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

2023 OMB No. 1545-0074 RS Use Only—Do not write or staple in this space.

For the year Jan	1-Dec	. 31, 2023, or other tax year beginning		, 2023, end	ing		, 20	See sep	parate instructions.	
Your first name	and mi	ddle initial	Last na	ıme				Your so	cial security number	
KRISHNA	REDI	Y	RAVU	JRI				691	36 7776	
		first name and middle initial	Last na						s social security number	
SANTHI			RAVU	JRI				123 45 9633		
	(numbe	r and street). If you have a P.O. box, see					Apt. no.		ntial Election Campaign	
19645N 3	1ST	AVE					#3082	Check h	ere if you, or your	
City, town, or pe	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP code		f filing jointly, want \$3 this fund. Checking a	
PHOENIX					AZ	,	85027		w will not change	
Foreign country	name			Foreign province/state/c	count	у	Foreign postal code	your tax	or refund.	
									You Spouse	
Filing Status		Single				☐ Head of ho	ousehold (HOH)			
Check only		Married filing jointly (even if only or	ne had i	income)						
one box.		Married filing separately (MFS)				☐ Qualifying	surviving spouse	(QSS)		
	-	ou checked the MFS box, enter the			ı che	ecked the HOH	or QSS box, ente	er the chil	d's name if the	
	qua	alifying person is a child but not you	ır deper	ndent:						
 Digital	At an	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or i	navn	nent for proper	rty or services); or	(b) sell		
Assets		ange, or otherwise dispose of a digi							☐ Yes 🏻 No	
Standard		eone can claim: You as a de						,		
Deduction	_	Spouse itemizes on a separate return								
		•								
		Were born before January 2, 1	959 L	Are blind Spo	use:	: Was bor	n before January 2		☐ Is blind	
Dependents				(2) Social security		(3) Relationshi	ρ (. ,	1	ies for (see instructions):	
If more		(1) First name Last name				to you	Child tax c	redit	Credit for other dependents	
than four dependents,	<u>J</u>			123-45-9663		Son	X			
see instructions	K	RAVURI		123-45-9785	5	Daughter	×			
and check										
here \square		Table	4 /		_				102.022	
Income	1a	Total amount from Form(s) W-2, bo			٠			. <u>1a</u> . 1b	183,023.	
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2								
W-2 here. Also attach Forms	c d					· · · ·		. 1c		
W-2G and	e	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								
1099-R if tax was withheld.	f									
If you did not	g	Wages from Form 8919, line 6.						. 1f		
get a Form	h	Other earned income (see instructi	100					. 19	0.	
W-2, see instructions.	ï	Nontaxable combat pay election (s	,			1i	1			
moti detions.	z	Add lines 1a through 1h						. 1z	183,023.	
Attach Sch. B	2a	2-0 E 2 E 2	2a		b Ta	axable interest		. 2b	,	
if required.	3a		3a			rdinary divider		. 3b	7.	
	4a		4a			axable amount		. 4b		
Standard Deduction for—	5a		5a			axable amount		. 5b		
Single or	6a		6a		b Ta	axable amount		. 6b		
Married filing separately,	С	If you elect to use the lump-sum el	lection i				[
\$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here						7	-3,000.	
Married filing jointly or	8	Additional income from Schedule	1, line 1	0				. 8	-38,520.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	ome			. 9	141,510.	
\$27,700	10	Adjustments to income from Scheen	dule 1,	line 26				. 10		
Head of household,	11	Subtract line 10 from line 9. This is	your a	djusted gross incon	ne			. 11	141,510.	
\$20,800 If you checked	12	Standard deduction or itemized	deduct	ions (from Schedule	A)			. 12	27,700.	
any box under	13	Qualified business income deducti	ion from	n Form 8995 or Form	899	5-A		. 13		
Standard Deduction,	14	Add lines 12 and 13						. 14	27,700.	
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 This is ye	our t	axable incom	е	. 15	113,810.	

Form 1040 (2023				Page					
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗎 4972 3 🗎	16	15 , 653.					
Credits	17	Amount from Schedule 2, line 3	17						
	18	Add lines 16 and 17	18	15 , 653.					
	19	Child tax credit or credit for other dependents from Schedule 8812	19	4,000.					
	20	Amount from Schedule 3, line 8	20						
	21	Add lines 19 and 20	21	4,000.					
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	11,653.					
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.					
	24	Add lines 22 and 23. This is your total tax	24	11,653.					
Payments	25	Federal income tax withheld from:							
	а	Form(s) W-2							
	b	Form(s) 1099							
	С	Other forms (see instructions)							
	d	Add lines 25a through 25c	25d	11,544.					
you have a	26	2023 estimated tax payments and amount applied from 2022 return	26						
ialifying child, tach Sch. EIC. г	27	Earned income credit (EIC)							
lacii scii, Eic.	28	Additional child tax credit from Schedule 8812							
	29	American opportunity credit from Form 8863, line 8							
	30	Reserved for future use							
	31	Amount from Schedule 3, line 15							
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32						
	33	Add lines 25d, 26, and 32. These are your total payments	33	11,544.					
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34						
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a						
irect deposit?	b	Routing number X X X X X X X X X X X X X X X X X X X							
See instructions.	d	Account number X X X X X X X X X X X X X X X X X X X							
	36	Amount of line 34 you want applied to your 2024 estimated tax							
Amount	37	Subtract line 33 from line 24. This is the amount you owe .							
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions	37	109.					
	38	Estimated tax penalty (see instructions)							
hird Party	Do	you want to allow another person to discuss this return with the IRS? See		_					
Designee	ins	structions							
		signee's Phone Personal identifine no. no.	ication						
N:	nar	me no. number (PIN) der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to tl	no boot	of my knowledge are					
Sign		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which							
lere				nt you an Identity					
	101			IN, enter it here					
oint return?		SOFTWARE ENGINEER (see	inst.)						
See instructions.	Spe			nt your spouse an					
Geep a copy for		Ident	ity Prote	ection PIN, enter it he					

Email address

Preparer's signature

VENKATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI

Go to www.irs.gov/Form1040 for instructions and the latest information.							RΔΔ		
Use Only	Firm's address	245	ROONEY	CT	Ε	BRUI	NSWICE	(NJ	08816
Use Only	Firm's name	GLO	BAL TAXI	ES I	LC				
Preparer -	VENKATA SAI PAVA	KUMAR	DUDIPALLI V	/ENKA	A'I'A	SAI	PAVAN	KUMA	R DODIP.

Phone no. Preparer's name

Paid

Date

REV 03/07/24 PRO

PTIN

P02470833

Firm's EIN

Self-employed

Check if:

Phone no. (678) 965-9522

SCHEDULE 1 (Form 1040)

10

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

KRIS	HNA REDDY & SANTHI RAVURI		691-36-77	776
Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received			
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	-38,520.
4	Other gains or (losses). Attach Form 4797		. 4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att			
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation			
8	Other income:			
а	Net operating loss	8a (
b	Gambling	8b		
C	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	0- /		
	1040, line 1a or 1d	8s (
t	Pension or annuity from a nonqualifed deferred compensation plan or	0.		
	a nongovernmental section 457 plan	8t		
u -	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	0-		
9	Total other income. Add lines 8a through 8z	8z	9	
J	TOTAL OUTER HIGOTIE. AUG IIIES OA HIIOUGH OZ		🔊	

-38,520.

10

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-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	
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:	
a	Jury duty pay (see instructions)	-
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	
d	Reforestation amortization and expenses	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	
f	Contributions to section 501(c)(18)(D) pension plans	
g g	Contributions by certain chaplains to section 403(b) plans 24g	
h h	Attorney fees and court costs for actions involving certain unlawful	-
	discrimination claims (see instructions)	_
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	
j	Housing deduction from Form 2555	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	
	1041)	
Z	Other adjustments. List type and amount:	
25	Total other adjustments. Add lines 24a through 24z	25
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	26
	BAA REV 03/07/24 PRO	Schedule 1 (Form 1040) 2023

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065. Go to www.irs.gov/ScheduleC for instructions and the latest information.

Attachment Sequence No. 09

Name	of proprietor				Social	security number (SSN)			
KRIS	SHNA REDDY RAVURI				691-	-36-7776			
A	Principal business or profession	on, including product or service (se	e instru	uctions)	B Ente	er code from instructions			
	SOFTWARE				5	1 9 2 0 0			
С	Business name. If no separate	business name, leave blank.				loyer ID number (EIN) (see instr.)			
E	Business address (including su	uite or room no.) 17030 N	49TF	H ST APT 2012					
	City, town or post office, state			AZ 85254					
F	Accounting method: (1)	Cash (2) Accrual (3) 🗌	Other (specify)					
G	Did you "materially participate	" in the operation of this business	during	2023? If "No," see instructions for li					
Н	If you started or acquired this	business during 2023, check here				🗆			
I	Did you make any payments in	n 2023 that would require you to fil	e Form	n(s) 1099? See instructions		🗌 Yes 🕱 No			
J	If "Yes," did you or will you file	e required Form(s) 1099?				Yes X No			
Part	Income								
1				this income was reported to you on		220 422			
_	15	employee" box on that form was c			1	228,422.			
2					2	222 422			
3					3	228,422.			
4		42)			4	222 422			
5		rom line 3			5	228,422.			
6		al and state gasoline or fuel tax cre			6	220 422			
7 Part		nd 6			7	228,422.			
Part 8	Advertising	8	18	Office expense (see instructions) .	18	2,900.			
	-	8	19	Pension and profit-sharing plans .	19	2,300.			
9	Car and truck expenses (see instructions)	9	20	Rent or lease (see instructions):	19				
10	Commissions and fees .	10	a	Vehicles, machinery, and equipment	20a	21,050.			
11	Contract labor (see instructions)	11	b	Other business property	20b	800.			
12	Depletion	12	21	Repairs and maintenance	-	- 000.			
13	Depreciation and section 179	12	22	Supplies (not included in Part III) .		575.			
	expense deduction (not		23	Taxes and licenses	23				
	included in Part III) (see instructions)	13	24	Travel and meals:	20				
1.1	Employee benefit programs		а	Travel	24a	9,425.			
14	(other than on line 19) .	14	b	Deductible meals (see instructions)	24b	3,500.			
15	Insurance (other than health)	15 2,500.	25	Utilities	25	900.			
16	Interest (see instructions):		26	Wages (less employment credits)	26				
а	Mortgage (paid to banks, etc.)	16a	27a	Other expenses (from line 48)	27a	225,292.			
b	Other	16b	b	Energy efficient commercial bldgs		•			
17	Legal and professional services	17		deduction (attach Form 7205)	27b				
28	Total expenses before expen	ses for business use of home. Add	l lines 8	3 through 27b		266,942.			
29	Tentative profit or (loss). Subtr	ract line 28 from line 7			29	-38,520.			
30	Expenses for business use o	f your home. Do not report these	e expe	nses elsewhere. Attach Form 8829					
	unless using the simplified me	thod. See instructions.							
	Simplified method filers only	: Enter the total square footage of	(a) you						
	and (b) the part of your home	used for business:		. Use the Simplified					
	Method Worksheet in the instr	ructions to figure the amount to en	ter on I	ine 30	30				
31	Net profit or (loss). Subtract I	line 30 from line 29.		,					
		edule 1 (Form 1040), line 3, and one instructions.) Estates and trusts,		, , ,	31	-38,520.			
	• If a loss, you must go to line	e 32.							
32	If you have a loss, check the b	oox that describes your investment	in this	activity. See instructions.					
		e loss on both Schedule 1 (Form box on line 1, see the line 31 instruc		· · · · · · · · · · · · · · · · · · ·	32a	★ All investment is at risk.			
	Form 1041, line 3.	box of fine 1, see the line of instruc	,tioi18.)	Lotates and truoto, efficient	32b	_			
	· ·	st attach Form 6198. Your loss ma	av be li	mited.		at risk.			

Schedu	ule C (Form 1040) 2023		Page 2
Part	Cost of Goods Sold (see instructions)		
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach ex	planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	. 🗌 Yes	☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35		
36	Purchases less cost of items withdrawn for personal use		
37	Cost of labor. Do not include any amounts paid to yourself		
38	Materials and supplies		
39	Other costs		
40	Add lines 35 through 39		
41	Inventory at end of year		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4		
Part	Information on Your Vehicle. Complete this part only if you are claiming car or truck are not required to file Form 4562 for this business. See the instructions for line 13 to Form 4562.		
43	When did you place your vehicle in service for business purposes? (month/day/year)		
43			
44	Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle	for:	
а	Business b Commuting (see instructions) c Other		
45	Was your vehicle available for personal use during off-duty hours?	🗌 Yes	☐ No
46	Do you (or your spouse) have another vehicle available for personal use?	🗌 Yes	☐ No
47a	Do you have evidence to support your deduction?	Tes	☐ No
b	If "Yes," is the evidence written?	🗌 Yes	☐ No
Part	Other Expenses. List below business expenses not included on lines 8–26, line 27b,	or line 30.	
GI	FTS		6,000.
Ou	tside services/independent contractors		105,000.
Tr	aining/continuing education		11,750.
ВА	CK OFFICE OPERATIONAL EXPENSES		102,542.

48

225,292.

48

Total other expenses. Enter here and on line 27a

SCHEDULE D (Form 1040)

Department of the Treasury

Capital Gains and Losses

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

Attach to Form 1040, 1040-5H, or 1040-NH.

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

To to www.irs.gov/ScheduleD for instructions and the latest information.

OMB No. 1545-0074

2023

Internal Revenue Service Go to www.irs.gov/ScheduleD for instructions and the latest information.

Sequence No. 1

Your social security number

Attachment Sequence No. **12**

KRISHNA REDDY & SANTHI RAVURI 691-36-7776 Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) Adjustments Subtract column (e) lines below. (d) (e) Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, line 2, column (g) combine the result (sales price) (or other basis) whole dollars. with column (g) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 3,732. 2,132. 6. -1,594.Totals for all transactions reported on Form(s) 8949 with Box B checked Totals for all transactions reported on Form(s) 8949 with Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 81,196. 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back -82,790. Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) lines below. (d) (e) Adjustments Subtract column (e) to gain or loss from **Proceeds** Cost from column (d) and This form may be easier to complete if you round off cents to (or other basis) Form(s) 8949, Part II. (sales price) combine the result whole dollars. with column (g) line 2, column (q) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 5,902.) 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III -5,902.

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

Paru	<u> </u>		
16	Combine lines 7 and 15 and enter the result	16	-88,692.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 both gains?		
17	Yes. Go to line 18.		
	☐ No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.		
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	• The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)	21	(3,000.
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.		
	☑ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Form **8949**

Sales and Other Dispositions of Capital Assets

Department of the Treasury Internal Revenue Service

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. 12A

Name(s) shown on return

KRISHNA REDDY & SANTHI RAVURI

Social security number or taxpayer identification number

691-36-7776

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, *or* C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☒ (A) Short-term transactions☐ (B) Short-term transactions☐ (C) Short-term transactions	reported on	Form(s) 1099	9-B showing bas))
1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see <i>Column</i> (e)	See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.)	(see instructions)	in the separate instructions.			combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	2,132.	3,732.	W	6.	-1,594.
							_
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6).	al here and inc is checked), lir	lude on your ne 2 (if Box B	2.132.	3.732.		6.	-1,594.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Sequence No. 47

Your social security number

KRIS	HNA REDDY & SANTHI RAVURI	691-36-	-7776
Par	t I 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	141,510.
2a	Enter income from Puerto Rico that you excluded		
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.	
c	Enter the amount from line 15 of your Form 4563		
d	Add lines 2a through 2c	. 2d	0.
3	Add lines 1 and 2d	. 3	141,510.
4	Number of qualifying children under age 17 with the required social security number 4	2	
5	Multiply line 4 by \$2,000	. 5	4,000.
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	0	
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid	ent	
	alien. Also, do not include anyone you included on line 4.		
7	Multiply line 6 by \$500	. 7	
8	Add lines 5 and 7	. 8	4,000.
9	Enter the amount shown below for your filing status.		
	• Married filing jointly—\$400,000		
	• All other filing statuses—\$200,000 \(\)	. 9	400,000.
10	Subtract line 9 from line 3.		
	• 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	Multiply line 10 by 5% (0.05)	. 11	0.
12	Is the amount on line 8 more than the amount on line 11?		4,000.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit	dit.	
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.		
	Yes. Subtract line 11 from line 8. Enter the result.		
13	Enter the amount from Credit Limit Worksheet A	-	15,653.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	. 14	4,000.
	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 addition		
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR	R through	line 27
	(also complete Schedule 3, line 11) before completing Part II-A.		
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 03/07/24 PRO	Schedule	8812 (Form 1040) 2023

Schedule 8812 (Form 1040) 2023 Page **2**

Caution: If you file Form 2555, you cannot claim the additional child tax credit. 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 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 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 TIP: The number of children you use for this line is the same as the number of children you used for line 4. TIP: The number of line 16a or line 16b Nontaxable combat pay (see instructions) 18a Nontaxable combat pay (see instructions)	
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	
and II-B. Enter -0- on line 27	🗆
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	
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	0.
Enter -0- on line 27	
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 Enter the smaller of line 16a or line 16b	
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	
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 Residents of Puerto	Rico
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	
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.	
1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.	
25 Subtract line 24 from line 23. If zero or less, enter -0- 26 Enter the larger of line 20 or line 25	
Next, enter the smaller of line 17 or line 26 on line 27.	
Part II-C Additional Child Tax Credit	
27 This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 27	

(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 (DDC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-PR, or 1040-SS.

Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074 For tax year

Attachment Sequence No. 70

20

KRIS	HNA REDDY & SANTHI RAVURI	691-36-777	6		
Preparer'	s name	Preparer tax identification	ation numb	er	
VENK	ATA SAI PAVAN KUMAR DUDIPALLI	P02470833			
Part	Due Diligence Requirements				
	check the appropriate box for the credit(s) and/or HOH filing status claimed on the retubenefit(s) claimed (check all that apply).		the rela		arts I–V HOH
	Did you complete the return based on information for the applicable tax year provided I or reasonably obtained by you?	by the taxpayer	Yes	No	N/A
	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 Sched 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 s, or your own	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you nathe following. 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) an status and to figure the amount(s) of any credit(s) 		×		
	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 inconsis answer questions 4a and 4b. If " No ," go to question 5.)	tent? (If "Yes,"		X	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent inf	formation? .			
	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 impact the			
	Did you satisfy the record retention requirement? To meet the record retention requirer 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) processes that you relied on to determine eligibility for the credit(s) and/or HOH filing state the amount(s) of the credit(s)	r, a copy of any or prepare Form provided by the atus or to figure	X		
	List those documents provided by the taxpayer, if any, that you relied on:				
6	Did you call the tay payor whateve he less sould provide decompositation to substantiate	aliaibility fay tha			
	Did you ask the taxpayer whether he/she could provide documentation to substantiate ccredit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?	eturn if his/her	×		
	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous		X	-	
	(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)?	a complete and			×
D	perwork Peduction Act Notice see senarate instructions		Form 886	37 /D	11 0000

Form 88	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	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
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?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes	No	N/A
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?	X		
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?	X		
Part			Part \	<u> </u>
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the que tuition and related expenses for the claimed AOTC?	alified 	Yes	No
Part	Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	s, go to	י Part כ	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the taxand provided more than half of the cost of keeping up a home for the year for a qualifying person?	x year 	Yes	No
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:			
	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 ret or HOH	urn or fi l ing
	 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; 	list 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 instri	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	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 dit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for eac 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, correc	t, and	Yes	No
	complete?	7	×	
	REV 03/07/24 PRO	Form 88 0	67 (Rev.	11-2023)

Additional Information From 2023 Federal Tax Return

Schedule C (SOFTWARE): Profit or Loss from Business

Ln 24b: 50% limit

Ln 24b: 50% limit	Itemization Stater	Itemization Statement			
Description	Amount				
MEALS	7,	000.			
-	Total 7,	000.			

Schedule C (SOFTWARE): Profit or Loss from Business

Ln 1a: Other receipts

Itemization Statement

	Description		Amount
Adroit Affine LLC			130,076.
Diverse Lynx, LLC.			98,345.52
		Total	228,421.52

Schedule C (SOFTWARE): Profit or Loss from Business

Line 18

Itemization Statement

	Description		Amount
CLEANING			1,700.
PRINTING			1,200.
		Total	2,900.

Schedule C (SOFTWARE): Profit or Loss from Business

Line 20b

Itemization Statement

	Description		Amount
PARKING			800.
		Total	800.

Schedule C (SOFTWARE): Profit or Loss from Business

Line 22

Itemization Statement

	Description		Amount	
SUPPLIES				575.
		Total		575.

Schedule C (SOFTWARE): Profit or Loss from Business

Line 24a

Itemization Statement

		Description	Amount
TRAVEL			9,425.
		Total	9,425.

Schedule C (SOFTWARE): Profit or Loss from Business

Line 15

Itemization Statement

Description	Amount
INSURANCE	2,500.
Total	2,500.

Schedule C (SOFTWARE): Profit or Loss from Business

Line 25

Itemization Statement

Description	Amount
TELEPHONE	900.
Total	900.



VA-8453 Virginia Department of Taxation

Virginia Individual Income Tax Declaration for Electronic Filing

Tax Year 2023

DO NOT SEND THIS VA-8453 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Virgii	nia Su	bmissic 	n Ident	ification	n Numb	oer (SID) 	1			1	l			1			1	ן			
First N	ame &	Middle	 nitial (if	joint or	combir	ed return	, enter	both)	La	st Nam	ne							B Your So	ocial Secu	rity Number	
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8b.	X					my refun				-											
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Part	III D		Signate		onic P	eturn O		ate	20)	nd D				ure (If I	Filing S	tatus 2	or 4, E	BOTH must sig	jn)	Date)
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763Page 1

2023 Virginia Nonresident Income Tax Return Due May 1, 2024



Enclose a complete copy of your federal tax return and all other required Virginia enclosures.

	•		-											
First N	lame			МІ	Last Name		Suffix		cial Secur	•	er		Check decease	
	SHNA REDDY				RAVURI				<u> 36-77</u>				uecea:	eu -
1 '	e's First Name (Filing	Status 2 Onl	y)	MI	Last Name		Suffix	'	s Social S	•	umber		Check decease	
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1	nt Home Address (Nu 15N 31ST AVE			oute)				Birth Date n-dd-yyyy)		2 - 0	7 -	1 9 9	5	
	own or Post Office	7 771 11	3002		State	ZIP Code	Spouse's	Birth Date	9 1	0 - 0		1 0 0		
PHOE	ENIX				AZ	85027		n-dd-yyyy)		2 - 0		1 9 9	6	
State	of Residence		Important - is located.	Name	e of Virginia City	or County in which	principal plac	ce of busin	ness, emp	loyment,	or incon	ne source	ocality Cod	et
AZ			FAIRFAX	X						X City	OR	County 6	500	
		☐ Amei	nded Return	Г		☐ Name(s) or	Address Di	fferent th	nan		Overse	as on Due	Date	Ħ
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2					must have Vir	-			or 3] _{v 2000}		
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If Filin	g Status 3 or 4, en	ter spouse's	SSN in the	Spou	use's Social S	ecurity Number	You (Spouse er or ove		Spouse		7	Total Sect	on 2
box at	top of form and er	nter Spouse	's Name					+	+	+	=	X \$800 =	:	
												1		
1	Adjusted Gross In	come from	federal returi	n - <i>N</i>	ot federal taxa	able income					1	4	04241	00
2	Additions from Sc	hedule 763	ADJ, Line 3.								2			00
3	Add Lines 1 and	2									3	4	04241	00
4	Age Deduction (S									You	4a			00
	Enter Birth Dates and Your Spouse'	above. Ente s Age Dedu	er Your Age [ction on Line	Dedu 4b	ction on Line	4a			Spc	ouse	4b			00
5	Social Security Ac										5			00
6	State income tax										6			00
7	Subtractions from										7			00
8	Add Lines 4a, 4b										8			00
_											-		04041	
9	Virginia Adjusted										9	4	04241	00
10	Itemized Deduction				2.2						10			00
11	If you do not claim	n itemized d	eductions on	Line	e 10, enter sta	indard deduction.	See instruc	ctions			11		16000	00
12	Exemption amour	nt. Enter the	total amoun	t fron	n the Exempti	on Sections 1 and	d 2 above				12		3720	00
13	Deductions from S	Schedule 76	3 ADJ, Line	9							13			00
14	Add Lines 10, 11	, 12 and 13)								14		19720	00
15	Virginia Taxable Ir	ncome comp	outed as a re	side	nt. Subtract Li	ine 14 from Line 9					15	3	84521	00
16	Percentage from !	Nonresident	Allocation S	ectio	on on Page 2 ((Enter to one deci	mal place o	only)			16		7.5	%
17	Nonresident Taxa	ble Income.	(Multiply Lin	ie 15	by percentag	e on Line 16)					17		28839	00
18	Income Tax from	Tax Table or	Tax Rate So	chedu	ule						18		1401	00
19a	Your Virginia inco	me tax withl	neld. Enclose	e For	ms W-2, W-2	G, 1099, and VK-	1				19a		1483	00
	Dept. of Taxation F 1044 Rev. 02/23	For Local Use	LTD		ק \$						L	XXX	XX	

REV 02/23/24 PRO

1555

XXXXX

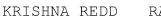
2023 FORM 763 Page 2

2023	FORM 763 Page 2							
Your N	lame	Your SSN						
	SHNA REDDY & SANTHI RAVUR	· ·	11/1/2 4		40.			
19b	Spouse's Virginia income tax withheld. Er				-			00
20	2023 Estimated Tax Payments				<u> </u>			00
21	2022 overpayment credited to 2023 estim				⊢			00
22	Extension Payment - submitted using For				-			00
23	Credit for Low-Income Individuals or Virgi				-			00
24	Total credits from Schedule OSC				_		669	00
25	Credits from Schedule CR, Section 5, Lin	e 1A			. 25			00
26	Total payments and credits. Add Lines	s 19a through 25			. 26		2152	00
27	If Line 18 is larger than Line 26, enter the	difference. This is the INCOME	TAX YOU C	WE	. 27			00
28	If Line 26 is larger than Line 18, enter the	difference. This is the OVERPA	YMENT AM	OUNT	. 28		751	00
29	Amount of overpayment on Line 28 to be Cl	REDITED TO 2024 ESTIMATED	INCOME T	AX	. 29			00
30	Virginia529 and ABLE Contributions from	Schedule VAC, Part I, Line 6			. 30	7		00
31	Other Voluntary Contributions from School	dule VAC, Section II, Line 14			. 31			00
32	Addition to Tax, Penalty, and Interest from	n enclosed Schedule 763 ADJ, I	Line 21.		20		·	
	See instructions.				32			00
33	Sales and Use Tax is due on Internet, mail See instructions	The straightful and the straightful and straightful and the straig	and the same of th		33			00
34	Add Lines 29 through 33				. 34			00
35	If you owe tax on Line 27, add Lines 27 a							
	Line 34 is larger than Line 28, enter the d www.tax.virginia.govCheck here it				35			00
20					36			
36	If Line 28 is larger than Line 34, subtract Lir	ie 34 iioiii Line 20. This is the air	iourit to be K	EFUNDED TO TOO.	30		751	00
	Direct Deposit section below is not complet	ted, your refund will be issued by	y check.					
	T BANK DEPOSIT Your Bank Routin	ng Transit Number	Your Bank A	ccount Number Ch	ecking	Sa	vings]
	stic Accounts Only							
	ernational Deposits							
Non	resident Allocation Percentage			A - All Sources		B - Virgi	nia Sources	
			, 1	A - All Sources 183023		B - Virgi	nia Sources	$\overline{}$
1.	resident Allocation Percentage		_			B - Virgi		$\overline{}$
1.	resident Allocation Percentage Wages, salaries, tips, etc		2		00	B - Virgii		00
1. 2.	resident Allocation Percentage Wages, salaries, tips, etc		2	183023	00	B - Virgi	30466	00
1. 2.	resident Allocation Percentage Wages, salaries, tips, etc		2 3 4	183023	00 00 00 00	B - Virgi	30466	00 00 00
1. 2. 3. 4.	resident Allocation Percentage Wages, salaries, tips, etc		2 3 4 5	183023	00 00 00 00 00	B - Virgii	30466	00 00 00 00
 1. 2. 3. 4. 5. 6. 	resident Allocation Percentage Wages, salaries, tips, etc	ns	2 3 4 5 6	183023 7 228422	00 00 00 00	B - Virgii	30466	00 00 00 00
 1. 2. 3. 4. 5. 6. 	resident Allocation Percentage Wages, salaries, tips, etc	ns.	2 3 4 5 6 7	183023 7 228422	00 00 00 00 00 00	B - Virgii	30466	00 00 00 00 00
1. 2. 3. 4. 5. 6.	resident Allocation Percentage Wages, salaries, tips, etc	nsbutions.	2 3 4 5 6 7 8	183023 7 228422	00 00 00 00 00 00 00	B - Virgii	30466	00 00 00 00 00
1. 2. 3. 4. 5. 6. 7.	resident Allocation Percentage Wages, salaries, tips, etc	butionssts, S corporations, etc	2 2 3 4 5 6 7 8 9	183023 7 228422	00 00 00 00 00 00 00 00	B - Virgii	30466	00 00 00 00 00 00
1. 2. 3. 4. 5. 6. 7. 8. 9.	resident Allocation Percentage Wages, salaries, tips, etc	butionssts, S corporations, etc	2 3 4 5 6 7 8 9 10	183023 7 228422	00 00 00 00 00 00 00 00	B - Virgii	30466	00 00 00 00 00 00 00
1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	resident Allocation Percentage Wages, salaries, tips, etc	butionssts, S corporations, etc	2 3 4 5 6 7 8 9 10 11	183023 7 228422	00 00 00 00 00 00 00 00 00	B - Virgii	30466	00 00 00 00 00 00 00
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13.	resident Allocation Percentage Wages, salaries, tips, etc	butionssts, S corporations, etc	2 3 4 5 6 7 8 9 10 11 12 13 13	183023 7 228422 -3000	00 00 00 00 00 00 00 00 00 00 00	B - Virgii	30466	00 00 00 00 00 00 00 00
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13.	resident Allocation Percentage Wages, salaries, tips, etc	butionssts, S corporations, etc	2 3 4 5 6 7 8 9 10 11 12 13 14 14	183023 7 228422	00 00 00 00 00 00 00 00 00 00 00	B - Virgii	30466	00 00 00 00 00 00 00 00
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13.	resident Allocation Percentage Wages, salaries, tips, etc	Schedule 763 ADJ, Line 1included on Sch. 763 ADJ, Line reach column total here	2 2 3 4 5 6 7 8 9 10 11 12 13 14 14 ute	183023 7 228422 -3000	00 00 00 00 00 00 00 00 00 00 00	B - Virgii	30466	00 00 00 00 00 00 00 00 00
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.	resident Allocation Percentage Wages, salaries, tips, etc	Schedule 763 ADJ, Line 1included on Sch. 763 ADJ, Line reach column total heree. Line 14 B, by Line 14 A. Comp %). Enter on Page 1, Line 16	2 2 3 4 5 6 7 8 9 10 11 12 13 14 14 14 15 15	183023 7 228422 -3000	00 00 00 00 00 00 00 00 00 00 00 00		30466	00 00 00 00 00 00 00 00 00
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.	resident Allocation Percentage Wages, salaries, tips, etc	Schedule 763 ADJ, Line 1included on Sch. 763 ADJ, Line reach column total heree Line 14 B, by Line 14 A. Comp 1%). Enter on Page 1, Line 16	2 2 3 4 5 6 7 8 9 10 11 12 13 14 14 14 15 15	183023 7 228422 -3000 408452 agree to obtain my Form	00 00 00 00 00 00 00 00	www.tax.v	30466 0 0 0 0 30466 7.5% virginia.gov.	00 00 00 00 00 00 00 00 00
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.	resident Allocation Percentage Wages, salaries, tips, etc	Schedule 763 ADJ, Line 1included on Sch. 763 ADJ, Line reach column total heree Line 14 B, by Line 14 A. Comp 1%). Enter on Page 1, Line 16	2 2 3 4 5 6 7 8 9 10 11 12 13 14 14 14 15 15	183023 7 228422 -3000 408452 agree to obtain my Form to best of my (our) knowledge	00 00 00 00 00 00 00 00	www.tax.v	30466 0 0 0 0 30466 7.5% virginia.gov.	00 00 00 00 00 00 00 00 00
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.	resident Allocation Percentage Wages, salaries, tips, etc	Schedule 763 ADJ, Line 1included on Sch. 763 ADJ, Line reach column total heree Line 14 B, by Line 14 A. Comp 1%). Enter on Page 1, Line 16	2 3 4 5 6 7 8 9 10 11 12 3 13 14 15 15 15 15 15	183023 7 228422 -3000 408452 agree to obtain my Form the best of my (our) knowledgumber	00 00 00 00 00 00 00 00	www.tax.v	30466 0 0 0 0 30466 7.5% virginia.gov.	00 00 00 00 00 00 00 00 00
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.	resident Allocation Percentage Wages, salaries, tips, etc	Schedule 763 ADJ, Line 1included on Sch. 763 ADJ, Line reach column total heree Line 14 B, by Line 14 A. Comp 1%). Enter on Page 1, Line 16	2 3 4 5 6 7 8 9 10 11 12 13 14 14 14 14 15 15 I return and to th	183023 7 228422 -3000 408452 agree to obtain my Form the best of my (our) knowledgumber	00	www.tax.	30466 0 0 0 0 30466 7.5% virginia.gov. d complete retu	00 00 00 00 00 00 00 00 00
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. ☐ I(V	resident Allocation Percentage Wages, salaries, tips, etc	Schedule 763 ADJ, Line 1included on Sch. 763 ADJ, Line reach column total heree Line 14 B, by Line 14 A. Comp 1%). Enter on Page 1, Line 16	2 3 4 5 6 7 8 9 10 11 12 3 13 14 15 15 15 15 15	183023 7 228422 -3000 408452 agree to obtain my Form the best of my (our) knowledgumber the Number	00 00 00 00 00 00 00 00	www.tax correct, and	30466 0 0 0 0 30466 7.5% virginia.gov.	00 00 00 00 00 00 00 00 00

2023 Schedule INC/CG

691367776

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



RAVURI

SANTHI RAVURI



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					
691367776	W	1483.	205562072	30205562072F001	30466.

 Total VA Withholding
 SSN
 VA Withholding

 You
 691367776
 1483.

 Spouse
 Total # of W-2s,1099s & VK-1s
 01

2023 Schedule FED/CG

KRISHNA REDD RAVURI SANTHI RAVURI

PHOENIX

19645N 31ST AVE APT 3082



691367776 123459633

600

AZ 85027

	SCHE	DULE C and/or SCHED	ULE F INFORMATIO	ON
1.	Schedule Name	First Schedule Info.	С	Second Schedule Info.
	Г			
2.	Gross Receipts or Sales	228422.		
3.	Depreciation/Expense Deduction			
4.	Business Activity Code	519200		
5.	Business Locality Code	113		
6.	Car & truck expenses			
7.	Inventory at end of year			
8.	# of miles you used your vehicle for: Business			
9.	# of miles you used your vehicle for: Commuting			
10.	# of miles you used your vehicle for: Other			
		SCHEDULE 2106 IN	IFORMATION	
11.	# of miles you used your vehicle for: Business			
12.	# of miles you used your vehicle for: Commuting			
13.	# of miles you used your vehicle for: Other			
14.	% of business use of vehicle: Vehicle 1			
15.	% of business use of vehicle: Vehicle 2			
		SCHEDULE 4562 IN	FORMATION	
16.	Property Used more than 50% in qualified business Type of Property			

17. Date placed in service

- Business/Investment Use %
- 19. Cost or other basis
- **Depreciation Deduction** 20.
- **Elected Section 179 Cost**
- 22. **Business Locality Code**

REV 02/23/24 PRO 1555

2023 Schedule OSC/CG

Enclose other state tax returns when filing



691367776

Credit Computation State 1	
If Claiming border state	

1.	Filing Status - other state's return	2	6.	Other State Abbreviation	AZ
2.	Person Claiming the Credit	1	7.	Virginia Income Tax	1401.
3.	Qualifying Taxable Income - other state	113810.	8.	Income percentage	25.3
4.	Virginia Taxable Income	28839.	9.	Virginia Ratio of Income Tax	669.
5.	Qualifying Tax Liability - other state	2645.	10.	Credit Allowed	669.

Credit Computation State 2

11. Filing Status - other state's return	16	i. Other State Abbreviation
12. Person Claiming the Credit	15	7. 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

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

669.

Arizona Form

SPOUSE'S PEN AND INK SIGNATURE

E-file Signature Authorization

2023 (Arizona Forms 140, 140A, 140EZ, 140NR and 140PY) Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years. Your First Name and Initial Last Name Your Social Security Number* **Enter** 36 _I 7776 KRISHNA REDDY RAVURT your Your Spouse's First Name and Initial (if filed joint) Last Name Spouse's Social Security No.* SSN(s). RAVURT 45 PART 1 – PURPOSE (If you are e-filing a Small Business Income Tax Return, also complete Form AZ-8879 SBI)*Do Not Truncate To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return. • To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return. PART 2 - TAX RETURN INFORMATION PART 3 - FINANCIAL INSTITUTION INFORMATION Must be present when requesting direct debit or deposit. 1 Arizona Adjusted Gross Income 141,510 00 Foreign Account Deposit/Debit: See instructions below. 2,645 00 TYPE OF ACCOUNT 2 Balance Of Tax ROUTING NUMBER 3,444 00 ☐ Savings Checking 3 Arizona Income Tax Withheld... ACCOUNT NUMBER Check box 4 or box 5: 799 00 **4 REFUND**: Enter the amount of refund..... 00 DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT 5 ■ AMOUNT YOU OWE: Enter the amount owed....... Box 4 Checkbox - Refund: You are due a refund based on the information Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account provided on your tax return. Your refund amount will be deposited in the Deposit/Debit" box if your deposit will be ultimately placed in or come account listed in the Financial Institution Information Section (Part 3). from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your Box 5 Checkbox - Amount You Owe: You owe taxes based on the account. If you are due a refund, we will send you a check instead. If you information provided on your tax return. You have elected to direct debit owe tax, you must mail a check to the Arizona Department of Revenue, for payment. The payment will be withdrawn from the account and on the PO Box 29085, Phoenix, AZ 85038-9085. date listed in the Financial Institution Information Section (Part 3). PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2) I consent to my Electronic Return Originator (ERO) or On-Line Service Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I and statements for the year ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter that the amounts of Arizona adjusted gross income, total tax, Arizona an acknowledgement of receipt of transmission and an indication of income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return. whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return 6a I consent that my refund be directly deposited as designated in the or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ electronic portion of my 2023 Arizona individual income tax return. or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. schedules to my return, and/or this authorization form, I authorize my ERO **6b** X I do not want direct deposit of my refund or I am not receiving a to release copies of the requested documents to ADOR. refund. 6c I authorize the Arizona Department of Revenue (ADOR) and its I authorize GLOBAL TAXES LLC designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account (ELECTRONIC RETURN ORIGINATOR) indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions to make the election that I want my electronic signature to my electronic involved in the processing of the electronic payment of taxes to federal individual income tax return to serve as my signature to my receive confidential information necessary to answer inquiries and electronic Arizona individual income tax return for the year ending resolve issues related to the payment. December 31, 2023. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will If I have filed a balance due return, I understand that if the ADOR does not serve as my signature to my Arizona individual income tax return, I will receive full and timely payment of my tax liability by April 15, 2024, I will have signed my Arizona individual income tax return and declared under remain liable for the tax liability and all applicable interest and penalties. penalties of perjury that to the best of my knowledge and belief the return When electronically filing my federal and state tax returns, I understand is true, correct and complete. that if there is an error on my federal return, my state return will also be rejected. PLEASE SIGN HERE YOUR PEN AND INK SIGNATURE DATE

DATE

Arizona Form 140 September 2015 Arizona Form 140 September 2015 Arizona Form 140 Arizona Form 140		Arizona Form 140	Resident Personal Income Tax Return			F	for calendar year 2023		
回	82F	\square	Check box 82F	OR FISCAL YEAR BEGIN	ININC I	12 0 2 3	I AND ENDING		
			f filing under extension First Name and Middle Initial	OR FISCAL TEAR BEGIN	Last Name	12101213	AND ENDING		Social Security Number
王	1		ISHNA REDDY		RAVURI		Enter		1 36 7776
TO THE	ᅳ		Ise's First Name and Middle Initia	l (if box 4 or 6 checked)	Last Name		your		use's Social Security No.
	1		NTHI	ii (ii box i oi o oilookou)	RAVURI		SSN(s	3).	23 45 9633
Ē	_		ent Home Address - number and	street. rural route	INAVORI	Apt. No.	Davtir		(with area code)
Ε	2		645N 31ST AVE	, ·		#3082	94		(
ANY ITEMS	_		Town or Post Office	State	ZIP Code	" 0 0 0 2	Last Names Used	in Last Foo	ur Prior Year(s) (if different)
Ē	3	PH	OENIX	AZ	85027				97
DO NOT STAPLE	$\overline{\mathbb{S}}$	4	Married filing joint return	4a 🗍 Injured Spouse F	Protection of Joint Ov	verpayment		NLY. DO N	OT MARK IN THIS AREA.
ST/	STATUS	5	Head of household. Enter			ограутот.	88		
5	S			name or quamying orms or so	p =				
ž	<u> </u>	6	☐ Married filing separate retu	ırn. Enter spouse's name an	d Social Security Numb	per above.			
2	FILING	7	Single	,	•				
	EXEMPTIONS		♣ Enter the number claimed	d. Do not put a check m	ark.				
	임	8	Age 65 or over (you and/o				DM		DCVD
	ΜP	9	Blind (you and/or spouse)	39, and 41. For lin	nes 10a and 10b, also con	nplete line 49.	81 PM		80 RCVD
	W	10a	Dependents: Under age of		endents: Age 17 and	d over.			
	Ш	11a	Qualifying parents and gra	***					
			(Box 10a and 10b): Depender	nt Information. See instru	ctions. For more sp (b)		ne box Land c	omplete إ (e)	page 4, Part 1.
			FIRST AND LAS	TNAME	SOCIAL SECURITY	(c) RELATIONSHIF		/ Dependen	t Age vif you did not claim
	ents		(Do not list yourself of		NUMBER		HOME IN 2023	included	this person on your federal return due to
	endo							(Box 10a) (B	
	Dependents		: J RAVU		123-45-9663	Son	12		<u> </u>
			K RAVU	JRI	123-45-9785	Daughter	12		
		10e							<u> </u>
Ö	₽ '		(Box 11a): Qualifying parents (a)	and grandparents. See ir	nstructions. For mor	e space, checl	the box land (d)	complete (e)	page 4, Part 2.
140	Parentsand parents		FIRST AND LAS	Т NAME	SOCIAL SECURITY	RELATIONSHIP	NO. OF MONTHS		
nts after Form	ng Parent		(Do not list yourself of	or spouse.)	NUMBER		HOME IN 2023	OVE	R IN 2023
ß	fying								
ţe	Qualifying Grandp	11b							
s af		11c						40	141,510 00
			Federal adjusted gross incom						00
me			Small Business Income: 138 che Modified federal adjusted gross						141,510 00
schedules or other docume			Non-Arizona municipal interest						00
ĕ	ions		Partnership Income adjustment.						00
hel	ddit		Total federal depreciation						00
ġ	⋖	18	Other Additions to Income: Com	plete Other Additions to A	Arizona Gross Incom	e schedule on	page 5	18	00
5			Subtotal: Add lines 14 through 18						141,510 00
<u>ĕ</u>			Total net capital gain or (loss). S					00 00	
ğ			Total net short-term capital gain					790 00	
÷			Total net long-term capital gain o					00 00	
Z S			Net long-term capital gain from a					0 00	0 00
Ä			Multiply line 23 by 25% (.25) and						
anc			Net capital gain derived from inv						00
æ	ctions		Recalculated Arizona depreciation Partnership Income adjustment.						00
je	ract		Interest on U.S. obligations such						00
Ę	Subtra		Exclusion for federal, Arizona sta						00
þ	0,		Exclusion for benefits, annuities					I	00
Ē			U.S. Social Security or Railroad					I .	00
req			Certain wages of American India			=			00
Š		32	Pay received for active service a	as a member of the reserv	es, national guard o	r the U.S. arme	ed forces	32	00
a			Net operating loss adjustment.						00
Place any required federal and AZ			Contributions to: 34a 529 College S						00
		35	Subtract lines 24 through 34c from	om line 19. Enter the diffe	rence			35	141,510 00

	Your	Name (as shown on page 1)	Your Social Security Number					
	KRI	SHNA REDDY & SANTHI RAVURI	691-36-7776					
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income sched	, •	141 510 22				
	37	Subtract line 36 from line 35. Enter the difference		141,510 00				
suc	38	Age 65 or over: Multiply the number in box 8 by \$2,100		00				
ptic	39	Blind: Multiply the number in box 9 by \$1,500		00				
Exemptions	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300		00				
Ĥ	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000		141 510 22				
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0".		141,510 00				
	43	Deductions: Check box and enter amount. See instructions		27,700 00				
	44	If you checked box 43S and claim charitable contributions, check 44C Complete page 3. See in		113 010 00				
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"		113,810 00				
Гах	46	Tax: Multiply line 45 by 2.5% (.025). Enter the result.		2,845 00				
. Jo	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31		00				
Balance of Tax	48	Subtotal of tax: Add lines 46 and 47. Enter the total		2,845 00				
3ala	49	Dependent Tax Credit. See instructions		200 00				
	50	Family income tax credit (from the worksheet - see instructions)		00				
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 62		00				
	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than		2,645 00 3,444 00				
	53 54	2023 AZ income tax withheld	00 44 545 545	3,44400				
	55	2023 AZ extension payment (Form 204)		00				
Total Payments and Refundable Credits	56	Increased Excise Tax Credit (from the worksheet - see instructions)		00				
e Cr	57	Property Tax Credit from Arizona Form 140PTC		00				
ayır dabl	58	Other refundable credits: Check the box(es) and enter the total amount		00				
tal F efun	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total		3,444 00				
卢쮼	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines 6		00				
	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment		799 00				
or nent	62	Amount of line 61 to be applied to 2024 estimated tax		0 00				
Due	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference		799 00				
Tax Due or Overpayment		- 74 Voluntary Gifts to: Solutions Teams Assigned to Schools 64 00 Arizona Wildlife						
	• •	Child Abuse Prevention						
ifts		Neighbors Felping Neighbors 69 00 Special Olympics 70 00 Veterans' Donations Fi						
ary G		I Didn't Pay Enough Fund72 00 Sustainable State Parks and Road Fund73 00 Spay/Neuter of Anima						
Voluntary Gifts	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian						
8	76	Estimated payment penalty	11 - 12 - 1 ² -	00				
>	77	771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included						
Penalty	78							
Pe	79							
ō	Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see instructions. 79A							
o e		— Cl. I Checking or						
unt	90	98 S Savings	CCN					
Refund or Amount Owed	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write yeard include with your return						
	l.	Inder penalties of perjury, I declare that I have read this return and any documents with it, and to	the best of mv knowled	dge and belief, they a				
		rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all informatio						
Щ	→							
ER	_		OFTWARE ENGINEE	ER				
I	Y	OUR SIGNATURE DATE OCC	CUPATION					
Z)	→	Q.	OFTWARE ENGINEE	lR				
SIGN HERE	_		DUSE'S OCCUPATION	JII.				
		VENKATA SAI PAVAN KUMAR DUDIPALLI GLOBAL TAXES LI						
PLEASE		AID PREPARER'S SIGNATURE DATE DATE FIRM'S NAME (PREPARER'S IF :						
Щ		245 ROONEY CT	88-2145487					
4	P	AID PREPARER'S STREET ADDRESS	PAID PREPARER'S TIN					
		E BRUNSWICK NJ 08816	(678)965-9					
	_	AID PREPARER'S CITY STATE ZIP CODE	PAID PREPARER'S PE	ONE NUMBER				

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. Include the payment with Form 140. If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138.

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