions.										
	Business Name	Name Social Security Number/ Federal EIN			er/	Profit or (Loss)					
1.											
2.											
3.											
4.	Net Profit or (Loss). (Add lines 1, 2, and 3.) (En line 18, NJ-1040. If loss, make no entry on line				4.						
Р	Part II Distributive Share of Partnership Income List the distributive share of income (loss) from partnership(s). See instructions.)		
	Partnership Name	Federal El	N	Share of Partn Income or (L				Share of Pass-Thro Business Alternat Income Tax	rnative		
1.											
2.											
3.				T							
4.	Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 21, NJ-1040. If loss, make no entry on line 21.)										
5.	5. Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.)(Enter here and include on line 63, NJ-1040.) 5.										
Р	Part III Net Pro Rata Share of S Corporation Income List the pro rata share of income (usable loss) from S corporation(s). See instructions.										
							e of S Corporation (Usable Loss) Share of Pass-Through B Alternative Income T				
1.											
2.											
3.											
4.	Net Pro Rata Share of S Corporation Income or (Usa (Add lines 1, 2, and 3.) (Enter here and on line 22, No. If loss, make no entry on line 22.)										
5.	If loss, make no entry on line 22.) Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.)(Enter here and include on line 63, NJ-1040) 5.										
Ρ	Part IV From Rents, Royalties, Patents, and Copyrights List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1 – Rental real estate 2 – Royalties 3 – Patents 4 – Copyrights								Э		
	Source of Income or Loss. If rental real estate, enter physical address of property.	te, Social Security Number/ Federal EIN				ype – Ente umber froi list above	m	Income or (Loss)			
1.	2-97-1, KANDUKUR	323152022				1		-20,916.			
2.											
3.											
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, NJ-1040. If loss, make no entry on line 23.) 420, 916.										

Schedule NJ-BUS-2 (Form NJ-1040)

New Jersey Gross Income Tax Alternative Business Calculation Adjustment

2023

			Column A	Column B						
Part I Income (Loss)			Reportable Regular Business Income		Alternative Business Income (Loss)					
1.	Net Profits From Business	1a.	0.		1b.	0.				
2.	Distributive Share of Partnership Income	2a.	0.		2b.	0.				
3.	Net Pro Rata Share of S Corporation Income	3a.	0.		3b.	0.				
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	0.		4b.	-20,916.				
5.	Loss Carryforward From Tax Year 2022				5b.	(16,095.)			
6.	Totals	6a.	0.		6b.	-37,011.				
Part II Adjustment Calculation										
7.	Total Regular Business Income	7.	0.							
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.							
9.	Business Increment (Subtract line 8 from line 7)	9.	0.							
10.	Adjustment Percentage	10.	(0.50						
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.							
Part	: III Loss Carryforward to Tax Year 2024									
12.	Loss Carryforward to Tax Year 2024				12.	(37,011.)			

Instructions

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

REQUIRED

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

Name(s) as shown on Form NJ-1040 Social Security Number												
INTURI MOHANA RAO & MOUNIKA 323-15-2022												
Schedule NJ-HCC	Health	n Cai	re Co	overa	ige					20	23	
If your income on line 29 is at or below the fil	ling th	resho	old (se	e inst	ructio	ns), d	o not	compl	lete th	is sch	edule	
Part I												
Did you and, if applicable, all members of your tax hou 2023? (See instructions for line 53c, NJ-1040.) Part-ye											nth in	
Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53c, NJ-1040, and enclose this schedule with your return.												
No. Continue to Part II.												
If you or any member of your tax household does not on NJ-EZ Enroll form. (See instructions for lines 53a and				nimum	essen	tial he	alth co	verage	e, also	compl	ete the	e
Part II												
Enter the name and Social Security number for each member of your tax household. Check the box for every month each perso had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 53c, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.										rsey		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name Social Security Number												
Exemption number:			heck bo	ox if thi	s individ	dual ha	s more	than or	ne exer	nntion r	number	
Name Social Security Number	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name Social Security Number												
												$\frac{L}{L}$
Exemption number:		c	heck bo	ox if thi	s individ	dual ha	s more	than or	ne exer	nption r	number	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name Social Security Number				·								
Exemption number:		С	heck bo	ox if thi	s individ	dual ha	s more	than or	ne exer	nption r	number	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name Social Security Number				1	,							
Exemption number:		С	heck bo	ox if thi	s individ	dual ha	s more	than or	ne exer	nption r	number	
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec												
Name Social Security Number				T.	<u> </u>			_ ّ	<u> </u>			
Evamption number:			hook b	ov if this	e indivi	dual ba	e more	than a		nntion :	· ·	