Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Subm	nission Identification Number (SID)					
Taxpay	yer's name	Social s	security r	number		
NAV	YYA KONDATI	063	-23-4	374		
	e's name		's social		number	
		_			,	
Par		Enter year y	ou are	autho	rızıng.)
	whole dollars only on lines 1 through 5.					
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1			070
1	Adjusted gross income		·	1		<u>,078.</u>
2	Total tax		· -	2		, 797.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		. –	3		<u>,776.</u>
4	Amount you want refunded to you		· -	4	3	<u>,979.</u>
5 Pari	Amount you owe		· CODV	5 of you	r rotu	rn)
	r penalties of perjury, I declare that I have examined a copy of the income tax return (original or ame					
to sen for any Agent payme author payme busine taxes persor	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, the my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for y delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accountent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terrent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation ess days prior to the payment (settlement) date. I also authorize the financial institutions involved in to receive confidential information necessary to answer inquiries and resolve issues related to nal identification number (PIN) below is my signature for the income tax return (original or amende	or rejection of the U.S. Treas at indicated in stitution to debuinate the authorequests munthe process the payment.	the tran sury and the tax bit the er horization ust be r ing of the	smission its designation its d	n, (b) th gnated tion soft nis acco evoke (d no late onic pa	e reason Financial tware for unt. This cancel) a r than 2 yment of that the
	onic Funds Withdrawal Consent. ayer's PIN: check one box only					
-	■ I authorize GLOBAL TAXES LLC to enter or gene	roto my DINI	3 4	4 3 '	7 4	00 m)/
	ERO firm name	rate my r in		five digit		as my
	signature on the income tax return (original or amended) I am now authorizing.		uon t	enter all	zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.	method. The	ERO r	nust co		
Your	signature ▶ Date	•► <u>01</u>	1/31/	24		
Snou	ise's PIN: check one box only					
Сроц	☐ I authorize to enter or gene	rata my DINI				ac my
	ERO firm name	rate my riiv	Enter	five digit	ts. but	as my
	signature on the income tax return (original or amended) I am now authorizing.			enter all		
	I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.					
Spou	se's signature ► Date	•				
	Practitioner PIN Method Returns Only—continue be	elow				
Part	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 Dor	9 6	0 8 all zeros	2 7	1
author	fy that the above numeric entry is my PIN, which is my signature for the electronic individual incorrized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am ements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provider	submitting thi	s return	in acco	ordance	
ERO'	s signature ▶ Date	•				
	ERO Must Retain This Form — See Instruction	าร				
	Don't Submit This Form to the IRS Unless Requested					

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2023

OMB No. 1545-007

IRS Use Only—Do not write or staple in this space.

For the year Ja	n. 1-De	c. 31, 2023, or other tax year beginning		, 2023, end	ling _			, 20	;	See sep	oarate	instructions.
Your first name	e and m	iddle initial	Last r	name					寸,	Your so	cial sec	curity number
NAVYA			KON	IDATI						063	23	4374
	pouse'	s first name and middle initial	Last r						1			security number
•										-	/	
Home address	(numb	er and street). If you have a P.O. box, see	instruc	ctions.			А	pt. no.	1		۔۔۔۔۔ ntial Ele	: ection Campaigr
1117 S I	MARO.	UETTE AVE					1	211	- 1			ou, or your
		ice. If you have a foreign address, also co	mplete	spaces below.	Sta	ite	ZIP cc	de				jointly, want \$3
MINNEAP	STITC				$ _{\rm M}$	1	554	0.3	- 1	-		nd. Checking a not change
Foreign countr				Foreign province/state/o	_			n postal co		your tax		•
							_					ou 🗌 Spouse
Filing Status	s 🗵	Single		Į.		☐ Head of h	ouseho	old (HOH)			
Check only		Married filing jointly (even if only o	ne hac	d income)				`	•			
one box.		Married filing separately (MFS)		,		☐ Qualifying	surviv	ing spou	se (C	JSS)		
	lf y	you checked the MFS box, enter the	name	of your spouse. If you	u che	ecked the HOF	or QS	SS box, e	enter	the chil	ld's na	me if the
		ialifying person is a child but not you										
District	Λ+ c	ny timo during 2022, did your (a) race	oivo (o	o a roward award or	DO: //	mont for propo	rtı or o	on dood		b) coll		
Digital Assets		ny time during 2023, did you: (a) reconange, or otherwise dispose of a dig					-				□Y€	es 🗵 No
Standard		neone can claim: You as a de					7.1) . (00	- motrac	7.1101110	··,	<u> </u>	20 [2] 140
Deduction		Spouse itemizes on a separate retur		_ '		•						
		·			anor							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind Spo	ouse	:: ∐ Was bor						s blind
Dependent		, , , , , , , , , , , , , , , , , , ,		(2) Social security	,	(3) Relationsh	_{iip} (4)					(see instructions):
If more	(1) F	First name Last name		number		to you		Child ta	x cre	dit	Credit to	or other dependents
than four									<u> </u>	\longrightarrow		
dependents, see instruction	s								<u> </u>	\longrightarrow		
and check	, —								<u> </u>	\longrightarrow		
here L								L		\dashv		
Income	1a	Total amount from Form(s) W-2, b	•	•						1a	_	80,148.
Attach Form(s)	b	Household employee wages not re		, ,						1b		
W-2 here. Also	С	Tip income not reported on line 1a	•	•						1c	_	
attach Forms W-2G and	d	Medicaid waiver payments not rep			nstru	uctions)				1d		
1099-R if tax	е	Taxable dependent care benefits f		·						1e	_	
was withheld.	f	Employer-provided adoption bene			•					1f	_	
If you did not get a Form	g	•								1g		
W-2, see	h	Other earned income (see instructi	,				· ·			1h	_	0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions)		<u>li</u>						00 140
	Z	Add lines 1a through 1h	. i							1z		80,148.
Attach Sch. B if required.	2a	'	2a			axable interes				2b		
in required.	3a_		3a			Ordinary divide				3b		
Standard	4a	-	4a			axable amoun				4b		
Deduction for—	5a		5a			axable amoun				5b		
Single or Married filing	6a	,	6a			axable amoun	t			6b	\vdash	
separately,	_ C	If you elect to use the lump-sum e				-						
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche							. ∟	7	+-	14 070
jointly or Qualifying	8	Additional income from Schedule								8	+	-14,070.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•		e				9	+	66 , 078.
\$27,700 • Head of	10	Adjustments to income from Sche		•						10	+	
household, \$20,800	11	Subtract line 10 from line 9. This is								11	+-	66,078.
If you checked	12	Standard deduction or itemized		•	•					12		13,850.
any box under Standard	13	Qualified business income deducti				95-A				13		10 050
Deduction, see instructions.	14	Add lines 12 and 13								14		13,850.
JOO HIGH GOLDING	, , ,	Suptroot line 1/1 trem line 11 If zer	~ ~r !~	on ontor () This is w		tavabla incam	•			4.5		h-7 7770

Form 1040 (2023	3)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌			. 16	6,797.
Credits	17	Amount from Schedule 2, lir	ne 3						. 17	
	18	Add lines 16 and 17							. 18	6,797.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				. 19	
	20	Amount from Schedule 3, lin	ne 8						. 20	
	21	Add lines 19 and 20							. 21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					. 22	6,797.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .				. 23	0.
	24	Add lines 22 and 23. This is	your total tax						. 24	6,797.
Payments	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	10	,77	6.	
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c							. 25 d	10,776.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return				. 26	
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28				
	29	American opportunity credit	from Form 8863	3, line 8 . .		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir								
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undabl	e credits		. 32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					. 33	10,776.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you	overpaid		. 34	3,979.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, che	ck here		. [35a	3,979.
Direct deposit?	b	Routing number 0 7 1	2 1 4 5	7 9	c Type: 🛛] Checl	king 🔲	Saving	gs 💮	
See instructions.	d	Account number 3 7 4	0 0 3 4	6 9 4 5	5 5					
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe.	1					
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> u	//Payments or	see instructions				. 37	
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party		you want to allow another	person to disc	cuss this retu	rn with the IRS?	See				
Designee		structions					∐ Yes. C	•		⋉ No
		Designee's name		Phone Personal number of number of the numbe				identification (PIN)		
Sign		der penalties of perjury, I declare t	hat I have examine		accompanying sche	edules a			<u> </u>	of my knowledge and
Sign		ief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation			If	the IRS se	nt you an Identity
				04/04/0	,					PIN, enter it here
Joint return?					4software i		IEER	<u>'</u>	see inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, l	both must sign.	Date	Spouse's occupat	ion				nt your spouse an ection PIN, enter it here
your records.									see inst.)	oction in the critical in more
	Ph	one no. (612) 402-411	1	Email address	KONDATIN01	1 @GM7	AIL.COM	1		
D.:.I		eparer's name	Preparer's signat	l		Date		PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/2	26/2024	P020	082703	Self-employed
Preparer	-	m's name GLOBAL TA					· · · ·			(678) 965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816			F	irm's ElN	84-3171965

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074 Attachment Sequence No. **01**

Department of the Treasury Internal Revenue Service

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number NAVYA KONDATI 063-23-4374 Additional Income

Par	Additional income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
2 a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	-14,070.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()		
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Income from Form 8853	8e	.	
f	Income from Form 8889	8f	.	
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h	-	
i	Prizes and awards	8i	-	
j	Activity not engaged in for profit income	8j	-	
k	Stock options	8k	-	
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81	-	
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m	-	
n	Section 951(a) inclusion (see instructions)	8n	-	
0	Section 951A(a) inclusion (see instructions)	80	-	
р	Section 461(I) excess business loss adjustment	8p	-	
q	Taxable distributions from an ABLE account (see instructions)	8q	-	
r	Scholarship and fellowship grants not reported on Form W-2	8r	-	
S	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or	03 ()	-	
•	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u	-	
z	Other income. List type and amount:			
_	enter internet Electrype and amounti	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income. Enter	here and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	-14,070.

Page 2 Schedule 1 (Form 1040) 2023

Par	II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-			t 🗔	
	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:				
а	,	24a			
b	Deductible expenses related to income reported on line 8I from the				
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	, , , , , , , , , , , , , , , , , , ,	24c			
d	' '	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
		24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
g	, , , , , , , , , , , , , , , , , , , ,	24g			
h	Attorney fees and court costs for actions involving certain unlawful	0415			
	· · · · · · · · · · · · · · · · · · ·	24h		_	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect				
	tax law violations	24i			
	Housing deduction from Form 2555	24i 24j			
j k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24)			
ĸ		24k			
z	Other adjustments. List type and amount:	27N			
_	other adjustments, List type and amount.	24z			
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income	· Fnter	· here and or		
	Form 1040, 1040-SR, or 1040-NR, line 10			ˈ ₂₆	
	BAA		/21/24 PRO		le 1 (Form 1040) 2023
	DAA	110	2.,24110		, , , , , , , , , , , , , , , , , , , ,

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. 13

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

NAVYA KONDATI

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

Attachment Sequence No. 13

063-23-4374

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions ☐ Yes ☐ No 1a Physical address of each property (street, city, state, ZIP code) 10-4&5 , DILSUKHNAGAR HYDERABAD, TELANGANA IN 500060 P&T COLONY Α В С 1b Type of Property For each rental real estate property listed **Fair Rental Personal Use** QJV (from list below) above, report the number of fair rental and Days Days personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** С Income: Α В 3 550. Rents received . 4 Royalties received . 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 7 910. Cleaning and maintenance 8 Commissions 8 9 Insurance 9 10 10 Legal and other professional fees 11 Management fees 11 2,152. 12 12 Mortgage interest paid to banks, etc. (see instructions) 13 13 3,122. 14 Repairs 14 15 Supplies 15 3,748. 16 16 1,542. 17 Utilities 17 3,146. 18 Depreciation expense or depletion 18 19 19 Total expenses. Add lines 5 through 19 20 20 14,620. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 -14,070. 21 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 14,070.) 23a Total of all amounts reported on line 3 for all rental properties 23a 550. 23b Total of all amounts reported on line 4 for all royalty properties c Total of all amounts reported on line 12 for all properties 23c 3,146. Total of all amounts reported on line 18 for all properties 23d 23e 14,620. Total of all amounts reported on line 20 for all properties 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 14,070. 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 26 Total rental real estate and royalty income or (loss). 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 ... -14,070.





2023 Form M1, Individual Income Tax Do not use staples on anything you submit.

NAVY Your Firs	${\it IA}$ st Name and Initial	KONDZ Last Nam		063234374 Your Social Security Number	01161996 Your Date of Birth (MM/DD/YYYY))
If a Joint	Return, Spouse's First Name and Initial	Spouse's L	ast Name	Spouse's Social Security Number	r Spouse's Date of Birth	
	7 S MARQUETTE AVE APT Home Address	#121	1	Check if Address is:	New Foreign	
MINN City	NEAPOLIS			MN State	<u>55403</u> ZIP Code	-
202 3	B Federal Filing Status (place	an X	in one box):			
X (1)	Sp		ing Separately	(4) Head of Household	(5) Qualifying Surviving Spouse	
	E Elections Campaign Fund \$5 to this fund, enter the code for the party of your	choice. It wi	ill help candidates for state offices p	ay campaign expenses. This will not i	ncrease your tax or reduce your refur	ıd.
Your Cod		Numbers:		Grassroots/Legalize Cannabis 14 Libertarian16		
Fron	n Your Federal Return (see ii	nstruci	tions)			
A. Wage	80148 es, salaries, tips, etc. B. IRA, pensions,	() and annuit	ies C. Unemployn	nent D. Fe	52228 deral taxable income	
	Federal adjusted gross income (from line 2) Additions to income from line 10 of Schedu				1 ■ 66078 2 ■	
3	Add lines 1 and 2				3 66078	
4	Itemized deductions (from Schedule M1SA	l) or your	standard deduction (see insti	ructions)	4 ■ 13825	
5	Exemptions (from Schedule M1DQC)				5 🔳	
6	State income tax refund from line 1 of fede	ral Sched	ule 1		6 ■	
7	Subtractions from line 35 of Schedule M1N	1 and line	21 of Schedule M1MB (see in	structions)	7 ■	
8	Total subtractions. Add lines 4 through 7				813825	
9	Minnesota taxable income. Subtract line 8	ß from line	e 3. If zero or less, leave blank		9 52253	
10	Tax from the table or schedules in the Forn	n M1 instr	ructions		103117	
1	Alternative minimum tax (enclose Schedule	e M1MT)			11 ■	
12	Add lines 10 and 11 Full-year residents: Enter the amount from				12 3117	
13	Part-year residents: Enter the amount from line 13, from line 28 on line 13a, and from 13a 13a 13b 13b 13b 13c 13c	n Schedule line 29 on	e M1NR, enter the amount fro line 13b (enclose Schedule M	m line 32 on	13 3117	

2023 M1, page 2



			* 2 3 1 1 2 1 *
14	Other taxes, such as recapture amounts and the tax on lump-	-sum distributions (check appropriate boxes)	
	(a) Schedule M1HOME (b) Schedule M1529	(c) Schedule M1LS	14 🔳
15	Tax before credits. Add lines 13 and 14		15 <u>3117</u>
16	Amount from line 21 of Schedule M1C, Nonrefundable Credit	ts (enclose Schedule M1C)	16 🔳
17 18	Subtract line 16 from line 15 (if result is zero or less, leave bla Nongame Wildlife Fund contribution (see instructions)		17 3117
	This will reduce your refund or increase the amount you owe	·	18 🔳
19	Add lines 17 and 18		.193117
20	Minnesota income tax withheld. Complete and enclose Sched	dule M1W to report	
	Minnesota withholding from Forms W-2, 1099, and W-2G and S		20 ■4792
21	Minnesota estimated tax and extension payments made for 2	2023	21 🔳
22	Amount from line 11 of Schedule M1REF, Refundable Credits	(see instructions; enclose Schedule M1REF)	22 🔳
23	Total payments. Add lines 20 through 22		23 4792
24	REFUND. If line 23 is more than line 19, subtract line 19 from For direct deposit, complete line 25	line 23 (see instructions).	
25	Direct deposit of your refund (you must use an account not of X) Checking Savings $\frac{07121457}{\text{Routing Number}}$	associated with a foreign bank): 9 374003469455 Account Number	
26 27	AMOUNT YOU OWE . If line 19 is more than line 23, subtract Penalty amount from Schedule M15 (see instructions). Also st	ub	
	this amount from line 24 or add it to line 26 (enclose Schedul	le M15)	27 🔳
	Penalty and interest (see instructions)		28 🔳
	Amount from line 24 you want sent to you		29 🔳
30	Amount from line 24 you want applied to your 2024 estimate	ed tax	30 🔳
			_
тахра	ayer(s): I declare that this return is correct and complete to the	e best of my knowledge and belief.	
Vour	Signature	Spouse's Signature If Filing Jointly)	
	24024111	KONDATINO1@GMAIL.COM	Dat Wilvin DD/11111
	me Phone	Email Address	
	AM PRIYA RAM SAGAR GUPTA TALLAM	01262024	P02082703
	Preparer's Signature	Dat MM/DD/YYYY)	PTIN or VITA/TCE # (required
	39659522	syam@gtaxfile.com	
Prepa	arer's Daytime Phone	Preparer's Email Address	
	I do not want my paid preparer to file my return electronically.	I authorize the Minnesota Department of Revenue with the preparer or the third-party designee indic	

Include a copy of your 2023 federal return and schedules.

Mail to: Minnesota Individual Income Tax, Mail Station 0010, 600 N. Robert St., St. Paul, MN 55146-0010

REV 01/21/24 PRO 1031





2023 Schedule M1NR, Nonresidents/Part-Year ResidentsBefore you complete this schedule, read the instructions and complete lines 1 through 11 of Form M1.

	VYA First Name and Initial	KONDATI Your Last Name		063234374 Your Social Security Number				
Spor	use's First Name and Initial	Spouse's Last Name		Spouse's Social Security Number				
Min You:	nesota Residency (Place an X in one box and e	nter other state of residency) Year Resident fromtoto(MM/DD/YYYY)	Other State o	f Residency: \overline{T}	X			
Your	Spouse: Full-year Nonresident Part-	Year Resident fromtoto(MM/DD/YYYY)	Other State o	f Residency:				
			A. Total	Amount	B. Minnesota Portion			
1	Wages, salaries, tips, etc. (from line 1z c	of federal Form 1040 or 1040-SR)	1	80148	80148			
2	Taxable interest and ordinary dividend i	ncome (lines 2b and 3b of Form 1040 or 1040-SR) .	2					
3	Business income or loss (from line 3 of f	ederal Schedule 1)	3					
4	Capital gain or loss (from line 7 of Form	1040 or 1040-SR)	4					
5 6	Net income from rents, royalties, partne	es (from lines 4b and 5b of Form 1040 or 1040-SR) . erships, S corporations, al Schedule 1)			(
7 8 9	Farm income or loss (from line 6 of feder Other income (add lines 6b of Form 104 lines 1, 2a, 4, 7, and 9 of federal Schedu Interest and dividends from non-Minne	ral Schedule 1)	8					
10	Bonus depreciation addition from line 1	of Schedule M1MB	10					
11	If you entered an amount on line 9 of So	chedule M1REF, see instructions	11					
12	Suspended loss from line 4 of Schedule	M1MB	12■					
13	Other required adjustments from Scheo	lules M1M, M1MB, and M1AR (see instructions)	13■					
14	This line intentionally left blank		14■		•			
15	Add lines 1 through 14 for each column		15	66078 I	80148			
_		penses, and Armed Forces moving expenses						
17	Self-employed SEP, SIMPLE, and qualifie	dule 1)						
18	Health savings account and Archer MSA							
19 20	One-half of self-employment tax and se (add lines 15 and 17 of federal Schedule Deductions for alimony paid and studer	1)	19					
			20					

2023 Form M1NR, page 2



21	Penalty on early withdrawal of savings (from line 18 of federal Schedule 1)	
22	Other subtractions from Schedule M1MB (see instructions)	•
23	Social Security benefit from line 12 of Schedule M1M (see instructions) 23	■
24 25	Subtraction for federal bonus depreciation from line 10 of Schedule M1MB	
26	Subtraction for federal section 179 expensing (from line 11 of Schedule M1MB)	
27 28	Add lines 16 through 26 for each column	0
29	M1. If your Minnesota gross income is below \$13,825 or the result is zero or less, enter 0	80148
30	Enter the result here and on line 13b of Form M1	
	places). If line 28 is more than line 29, enter 1.0. If line 28 is zero, enter 0	1.00000
31	Amount from line 12 of Form M1	3117
32	Multiply line 30 by line 31. Enter the result here and on line 13 of Form M1	3117

You must include this schedule with Form M1. Enter the amounts from lines 28 and 29 of this schedule on Form M1, lines 13a and 13b.





2023 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

NAVYA		KONDAT	ΓΙ	063234374			
Your First Name and Initia	ni.	Last Name		Your Social Security Numbe			
If a Joint Return, Spouse's F	irst Name and Initial	Spouse's Last	t Name			Spouse's S	Social Security Number
If you received a feder complete this schedul amounts to the neare: W-2G; keep them with 1 Minnesota wages a	e to determine line st whole dollar. You n your tax records. nd Minnesota tax w	e 20 of Form M u must include All instructions	 List only the form this schedule when are included on the 	ms that rep n you file yo nis schedule	ort Minnesota incom our return. DO NOT s	e tax withh send in your	eld. Round dollar Forms W-2, 1099, or
complete line 5 on t	tne раск. В—Вох 13	C—Box 15		D—Box	16	E—Box 1	17
If the Form W-2 is for:	If Retirement Plan		even-digit Minnesota		iges, tips, etc.		ota tax withheld
you, enter 1spouse, enter 2	box is checked, mark an X below.	Tax ID Numbe	_		o nearest whole dollar)		o nearest whole dollar)
a1 $\frac{1}{}$	b1	c1 MN	3170448	d1	80148	e1	4792
a2	b2	c2 MN		d2		e2	
a3	b3	c3 MN		d3		e3	
a4	b4	c4 MN		d4		e4	
a5	b5	c5 MN		d5		e5	
Subtotal for additio	nal Forms W-2 <i>(fron</i>	n line 5 on page	2)				
Total Minnesota ta	x withheld on all Fo	rms W-2 (add a	mounts in line 1, co	lumn E)		1∎	4792
2 Minnesota tax with	held on Forms 1099). W-2G. and 104	12-S. If you have mo	re than four	forms, complete line	6 on the bac	ck.
Α		В	,	С		D	
If the Form 1099, W-2G	i, or 1042-S is for:	Payer's seven	-digit Minnesota Tax ID	Income	amount (see the table on	Minne	esota tax withheld
you, enter 1spouse, enter 2		Number <i>(if ui</i>	nknown, contact the pa	ver) the back	k for amounts to include)	(round	d to nearest whole dollar)
a1		b1 MN		c1		d1	
a2		b2 MN		c2		d2	
a3		b3 MN		c3		d3	
a4		b4 MN		c4		d4	
Subtotal for additio	nal 1099, W-2G, and	d 1042-S (from l	ine 6 on page 2)				
Total Minnesota ta	x withheld on all 10	99, W-2G, and	1042-S (add amoun	ts in line 2, c	column D)	2 🔳	
3 Total Minnesota ta	x withheld by partn	erships, S corpo	orations, and fiduci	aries			
						3 🔳	
4 Total. Add the Minr Enter the total here						4 ■	4792