<b>1040</b>	-	artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use C	)nly—E	o not wi	rite or stap	ole in thi	is space.	
For the year Jan	. 1–Dec	. 31, 2023, or other tax year beginning			, 2023, end	ing	l		, 20	s	See separate instructions.				
Your first name	and mi	 ddle initial	Last r	name						Y	our so	cial secu	urity nu	umber	
SAI BHAF	RGAV		YER	RAMSET	TY						389	91	973	2	
		first name and middle initial	Last r							_				ty number	
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				Α	pt. no.	Р	resider	ntial Elec	ction C	Campaign	
<u>2152 PIN</u>	JE TF	REE LN										ere if yo			
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode					want \$3 ecking a	
_Rocky Mc	ount					NC	2	278	04			w will n			
Foreign country	/ name			Foreign p	rovince/state/c	count	ty	Foreig	in postal co	de ye	our tax	or refur		7.0	
												You	1	Spouse	
Filing Status		Single					Head of ho	ouseh	old (HOH)						
Check only		Married filing jointly (even if only on the second se	ne hac	income)			Qualifying		the second second						
one box.	L If y	Married filing separately (MFS) ou checked the MFS box, enter the	namo		nouse Ifyou	, cho						d'e nan	no if ti	ho	
		alifying person is a child but not you									ne chi	u s nai		le	
Digital		ny time during 2023, did you: (a) rece												2	
Assets		ange, or otherwise dispose of a digi					-	t)? (Se	e instruct	tions.	)	Ye	<u>s</u>	No	
Standard Deduction		eone can claim:					a dependent								
				_								_			
		Were born before January 2, 1	959	Are bl		ouse		11	ore Januar				blind		
Dependents		Instructions): irst name Last name		(2) 5	Social security number		(3) Relationsh to you	ip (4	Check the Child ta:		1			dependents	
lf more than four	(1) 11						10 904			7					
dependents,										1			$\exists$		
see instructions	s —									1			Ħ		
and check here										]					
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	ee instruc	ctions)					. 1	1a		109,	,411.	
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2						1b				
W-2 here. Also	С	Tip income not reported on line 1a	i <mark>(see i</mark>	nstruction	is)						1c				
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	uctions)	· ·		۰	1d				
1099-R if tax	е	Taxable dependent care benefits f					· · · ·	<u>.</u> .	$\sim 10^{-1}$	•	1e				
was withheld.	f	Employer-provided adoption bene					· · · ·	· ·	· · ·	•	1f				
lf you did not get a Form	g	Wages from Form 8919, line 6 .		· · ·		• •	· · · ·	• •	· · ·	•	1g				
W-2, see	h	Other earned income (see instruction				•	· · · ·	ì ·	• • •	•	1h	-		0.	
instructions.	i	Nontaxable combat pay election (s Add lines 1a through 1h	see ins	structions)			<b>1</b> i				1z		109	,411.	
	z 2a	<b>°</b>	2a		· · · ·	• Т	axable interest			•	2b		105,		
Attach Sch. B if required.	3a		3a				Ordinary divider				3b				
	4a		4a				axable amount				4b				
Standard	5a		5a				axable amount				5b				
• Single or	6a		6a				axable amount				6b				
Married filing separately,	С	If you elect to use the lump-sum e	lectior	method,											
\$13,850	7	Capital gain or (loss). Attach Schee									7				
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule		•							8		-10,	,569.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8	8. This is y	our total inc	ome	e				9		98,	,842.	
\$27,700	10	Adjustments to income from Sche	dule 1	, line 26							10		5,	,624.	
Head of household,	11	Subtract line 10 from line 9. This is	s your	adjusted	gross incon	ne			· · ·	•	11		93,	,218.	
<ul> <li>\$20,800</li> <li>If you checked T</li> </ul>	12	Standard deduction or itemized	deduc	ctions (fro	m Schedule	A)	· · · ·		· · ·	•	12		13,	,850.	
any box under Standard	13	Qualified business income deduction	ion fro	m Form 8	995 or Form	899	5-A				13				
Deduction,	14	Add lines 12 and 13			· · · ·						14			,850.	
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ess, enter	-0 This is y	ourt	taxable incom	е.			15			,368.	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2023	3)			Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form(s): 1	16	12,770.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	12,770.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	12,770.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	12,770.
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	18,216.
If you have a	26	2023 estimated tax payments and amount applied from 2022 return	26	
qualifying child,	27	Earned income credit (EIC)		
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812		
	29	American opportunity credit from Form 8863, line 8	7	
	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	18,216.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	5,446.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	5,446.
Direct deposit?	b	Routing number         1         2         2         1         0         1         7         0         6         c Type:         C Checking         Savings		
See instructions.	d	Account number 4 5 7 0 4 4 0 4 7 0 0 9		
	36	Amount of line 34 you want applied to your 2024 estimated tax 36		
Amount	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .		
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)		
Third Party		you want to allow another person to discuss this return with the IRS? See		
Designee	ins	tructions	below.	X No
	Den	signee's Phone Personal identi me no. number (PIN)	fication	
Ciara		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to t	the hest (	of my knowledge and
Sign		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		
Here	Yo	ur signature Date Your occupation If the	e IRS ser	nt you an Identity
		Prot	ection Pl	IN, enter it here
Joint return?		SOFTWARE ENGINEER	inst.)	
See instructions. Keep a copy for	Sp			nt your spouse an ection PIN, enter it here
your records.			inst.)	ection Fin, enter it here
	Ph	one no. (928)863-6743 Email address SAIBHARGAVYERRAMSETTY@GMAIL.COM		
		eparer's name Preparer's signature Date PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/06/2024 P0208	2703	Self-employed
Preparer				678)965-9522
Use Only	_		i's EIN	84-3171965
Go to www.irs.ad		n1040 for instructions and the latest information. <b>BAA</b> REV 02/23/24 PRO	5	Form <b>1040</b> (2023)

r-orm1040 for instructions and the latest in

BAA

RO

SCHEDULE	1
(Form 1040)	

Department of the Treasury

## Additional Income and Adjustments to Income

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074 2023 Attachment Sequence No. **01** 

Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number BHARGAV YERRAMSETTY

SAI	BHARGAV YERRAMSETTY		389-91-	9732
Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2	a
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			
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att			
6	Farm income or (loss). Attach Schedule F			
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		
1	Prizes and awards	8i		
J	Activity not engaged in for profit income	8j		
k	Stock options	8k		
	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		
p	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			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income. Enter	r here and on	Form	
	1040, 1040-SR, or 1040-NR, line 8		10	<b>0</b> -10,569.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Sche	edule 1 (Form 1040) 2023

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee 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	Jury duty pay (see instructions)	24a	-	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m.	24c		
d	Reforestation amortization and expenses	24d		
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974	<b>24e</b> 5,624.		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	24h	_	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect			
	tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)	24k		
z	Other adjustments. List type and amount:			
		24z		
25	Total other adjustments. Add lines 24a through 24z		25	5,624.
26	Add lines 11 through 23 and 25. These are your adjustments to income	e. Enter here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10		26	5,624.
	BAA	REV 02/23/24 PRO	Schedu	ule 1 (Form 1040) 2023

				Supplementa							OMB No.	1545-0074
(⊦orm	1040)	(From re	ental real estat	e, royalties, partners	hips, S	corporat	ions, es	tates, t	trusts, REM	Cs, etc.)	20	23
	ent of the Treasury			Attach to Form 1040					<i>.</i>		Attachme	ent do
	Revenue Service		Go to www.	irs.gov/ScheduleE fo	r instru	uctions an	nd the la	test in	formation.		Sequence	
.,	shown on return		00037								al security nu	umber
	BHARGAV YE			al Deal Catata av						389-9	1-9732	
Part	Note: If vo	ou are in th	he business of r	al Real Estate ar enting personal prope 35 on page 2, line 40.	rty, use	schedule	<b>e C</b> . See	instruc	ctions. If you	are an indiv	vidual, repo	rt farm
Α				at would require you	to file	Form(s)	1099? S	ee ins	tructions .		Yes	No X
				d Form(s) 1099?								
1a				street, city, state, ZI								
						1		1				
	BHADRACHA	∟АМ ВН.	ADRADRI K	OTHAGUDEM TEL	ANGAI	NA IN C	50/111	-				
 1b	Type of Prope	rtv 2	For each rep	tal raal actata prop	orthy lies	tod		Foi	ir Rental	Person		
1D	(from list below			tal real estate prope t the number of fair					Days	Da		QJV
Α	3		personal use	e days. Check the Q	JV bo	x only	Α		365		0	
В				he requirements to			В					
С			qualified join	t venture. See instru	uctions	6.	С					
Туре	of Property:											
1	Single Family R	esidence	e 3 Vacat	ion/Short-Term Rer	ntal	5 Land	k	7	Self-Rental			
2	Multi-Family Re	sidence	4 Comr	nercial		6 Roya	alties	8	Other (desc	ribe)		
									Propert			
Incom	e:						Α		B			c
3		±			3			89.				
4					4							
Expen												
5	Advertising				5							
6	Auto and trave	el (see ins	structions) .		6							
7	Cleaning and I	maintena	nce		7		1,9	50.				
8	Commissions				8							
9					9							
10	•				10							
11	•				11		1,5	23.				
12	0 0			(see instructions)	12							
13	Other interest				13		2 1	20				
14					14		3,1					
15 16					16		5,0	50.				
17	Utilities				17		1,0	15				
18					18		-,	10.				
19	Other (list)				19							
20	· · ·	s. Add lin	nes 5 through	19	20		11,2	58.				
21	Subtract line 2	0 from lir	ne 3 (rents) an	d/or 4 (royalties). If								
				ind out if you must								
	file Form 6198				21		-10,5	69.				
22				er limitation, if any,								
					22	(	10,56	9.)(		)	(	
23a				3 for all rental prope			~	23a		689.		
b				4 for all royalty prop				23b				
C				12 for all properties		• • •		23c				
d		-		18 for all properties				23d	1 -	1,258.		
е 24				20 for all properties n on line 21. <b>Do no</b>		 de anv lo		23e		. <b>24</b>		
24 25				and rental real estat		-			 al losses he		( 1	0,569.
25 26				v income or (loss).							<u> </u>	
20				40 on page 2 do no								

**26** -10, 569. Schedule E (Form 1040) 2023

.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

_	<b>3582</b>	P	assive Activi	OMB No. 1545-1008				
Departr	nent of the Treasury	0	Attach to Form	arate instructions. 1040, 1040-SR, or			A	2023 ttachment equence No. 858
	Revenue Service ) shown on return	GO to WWW.	irs.gov/Form8582 fo	or instructions and	the latest informati		ifying n	
	BHARGAV YE	RRAMSETTY						-9732
_		Passive Activity Los	S					
		n: Complete Parts IV a		eting Part I.				
		ctivities With Active F I Real Estate Activitie			ive participation, s	ee <b>Special</b>		
_		net income (enter the a			1a	0.		
1a b		net loss (enter the amo				10,569.)		
c		allowed losses (enter t						
d		1a, 1b, and 1c					1d	-10,569.
	her Passive Ac							
2a	Activities with	net income (enter the a	amount from Part V	column (a))	2a			
b		net loss (enter the amo					7	
C		allowed losses (enter t						
d		2a, 2b, and 2c					2d	
3	Combine lines zero or more, prior year una	1d and 2d and subtra stop here and include llowed losses entered	act any prior year ι this form with you	unallowed CRD. S ur return; all losse	See instructions. If es are allowed, inc	luding any		
	normally used	· · · · · · · ·					3	-10,569.
	If line 3 is a los	s and: • Line 1d is a	loss, go to Part II. loss (and line 1d is		in Dout II and go to	line 10		
-		line 10. <b>al Allowance for Re</b> Enter all numbers in Pa			1		-	
4		ller of the loss on line					4	10 <u>,</u> 569.
5		<ol><li>If married filing sepa</li></ol>	C // CA			50,000.	-	
6		adjusted gross incom	and a second			.03,787.	-	
		is greater than or equa rwise, go to line 7.	I to line 5, skip line	s 7 and 8 and ent	er -0-			
7	Subtract line 6				7	46,213.		
8		oy 50% (0.50). <b>Do not</b> e	enter more than \$25	000 If married filir	60 M M		8	23,107.
9		ller of line 4 or line 8. I					9	10,569.
Par		Losses Allowed	,	,,				
10	Add the incom	ie, if any, on lines 1a ai	nd 2a and enter the	total			10	0.
11	Total losses a	llowed from all passi	ve activities for 20	23. Add lines 9 an	d 10. See instruct	ions to find		
		ort the losses on your				<mark>.</mark>	11	10,569.
Par	IV Comp	lete This Part Befor	e Part I, Lines 1	a, 1b, and 1c. S	ee instructions.	1		
	Name o	of activity	Curren	it year	Prior years	Ove	rall ga	in or loss
			(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	<b>(d)</b> Gair	ו	(e) Loss
BHA	DRACHALAM		0.	10,569.				10,569.
Total	Enter on Part I	lines 1a, 1b, and 1c	0.	10,569.				
		ion Act Notice, see instr		,	REV 02/23	3/24 PRO		Form <b>8582</b> (2023)
					REV 02/23			

Form 8582 (202						Page <b>2</b>
Part V	Complete This Part Befor	e Part I, Lines 2	a, 2b, and 2c. S	See instructior	IS.	
		Currer	nt year	Prior years	Overa	ll gain or loss
	Name of activity	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowe loss (line 2c	d <b>(d)</b> Gain	(e) Loss
	on Part I, lines 2a, 2b, and 2c					
Part VI	Use This Part if an Amou	nt Is Shown on I	Part II, Line 9. S	See instruction	IS.	
	Name of activity	Form or schedule and line number to be reported on (see instructions)	<b>(a)</b> Loss	<b>(b)</b> Ratio	<b>(c)</b> Special allowance	<b>(d)</b> Subtract column (c) from column (a).
BHADRACH	ALAM	E Ln 22	10,569.	1.0000000	10,56	9. 0.
Total			10,569.	1.00	10,56	9. 0.
Part VII	Allocation of Unallowed L			1.00	10,00	0.
	Name of activity	Form or sch and line nur to be reporte (see instruct	mber ed on (a)	Loss	<b>(b)</b> Ratio	(c) Unallowed loss
Total					1.00	
Part VIII	Allowed Losses. See instr				1.00	
	Name of activity	Form or sch and line nur to be reporte (see instruct	mber ed on (a)	Loss (b)	Unallowed loss	(c) Allowed loss
Total						
					REV 02/23/24 PRO	Form <b>8582</b> (2023)

# Virginia Individual Income Tax Declaration for Electronic Filing

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

Virg	inia Submi	ssion Identi	ification	<u>n Numb</u>	er (SID)																		
																	ļ	1					
First	Name & Mid	dle Initial (if	joint or	combine	ed return,	enter b	oth)	Last N	Vame	e				~		~		B Yo	our Socia	al Securi	ty Number		
SAI	BHARG	AV						YER	RAN	MSE	ETTY							3	89-91	-973	2		
	ent Home A							•										A Sp	oouse's S	Social Se	ecurity Nur	nber	
		TREE I	JN																				
	State and Z				0 - 0 0														0		ed Return		
Part	KY MOU	Return Info	ormati	NC	2780	4											~	٨	Spous			urself	_
1.	-	djusted Gro			m 760CC	Lino 1	· 760D	V Lind	1	colu	mnc A	8 D.	Form 7	32 1	ino 1	1		-	Spous				_
-																						3,218.	_
2.	0	djusted Gro												03, L	ine s	)						3,218.	_
3.		ncome (Fori																			7	8,051.	_
4.	Virginia Ir	ncome Tax (	Form 7	60CG, L	ine 18; 76	60PY, L	ine 17,	colum	ns A	& E	B; Forr	n 763	Line 18	)								4,230.	
5.	Withholdi	ng (Form 76	60CG, L	ine 19a	&19b; 760	0PY, Lii	nes 19a	a & 19b	o; Fo	orm	763, L	ines 1	9a & 19	)b)								4,777.	
6.	Amount y	ou Owe (Fo	rm 760	CG, Line	35; Form	n 760P)	Y, Line	35; Fo	rm 7	63,	Line 3	5)											
7.	Refund (I	Form 760CG	, Line 3	36; 760F	Y, Line 3	6; Form	n 763, L	ine 36)	)													547.	
Part	ll Decl	aration of	Тахра	yer							2												
8a.	app the	onsent that n pointment of territorial ju o not want d	the oth	ner spous on of the	se as an a United St	agent to tates at	any po	e the re int in th	efuno he pr	id. I roce	certify ess.	/ that t	he tran	sactio	on d	oes n	ot dire	ectly in					
8b. 8c.	l au the est nec	thorize the financial ins imated tax. cessary to an side of the t	Virginia stitution I also a nswer in erritoria	a Departr account authorize nquiries al jurisdic	nent of Ta indicated the finan and resolution of the	axation I on my icial inst ve issue e United	(Virgini 2023 V titutions es relat d States	a Tax) /irginia s involv ed to tl s at any	and inco /ed ir he pa y poi	it's ome in the aym int ir	desigr tax re e proc nent. I n the p	nated turn fo essing certify proces	Financi or paym of the of that the s.	al Agent of elect elect	ent t f my ronic nsac	o initi state pay tion o	ate ar taxes ment o loes r	n ACH s owed of taxe not dire	on this r s to rece ectly invo	return an ive conf lve a fin	nd/or a pay idential info ancial insti	ment of ormation tution	
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	Enclose a compl	lete copy o	r your teder	aita	x return and a	all other requir	ea virginia	enciosu	res.					
First				MI	Last Name	mmv	Suffix		cial Secu		nber		Check decea	
	BHARGAV se's First Name (Filing	Status 2 Onl	v)	MI	YERRAMSE Last Name	Л.П.Х	Suffix		91–97 s Social :		Number		Check	
opour			,		Last Hamo			opouoo	e ecolar	ooouniy			decea	
	nt Home Address (Nu		eet or Rural Ro	oute)				Birth Date m-dd-yyyy		8 -	0 8	- 1 9 9	8	
	2 PINE TREE Fown or Post Office	LN			State	ZIP Code	-							
	XY MOUNT				NC	27804	the second se	Birth Date	5 °			-		
State	of Residence			Name		or County in which	h principal pla	ce of busir	ness, em	ploymer	it, or inco	me source	Locality Co	de
TX			is located.								City OR	County		
		Amer	nded Return	Г			or Address D		nan		Overs	eas on Due	Date	
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					must have Virg	jinia income	Yo	u Filing 2 d	use if Status D or 3	Dependen	its		Total Section	on 1
1	3 = Marrie	ed, Spouse I	Has No Inco	me F	rom Any Source			. +	+		=	<b>X \$930</b>	= 93	0
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box a	t top of form and en	iter Spouse	s Name				-   L	+	+			X \$800 :	-	
1	Adjusted Gross In	come from	federal retur	n - N	ot federal taxa	ble income					1		93218	00
2	Additions from Sc	hedule 763	ADJ, Line 3.								2			00
3	Add Lines 1 and	2									3		93218	00
4	Age Deduction (S										4a			00
-	Enter Birth Dates and Your Spouse's	above Ente		Jodu	ction on Line 4									
											4b			00
5	Social Security Ac										5			00
6	State income tax r	refund or ov	erpayment c	credit	reported as in	come on your f	ederal returi	ז	••••••		6			00
7	Subtractions from	Schedule 7	63 ADJ, Line	e 7							7			00
8	Add Lines 4a, 4b	, 5, 6, and 7	7								8			00
9	Virginia Adjusted	d Gross Inc	ome (VAGI)	. Sub	otract Line 8 f	rom Line 3					9		93218	00
10	Itemized Deductio	ons from Virg	ginia Schedu	ile A,	if applicable.	See instructions	5				10			00
11	lf you do not claim	n itemized d	eductions or	n Line	e 10, enter star	ndard deductior	n. See instru	ctions			11		8000	00
12	Exemption amoun	it. Enter the	total amoun	t fron	n the Exemptio	on Sections 1 a	nd 2 above.				12		930	00
13	Deductions from S	Schedule 76	3 ADJ, Line	9							13			00
14	Add Lines 10, 11	, 12 and 13	)								14		8930	00
15	Virginia Taxable Ir	ncome comp	outed as a re	eside	nt. Subtract Lir	ne 14 from Line	9				15		84288	00
16	Percentage from N	Nonresident	Allocation S	ectio	on on Page 2 (I	Enter to one de	cimal place	only)			16		92.6	%
17	Nonresident Taxal	ble Income.	(Multiply Lin	ie 15	by percentage	e on Line 16)					17		78051	00
18	Income Tax from T	Fax Table or	Tax Rate Sc	chedu	ule						18		4230	00
19a	Your Virginia incor	me tax with	neld. Enclose	e For	ms W-2, W-2G	6, 1099, and VK	(-1				19a		4777	00
	Dept. of Taxation F 1044 Rev. 02/23	or Local Use	LTD		\$						L	XXX	XXX	-

2023 Estimated Tax Payments       20       00         21       2022 overpayment credited to 2023 estimated tax       21       00         22       Extension Payment - submitted using Form 760IP.       22       00         23       Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 763 ADJ, Line 17.       23       00         24       Total credits from Schedule OSC.       24       00         25       Credits from Schedule OSC.       24       00         26       Credits from Schedule OSC.       24       00         27       Total credits. Add Lines 19a through 25.       26       47777       00         28       If Line 18 is larger than Line 26, enter the difference. This is the INCOME TAX YOU OWE.       27       00         29       Amount of overpayment on Line 28 to be CREDITED TO 2024 ESTIMATED INCOME TAX.       29       00         20       Virginia529 and ABLE Contributions from Schedule VAC, Part I, Line 6       30       00       00         31       Other Volunary Contributions from Schedule VAC, Section II, Line 14       31       00       00         32       Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax).       33       33       00         33       Sales and Use Tax is due on Internet, mail	2023	FORM 763 Page 2											
19b       Spouse's Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1       19b       00         2023 Estimated Tax Payments       20       00         21       2020 overpayment credited to 2023 estimated tax       21       00         22       00       00         22       00       00         22       200       00         22       00       00         23       Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 763 ADJ, Line 17.       23       00         24       Total aredits from Schedule CR, Section 5, Line 1A.       25       00         25       Credits from Schedule CR, Section 5, Line 1A.       26       4777 00         26       Total payments and credits. Add Lines 19 a through 25.       26       4777 00         27       I Line 26 is larger than Line 18, enter the difference. This is the INCOME TAX YOU OWE.       27       00         27       I Line 26 is larger than Line 18, enter the difference. This is the OVERPAYMENT AMOUNT.       28       547 00         28       I Line 26 is larger than Line 28, enter the difference. This is the OVERPAYMENT AMOUNT.       28       547 00         29       000       Virginia529 and ABLE Contributions from Schedule VAC, Part I, Line 6.       31       30													
21       2022 overpayment credited to 2023 estimated tax       21       00         22       Extension Payment - submitted using Form 760IP       22       00         23       Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 763 ADJ, Line 17.       23       00         24       Total credits from Schedule OSC.       24       00         25       Credits from Schedule CR, Section 5, Line 1A.       25       00         26       Total payments and credits. Add Lines 19a through 25.       26       47.77         27       If Line 26 is larger than Line 26, enter the difference. This is the OVERPAYMENT AMOUNT.       28       54.7         28       fLine 26 is larger than Line 18, enter the difference. This is the OVERPAYMENT AMOUNT.       29       00         30       Virginia529 and ABLE Contributions from Schedule VAC, Part I, Line 6       30       00         31       Other Voluntary Contributions from Schedule VAC, Section II, Line 14       31       00         32       See instructions.       Enclose 760C or 760F and check here.       33       00         33       See instructions.       Check here if no sales and use tax is due.       33       00         34       Add Lines 29 through 33       33       00       34       00         34       A				099, and VK-	' 1		19b				00		
22       Extension Payment - submitted using Form 760IP	20	2023 Estimated Tax Payments					20				00		
23       Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 763 ADJ, Line 17.       23       00         24       Total credits from Schedule OSC.       24       00         25       Credits from Schedule CR, Section 5, Line 1A.       25       00         26       Total payments and credits. Add Lines 19a through 25.       26       47777 00         27       If Line 18 is larger than Line 26, enter the difference. This is the INCOME TAX YOU OWE.       27       00         28       Total payments and credits. Add Lines 19a through 25.       28       547       00         29       Amount of overpayment on Line 28, enter the difference. This is the OVERPAYMENT AMOUNT.       28       547       00         29       Virginia529 and ABLE Contributions from Schedule VAC, Part I, Line 6       30       00       00         31       Other Voluntary Contributions from Schedule VAC, Part I, Line 63 ADJ, Line 21.       32       30       30         32       Addition to Tax, Penalty, and Interest from enclosed Schedule RG3 ADJ, Line 21.       32       33       30         33       Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax).       33       34       400         34       Addition to Tax, Penalty, and Interest from enclosed Schedule RG3 ADJ, Line 23.       33       30	21	2022 overpayment credited to 2023 estima	ted tax				21				00		
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35       If you owe tax on Line 27, add Lines 27 and 34 - OR - If you have an overpayment on Line 28 and Line 34 is larger than Line 28, enter the difference. AMOUNT YOU OWE. Enclose payment or pay at www.tax.virginia.gov.       35       00         36       If Line 28 is larger than Line 34, subtract Line 34 from Line 28. This is the amount to be REFUNDED TO YOU.       36       547       00         36       If Line 28 is larger than Line 34, subtract Line 34 from Line 28. This is the amount to be REFUNDED TO YOU.       36       547       00         16       Direct Deposit section below is not completed, your refund will be issued by check.       Your Bank Routing Transit Number       Your Bank Account Number       Checking       X       Savings       0         1       1       2       1       0       1       7       0       6       4       5       7       0       4       7       0       9       1       2       2       1       0       1       7       0       6       4       5       7       0       4       0       4       7       0       0       9       1       1       109411       0       91511       00         2       00       00       00       00       00       00       00         3       00       00       00<	33	Sales and Use Tax is due on Internet, mail of	rder, and out-of-state purc	hases (Consu	mer's Use Tax)		33				00		
Line 34 is larger than Line 28, enter the difference. AMOUNT YOU OWE. Enclose payment or pay at www.tax.virginia.govCheck here if paying by credit or debit card - See instructions	34	Add Lines 29 through 33					34				00		
If the Direct Deposit section below is not completed, your refund will be issued by check.         DIRECT BANK DEPOSIT Domestic Accounts Only No International Deposits       Your Bank Routing Transit Number       Your Bank Account Number       Checking       X       Savings       I         1       2       1       0       1       7       0       6       4       5       7       0       4       0       4       7       0       0       9       I       I         Nonresident Allocation Percentage       A - All Sources       B - Virginia Sources       I       109411       00       91511       00         2       00       00       00       00       00       00       00	35	Line 34 is larger than Line 28, enter the diff	erence. AMOUNT YOU O	WE. Enclose	payment or pa	ay at	35				00		
Vour Bank Routing Transit Number         Your Bank Account Number         Checking         X         Savings           1         2         1         0         1         7         0         6         4         5         7         0         4         0         4         7         0         0         9         1           Nonresident Allocation Percentage         X         A - All Sources         B - Virginia Sources           1         109411         00         91511         00           2         00         00         00         00         00	36	If Line 28 is larger than Line 34, subtract Line	34 from Line 28. This is the	e amount to be		TO YOU.	36			547	00		
Vour Bank Routing Transit Number         Your Bank Account Number         Checking         X         Savings           1         2         1         0         1         7         0         6         4         5         7         0         4         0         4         7         0         0         9         1           Nonresident Allocation Percentage         X         A - All Sources         B - Virginia Sources           1         109411         00         91511         00           2         00         00         00         00         00	lf the I	Direct Deposit section below is not complete	d vour refund will be issue	ed by check				L					
Domestic Accounts Only No International Deposits       1       2       1       0       1       7       0       6       4       5       7       0       4       0       4       7       0       0       9         Nonresident Allocation Percentage       A - All Sources       B - Virginia Sources         1       109411       00       91511       00         2       00       00       00       00	DIREC	T BANK DEPOSIT Your Bank Routing			k Account Num	ber Che	ecking	X	Savings		]		
Nonresident Allocation Percentage         A - All Sources         B - Virginia Sources           1. Wages, salaries, tips, etc         1         109411         00         91511         00           2. Interest income         2         00         00         00           3. Dividends		stic Accounts Only											
1. Wages, salaries, tips, etc				4 5 7			U						
2. Interest income.       2       00       00         3. Dividends.       3       00       00					A - All			В-`					
3. Dividends		8				109411			91	511			
							00				00		

10.	Farm income or loss	10
11.	Other income	11
12.	Interest on obligations of other states from Schedule 763 ADJ, Line 1	12

Business income or loss.....

Capital gain or loss/capital gain distributions.....

Other gains or losses.....

Taxable pensions, annuities and IRA distributions.

Rents, royalties, partnerships, estates, trusts, S corporations, etc.....

13.	Lump-sum a	nd accumulation	distributions	included or	Sch.	763 ADJ,	Line 3.
-----	------------	-----------------	---------------	-------------	------	----------	---------

14. TOTAL - Add Lines 1 through 13 and enter each column total here.....

15. Nonresident allocation percentage - Divide Line 14 B, by Line 14 A. Compute percentage to one decimal place (e.g., 5.4%). Enter on Page 1, Line 16......

I (We) authorize the Dept. of Taxation to discuss this return with my (our) preparer.

SYAM PRIYA RAM SAGAR GUPTA TALLAM GLOBAL TAXES LLC

I agree to obtain my Form 1099-G at www.tax.virginia.gov.

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91511

92.6%

I (We), the undersigned, declare under penalty provided by law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct, and complete return.									
Your Signature		Your Phone Number Date							
		(928) 863-6743							
Spouse's Signature (If a joint return, both must sign	)	Spouse's Phone Number	Preparer's PTIN	Vendor Code					
			P02082703	1555					
Preparer's Name	Firm's Name (or Yours if Self-Employed)	Preparer's Phone Number	Filing Election Code	ID Theft PIN					

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15

<u>(678</u>)

965-9522

5.

6.

7.

8.

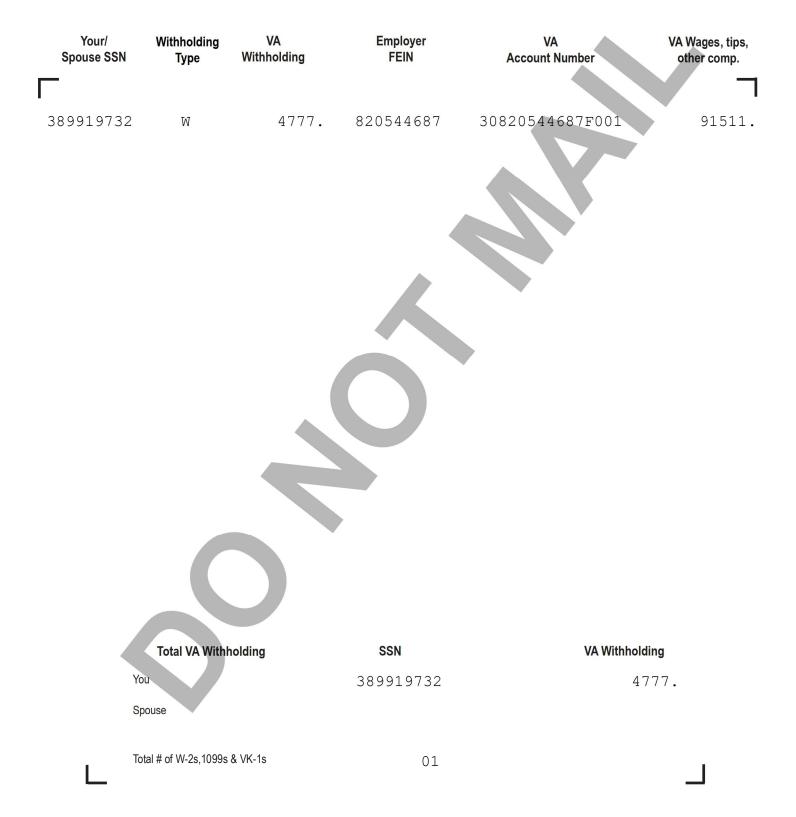
9.

## **2023 Schedule INC/CG** 389919732

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

SAI BHARGAV YERRAMSETTY





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

<b>1040</b>	-	artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Only	y—Do not w	vrite or sta	aple in this space.
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ding			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	name						Your social security number		
SAI BHAR	GAV		YER	RAMSET	TTY					389	91	9732
lf joint return, sp	oouse's	s first name and middle initial	Last r	name						Spouse	's social	security numbe
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Preside	ntial Ele	ection Campaigr
												ou, or your
City, town, or p	ost offi	ice. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP c	ode			jointly, want \$3 nd. Checking a
Rocky Mc	unt					NC	2	278	04			not change
Foreign country	name			Foreign pi	rovince/state/	/count	ty	Foreig	n postal code	your tax	_	_
											L Yo	ou Spouse
Filing Status		Single					Head of he	ouseh	old (HOH)			
Check only		Married filing jointly (even if only or	ne hac	l income)			□ - ··· ·			()		
one box.		Married filing separately (MFS)							• •	. ,		
		you checked the MFS box, enter the alifying person is a child but not you			pouse. If yo	u che	ecked the HOF	l or Q	SS box, ent	er the ch	ld's na	me if the
	qu		ir depe	endent.								
Digital		ny time during 2023, did you: (a) rece	•						,.		_	
Assets	exch	nange, or otherwise dispose of a digi			nancial inter	est ir	n a digital asse	et)? (Se	e instructio	ns.)		es 🛛 No
Standard	_	neone can claim: 🗌 You as a de	•		•		a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	1					
Age/Blindness	You	: 🗌 Were born before January 2, 1	959	Are bl	lind <b>Sp</b>	ouse	: 🗌 Was bor	n befo	ore January	2, 1959		s blind
Dependents	s (see	instructions):		(2) 5	Social security	Ý	(3) Relationsh	ip (4	) Check the b	ox if qual	fies for	(see instructions):
If more	<b>(1)</b> F	irst name Last name			number		to you		Child tax o	redit	Credit fo	or other dependents
than four												
dependents, see instructions	;											
and check												
here	10		ov 1 /a		ationa)					1.		100 411
Income	1a b	Total amount from Form(s) W-2, be Household employee wages not re								. 1a . 1b		109,411.
Attach Form(s)	c	Tip income not reported on line 1a	•		. ,					. 10		
W-2 here. Also attach Forms	d		•		ructions)					. 10		
W-2G and	e	Taxable dependent care benefits f								. 1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene		-					. 1f			
lf you did not	g	Wages from Form 8919, line 6							. 19	1		
get a Form W-2, see	h	Other earned income (see instructi	ions)							. 1h	1	0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions)			<b>1</b> i					
	z	Add lines 1a through 1h	• •		· · ;					. 1z		109,411.
Attach Sch. B	2a	Tax-exempt interest	2a			bΤ	axable interest	t.		. 2b		
if required.	3a		3a				Ordinary divider			. 3b		
Standard	4a		4a				axable amoun			. 4b		
Deduction for—	5a		5a				axable amoun			. 5b		
<ul> <li>Single or Married filing</li> </ul>	6a	,	6a		-1		axable amoun	t		. 6b	•	
separately, \$13,850	c 7	If you elect to use the lump-sum e				`	,	• •	l	╡┞╺		
<ul> <li>Married filing</li> </ul>	7	Capital gain or (loss). Attach Sche		•	•		-	• •	l			_10 560
jointly or Qualifying	8 0	Additional income from Schedule						• •		· 8		-10,569. 98,842.
surviving spouse, \$27,700	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		-			<b>c</b>	• •		· 9		<u>98,842.</u> 5,624.
<ul> <li>Head of</li> </ul>	ead of					. 11		93,218.				
household, \$20,800	12	Standard deduction or itemized	-					•••	• • •	. 12		13,850.
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduction								. 13		±J,0J0.
Standard Deduction,	14	Add lines 12 and 13								. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is y	/our f	taxable incom	ne .				79,368.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	12,770.
Credits	17	Amount from Schedule 2, lin	ie3				[	17	
	18	Add lines 16 and 17					[	18	12,770.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		[	19	
	20	Amount from Schedule 3, lin	ie 8				[	20	
	21	Add lines 19 and 20					[	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[	22	12,770.
	23	Other taxes, including self-e					[	23	0.
	24	Add lines 22 and 23. This is					[	24	12,770.
Payments	25	Federal income tax withheld							i
	а	Form(s) W-2				<b>25a</b> 18	,216.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	<i>,</i>					25d	18,216.
If you have a	26	2023 estimated tax payment					[	26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31				undable credits		32	
	33	Add lines 25d, 26, and 32. T	,	-				33	18,216.
Refund	34	If line 33 is more than line 24						34	5,446.
neruna	35a	Amount of line 34 you want	-			, .		35a	5,446.
Direct deposit?	b	Routing number $\begin{vmatrix} 1 \\ 2 \end{vmatrix} 2 \begin{vmatrix} 1 \\ 0 \end{vmatrix} 1 \begin{vmatrix} 7 \\ 0 \end{vmatrix} 6 \begin{vmatrix} c \\ c \\ Type:  Checking  Savings \end{vmatrix}$							
See instructions.	d	Account number 4 5 7							
	36	Amount of line 34 you want a				36	_		
Amount	37	Subtract line 33 from line 24					_		
You Owe	57	For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38			
Third Party		you want to allow another					_		
Designee							omplete bel	ow.	× No
	De	signee's		Phone		Perso	onal identifica	ation	
	nai	nē		no.		numb	ber (PIN)		
Sign		der penalties of perjury, I declare the							
Here		ief, they are true, correct, and com	piete. Declaration						, ,
	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SOFTWARE I	ENGINEER	(see ins		N, enter it here
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date					nt your spouse an
Keep a copy for	- 1-	,					Identity	Prote	ection PIN, enter it here
your records.				(5				st.)	
	Ph	one no. (928) 863-674	3	Email address	SAIBHARGAVYERR	AMSETTY@GMAIL.CO	M		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN	Γ	Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/06/2024	P020827	03	Self-employed
Use Only	Fir	m's name GLOBAL TAX	XES LLC				Phone I	no. (	678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's E	ΞIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/23/24 PRO			Form <b>1040</b> (2023)

SCHEDULE	1
(Form 1040)	

1

Department of the Treasury

Part I Additional Income

# Additional Income and Adjustments to Income

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

OMB No. 1545-0074 5

12

Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR SAI BHARGAV YERRAMSETTY

Revenue Service						
s) shown on Fo	Your soc	ial security number				
BHARGAV YE	RRAMSETTY	389-91	-9732			
t Additio	onal Income					
Taxable refur	nds, credits, or offsets of state and local income taxes		1			
Alimony rece	ived	[	2a			
Date of origin	nal divorce or separation agreement (see instructions):					
Business inc	ome or (loss). Attach Schedule C		3			
Other gains of	or (losses). Attach Form 4797	🗋	4			
<b>D</b>		-	- 10			

3       Business income or (loss). Attach Schedule C       3         4       Other gains or (losse). Attach Form 4797       4         5       Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E       5         6       Farm income or (loss). Attach Schedule F       6         7       Unemployment compensation       6         8       Other income       8a (       )         9       Gambling       7         7       Other income       8a (       )         8       Cancellation of debt       8c       7         7       Income from Gom 8853       8e       8d (       )         9       Income from Form 8853       8e       8d (       )         9       Total other income       8i       8d (       )         9       Total other income on the tental of personal property if you engaged in the rental for profit business of renting such property       8m       8m         1       Income from the rental of personal property if you engaged in the rental for profit busines instructions)       8m       8m         1       Income from the rental of personal property if you engaged in the rental for profit busines of renting such property       8m       8m         1       Income from the rental of personal	b	Date of original divorce or separation agreement (see instructions):			
5       Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E       5       -10, 569.         6       Farm income or (loss). Attach Schedule F       7         7       Other income:       8a (         8       Other income:       8a (         9       Total other income or (loss). Attach Schedule F       7         8       Other income:       8a (         9       Total other income. Add lines 8a through 8z.       8a (	3	Business income or (loss). Attach Schedule C		3	
6       Farm income or (loss). Attach Schedule F.       6         7       Unemployment compensation .       7         8       Other income:       8a ( )         9       Total other income Add lines 8a through 8z .       8a ( )         9       Total other income. Add lines 8a through 8z .       9         10	4	Other gains or (losses). Attach Form 4797		4	
7       Unemployment compensation       7         8       Other income:       8a ( )         9       Net operating loss       8a ( )         9       Total other income:       8a ( )         9       Total other income. List type and 9. Nis is your additional income. Enter here and on Form         9       Total other income. Add lines 8a through 8z.       9         9       Total other income. Add lines 8a through 8z.       9         9       Total other income. Add lines 8a through 8z.       9         10       Coher income. Add lines 8a through 8z.       9         10       Coher income. Add lines 8a through 8z.       9         10       -10, 569.       10	5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attac	h Schedule E .	5	-10,569.
8       Other income:       a. Vet operating loss       b. Gambling         a. Net operating loss       b. Gambling       b. Gambling       b. Gambling         b. Gambling       c. Cancellation of debt       b. Gambling       b. Gambling         c. Cancellation of debt       g. C. Gambling       b. Gambling       b. Gambling         c. Cancellation of debt       g. Gambling       b. Gambling       b. Gambling         c. Cancellation of debt       g. Gambling       b. Gambling       c. Gambling         c. Cancellation of debt       g. Gambling       b. Gambling       c. Gambling         f. Come from Form 8853       g. Gambling       b. Gambling       g. Gambling         f. Income from Form 8889       g. Gambling       b. B. Gambling       g. Gambling         i. Prizes and awards       g. Gambling       g. Gambling       g. Gambling         j. Activity not engaged in for profit income       g. Gambling       g. Gambling       g. Gambling         i. Income from Form 8889       g. Gambling       g. Gambling       g. Gambling       g. Gambling       g. Gambling         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       g. Gambling       g. Gambling       g. Gambling       g. Gambling       g. Gambling	6	Farm income or (loss). Attach Schedule F.		6	
a Net operating loss       8a ( )         b Gambling	7	Unemployment compensation		7	
b       Gambling       Bb         c       Cancellation of debt       Bc         d       Foreign earned income exclusion from Form 2555       Bd (         d       Foreign earned income exclusion from Form 2555       Bd (         g       Alaska Permanent Form 8853       Be         f       Income from Form 8859       Bf         g       Alaska Permanent Fund dividends       Bg         j       Activity not engaged in for profit income       Bi         i       Prizes and awards       Bi         j       Activity not engaged in for profit income       Bk         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       Bk         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       Bk         m       Olympic and Paralympic medals and USOC prize money (see instructions)       Bn         n       Section 951(a) inclusion (see instructions)       Bn         o       Section 951(a) inclusion (see instructions)       Bn         o       Section 951A(a) inclusion see instructions)       Br         s       Solarship and fellowship grants not reported on Form W-2       Br	8	Other income:			
c       Cancellation of debt       Bc         d       Foreign earned income exclusion from Form 2555       Bd         e       Income from Form 8853       Be         f       Income from Form 8853       Be         g       Alaska Permanent Fund dividends       Bg         g       Alaska Permanent Fund dividends       Bg         i       Prizes and awards       Bh         i       Prizes and awards       Bi         j       Activity not engaged in for profit income       Bi         i       Prizes and awards       Bi         j       Activity not engaged in for profit income       Bi         i       Prizes and awards       Bi         j       Activity not engaged in for profit income       Bi         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       Bi         m       Dlympic and Paralympic medals and USOC prize money (see instructions)       Bo         s       Section 951(a) inclusion (see instructions)       Bo         s       Section 951(a) inclusion (see instructions)       Bo         g       Taxable distributions from an ABLE account (see instructions)       Bo         s       Nontaxable amount of Med	а	Net operating loss	Ba (		
d       Foreign earned income exclusion from Form 2555       8d (         e       Income from Form 8883       86         g       Alaska Permanent Fund dividends       8f         g       Alaska Permanent Fund dividends       8f         h       Jury duty pay       8h         i       Prizes and awards       8i         j       Activity not engaged in for profit income       8i         j       Activity not engaged in for profit income       8i         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       8i         m       Olympic and Paralympic medals and USOC prize money (see instructions)       8m         o       Section 951A(a) inclusion (see instructions)       8o         p       Section 951A(a) inclusion (see instructions)       8o         p       Section 951A(a) inclusion so reported on Form W-2       8r         q       Taxable distributions from an ABLE account (see instructions)       8g         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 a nongovernmental section 457 plan       8z         g       Total other income. Add lines 8a through 8z </th <th>b</th> <th>Gambling</th> <th>Bb</th> <th></th> <th></th>	b	Gambling	Bb		
e       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       8i         j       Activity not engaged in for profit income       8i         j       Activity not engaged in for profit income       8i         j       Activity not engaged in for profit income       8i         j       Activity not engaged in for profit income       8i         j       Activity not engaged in for profit income       8i         j       Mone from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property       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       8m         m       Olympic and Paralympic medals and USOC prize money (see instructions)       8m         section 951(a) inclusion (see instructions)       8m       8m         g       Taxable distributions from an ABLE account (see instructions)       8g         g       Taxable distributions from a nonqualifed deferred compensation plan or a nongovernm	С	Cancellation of debt	Bc		
f       Income from Form 8889       86         g       Alaska Permanent Fund dividends       8g         h       Jury duty pay       8h         i       Prizes and awards       8i         j       Activity not engaged in for profit income       8i         j       Activity not engaged in for profit income       8i         j       Activity not engaged in for profit income       8i         j       Activity not engaged in for profit income       8i         j       Activity not engaged in for profit income       8i         j       Activity not engaged in for profit but were not in the business of renting such property       8k         m       Olympic and Paralympic medals and USOC prize money (see instructions)       8n         n       Section 951(a) inclusion (see instructions)       8n         o       Section 951(a) inclusion (see instructions)       8n         g       Taxable distributions from an ABLE account (see instructions)       8n         g       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       8u         z       Other income. List type and amount:       8z         g       Total other income. Add lines 8a through 8	d	Foreign earned income exclusion from Form 2555	Bd (		
f       Income from Form 8889       86         g       Alaska Permanent Fund dividends       8g         h       Jury duty pay       8h         i       Prizes and awards       8i         j       Activity not engaged in for profit income       8i         j       Activity not engaged in for profit income       8i         j       Activity not engaged in for profit income       8i         j       Activity not engaged in for profit income       8i         j       Activity not engaged in for profit income       8i         j       Activity not engaged in for profit but were not in the business of renting such property       8k         m       Olympic and Paralympic medals and USOC prize money (see instructions)       8n         n       Section 951(a) inclusion (see instructions)       8n         o       Section 951(a) inclusion (see instructions)       8n         g       Taxable distributions from an ABLE account (see instructions)       8n         g       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       8a (	е	Income from Form 8853	Be		
h       Jury duty pay	f		8f		
i       Prizes and awards       8i         j       Activity not engaged in for profit income       8j         j       Activity not engaged in for profit income       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       8k         m       Olympic and Paralympic medals and USOC prize money (see instructions)       8m         n       Section 951(a) inclusion (see instructions)       8n         o       Section 951A(a) inclusion (see instructions)       8n         g       Taxable distributions from an ABLE account (see instructions)       8a         r       Scholarship and fellowship grants not reported on Form W-2       8r         s       Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d       8s (         u       Wages earned while incarcerated       8u         z       Other income. List type and amount:       8z         g       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, 569.	g	Alaska Permanent Fund dividends	3g		
j       Activity not engaged in for profit income       8i         k       Stock options       8k         l       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       8k         m       Olympic and Paralympic medals and USOC prize money (see instructions)       8m         n       Section 951(a) inclusion (see instructions)       8n         o       Section 951(a) inclusion (see instructions)       8n         g       Taxable distributions from an ABLE account (see instructions)       8q         g       Taxable 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 a nongovernmental section 457 plan       8t         u       Wages earned while incarcerated       8u       8z         9       Total other income. Add lines 8a through 8z       9       -10, 569.         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, 569.	h	Jury duty pay	3h		
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       8k         m       Olympic and Paralympic medals and USOC prize money (see instructions)       8n         n       Section 951(a) inclusion (see instructions)       8n         o       Section 951A(a) inclusion (see instructions)       8o         p       Section 461(l) excess business loss adjustment       8g         q       Taxable distributions from an ABLE account (see instructions)       8r         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       8t         u       Wages earned while incarcerated       8u         z       Other income. List type and amount:       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	i	Prizes and awards	8i		
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)       81         n       Section 951(a) inclusion (see instructions)       8n         o       Section 951A(a) inclusion (see instructions)       8n         p       Section 951A(a) inclusion (see instructions)       8o         p       Section 461(l) excess business loss adjustment       8g         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       9         t       Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan       8t       8u         g       Total other income. List type and amount:       8z       9       9         Total other income. Add lines 8a through 8z       9       -10, 569.       -10, 569.	j	Activity not engaged in for profit income	8j		
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m Olympic and Paralympic medals and USOC prize money (see instructions)       8m         n Section 951(a) inclusion (see instructions)       8n         o Section 951A(a) inclusion (see instructions)       8n         p Section 461(l) excess business loss adjustment       8o         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 a nongovernmental section 457 plan       8t         g Total other income. List type and amount:       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       9	I	Income from the rental of personal property if you engaged in the rental			
Instructions)       Image: Section 951(a) inclusion (see instructions)       Image: Section 951A(a) inclusion (see instructions)       Image: Section 951A(a) inclusion (see instructions)       Image: Section 951A(a) inclusion (see instructions)       Image: Section 461(l) excess business loss adjustment       Image: Section 461(l) excess business loss adjustment			81		
n       Section 951(a) inclusion (see instructions)       8n         o       Section 951A(a) inclusion (see instructions)       8o         p       Section 461(l) 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 a nongovernmental section 457 plan       8t         u       Wages earned while incarcerated       8u       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       -10, 569.	m	Olympic and Paralympic medals and USOC prize money (see			
o       Section 951A(a) inclusion (see instructions)       80         p       Section 461(l) 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 a nongovernmental section 457 plan       8t         u       Wages earned while incarcerated       8u       8z         9       Total other income. Add lines 8a through 8z       9       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       9		,	im		
p       Section 461(l) 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 a nongovernmental section 457 plan       8t         u       Wages earned while incarcerated       8u       8z         9       Total other income. List type and amount:       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, 569.	n				
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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 a nongovernmental section 457 plan       8t         u       Wages earned while incarcerated       8u       8t         2       Other income. List type and amount:       8z       9         9       Total other income. Add lines 8a through 8z       9       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       9	р		Зр		
<ul> <li>s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d</li></ul>	q		Bq		
1040, line 1a or 1d       10       1040, line 1a or 1d       10       1040, line 1a or 1d       10       10       10       10       10       10, 569.         1040, line 1a or 1d       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10	r		Br		
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a nongovernmental section 457 plan       8t         u       Wages earned while incarcerated       8u         z       Other income. List type and amount:       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       9			Bs (		
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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       9	u		Bu		
9Total other income. Add lines 8a through 8z	z				
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1040, 1040-SR, or 1040-NR, line 8				9	
	10				
				-	

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

Schedule 1 (Form 1040) 2023

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis	s 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	
9a	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	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I 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	5,624.		
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
•	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			
i	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:			
-	24z			
25	Total other adjustments. Add lines 24a through 24z		25	5,624
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter			<i>.,</i>
	Form 1040, 1040-SR, or 1040-NR, line 10		26	5,624
		2/23/24 PRO		1 (Form 1040) 202

(Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)						90		3						
	nent of the Treasury Revenue Service				Attach to Form 1040 rs.gov/ScheduleE fo					formation.		Attachm Sequen	שבי nent ce No.	13
	) shown on return											al security	numbe	)r
	BHARGAV YE		-								389-93	1-9732		
Part	Note: If yo	ou are	e in th	ne business of re	al Real Estate ar enting personal prope	rty, use		<b>c</b> . See	e instruc	tions. If you	are an indiv	vidual, rep	ort far	m
					<b>35</b> on page 2, line 40.									1
					t would require you Form(s) 1099?									No No
1a	Physical addr	ess	of ea	ach property (s	treet, city, state, ZI	P code	e)							
Α	BHADRACHA	LAM	BH	ADRADRI KC	THAGUDEM TEL	ANGAI	NA IN 5	50711	1					
В														
С														
1b	Type of Prope (from list below		2	For each rent above, report	al real estate properties the number of fair	erty lis <sup>.</sup> rental	ted and			r Rental Days	Person Da		Q	)VU
Α	3			personal use	days. Check the Q	JV bo	x only	Α		365		0	[	
В					e requirements to			В					[	
С				quaimed joint	venture. See instru	JCLIONS	5.	С					[	
Туре	of Property:													
	Single Family R			e 3 Vacati	on/Short-Term Rer	ntal	5 Lanc	l	-	Self-Rental				
2	Multi-Family Re	side	nce	4 Comm	iercial		6 Roya	alties	8	Other (desc	ribe)			
										Propert	ies:			
Incon	ne:							Α		. В			С	
3	Rents received	ι.				3		6	89.					
4	Royalties rece	ived				4								
Exper														
5	Advertising .					5								
6		•		,		6								
7	•					7		1,9	50.					
8						8								
9						9								
10	-	-				10		1 -	0.0					
11	-				· · · · · · · ·	11		1,5	23.					
12 13	00				(see instructions)	12 13								
14						13		3 1	20.					
15						15			50.					
16						16								
17						17		1,0	15.					
18						18								
19	Other (list)					19								
20	Total expense				9	20		11,2	58.					
21	Subtract line 2	0 frc	om lir	ne 3 (rents) and	d/or 4 (royalties). If									
					nd out if you must	21		-10,5	69.					
22					r limitation, if any,	22	(	10,50	59.)(		)	(		)
<b>23</b> a					for all rental prope				23a		689.			
b					for all royalty prop				23b					
С					2 for all properties				23c					
d					8 for all properties				23d					
e			-		0 for all properties				23e	11	,258.			
24 25					n on line 21. <b>Do no</b>		-		· ·		. 24	(	10 -	<u> </u>
20	LOSSES. Add fo	yalt\	/ 1055	ses non line 21	and rental real estat		es irom in	⊎∠2. E	nter tot	ai iusses nel	re <b>25</b>	ι.	10,5	07. 1

**Supplemental Income and Loss** 

SCHEDULE E

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

For Paperwork Reduction Act Notice, see the separate instructions.

26

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-10,569.

OMB No. 1545-0074

_	8582	Passive Activity Loss Limitations		0	MB No. 1545-1008	
		See separate instructions.		2023		
	nent of the Treasury Revenue Service	Attach to Form 1040, 1040-SR, or 1041. Go to www.irs.gov/Form8582 for instructions and the latest information.		A	Attachment Sequence No. <b>858</b>	
Name(s	) shown on return		Identi	_	lumber	
SAI	BHARGAV YE	RRAMSETTY	389	-91-	-9732	
Par	rt I 2023 P	Passive Activity Loss				
	Cautio	n: Complete Parts IV and V before completing Part I.				
		ctivities With Active Participation (For the definition of active participation, see Spece I Real Estate Activities in the instructions.)	cial			
1a	Activities with	net income (enter the amount from Part IV, column (a))   <b>1a</b>	0.			
b	Activities with	net loss (enter the amount from Part IV, column (b)) <b>1b</b> ( 10,56	i9 <b>.</b> )			
С	Prior years' un	allowed losses (enter the amount from Part IV, column (c)) 1c (	)			
d	Combine lines	1a, 1b, and 1c		1d	-10,569.	
All Ot	her Passive Ac	tivities				
2a	Activities with	net income (enter the amount from Part V, column (a)) 2a				
b		net loss (enter the amount from Part V, column (b)) 2b (	)			
С	Prior years' un	allowed losses (enter the amount from Part V, column (c)) 2c (	)			
d	Combine lines	2a, 2b, and 2c		2d		
3	zero or more,	1d and 2d and subtract any prior year unallowed CRD. See instructions. If this lin stop here and include this form with your return; all losses are allowed, including lowed losses entered on line 1c or 2c. Report the losses on the forms and schedu	any	3	-10,569.	
	•	s and: • Line 1d is a loss, go to Part II.	• [	5	10,000.	
		<ul> <li>Line 1d is a loss, go to 1 art it.</li> <li>Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10</li> </ul>				
	on: If your filing . Instead, go to	status is married filing separately and you lived with your spouse at any time durin		year,	do not complete	
Par	t II Specia	Allowance for Rental Real Estate Activities With Active Participation				
		inter all numbers in Part II as positive amounts. See instructions for an example.				
4	Enter the smal	ler of the loss on line 1d or the loss on line 3	.	4	10,569.	

4	Enter the <b>smaller</b> of the loss on line 1d or the loss on line 3	4	10,569.
5	Enter \$150,000. If married filing separately, see instructions 5 150,000.		
6	Enter modified adjusted gross income, but not less than zero. See instructions 6 103, 787.		
	<b>Note:</b> If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.		
7	Subtract line 6 from line 5		
8	Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8	23,107.
9	Enter the smaller of line 4 or line 8. If line 3 includes any CRD, see instructions	9	10,569.
Par	Total Losses Allowed		
10	Add the income, if any, on lines 1a and 2a and enter the total	10	0.
11	Total losses allowed from all passive activities for 2023. Add lines 9 and 10. See instructions to find		
	out how to report the losses on your tax return	11	10,569.
Dow	W Complete This Part Refere Part Llines to the and to Cost instructions		

Part IV	Complete This Part Before	e Part I, Lines 1a, 1b, and 1c. S	ee instructions.	

	Currer	nt year	Prior years	Overall gain or loss		
Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	<b>(d)</b> Gain	(e) Loss	
BHADRACHALAM	0.	10,569.			10,569.	
Total. Enter on Part I, lines 1a, 1b, and 1c	0.	10,569.				
For Dependent Poduction Act Nation and instru	uctions				Fam. 9599 (0000)	

For Paperwork Reduction Act Notice, see instructions.

Form **8582** (2023)

Form 8582 (2023) Part V Complete This Part	rt Before I	Part I, Lines 2	a, 2b,	and 2c. S	ee instru	ctions.			Page 2
		Currer			Prior y		Overa	Overall gain or loss	
Name of activity	(	(a) Net income (line 2a)		Net loss ne 2b)	<b>(c)</b> Unal loss (lir		<b>(d)</b> Gain		(e) Loss
						_			
Total. Enter on Part I, lines 2a, 2b, a									
Part VI Use This Part if an	Amount I	s Shown on F	Part II,	Line 9. S	ee instru	ctions.			
Name of activity	a to	orm or schedule nd line number be reported on ee instructions)	(a			(b) Ratio (c) Special allowance			<b>(d)</b> Subtract column (c) from column (a).
BHADRACHALAM		E Ln 22		10,569.	1.0000	0000	10,5		0.
Total				10,569.	1.0	0	10,56	59.	0.
Part VII Allocation of Unal	owed Los	ses. See instr	uction	s.					
Name of activity		Form or sche and line nun to be reporte (see instruct	mber ed on (a)		Loss		(b) Ratio (d		Unallowed loss
Total .							1.00		
Part VIII Allowed Losses. S	ee instruct	ions.		1					
Name of activity		Form or schedul and line number to be reported o (see instructions		(a)	Loss (b) U		Unallowed loss		c) Allowed loss
 Total									

REV 02/23/24 PRO

Form **8582** (2023)

<b>D-400</b> < Staple A	• •							Tax Ref			Use			
Return a							Ame	ended Return			Only			
For calend	-	<u>2023, o</u>	or fiscal year	<u>beginning</u> AMSET:			23	and ending			Are you a	veteran? ouse a veteran?	Yes 🗌 Yes 🗍	
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14			0		26A			0		34		0		
15			0		26B			0						
TN	92886	636	743		PN	6	7890	659522		PP	PO	2082703		
Sign Re				fund D		odulor -			ment			0 Narth Carolina I		
I declare and ce the best of my l	ertify that I h knowledge a	ave exa and belie	amined this return ef, they are true, o	and accomp orrect, and c	anying sch omplete.	iedules and	d stateme	ents, and to				e North Carolina I ments with the p		
												92886	36743	
Your Signature					Date		-	nature (If filing join			Date	Contact Pho	one No. (Include	area code)
PAID PREPAR	ER USE ON	ILY If	f prepared by a pe	rson other th	nan taxpaye	er, this cert	ification	is based on all info	ormation c	of which the prepa	arer has any k	nowledge.		
OVAM DE	י געדנ	7.1.1	01010 011	רי שם	06 0	Л	1670	1065 050	2			0000	00700	
-	SYAM PRIYA RAM SAGAR GUPT       03       06       24       (678)       965-9522       P02082703         Paid Preparer's Signature       Date       Preparer's Contact Phone Number (Include area code)       Preparer's FEIN, SSN, or PTIN													
				-				F REVENUE, P.						
lf	you ARE	NOT d	lue a refund, n	ail return,	any pay	ment, an	d D-40	UV to: N.C. DE	PT. OF I	REVENUE, P.C	). BOX 2500	00, RALEIGH, NC	; 27640-0640	

REV 12/13/23 PRO

#### D-400 2023 Page 2 (50)

st Name	(First 10 Characters) YERRAMSETT	Your Social Security Number	38991	L9732
	D-400 Line-by-Line Info	rmation		
6.	Federal Adjusted Gross Income		6.	9321
7.	Additions to Federal Adjusted Gross Income		7.	5011
8.	Add Lines 6 and 7		8.	9321
9.	Deductions From Federal Adjusted Gross Income		9.	2221
10.	Child Deduction		5.	
10.	a. Enter the number of qualifying children for whom you were allowed a	ederal child tax credit	10a.	
	b. Enter the amount of the child deduction		10b.	
11.	N.C. Standard Deduction		11.	
11.	N.C. Itemized Deduction		11.	
11.	Deduction amount		11.	1275
12.	a. Add Lines 9, 10b, and 11		12a.	1275
12.	b. Subtract Line 12a from Line 8		12b.	8046
13.	Part-year Residents and Nonresidents Taxable Percentage		13.	0.000
14.	N.C. Taxable Income		14.	
15.	N.C. Income Tax		15.	
16.	Tax Credits		16.	
17.	Subtract Line 16 from Line 15		17.	
18.	Consumer Use Tax		18.	
	You certify that no Consumer Use Tax is due			
19.	Add Lines 17 and 18		19.	
<u>North</u>	Carolina Income Tax Withheld			
20a.	Your tax withheld		20a.	
20b.	Spouse's tax withheld		20b.	
Other	Tax Payments			
21a.	2023 estimated tax		21a.	
21b.	Paid with extension		21b.	
21c.	Partnership		21c.	
21d.	S Corporation		21d.	
22.	Additional Payments		22.	
23.	Add Lines 20a through 22		23.	
24.	Previous Refunds		24.	
25.	Subtract Line 24 from Line 23		25.	
26a.	Tax Due		26a.	
26b.	Penalties		26b.	
26c.	Interest		26c.	
26d.	Add Lines 26b and 26c and enter the total on 26d		26d.	
EU	Exception to Underpayment of Estimated Tax		EU	
26e.	Interest on the Underpayment of Estimated Income Tax		26e.	
200.	Pay this Amount		200.	
28.	Overpayment		28.	
			20.	
Amou	nt of Refund to Apply to:			
29.	Amount of Line 28 to be applied to 2024 Estimated Income Tax		29.	
29. 30	N C. Nongame and Endangered Wildlife Fund		29. 30	

34.	Amount to be Refunded	34.	0
33.	Add Lines 29 through 32	33.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
31.	N.C. Education Endowment Fund	31.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0

This page must be filed with the first page of this form.

## D-400 Sch PN (50)

8-16-23

### 2023 Part-Year Resident and **Nonresident Schedule**

DOR Use Only

North Carolina Department of Revenue

If you enter a taxable percentage on Form D-400, Line 13 because you or your spouse, if married filing jointly, were not full-year residents of North Carolina during tax year 2023, you must attach this schedule to Form D-400. Importantly, you must attach both pages of this schedule to Form D-400. If you do not, the Department may be unable to process your return.

389919732 YERRAMSETT Your Social Security Number Last Name (First 10 Characters) A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a "part-year resident" if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a "nonresident" if you were not a resident of N.C. at any time during the tax year. Important: Refer to the Instructions before completing this form. NRT N PYT Y 01 01 23 07 01 23 22 NRS PYS 23 98842 N Ν Part A. Residency Status Taxpayer is: (Select applicable box Spouse is: (Select applicable box) X Full-Year Resident Nonresident Full-Year Resident Nonresident Part-Year Resident Part-Year Resident Date N.C. residency began Date N.C. residency ended Date N.C. residency began Date N.C. residency ended 01 01 23 07 01 23 If you and your spouse were both full-year residents of N.C., stop here; do not complete Parts B and C. Do not attach Schedule PN to Form D-400. Part B. Allocation of Income for Part-Year Residents and Nonresidents **COLUMN A** COLUMN B **Total Income** Total Income Amount of Column A from all Sources Attributable to N.C. 109411 0 1. Wages, Salaries, Tips, Etc. 1. 2. 0 0 2. Taxable Interest 0 0 3. Taxable Dividends 3 4. Taxable Refunds, Credits, or Offsets 0 0 of State and Local Income Taxes 4 0 0 5. Alimony Received 5. 0 6. Business Income or (Loss) 6.  $\cap$ 0 0 7. Capital Gain or (Loss) 7. 8. 8. 0 0 Other Gains or (Losses) 0 9. Taxable Amount of IRA Distributions 9. 0 Taxable Amount of Pensions 10. 0 0 and Annuities 10. Rental Real Estate, Royalties, Partnerships, 11. -105690 S-Corps, Estates, Trusts, Etc. 11 12. Farm Income or (Loss) 12. 0 0 13. **Unemployment Compensation** 13. 0 0 Taxable Portion of Social Security 14. and Railroad Retirement Benefits 0 0 14 0 0 15. Other Income 15. 16. Total Income 16. 98842 0 COLUMN B **COLUMN A** North Carolina Adjustments Amount from Form Amount of Column A **D-400 Schedule S** Attributable to N.C. 17. Additions 0 0 a. Interest Income From Obligations of States Other Than N.C. 17a. 0 0 b. Deferred Gains Reinvested Into an Opportunity Fund 17b 0 0 c. Bonus Depreciation 17c. 0 0 d. IRC Section 179 Expense 17d 0 0 e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income 17e. **Total Additions** 0 18. 18  $\cap$ 

## D-400 Sch. PN 2023 Page 2 (50)

Last Name (First 10 Characters)

YERRAMSETT

Your Social Security Number

389919732

Amount from Form D-400 Schedule S       Amount of Attributab         19.       Deductions         a. State or Local Income Tax Refund       19a.       0         b. Interest Income From Obligations of the United States or United States' Possessions       19b.       0         c. Taxable Portion of Social Security and Railroad Retirement Benefits       19c.       0         d. Retirement Benefits Received by Vested N.C. State Government, N.C. Local Government, or Federal Government Retirees, i.e. Bailey Settlement       19e.       0         e. Bonus Asset Basis Income That Relate to Gross Income That Relate to Gross Income       19f.       0       0         20.       Total Deductions       20.       0       0         21.       98842       98842       21.       98842         Part C. Part-Year Residents and Nonresidents Taxable Percentage         22.       Enter the Amount From Column B, Line 21       22.       23.       98         23.       Part       24.       0.0	JMN B
D-400 Schedule S     Attributab       19.     Deductions     19a.     0       19.     Interest Income From Obligations of the United States or United States' Possessions     19b.     0       19.     Taxable Portion of Social Security and Rairoad Retirement Benefits     19c.     0       10.     Local Government, or Federal Government, N.C.     19d.     0       11.     Bonus Asset Basis     19e.     0       12.     IRC Section 179 Expense     19g.     0       13.     Income That Relate to Gross Income     19h.     0       13.     Total Income Modified by N.C. Adjustments     20.     98.94.2       14T C.     Part-Year Residents and Nonresidents Taxable Percentage     22.     98.94.2	
a. State or Local Income Tax Refund       19a.       0         b. Interest Income From Obligations of the United States or United States Possessions       19b.       0         c. Taxable Portion of Social Security and Rairoad Retirement Benefits       19c.       0         c. Taxable Portion of Social Security and Rairoad Retirement Benefits       19c.       0         c. Catable Covernment Denefits       19d.       0         c. Local Covernment, or Federal Government Retirees, i.e. Bailey Settlement       19d.       0         e. Bonus Asset Basis       19e.       0       0         f. Bonus Depreciation       19f.       0       0         g. IRC Section 179 Expense       19g.       0       0         h. Other Deductions       From Federal Adjusted Gross Income That Relate to Gross Income       19h.       0         20. Total Income Modified by N.C. Adjustments       21.       986.42       0         21. Total Income Modified by N.C. Adjustments       21.       986.42       23.       98         22. Enter the Amount From Column B, Line 21       22.       38       38       38         23. Part-Year Residents and Nonresident Taxable Percentage       24.       0.0       0         24. Part-Year Residents and Nonresident Taxable Percentage       24.       0.0       0	
b. Interest Income From Obligations of the United States or United States' Possessions 19b. C. Taxable Portion of Social Security and Rairoad Retirement Benefits d. Retirement Benefits Received by Vested N.C. State Government, N.C. Local Government, or Federal Government Retirees, i.e. Bailey Settlement e. Bonus Asset Basis 19e. f. Bonus Depreciation 19f. g. IRC Section 179 Expense 19g. h. Other Deductions From Federal Adjusted Gross Income That Relate to Gross Income 19h. Total Deductions 20. Total Deductions 21. 98842 art C. Part-Year Residents and Nonresidents Taxable Percentage 2. Enter the Amount From Column B, Line 21 23. 98 4. Part-Year Residents and Nonresident Taxable Percentage 24. 0.0	
or United States' Possessions 19b. 0 c. Taxable Portion of Social Security and Railroad Retirement Benefits Received by Vested N.C. State Government, N.C. Local Government, or Federal Government Retirees, i.e. Bailey Settlement e. Bonus Asset Basis 19e. 0 f. Bonus Depreciation 19f. 0 g. IRC Section 179 Expense 19g. 0 h. Other Deductions From Federal Adjusted Gross Income That Relate to Gross Income 19h. 0 0. Total Deductions 100 1. Total Income Modified by N.C. Adjustments 21. 98842 <b>rt C. Part-Year Residents and Nonresidents Taxable Percentage</b> 24. 0.0 8. Enter the Amount From Column B, Line 21 22. 3. Enter the Amount From Column A, Line 21 23. 98 4. Part-Year Residents and Nonresident Taxable Percentage 24. 0.0	0
c. Taxable Portion of Social Security and Rairroad Retirement Benefits       19c.       0         d. Retirement Benefits Received by Vested N.C. State Government, N.C. Local Government, or Federal Government Retirees, i.e. Bailey Settlement       19d.       0         e. Bonus Asset Basis       19e.       0       0         f. Bonus Depreciation       19f.       0         g. IRC Section 179 Expense       19g.       0         h. Other Deductions From Federal Adjusted Gross Income That Relate to Gross Income       19h.       0         1. Total Deductions       20.       0         1. Total Income Modified by N.C. Adjustments       21.       98842         Part-Year Residents and Nonresidents Taxable Percentage         2. Enter the Amount From Column A, Line 21       22.       98         3. Enter the Amount From Column A, Line 21       23.       98         4. Part-Year Residents and Nonresident Taxable Percentage       24.       0.0	
Railroad Retirement Benefits       19c.       0         d. Retirement Benefits Received by Vested N.C. State Government, N.C. Local Government, or Federal Government Retirees, i.e. Bailey Settlement       19d.       0         e. Bonus Asset Basis       19e.       0         f. Bonus Depreciation       19f.       0         g. IRC Section 179 Expense       19g.       0         h. Other Deductions From Federal Adjusted Gross Income That Relate to Gross Income       19h.       0         10 Total Deductions       20.       0         11 Total Income Modified by N.C. Adjustments       21.       98.842         rt C. Part-Year Residents and Nonresidents Taxable Percentage         22.       Enter the Amount From Column B, Line 21       22.         3. Enter the Amount From Column A, Line 21       23.       98         4. Part-Year Residents and Nonresident Taxable Percentage       24.       0.0	0
d. Retirement Benefits Received by Vested N.C. State Government, N.C. Local Government, or Federal Government Retirees, i.e. Bailey Settlement       19d.       0         e. Bonus Asset Basis       19e.       0         f. Bonus Depreciation       19f.       0         g. IRC Section 179 Expense       19g.       0         h. Other Deductions From Federal Adjusted Gross Income That Relate to Gross Income       19h.       0         20.       0       21.       98842         rt C. Part-Year Residents and Nonresidents Taxable Percentage         2. Enter the Amount From Column B, Line 21       23.       98         3. Enter the Amount From Column A, Line 21       23.       98         4. Part-Year Residents and Nonresident Taxable Percentage       24.       0.0	
Local Government, or Federal Robinst Retirees, i.e. Bailey Settlement     e. Bonus Asset Basis     f. Bonus Depreciation     f. Total Deductions     f. Total Deductions     f. Total Income Modified by N.C. Adjustments     frt C. Part-Year Residents and Nonresidents Taxable Percentage     f. Enter the Amount From Column B, Line 21     f. Part-Year Residents and Nonresident Taxable Percentage     f. Part-Year Residents and Nonresident Taxable Pe	0
e. Bonus Asset Basis       19e.       0         f. Bonus Depreciation       19f.       0         g. IRC Section 179 Expense       19g.       0         h. Other Deductions From Federal Adjusted Gross Income That Relate to Gross Income       19h.       0         20.       0       0         21.       98842	0
f. Bonus Depreciation       19f.       0         g. IRC Section 179 Expense       19g.       0         h. Other Deductions From Federal Adjusted Gross       19h.       0         income That Relate to Gross Income       19h.       0         20.       20.       0         21.       98842 <b>t C. Part-Year Residents and Nonresidents Taxable Percentage</b> 22.       Enter the Amount From Column B, Line 21       22.         23.       98         24.       0.0	
1. Solve Order       101.       101.         9. IRC Section 1785 Expense       199.       0         h. Other Deductions From Federal Adjusted Gross       199.       0         1. Total Deductions       20.       0         2. Total Deductions       21.       98842         tt C. Part-Year Residents and Nonresidents Taxable Percentage         2. Enter the Amount From Column B, Line 21       22.         2. Enter the Amount From Column A, Line 21       23.         98. Part-Year Residents and Nonresident Taxable Percentage       24.         0. Other Percentage       24.	0
h. Other Deductions From Federal Adjusted Gross Income That Relate to Gross Income 19h. 0 20. 0 21. 98842 <b>rt C. Part-Year Residents and Nonresidents Taxable Percentage</b> E. Enter the Amount From Column B, Line 21 Enter the Amount From Column A, Line 21 Part-Year Residents and Nonresident Taxable Percentage REV REV	0
Income That Relate to Gross Income 19h. 20. 20. 98842  rt C. Part-Year Residents and Nonresidents Taxable Percentage 2. Enter the Amount From Column B, Line 21 2. Enter the Amount From Column A, Line 21 2. Part-Year Residents and Nonresident Taxable Percentage 2. Enter the Amount From Column A, Line 21 2. Rev	0
20. 0         1. Total Income Modified by N.C. Adjustments         21. 98842         rt C. Part-Year Residents and Nonresidents Taxable Percentage         2. Enter the Amount From Column B, Line 21         2. Enter the Amount From Column A, Line 21         2. Part-Year Residents and Nonresident Taxable Percentage         2. Part-Year Residents and Nonresident Taxable Percentage         2. REV	
Inclusion     21.     98842       21.     98842 <b>rt C. Part-Year Residents and Nonresidents Taxable Percentage</b> 22. 23. 298 24. 25. 26. 27. 27. 28. 28. 28. 29. 29. 29. 29. 20. 20. 20. 21. 22. 22. 23. 28. 24. 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 <p< td=""><td>0</td></p<>	0
rt C. Part-Year Residents and Nonresidents Taxable Percentage         2. Enter the Amount From Column B, Line 21       22.         3. Enter the Amount From Column A, Line 21       23.       98         4. Part-Year Residents and Nonresident Taxable Percentage       24.       0.0	0
2. Enter the Amount From Column B, Line 21 3. Enter the Amount From Column A, Line 21 4. Part-Year Residents and Nonresident Taxable Percentage REV	0
<ul> <li>2. Enter the Amount From Column B, Line 21</li> <li>2. 2. 23</li> <li>98</li> <li>24. 0.0</li> </ul>	
23. 98 24. 0.0 REV	<u> </u>
<ul> <li>B. Enter the Amount From Column A, Line 21</li> <li>Part-Year Residents and Nonresident Taxable Percentage</li> <li>Part-Year Residents and Nonresident Taxable Percentage</li> <li>REV</li> </ul>	0
A. Part-Year Residents and Nonresident Taxable Percentage 24. 0.0	8842
REV	
	V 12/13/23 PR

<b>1040</b>	-	artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Only	y—Do not w	vrite or sta	aple in this space.
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ding			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	st name					Your so	cial sec	urity number	
SAI BHAR	GAV		YER	RAMSET	TTY					389	91	9732
lf joint return, sp	oouse's	s first name and middle initial	Last r	name						Spouse	's social	security numbe
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Preside	ntial Ele	ection Campaigr
												ou, or your
City, town, or p	ost offi	ice. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP c	ode			jointly, want \$3 nd. Checking a
Rocky Mc	unt					NC	2	278	04			not change
Foreign country	name			Foreign pi	rovince/state/	/count	ty	Foreig	n postal code	your tax	_	_
											L Yo	ou Spouse
Filing Status		Single					Head of he	ouseh	old (HOH)			
Check only		Married filing jointly (even if only or	ne hac	l income)			□ - ··· ·			()		
one box.		Married filing separately (MFS)							• •	. ,		
		you checked the MFS box, enter the alifying person is a child but not you			pouse. If yo	u che	ecked the HOF	l or Q	SS box, ent	er the ch	ld's na	me if the
	qu		ir depe	endent.								
Digital		ny time during 2023, did you: (a) rece	•						,.		_	
Assets	exch	nange, or otherwise dispose of a digi			nancial inter	est ir	n a digital asse	et)? (Se	e instructio	ns.)		es 🛛 No
Standard	_	neone can claim: 🗌 You as a de	•		•		a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	1					
Age/Blindness	You	: 🗌 Were born before January 2, 1	959	Are bl	lind <b>Sp</b>	ouse	: 🗌 Was bor	n befo	ore January	2, 1959		s blind
Dependents	s (see	instructions):		(2) 5	Social security	Ý	(3) Relationsh	ip (4	) Check the b	ox if qual	fies for	(see instructions):
If more	<b>(1)</b> F	irst name Last name			number		to you		Child tax o	redit	Credit fo	or other dependents
than four												
dependents, see instructions	;											
and check												
here	10		ov 1 /a		ationa)					1.		100 411
Income	1a b	Total amount from Form(s) W-2, by								. 1a . 1b		109,411.
Attach Form(s)	c									. 10		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	•		,			• •		. 10		
W-2G and	e	Taxable dependent care benefits f								. 1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene								. 1f		
lf you did not	g	Wages from Form 8919, line 6								. 19	1	
get a Form W-2, see	h	Other earned income (see instructi	ions)							. 1h	1	0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions)			<b>1</b> i					
	z	Add lines 1a through 1h	• •		· · ;					. 1z		109,411.
Attach Sch. B	2a	Tax-exempt interest	2a			bΤ	axable interest	t.		. 2b		
if required.	3a		3a				Ordinary divider			. 3b		
Standard	4a		4a				axable amoun			. 4b		
Deduction for—	5a		5a				axable amoun			. 5b		
<ul> <li>Single or Married filing</li> </ul>	6a	,	6a		-1		axable amoun	t		. 6b	•	
separately, \$13,850	c 7	If you elect to use the lump-sum e				`	,	• •	l	╡┞╺		
<ul> <li>Married filing</li> </ul>	7	Capital gain or (loss). Attach Sche		•	•		-	• •	l			_10 560
jointly or Qualifying	8 0	Additional income from Schedule						• •		· 8		-10,569. 98,842.
surviving spouse, \$27,700	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, Adjustments to income from Sche		-			<b>c</b>	• •		· 9		<u>98,842.</u> 5,624.
<ul> <li>Head of</li> </ul>	11	Subtract line 10 from line 9. This is			 aross inco			• •		. 11		93,218.
household, \$20,800	12	Standard deduction or itemized	-					•••		. 12		13,850.
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduction								. 13		±J,0J0.
Standard Deduction,	14	Add lines 12 and 13								. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is y	/our f	taxable incom	ne .				79,368.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	12,770.
Credits	17	Amount from Schedule 2, lin	ie3				[	17	
	18	Add lines 16 and 17					[	18	12,770.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		[	19	
	20	Amount from Schedule 3, lin	ie 8				[	20	
	21	Add lines 19 and 20					[	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[	22	12,770.
	23	Other taxes, including self-e					[	23	0.
	24	Add lines 22 and 23. This is					[	24	12,770.
Payments	25	Federal income tax withheld							i
	а	Form(s) W-2				<b>25a</b> 18	,216.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	<i>,</i>					25d	18,216.
If you have a	26	2023 estimated tax payment					[	26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31				undable credits		32	
	33	Add lines 25d, 26, and 32. T	,	-				33	18,216.
Refund	34	If line 33 is more than line 24						34	5,446.
neruna	35a	Amount of line 34 you want	-			, .		35a	5,446.
Direct deposit?	b	Routing number 1 2 2					Savings		
See instructions.	d	Account number 4 5 7							
	36	Amount of line 34 you want a				36	_		
Amount	37	Subtract line 33 from line 24					_		
You Owe	57	For details on how to pay, g		37					
	38	Estimated tax penalty (see in				38			
Third Party		you want to allow another					_		
Designee							omplete bel	ow.	× No
	De	signee's		Phone		Perso	onal identifica	ation	
	nai	nē		no.		numb	ber (PIN)		
Sign		der penalties of perjury, I declare the							
Here		ief, they are true, correct, and com	piete. Declaration						, ,
	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SOFTWARE I	ENGINEER	(see ins		N, enter it here
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat		If the IR	IS sen	nt your spouse an
Keep a copy for	- 1-	,					Identity	Prote	ection PIN, enter it here
your records.							(see ins	t.)	
	Ph	one no. (928) 863-674	3	Email address	SAIBHARGAVYERR	AMSETTY@GMAIL.CO	M		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN	Γ	Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/06/2024	P020827	03	Self-employed
Use Only	Fir	m's name GLOBAL TAX	XES LLC				Phone I	no. (	678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's E	ΞIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/23/24 PRO			Form <b>1040</b> (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

# Additional Income and Adjustments to Income

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074 2023

Attachment Sequence No. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number SAI BHARGAV YERRAMSETTY 389-91-9732

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	
4	Other gains or (losses). Attach Form 4797		
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E .		-10,569.
6	Farm income or (loss). Attach Schedule F.		
7	Unemployment compensation	7	
8	Other income:		
а	Net operating loss	)	
b	Gambling		
С	Cancellation of debt		
d	Foreign earned income exclusion from Form 2555	)	
е	Income from Form 8853		
f	Income from Form 8889		
g	Alaska Permanent Fund dividends		
h	Jury duty pay		
i	Prizes and awards		
j	Activity not engaged in for profit income	_	
k	Stock options	_	
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)	_	
n	Section 951(a) inclusion (see instructions)	_	
0	Section 951A(a) inclusion (see instructions)         .         .         .         80	_	
р	Section 461(I) excess business loss adjustment	_	
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	)	
t	Pension or annuity from a nonqualifed deferred compensation plan or		
	a nongovernmental section 457 plan	_	
u	Wages earned while incarcerated   8u	_	
Z	Other income. List type and amount:		
0	Total other income. Add lines %s through %z	9	
9 10	Total other income. Add lines 8a through 8z	-	
10	1040, 1040-SR, or 1040-NR, line 8		-10,569.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		ule 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:				
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	5,624.		
f	Contributions to section 501(c)(18)(D) pension plans	24f			
g		24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	,	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	<b>~</b> *			
		24i		-	
i	Housing deduction from Form 2555	24j		-	
K	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	~			
		24k		-	
Z	Other adjustments. List type and amount:	04-			
05		24z		05	E CO 4
25 26	Total other adjustments. Add lines 24a through 24z			25	5,624.
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> Form 1040, 1040-SR, or 1040-NR, line 10			26	5 624
				= -	5,624.
	BAA	REV 02	2/23/24 PRO	schedule	e 1 (Form 1040) 2023

(Form 1040)		(Fr	om r	ental real estate	e, royalties, partners	ships, S	6 corporat	ions, es	states,	trusts, REMI	Cs, etc.)	90	9	3
Departm Internal	Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to <i>www.irs.gov/ScheduleE</i> for instructions and the latest information.								Attachment Sequence No. 13					
Name(s) shown on return											al security	numbe	r	
	BHARGAV YE		-								389-93	1-9732		
Part	Note: If yo	ou are	e in th	ne business of re	al Real Estate an enting personal prope	erty, use		<b>- C</b> . See	e instruc	tions. If you	are an indiv	ridual, rep	ort far	m
					<b>35</b> on page 2, line 40.		- ()							
					t would require you Form(s) 1099?									NO No
<b>1</b> a	Physical addr	ess	of ea	ach property (s	treet, city, state, Z	IP cod	e)							
Α	BHADRACHA	LAM	BH	ADRADRI KO	THAGUDEM TEL	ANGAI	NA IN 5	50711	1					
В														
С														
1b	Type of Prope (from list below		2	For each rent above, report	al real estate prop t the number of fair	erty lis <sup>r</sup> rental	rty listed			Fair Rental Days		al Use ys	QJV	
Α	3			personal use	days. Check the C	JV bo	x only	Α	365			0		
В					ne requirements to			В						
С				quaimed joint	venture. See instr	uction	5.	С						
Туре	of Property:													
	Single Family R			e 3 Vacati	on/Short-Term Rei	ntal	5 Lanc	ł	-	Self-Rental				
2	Multi-Family Re	side	nce	4 Comm	nercial		6 Roya	alties	8	Other (desc	ribe)			
										Propert	ies:			
Incom	ne:							Α		B			С	
3	Rents received	ι.				3		6	689.					
4	Royalties rece	ived				4								
Exper														
5	Advertising .					5								
6		•		,		6								
7	•					7		1,9	50.					
8						8								
9						9								
10	-	-				10								
11	-					11		1,5	23.					
12 13	00				(see instructions)	12 13								
13						13		3 1	.20.					
15						15			50.					
16						16		5,0						
17						17		1.0	15.					
18						18								
19	Other (list)	•				10								
20					9	20		11,2	58.					
21	Subtract line 2	0 frc	om lir	ne 3 (rents) and	d/or 4 (royalties). If									
					nd out if you must	21		-10,5	69.					
22					r limitation, if any,	22	(	10,50	59.)(		)	(		)
23a	Total of all am	ount	s rep	oorted on line 3	3 for all rental prop	erties			23a		689.			
b					for all royalty pro				23b					
С					2 for all properties				23c					
d					8 for all properties				23d					
е					20 for all properties				23e	11	L,258.			
24					n on line 21. <b>Do no</b>		-				. 24	(		· c o )
25	LOSSES. Add ro	yait\	/ 10SS	ses from line 21	and rental real esta	Le IOSS	es trom lin	ie 22. E	nter tot	al losses he	re <b>25</b>		LO,5	oy.)

**Supplemental Income and Loss** 

SCHEDULE E

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

For Paperwork Reduction Act Notice, see the separate instructions.

26

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-10,569.

OMB No. 1545-0074

Form <b>8582</b>	Passive Activity Loss Limitations		OMB No. 1545-1008				
	See separate instructions.		20 <b>23</b>				
Department of the Treasury	Attachment						
nternal Revenue Service	Go to www.irs.gov/Form8582 for instructions and the latest information.		Sequence No. 858				
Name(s) shown on return		Identifying					
SAI BHARGAV YE	-	389-91	-9732				
	Passive Activity Loss						
Cautio	n: Complete Parts IV and V before completing Part I.						
	ctivities With Active Participation (For the definition of active participation, see Spec I Real Estate Activities in the instructions.)	ial					
1a Activities with	net income (enter the amount from Part IV, column (a))   <b>1a</b>	0.					
<b>b</b> Activities with							
c Prior years' un	Prior years' unallowed losses (enter the amount from Part IV, column (c)) 1c ( )						
d Combine lines	1a, 1b, and 1c	. 1d	-10,569.				
All Other Passive Ac	tivities						
2a Activities with	net income (enter the amount from Part V, column (a))   <b>2a</b>						
	net loss (enter the amount from Part V, column (b))	)					
c Prior years' ur	allowed losses (enter the amount from Part V, column (c)) 2c (	)					
d Combine lines	2a, 2b, and 2c	. 2d					
zero or more, prior year una	a 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line stop here and include this form with your return; all losses are allowed, including a llowed losses entered on line 1c or 2c. Report the losses on the forms and schedu	any les	10.500				
normally used		. 3	-10,569.				
IT line 3 is a los	<ul> <li>s and: • Line 1d is a loss, go to Part II.</li> <li>• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.</li> </ul>						
<b>Caution:</b> If your filing Part II. Instead, go to	status is married filing separately and you lived with your spouse at any time during		, <b>do not</b> complete				
. 0	al Allowance for Rental Real Estate Activities With Active Participation						
	Inter all numbers in Part II as positive amounts. See instructions for an example.						

4	Enter the smaller of the loss on line 1d or the loss on line 3		4	10,569.			
5	Enter \$150,000. If married filing separately, see instructions 5	150,000.					
6	Enter modified adjusted gross income, but not less than zero. See instructions 6						
	<b>Note:</b> If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.						
7	Subtract line 6 from line 5	46,213.					
8	ee instructions	8	23,107.				
9	Enter the smaller of line 4 or line 8. If line 3 includes any CRD, see instructions	9	10,569.				
Par							
10	Add the income, if any, on lines 1a and 2a and enter the total	10	0.				
11							
	out how to report the losses on your tax return						

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

	Currer	nt year	Prior years	Overall gain or loss			
Name of activity	(a) Net income (line 1a)	<b>(b)</b> Net loss (line 1b)	(c) Unallowed loss (line 1c)	<b>(d)</b> Gain	(e) Loss		
BHADRACHALAM	0.	10,569.			10,569.		
Total. Enter on Part I, lines 1a, 1b, and 1c	0.	10,569.					
For Department Peduction Act Nation and instr				Fam. 9592 (0000)			

For Paperwork Reduction Act Notice, see instructions.

Form **8582** (2023)

Form 8582 (202										Page <b>2</b>	
Part V	Complete This Part Be	efore P			and 2c. S						
	Name of activity		Currer	Current year			ears	Overall ga		ain or loss	
Name of activity			(a) Net income (line 2a)		<b>(b)</b> Net loss (line 2b)		lowed ie 2c)	(d) Gain		(e) Loss	
Total. Enter Part VI	on Part I, lines 2a, 2b, and 2 Use This Part if an Am		s Shown on F	Part II.	Line 9. S	ee instru	ctions.				
	Name of activity		rm or schedule nd line number be reported on ee instructions)	(a) Loss		(b) Ratio		<b>(c)</b> Special allowance		(d) Subtract column (c) from column (a).	
BHADRACH	HALAM		E Ln 22		10,569.	1.0000	0000	10,56	59.	0.	
Total .					10,569.	1.0	0	10,56	59.	0.	
Part VII	Allocation of Unallowe	ed Los			S.		1				
	Name of activity		Form or sche and line nun to be reporte (see instruct	mber ed on (a) l		Loss (		(b) Ratio (c		( <b>c)</b> Unallowed loss	
Total .	<u></u>	<u> </u>	<u></u>					1.00			
Part VIII	Allowed Losses. See in	nstruct									
	Name of activity		Form or schedule and line number to be reported on (see instructions)		(a) Loss		(b) Unallowed loss		(c) Allowed loss		
Total											

REV 02/23/24 PRO

Form **8582** (2023)