

# 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 KIRAN KUMAR KOSURU	Social security number 478-65-2741
Spouse's name	Spouse's social security number

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

Enter whole dollars only on lines 1 through 5.

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

1 Adjusted gross income	1	85,814.
2 Total tax	2	11,142.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	12,267.
4 Amount you want refunded to you	4	1,125.
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 

5	2	7	4	1
---	---	---	---	---

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

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 ▶ *Kiran Kumar Kosuru* Date ▶ 2/13/2024

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

I authorize \_\_\_\_\_ to enter or generate my PIN 

--	--	--	--	--

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

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 ▶ *geetha bhavani tumati* Date ▶ 2/13/2024

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

2	2	2	4	9	6	0	8	2	7	1
---	---	---	---	---	---	---	---	---	---	---

 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions  
Don't Submit This Form to the IRS Unless Requested To Do So**

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial KIRAN KUMAR Last name KOSURU Your social security number 478 65 2741

If joint return, spouse's first name and middle initial Last name Spouse's social security number 282 51 5985

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 25093 FRANCISCO TERRACE CHANTILLY Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. State VA ZIP code 20152 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)
Check only one box.
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: GEETHA BHAVANI TUMATI

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. Includes header 'Dependents (see instructions):' and a note 'If more than four dependents, see instructions and check here.'

Table with 2 columns: Description, Amount. Rows include 1a Total amount from Form(s) W-2, box 1 (100,519), 1b Household employee wages, 1c Tip income, 1d Medicaid waiver payments, 1e Taxable dependent care benefits, 1f Employer-provided adoption benefits, 1g Wages from Form 8919, line 6, 1h Other earned income (0), 1i Nontaxable combat pay election, 1z Add lines 1a through 1h (100,519).

Table with 2 columns: Description, Amount. Rows include 2a Tax-exempt interest, 2b Taxable interest, 3a Qualified dividends, 3b Ordinary dividends, 4a IRA distributions, 4b Taxable amount, 5a Pensions and annuities, 5b Taxable amount, 6a Social security benefits, 6b Taxable amount.

Table with 2 columns: Description, Amount. Rows include 7 Capital gain or (loss), 8 Additional income from Schedule 1, line 10 (-14,705), 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income (85,814), 10 Adjustments to income from Schedule 1, line 26, 11 Subtract line 10 from line 9. This is your adjusted gross income (85,814), 12 Standard deduction or itemized deductions (from Schedule A) (13,850), 13 Qualified business income deduction from Form 8995 or Form 8995-A, 14 Add lines 12 and 13 (13,850), 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income (71,964).

Attach Sch. B if required.

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

Table with 2 columns: Line number and Amount. Rows 16-24: Tax and Credits. Total tax amount: 11,142.

Table with 2 columns: Line number and Amount. Rows 25-33: Payments. Total payments amount: 12,267.

Table with 2 columns: Line number and Amount. Rows 34-36: Refund. Amount of refund: 1,125.

Table with 2 columns: Line number and Amount. Rows 37-38: Amount You Owe. Total amount due: 11,142.

Third Party Designee section. Includes checkboxes for 'Yes' and 'No' to allow another person to discuss the return with the IRS.

Sign Here section. Includes signature lines for taxpayer and preparer, with fields for date and occupation. Preparer occupation: SOFTWARE DEVELOPER.

Paid Preparer Use Only section. Includes fields for preparer's name, signature, date, PTIN, firm's name, address, and phone number.

**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  
KIRAN KUMAR KOSURU

Your social security number  
478-65-2741

**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>	-14,705.
<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>	-14,705.

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

Schedule 1 (Form 1040) 2023

**Part II Adjustments to Income**

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

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**  
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

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

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.  
Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

KIRAN KUMAR KOSURU

Your social security number

478-65-2741

**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)

<b>A</b>	IN
<b>B</b>	
<b>C</b>	

<b>1b</b> Type of Property (from list below)	<b>2</b> 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
		<b>A</b>	<b>B</b>	<b>C</b>	<input type="checkbox"/>
<b>A</b> 3		365		0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<input type="checkbox"/>

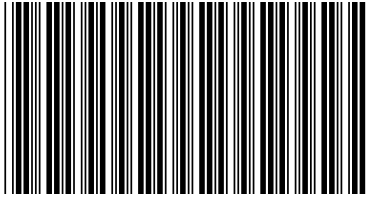
**Type of Property:**

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

Income:	Properties:		
	<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b> Rents received . . . . .	<b>3</b> 642.		
<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> 1,987.		
<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> 1,255.		
<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> 2,143.		
<b>15</b> Supplies . . . . .	<b>15</b> 3,246.		
<b>16</b> Taxes . . . . .	<b>16</b>		
<b>17</b> Utilities . . . . .	<b>17</b> 3,124.		
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b> 3,592.		
<b>19</b> Other (list) _____	<b>19</b>		
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b> 15,347.		
<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> -14,705.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b> ( 14,705. )		
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b> 642.		
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>		
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>		
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b> 3,592.		
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b> 15,347.		
<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> ( 14,705. )		
<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> -14,705.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2023



2024 NJ-1040-ES-V PAYMENT VOUCHER

0120101010

Payment by Credit Card

You may pay your 2023 New Jersey income taxes or make payment of estimated tax for 2024 by credit card by visiting the Division's website at nj.gov/taxation.

Payment by E-Check

You may pay your 2023 New Jersey income taxes or make a payment of estimated tax for 2024 by e-check. This option is available on the Division's Website at: nj.gov/taxation. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. Do not use the payment voucher if you pay your taxes by e-check.

Payment by Check

If you are paying your 2024 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

If you are married/civil union couple, filing jointly, be sure that the Social Security number which is first on this payment voucher is the Social Security number on your check and is listed first when filing your Income Tax return.

DO NOT CUT THIS PAGE

New Jersey Gross Income Tax Declaration of Estimated Tax Voucher NJ-1040-ES-V

478-65-2741 KOSU KOSURU KIRAN KUMAR 25093 FRANCISCO TERRACE CHANTILLY CHANTILLY VA 20152

1555 2024

Make check payable to "State of New Jersey - TGI". Write your Social Security number and tax year on your check.

Calendar Year - Due Voucher April 15, 2024 1

Indicate the return for which payment is being made by checking the appropriate box:

State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222

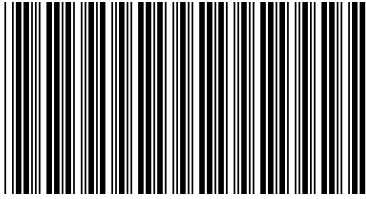
R NJ-1040 N X NJ-1040NR NJ-1080-C F NJ-1041 NJ-1041SB

Enter amount of payment here:

179.00



012014786527410009K0SU2412160000017900



2024 NJ-1040-ES-V PAYMENT VOUCHER

0120101010

Payment by Credit Card

You may pay your 2023 New Jersey income taxes or make payment of estimated tax for 2024 by credit card by visiting the Division's website at nj.gov/taxation.

Payment by E-Check

You may pay your 2023 New Jersey income taxes or make a payment of estimated tax for 2024 by e-check. This option is available on the Division's Website at: nj.gov/taxation. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. Do not use the payment voucher if you pay your taxes by e-check.

Payment by Check

If you are paying your 2024 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

If you are married/civil union couple, filing jointly, be sure that the Social Security number which is first on this payment voucher is the Social Security number on your check and is listed first when filing your Income Tax return.

DO NOT CUT THIS PAGE

New Jersey Gross Income Tax Declaration of Estimated Tax Voucher NJ-1040-ES-V

478-65-2741 KOSU KOSURU KIRAN KUMAR 25093 FRANCISCO TERRACE CHANTILLY CHANTILLY VA 20152

1555 2024

Make check payable to "State of New Jersey - TGI". Write your Social Security number and tax year on your check.

Calendar Year - Due June 17, 2024 Voucher 2 Indicate the return for which payment is being made by checking the appropriate box:

State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222

R NJ-1040 N X NJ-1040NR NJ-1080-C F NJ-1041 NJ-1041SB

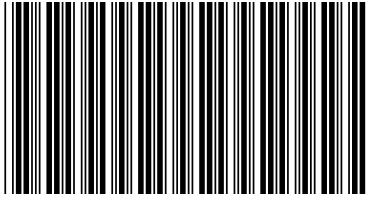
Enter amount of payment here:

179.00



012014786527410009K0SU2412160000017900





0120101010

# 2024 NJ-1040-ES-V PAYMENT VOUCHER

### Payment by Credit Card

You may pay your 2023 New Jersey income taxes or make payment of estimated tax for 2024 by credit card by visiting the Division's website at [nj.gov/taxation](http://nj.gov/taxation).

### Payment by E-Check

You may pay your 2023 New Jersey income taxes or make a payment of estimated tax for 2024 by e-check. This option is available on the Division's Website at: [nj.gov/taxation](http://nj.gov/taxation). Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.**

### Payment by Check

If you are paying your 2024 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

If you are married/civil union couple, filing jointly, be sure that the Social Security number which is first on this payment voucher is the Social Security number on your check and is listed first when filing your Income Tax return.

**DO NOT CUT THIS PAGE**

New Jersey Gross Income Tax  
Declaration of Estimated Tax Voucher  
NJ-1040-ES-V

478-65-2741 KOSU  
KOSURU KIRAN KUMAR  
25093 FRANCISCO TERRACE CHANTILLY  
CHANTILLY VA 20152

1555 2024

Make check payable to "State of New Jersey – TGI".  
Write your Social Security number and tax year on your check.

Calendar Year - Due Voucher  
September 16, 2024 **3**

Indicate the return for which payment is being made by checking the appropriate box:

State of New Jersey  
Division of Taxation  
Revenue Processing Center  
PO Box 222  
Trenton, NJ 08646-0222

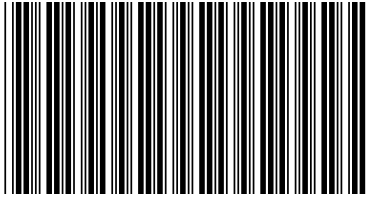
R NJ-1040 N  NJ-1040NR NJ-1041  
NJ-1080-C F NJ-1041SB

Enter amount of payment here:

179.00



012014786527410009K0SU2412160000017900



0120101010

### 2024 NJ-1040-ES-V PAYMENT VOUCHER

#### Payment by Credit Card

You may pay your 2023 New Jersey income taxes or make payment of estimated tax for 2024 by credit card by visiting the Division's website at [nj.gov/taxation](http://nj.gov/taxation).

#### Payment by E-Check

You may pay your 2023 New Jersey income taxes or make a payment of estimated tax for 2024 by e-check. This option is available on the Division's Website at: [nj.gov/taxation](http://nj.gov/taxation). Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.**

#### Payment by Check

If you are paying your 2024 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

If you are married/civil union couple, filing jointly, be sure that the Social Security number which is first on this payment voucher is the Social Security number on your check and is listed first when filing your Income Tax return.

**DO NOT CUT THIS PAGE**

New Jersey Gross Income Tax  
Declaration of Estimated Tax Voucher  
NJ-1040-ES-V

478-65-2741 KOSU  
KOSURU KIRAN KUMAR  
25093 FRANCISCO TERRACE CHANTILLY  
CHANTILLY VA 20152

1555 2024

Make check payable to "State of New Jersey - TGI".  
Write your Social Security number and tax year on your check.

Calendar Year - Due Voucher  
January 15, 2025 **4**

Indicate the return for which payment is being made by checking the appropriate box:

State of New Jersey  
Division of Taxation  
Revenue Processing Center  
PO Box 222  
Trenton, NJ 08646-0222

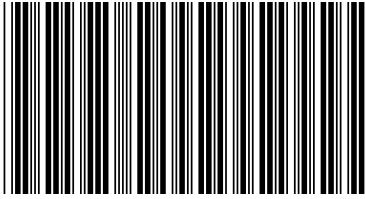
R NJ-1040 N  NJ-1040NR NJ-1041  
NJ-1080-C F NJ-1041SB

Enter amount of payment here:

179.00



012014786527410009K0SU2412160000017900



0130201010

### 2023 NJ-1040NR-V PAYMENT VOUCHER

#### Payment by Credit Card

You may pay your 2023 New Jersey income taxes or make payment of estimated tax for 2024 by credit card by visiting the Division's website at [nj.gov/taxation](http://nj.gov/taxation).

#### Payment by E-Check

You may pay your 2023 New Jersey income taxes or make a payment of estimated tax for 2024 by e-check. This option is available on the Division's Website at: [nj.gov/taxation](http://nj.gov/taxation). Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400.

**Do not use the payment voucher if you pay your taxes by e-check.**

#### Payment by Check

If you are paying your 2023 New Jersey income taxes, with your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 244, Trenton, NJ 08646-0244.

If you are paying your 2023 New Jersey income taxes, separate from your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 643, Trenton, NJ 08646-0643.

If you are making your first installment payment of estimated tax for 2024, use separate checks or money orders for each payment. Send your 2024 estimated tax payment with a NJ-1040-ES voucher to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

### DO NOT CUT THIS PAGE

New Jersey Gross Income Tax  
Nonresident Payment Voucher  
NJ-1040NR-V

478-65-2741 KOSU  
KOSURU KIRAN KUMAR  
25093 FRANCISCO TERRACE CHANTILLY  
CHANTILLY VA 20152

1555 2023

Make your check payable to "State of New Jersey – TGI".  
Write your Social Security number and tax year on your check.

State of New Jersey  
Division of Taxation  
Revenue Processing Center  
PO Box 643  
Trenton, NJ 08646-0643

Enter amount of payment here:

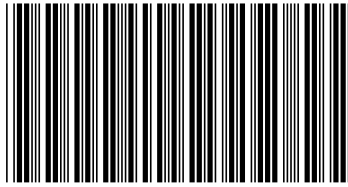
723.00



2023 NJ-1040NR  
New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

NJ-1040NR  
2023  
Page 1



040NV01230

For Taxable Year January 1, 2023 – December 31, 2023 or Other Tax Year  
Beginning \_\_\_\_\_, 2023 Ending \_\_\_\_\_, 2024

1555

Your Social Security Number  
478652741

Last Name, First Name, Initial (Joint filers enter first name and middle initial of each. Enter spouse/CU partner last name only if different.)  
KOSURU KIRAN KUMAR

Spouse's/CU Partner's Social Security Number

State of Residency (outside NJ)  
VIRGINIA

Home Address (Number and Street, incl. apt. # or rural route)  
25093 FRANCISCO TERRACE CHANTILLY

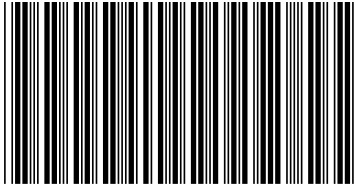
Driver's License # (Voluntary)	State	City, Town, Post Office	State	ZIP Code
B60862504	VA	CHANTILLY	VA	20152

- This is an amended return
- Federal extension application attached or enter confirmation number \_\_\_\_\_
- The address above is a foreign address
- Your address has changed
- Death certificate for deceased taxpayer is attached (See instructions)
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer

**NJ Residency Status** If you were a New Jersey resident for ANY part of the tax year, give the period of New Jersey residency. From: To:

<b>Gubernatorial Elections Fund</b>	Do you want to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner want to designate \$1? Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.	Yes	No
		Yes	No





040NV02230

Name(s) as shown on Form NJ-1040NR  
KOSURU KIRAN KUMAR

Your Social Security Number  
478652741

1555

**Filing Status**  
(Check only ONE box)

- 1. Single
- 2. Married/CU Couple, filing joint return
- 3.  Married/CU Partner, filing separate return
- 4. Head of Household
- 5. Qualifying Widow(er)/Surviving CU Partner

G TUMATI 282515985  
Name and SSN of Spouse/CU Partner

**Exemptions**

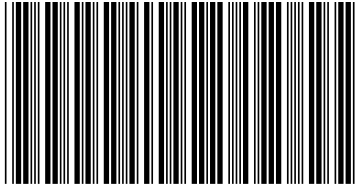
- 6. Regular Self Spouse/CU Partner Domestic Partner 6. 1
- 7. Age 65 or over Self Spouse/CU Partner 7.
- 8. Blind or Disabled Self Spouse/CU Partner 8.
- 9. Veteran Exemption Self Spouse/CU Partner 9.
- 10. Number of your qualified dependent children 10.
- 11. Number of other dependents 11.
- 12. Dependents attending colleges (See Instructions) 12.
- 13. For line 13a – Add lines 6, 7, 8, and 12. For line 13b – Add lines 10 and 11. For line 13c – Enter amount from line 9. 13a. 1 13b. 13c.

**Dependent Information**

14. Dependent's Last Name, First Name, Middle Initial	Dependent's Social Security Number	Birth Year
a. _____		
b. _____		
c. _____		
d. _____		

COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE) COL. B - AMOUNT FROM NEW JERSEY SOURCES

15. Wages, salaries, tips, and other employee compensation Check box if you completed lines 69 through 75	15. 83133	15. 83133
16. Interest	16. .	16. .
17. Dividends	17. .	17. .
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4)	18. .	18. .
19. Net gains or income from disposition of property (From line 68)	19. .	19. .
20. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4)	20. 0	20. 0
21. Net gambling winnings (See Instructions)	21. .	21. .
22. Taxable pensions, annuities, and IRA distributions/withdrawals	22. .	22. .
23. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)	23. .	23. .
24. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)	24. .	24. .
25. Alimony and separate maintenance payments received	25. .	25. .
26. Other – State Nature and Source _____	26. .	26. .
27. TOTAL INCOME (Add lines 15 through 26)	27. 83133	27. 83133



040NV03230

Name(s) as shown on Form NJ-1040NR  
KOSURU KIRAN KUMAR

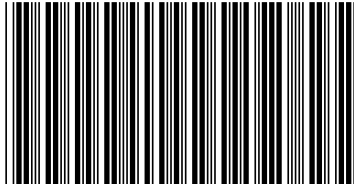
Your Social Security Number  
478652741

1555

28a. Pension/Retirement Exclusion (See Instructions)	28a.	.	.
28b. Other Retirement Income Exclusion (See Worksheet and Instructions)	28b.	.	28b. .
28c. Total Exclusion Amount (Add line 28a and line 28b)	28c.	.	28c. .
29. Gross Income (Subtract line 28c from line 27)	29.	83133	29. 83133 .
30. Total Exemption Amount (See Instructions)	30.	1000	.
31. Medical Expenses (See Worksheet and Instructions)	31.	.	.
32. Alimony and separate maintenance payments	32.	.	.
33. Qualified Conservation Contribution	33.	.	.
34. Health Enterprise Zone Deduction	34.	.	.
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0	.
36. Organ/Bone Marrow Donation Deduction (See instructions)	36.	.	.
37a. NJBEST Deduction	37a.	.	.
37b. NJCLASS Deduction	37b.	.	.
37c. NJ Higher Education Tuition Deduction	37c.	.	.
38. Total Exemptions and Deductions (Add lines 30 through 37c)	38.	1000	.
39. <b>Taxable Income</b> (Subtract line 38 from line 29, column A)	39.	82133	.
40. Tax on amount on line 39 (From Tax Table)	40.	3105	.
41. Income Percentage B. (line 29) / A. (line 29) = <u>100.00</u> %			
42. <b>New Jersey Tax</b> (Multiply amount from line 40 by income percentage from line 41)	42.		3105 .
43. Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)	43.		.
44. Gold Star Family Counseling Credit (See Instructions)	44.		.
45. Credit for Employer of Organ/Bone Marrow Donor (See instructions)	45.		.
46. Total Credits (Add lines 43, 44, and 45)	46.		.
47. Balance of Tax After Credits (Subtract line 46 from line 42)	47.		3105 .
48. Interest on Underpayment of Estimated Tax.	48.		7 .
Check box if Form NJ-2210NR is enclosed			x
49. Total Tax Due (Add line 47 and line 48)	49.		3112 .
50. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) (Part-year nonresidents, see instructions)	50.	2389	.
51. New Jersey Estimated Tax Payments/Credit from 2022 return	51.	.	.
52. Tax paid on your behalf by Partnership(s)	52.	.	.
53. Excess NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	53.	.	.
54. Excess NJ Disability Insurance Withheld (Enclose Form NJ-2450)	54.	.	.
55. Excess NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	55.	.	.
56. Pass-Through Business Alternative Income Tax Credit (See instructions)	56.	.	.

Also enter on line 51:

- Payments made in connection with sale of NJ real property
- Payments by S corporation for nonresident shareholder



040NV04230

Name(s) as shown on Form NJ-1040NR  
KOSURU KIRAN KUMAR

Your Social Security Number  
478652741

1555

57.	Total Payments/Credits (Add lines 50 through 56)	57.	2389 .
58.	If line 57 is less than line 49, you have tax due. Subtract line 57 from line 49 and enter the amount you owe. If you owe tax, you can still make a donation on line 61A through 61F	58.	723 .
59.	If line 57 is more than line 49, you have an overpayment. Subtract line 49 from line 57 and enter the overpayment	59.	.
60.	Amount from line 59 you want to credit to your 2024 tax	60.	.
61.	Amount you want to credit to:		
	(A) N.J. Endangered Wildlife Fund	61A.	.
	(B) N.J. Children's Trust Fund	61B.	.
	(C) N.J. Vietnam Veterans' Memorial Fund	61C.	.
	(D) N.J. Breast Cancer Research Fund	61D.	.
	(E) U.S.S. N.J. Educational Museum Fund	61E.	.
	(F) Designated Contribution	Code	61F.
62.	Total Adjustments to Tax Due/ Overpayment (Add lines 60 through 61F)	62.	.
63.	Balance due (If line 58 is more than zero, add line 58 and 62)	63.	723 .
64.	Refund amount (If line 59 is more than zero, subtract line 62 from line 59)	64.	.

NOTE:  
An entry on lines 60 through 61F will reduce your tax refund

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

> \_\_\_\_\_  
Your Signature Date

> \_\_\_\_\_  
Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)

Paid Preparer's Signature

Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM

P02082703

Firm's Federal Employer Identification Number

Firm's Name GLOBAL TAXES LLC

84-3171965

Pay amount on line 63 in full. Write Social Security number(s) on check or money order and make payable to:

State of New Jersey - TGI  
Division of Taxation  
Revenue Processing Center  
PO Box 244  
Trenton, NJ 08646-0244

You can also make a payment on our website:  
[nj.gov/taxation](http://nj.gov/taxation)





Name(s) as shown on Form NJ-1040NR KOSURU KIRAN KUMAR	Social Security Number 478-65-2741
--	---------------------------------------

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

New Jersey Gross Income Tax  
Business Income Summary Schedule

**2023**

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

	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.			
2.			
3.			
4.	Net Profit or (Loss). (Add lines 1, 2, and 3) (Enter here and on line 18, column A. If loss, enter zero on line 18, column A.)		4.

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

	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type – Enter number from list above	Income or (Loss)
1.	From federal Sch E	478652741	1	-14,705.
2.				
3.				
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 20, column A. If loss, enter zero on line 20, column A.)			4. -14,705.

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

	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)	Share of tax paid on your behalf by Partnerships	Share of Pass-Through Business Alternative Income Tax
1.					
2.					
3.					
4.	Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, column A. If loss, enter zero on line 23, column A.)				
5.	Total Share of tax paid on your behalf by Partnerships (Add lines 1, 2, and 3.) Enter total here and include on line 52.				
6.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 56.)				

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

	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)	Share of Pass-Through Business Alternative Income Tax
1.				
2.				
3.				
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 24, column A. If loss, enter zero on line 24, column A.)			4.
5.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 56.)			5.

Name(s) as shown on Form NJ-1040NR KOSURU KIRAN KUMAR	Social Security Number 478-65-2741
--	---------------------------------------

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

New Jersey Gross Income Tax  
Alternative Business Calculation Adjustment

**2023**

Part I Income (Loss)		Column A		Column B	
		Reportable Regular Business Income		Alternative Business Income (Loss)	
1.	Net Profits From Business	1a.	0.	1b.	0.
2.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	2a.	0.	2b.	-14,705.
3.	Distributive Share of Partnership Income	3a.	0.	3b.	0.
4.	Net Pro Rata Share of S Corporation Income	4a.	0.	4b.	0.
5.	Loss Carryforward From Tax Year 2022			5b.	( )
6.	Totals	6a.	0.	6b.	-14,705.
<b>Part II Adjustment Calculation</b>					
7.	Total Regular Business Income	7.	0.		
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.		
9.	Business Increment (Subtract line 8 from line 7)	9.	0.		
10.	Adjustment Percentage	10.	0.50		
11.	Alternative Business Calculation Adjustment (line 9 x 0.50)	11.	0.		
<b>Part III Loss Carryforward to Tax Year 2024</b>					
12.	Loss Carryforward to Tax Year 2024	12.		(	-14,705.)

**Instructions**

- Line 1a. Enter the amount from line 18, column A, Form NJ-1040NR.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 2a. Enter the amount from line 20, column A, Form NJ-1040NR.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 3a. Enter the amount from line 23, column A, Form NJ-1040NR.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 4a. Enter the amount from line 24, column A, Form NJ-1040NR.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 5b. Enter the amount from line 12 of your 2022 Schedule NJ-BUS-2 (Form NJ-1040NR).
- 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 on line 35 of Form NJ-1040NR, 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-1040NR.
- Line 12. If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

**Keep a copy of this schedule for your records**

**NJ-2210NR  
2023**

**Underpayment of Estimated Tax  
By Nonresident Individuals**

Check the box at line 48, Form NJ-1040NR, and enclose this form with your return

Name(s) as shown on Form NJ-1040NR <b>KOSURU KIRAN KUMAR</b>	Social Security Number <b>478-65-2741</b>
---	--

**Part I Figuring Your Underpayment**

No interest will be assessed on an underpayment of estimated tax resulting from the provisions of:

- P.L. 2023, c.96, as long as you pay all additional estimated tax by April 15, 2024;
- P.L. 2023, c.125, as long as you began complying with the new law by September 15, 2023.

1. 2023 Tax (line 47, Form NJ-1040NR) .....	1.	3,105.
2. Enter the total of lines <b>50, 52, 53, 54, 55 and 56, Form NJ-1040NR</b> .....	2.	2,389.
3. Subtract line 2 from line 1 (If less than \$400, do <b>not</b> complete the rest of this form).....	3.	716.
4a. Multiply the amount on line 1 by .80 (80%) (Two-thirds for qualified farmers) .....	4a.	2,484.
4b. Enter 2022 tax ( <b>From Form NJ-1040NR, line 47</b> ) .....	4b.	

	Payment Due Dates				
	(A) April 18, 2023	(B) June 15, 2023	(C) Sept 15, 2023	(D) Jan 16, 2024	
5. Use the lesser amount from either line 4a or 4b and divide by four. Enter the result in each column .....	5.	621.	621.	621.	621.
6. Estimated tax paid and tax withheld per period (see instr.) If each column on line 6 is greater than the corresponding column on line 5, do not complete the rest of this form .....	6.	597.	597.	597.	598.
7. Enter the overpayment (line 13) from the previous column. (Complete lines 7 through 13 for one column before completing the next column.).....	7.				
8. Add line 6 and line 7 .....	8.	597.	597.	597.	598.
9. Enter the total underpayment (add line 11 and line 12) from the previous column .....	9.		24.	48.	72.
10. Subtract line 9 from line 8. If zero or less, enter zero .....	10.	597.	573.	549.	526.
11. Remaining underpayment from previous period. If line 10 is zero, subtract line 8 from line 9. Otherwise enter zero .....	11.		0.	0.	0.
12. <b>Underpayment</b> (If line 5 is greater than line 10, subtract line 10 from line 5).....	12.	24.	48.	72.	95.
13. <b>Overpayment</b> (If line 10 is greater than line 5, subtract line 5 from line 10).....	13.				

**Part II Exceptions**

(See instructions. Complete worksheets for exceptions 2, 3, and 4 and enclose calculations for each exception claimed.)

**If you meet exception 1 at line 15, do not file this form.** These amounts will be verified by the Division of Taxation.

	April 18, 2023	June 15, 2023	Sept 15, 2023	Jan 16, 2024	
14. Total amount paid and withheld from January 1 through payment due date shown. (Do not include withholdings after December 31, 2023.) (See instructions).....	14.	597.	1,194.	1,791.	2,389.
15. Exception 1 – Enter 2022 tax (2022 NJ-1040NR, line 47).....	15.	25% of 2022 Tax	50% of 2022 Tax	75% of 2022 Tax	100% of 2022 Tax
16. Exception 2 – Tax on 2022 gross income using 2023 exemptions and tax rates .....	16.	25% of Tax	50% of Tax	75% of Tax	100% of Tax
17. Exception 3 – Tax on annualized 2023 income .....	17.	20% of Tax	40% of Tax	60% of Tax	
18. Exception 4 – Tax on 2023 income over 3, 5, and 8-month periods.....	18.	90% of Tax	90% of Tax	90% of Tax	

If the amount of any exception is equal to or less than the corresponding amount at line 14, interest will **not** be charged for that period

19. <b>Total Interest</b> (Include this amount on line 48, Form NJ-1040NR)..... <b>See 2210 Wks</b> .....	\$	7.
---	----	----

**Worksheets**

**Exception II Tax on 2022 gross income using 2023 exemptions and tax rates**

1. Enter 2022 Gross Income (line 29, column A, 2022 NJ-1040NR).....	1.	
2. Enter 2023 Total Exemptions (line 30, 2023 NJ-1040NR).....	2.	
3. Subtract line 2 from line 1.....	3.	
4. Calculate tax on line 3 (2023 tax rates).....	4.	
5. Income Percentage (line 41, 2023 NJ-1040NR).....	5.	
6. Multiply line 4 by line 5. Enter the applicable percentage of this amount on line 16, Part II of this form .....	6.	

**Exception III Tax on 2023 Annualized Income (attach calculations)**

		1/1/23 – 3/31/23	1/1/23 – 5/31/23	1/1/23 – 8/31/23
1. Enter the portion of Gross Income (line 29, column A, NJ-1040NR) that is applicable to each period shown .....	1.			
2. Annualization amounts .....	2.	4	2.4	1.5
3. Annualized Income (Multiply line 1 by line 2) .....	3.			
4. Enter Total Exemptions (line 30, NJ-1040NR).....	4.			
5. Subtract line 4 from line 3.....	5.			
6. Calculate tax on line 5 .....	6.			
7. Enter the portion of Gross Income from New Jersey sources (line 29, column B, NJ-1040NR) that is applicable to each period shown.....	7.			
8. Percentage of income from New Jersey sources (Divide line 7 by line 1).....	8.			
9. Multiply line 6 by line 8. Enter the applicable percentage of this amount on line 17, Part II of this form.....	9.			

**Exception IV Tax on Actual 2023 Taxable Income over 3, 5, and 8-month periods (attach calculations)**

		1/1/23 – 3/31/23	1/1/23 – 5/31/23	1/1/23 – 8/31/23
1. Enter the actual amount of Taxable Income (line 39, NJ-1040NR) that is applicable to each period shown .....	1.			
2. Calculate tax on line 1 .....	2.			
3. Income percentage (line 41, NJ-1040NR).....	3.			
4. Multiply line 2 by line 3. Enter 90% of this amount on line 18, Part II of this form .....	4.			

## Interest Computation Worksheet

**2022**

▶ Attach to Form NJ-2210 or NJ-2210NR

Name as Shown on Return <u>KOSURU KIRAN KUMAR</u>	Social Security No. <u>478-65-2741</u>
--	---

**Option 1**

	A	B	C	D	E	F	G
Period	Amount Due (line 5, NJ-2210)	Balance Due Previous Quarter (column E)	Total Due (A + B)	Total Paid (line 6, NJ-2210)	Balance (C - D)	Multi- plier	Interest (E x F)
<b>1</b> 4/15 - 6/15	621.		621.	597.	24.	.010	0.
<b>2</b> 6/16 - 9/15	621.	24.	645.	597.	48.	.019	1.
<b>3</b> 9/16 - 1/15	621.	48.	669.	597.	72.	.031	3.
<b>4</b> 1/16 - 4/15	621.	72.	693.	598.	95.	.025	3.
<b>5</b> Total interest for Option 1 . . . . .						<b>5</b>	7.

**Option 2**

	(a) 4/15/2022	(b) 6/15/2022	(c) 9/15/2022	(d) 1/15/2023	
Payment due dates ▶					
<b>1</b> Payment date . . . . .	_____	_____	_____	_____	
<b>2</b> Amount due . . . . .	_____	_____	_____	_____	
<b>3</b> Balance from previous quarter . . . . .		_____	_____	_____	
<b>4</b> Balance due . . . . .	_____	_____	_____	_____	
<b>5 a</b> Number of months from due date to payment date or next quarter due date, whichever is earlier . . . . .	_____	_____	_____	_____	
<b>b</b> Interest rate . . . . .	.0625	.0775	.0925	.1000	
<b>6</b> Late payment interest. (Line 4 times line 5a times line 5b divided by 12.) <b>If line 1 is blank, skip lines 7 through 10.</b>	_____	_____	_____	_____	
<b>7</b> Payment amount . . . . .	_____	_____	_____	_____	
<b>8</b> Underpayment amount . . . . .	_____	_____	_____	_____	
<b>9 a</b> Number of months from payment date to next quarter due date . . . . .	_____	_____	_____	_____	
<b>b</b> Interest rate . . . . .	.0625	.0775	.0925	.1000	
<b>10</b> Underpayment interest. (Line 8 times line 9a times line 9b divided by 12.)	_____	_____	_____	_____	
<b>11</b> Total interest for Option 2. Add lines 6 and 10, columns (a) through (d) . . . . .					<b>11</b>



KIRAN KUMAR KOSURU  
25093 FRANCISCO TERRACE CHANTILLY  
CHANTILLY VA 20152

SSN - You KOSU 478652741 Vendor ID 1555 XXXXX

SSN - Spouse 282515985

Fed Adj Gross Income (FAGI) 1. 85814. Withholding (VA) - You 19A. 3247.

Additions 2. Withholding (VA) - Spouse 19B.

Subtotal 3. 85814. Estimated Payments 20.

Age Deduction - You 4A. 2022 Overpayment 21.

Age Deduction - Spouse 4B. Extension Payments 22.

Soc Sec & Tier 1 Railroad 5. Credit - Low-Income or EIC 23.

State Income Tax Overpayment 6. Credit - Schedule OSC 24. 3105.

Subtractions 7. Credits - Schedule CR 25.

Subtotal Subtractions 8. Total Payments / Credits 26. 6352.

Total VA Adj Gross Income (VAGI) 9. 85814. Tax You Owe 27.

Itemized Deductions - VA Sch A 10. Tax Overpayment 28. 2189.

Standard Deduction 11. 8000. Overpayment Credited to Next Year 29.

Exemptions 12. 930. VAC - Virginia 529 / ABLE 30.

Deductions 13. VAC - Other Contributions 31.

Subtotal (Deductions & Exemptions) 14. 8930. Addition to Tax, Penalty & Interest 32.

VA Taxable Income 15. 76884. Sales and Use Tax 33.

Amount of Tax 16. 4163. **Amount You Owe**

Spouse Tax Adjustment (STA) 17. **Will Pay by Credit/Debit Card** N **Your Refund** 2189.

VAGI - Spouse 17A.

Net Amount of Tax 18. 4163. Bank Routing # C 051000017

Bank Account # 435056839146





Filing Status, Age & License Information

Additional Filing Information

Filing Status 3  
 Federal Head of Household  
 DOB - You 06221989  
 VA Driver's License ID - You B60862504  
 VA Driver's License - Iss. Date - You 12022022  
 Spouse Name (Filing Status 3 Only)  
 GEETHA BHAVANI TUMATI  
 DOB - Spouse  
 VA Driver's License ID - Spouse  
 VA Driver's License - Iss. Date - Spouse

Locality 600  
 Uninsured & Authorize DMAS  
 Name or Filing Status Change  
 Address Change  
 VA Return Not Filed Last Year  
 Dependent on Another's Return  
 Farmer / Fisherman / Merchant Seaman  
 Amended  
 Reason Code  
 Overseas on Due Date  
 Federal EIC & Amount  
 Deceased Indicator  
 Form 760C or 760F  
 No Sales & Use Tax Due Indicator X  
 Obtain Electronic 1099G  
 ID Theft PIN

Exemptions (A)

Exemptions (B)

You 1 65 & Over - You  
 Spouse 65 & Over - Spouse  
 Dependents Blind - You  
 Total (A) 1 Blind - Spouse  
 Total (B)

Contact Information

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You \_\_\_\_\_ Date \_\_\_\_\_ Phone - You 5023881475  
 Signature - Spouse \_\_\_\_\_ Date \_\_\_\_\_ Phone - Spouse \_\_\_\_\_  
 Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 020924 Phone - Preparer 6789659522

The Tax Department may discuss my/our return with my/our preparer. Preparer Information 7 P02082703  
 GLOBAL TAXES LLC

**File by May 1, 2024**  
 Include Page 1, Page 2 and all supporting 760CG documents.

245 ROONEY CT  
 E BRUNSWICK NJ 08816 Page 2 of 2

**2023 Schedule INC/CG**

478652741

Report all W-2s, 1099s & VK-1s with VA Withholding



KIRAN KUMAR      KOSURU

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
478652741	W	3247.	352722895	30352722895F001	63741.

Total VA Withholding	SSN	VA Withholding
You	478652741	3247.
Spouse		
Total # of W-2s, 1099s & VK-1s	01	

To avoid delays - be sure to enter all information, including the Employer's FEIN.



**2023 Schedule OSC/CG**

Enclose other state tax returns when filing



478652741

**Credit Computation State 1**  
**If Claiming border state**

1. Filing Status - other state's return	3	6. Other State Abbreviation	NJ
2. Person Claiming the Credit	1	7. Virginia Income Tax	4163.
3. Qualifying Taxable Income - other state	82133.	8. Income percentage	100.0
4. Virginia Taxable Income	76884.	9. Virginia Ratio of Income Tax	4163.
5. Qualifying Tax Liability - other state	3105.	10. Credit Allowed	3105.

**Credit Computation State 2**

11. Filing Status - other state's return	16. Other State Abbreviation
12. Person Claiming the Credit	17. Virginia Income Tax
13. Qualifying Taxable Income - other state	18. Income percentage
14. Virginia Taxable Income	19. Virginia Ratio of Income Tax
15. Qualifying Tax Liability - other state	20. Credit Allowed

**Credit Computation State 3**

21. Filing Status - other state's return	26. Other State Abbreviation	
22. Person Claiming the Credit	27. Virginia Income Tax	
23. Qualifying Taxable Income - other state	28. Income percentage	
24. Virginia Taxable Income	29. Virginia Ratio of Income Tax	
25. Qualifying Tax Liability - other state	30. Credit Allowed	
	31. Total Credit Claimed	3105.

Enclose other state tax returns when filing your Virginia tax return.

