

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

Your first name and middle initial CHANDRAVEER Last name PASUMARTHY Your social security number 806 70 8685

If joint return, spouse's first name and middle initial ANUSHA Last name PERLA Spouse's social security number 892 83 7383

Home address (number and street). If you have a P.O. box, see instructions. 7189 WINDSOR LAKES PL Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. INDIANAPOLIS State IN ZIP code 46237 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents

Income table with columns 1a-1z and 1a-1z. Rows include Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, Taxable dependent care benefits, Employer-provided adoption benefits, Wages from Form 8919, Other earned income, Nontaxable combat pay election, Add lines 1a through 1h.

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

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

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 31,375.

Table for Payments (lines 25-33). Includes federal income tax withheld (38,954) and total payments (38,957).

Table for Refund (lines 34-36). Shows overpaid amount (7,582) and amount applied to 2024 estimated tax.

Table for Amount You Owe (lines 37-38). Shows amount you owe and estimated tax penalty.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with signature lines for taxpayer and spouse, including occupation and date fields.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, and firm information.

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
CHANDRAVEER PASUMARTHY & ANUSHA PERLA

Your social security number  
806-70-8685

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .		<b>1</b>	
<b>2a</b>	Alimony received . . . . .		<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions): _____			
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .		<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .		<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .		<b>5</b>	-18,976.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .		<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .		<b>7</b>	
<b>8</b>	Other income:			
<b>a</b>	Net operating loss . . . . .	<b>8a</b> ( )		
<b>b</b>	Gambling . . . . .	<b>8b</b>		
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>		
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b> ( )		
<b>e</b>	Income from Form 8853 . . . . .	<b>8e</b>		
<b>f</b>	Income from Form 8889 . . . . .	<b>8f</b>		
<b>g</b>	Alaska Permanent Fund dividends . . . . .	<b>8g</b>		
<b>h</b>	Jury duty pay . . . . .	<b>8h</b>		
<b>i</b>	Prizes and awards . . . . .	<b>8i</b>		
<b>j</b>	Activity not engaged in for profit income . . . . .	<b>8j</b>		
<b>k</b>	Stock options . . . . .	<b>8k</b>		
<b>l</b>	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . .	<b>8l</b>		
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8m</b>		
<b>n</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8n</b>		
<b>o</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8o</b>		
<b>p</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8p</b>		
<b>q</b>	Taxable distributions from an ABLÉ account (see instructions) . . . . .	<b>8q</b>		
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 . . . . .	<b>8r</b>		
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .	<b>8s</b> ( )		
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .	<b>8t</b>		
<b>u</b>	Wages earned while incarcerated . . . . .	<b>8u</b>		
<b>z</b>	Other income. List type and amount: _____	<b>8z</b>		
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .		<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .		<b>10</b>	-18,976.

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

Schedule 1 (Form 1040) 2023

**Part II Adjustments to Income**

<b>11</b>	Educator expenses . . . . .	<b>11</b>	
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>12</b>	
<b>13</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>13</b>	
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>14</b>	
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>15</b>	
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>16</b>	
<b>17</b>	Self-employed health insurance deduction . . . . .	<b>17</b>	
<b>18</b>	Penalty on early withdrawal of savings . . . . .	<b>18</b>	
<b>19a</b>	Alimony paid . . . . .	<b>19a</b>	
<b>b</b>	Recipient's SSN . . . . .		
<b>c</b>	Date of original divorce or separation agreement (see instructions): _____		
<b>20</b>	IRA deduction . . . . .	<b>20</b>	2,164.
<b>21</b>	Student loan interest deduction . . . . .	<b>21</b>	
<b>22</b>	Reserved for future use . . . . .	<b>22</b>	
<b>23</b>	Archer MSA deduction . . . . .	<b>23</b>	
<b>24</b>	Other adjustments:		
<b>a</b>	Jury duty pay (see instructions) . . . . .	<b>24a</b>	
<b>b</b>	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .	<b>24b</b>	
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .	<b>24c</b>	
<b>d</b>	Reforestation amortization and expenses . . . . .	<b>24d</b>	
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	<b>24e</b>	
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans . . . . .	<b>24f</b>	
<b>g</b>	Contributions by certain chaplains to section 403(b) plans . . . . .	<b>24g</b>	
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	<b>24h</b>	
<b>i</b>	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . .	<b>24i</b>	
<b>j</b>	Housing deduction from Form 2555 . . . . .	<b>24j</b>	
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	<b>24k</b>	
<b>z</b>	Other adjustments. List type and amount: _____	<b>24z</b>	
<b>25</b>	Total other adjustments. Add lines 24a through 24z . . . . .	<b>25</b>	
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 . . . . .	<b>26</b>	2,164.

**SCHEDULE B  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Interest and Ordinary Dividends**

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

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **08**

Name(s) shown on return: **CHANDRAVEER PASUMARTHY & ANUSHA PERLA**  
Your social security number: **806-70-8685**

**Part I  
Interest**

(See instructions and the Instructions for Form 1040, line 2b.)

**Note:** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

		<b>Amount</b>
<b>1</b>	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address: <u>WEALTHFRONT BROKERAGE LLC</u> <u>GOLDMAN SACHS BANK USA</u>	59. 4,096.
<b>2</b>	Add the amounts on line 1 . . . . .	4,155.
<b>3</b>	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 . . . . .	
<b>4</b>	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4,155.

**Note:** If line 4 is over \$1,500, you must complete Part III.

**Part II  
Ordinary Dividends**

(See instructions and the Instructions for Form 1040, line 3b.)

**Note:** If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

		<b>Amount</b>
<b>5</b>	List name of payer: <u>APEX CLEARING</u>	332.
<b>6</b>	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	332.

**Note:** If line 6 is over \$1,500, you must complete Part III.

**Part III  
Foreign Accounts and Trusts**

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

**Caution:** If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instructions.

		<b>Yes</b>	<b>No</b>
<b>7a</b>	At any time during 2023, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b>	During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**SCHEDULE D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2023**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.  
Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.

Attachment  
Sequence No. **12**

Name(s) shown on return

CHANDRAVEER PASUMARTHY & ANUSHA PERLA

Your social security number

806-70-8685

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	482 .	439 .		43 .
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> 43 .

**Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .	4,781 .	4,699 .		82 .
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b> 82 .

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

Schedule D (Form 1040) 2023

**Part III Summary**

<b>16</b>	Combine lines 7 and 15 and enter the result . . . . .	<b>16</b>	125.
	<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>		
<b>17</b>	Are lines 15 and 16 <b>both</b> gains? <input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
<b>18</b>	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . .	<b>18</b>	
<b>19</b>	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . .	<b>19</b>	
<b>20</b>	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.		
<b>21</b>	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of: <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul>	<b>21</b>	( )
	<b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.		
<b>22</b>	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?  <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.  <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.

Name(s) shown on return: CHANDRAVEER PASUMARTHY & ANUSHA PERLA Social security number or taxpayer identification number: 806-70-8685

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

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

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

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

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss)</b> Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	APEX CLEARING	01/01/23	12/31/23	237.	239.			-2.
	ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	245.	200.			45.
<b>2 Totals.</b>	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked).			482.	439.			43.

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



Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side <b>CHANDRAVEER PASUMARTHY &amp; ANUSHA PERLA</b>	Social security number or taxpayer identification number <b>806-70-8685</b>
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Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss)</b> Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	APEX CLEARING	01/01/23	12/31/23	1,574.	1,585.			-11.
	ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	3,207.	3,114.			93.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) . . .				4,781.	4,699.			82.

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

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2023**

Department of the Treasury  
Internal Revenue Service

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

Attachment  
Sequence No. **13**

Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

CHANDRAVEER PASUMARTHY & ANUSHA PERLA

806-70-8685

**Part I Income or Loss From Rental Real Estate and Royalties**

**Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No
- B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

**1a** Physical address of each property (street, city, state, ZIP code)

**A** 15/15/133/A/306 HAVELI, (URBAN) KHAMMAM TELANGANA IN 507002

**B**  
**C**

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days	QJV
		A	B	C	
<b>A</b> 3		365		0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<input type="checkbox"/>

**Type of Property:**

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

Income:	Properties:		
	A	B	C
<b>3</b> Rents received . . . . .	<b>3</b> 674.		
<b>4</b> Royalties received . . . . .	<b>4</b>		
<b>Expenses:</b>			
<b>5</b> Advertising . . . . .	<b>5</b>		
<b>6</b> Auto and travel (see instructions) . . . . .	<b>6</b>		
<b>7</b> Cleaning and maintenance . . . . .	<b>7</b> 3,845.		
<b>8</b> Commissions . . . . .	<b>8</b>		
<b>9</b> Insurance . . . . .	<b>9</b>		
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>		
<b>11</b> Management fees . . . . .	<b>11</b> 3,298.		
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>		
<b>13</b> Other interest . . . . .	<b>13</b>		
<b>14</b> Repairs . . . . .	<b>14</b> 3,710.		
<b>15</b> Supplies . . . . .	<b>15</b> 3,547.		
<b>16</b> Taxes . . . . .	<b>16</b>		
<b>17</b> Utilities . . . . .	<b>17</b> 2,975.		
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b> 2,275.		
<b>19</b> Other (list) _____	<b>19</b>		
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b> 19,650.		
<b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	<b>21</b> -18,976.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b> ( 18,976. )		
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b> 674.		
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>		
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>		
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b> 2,275.		
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b> 19,650.		
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>		
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b> ( 18,976. )		
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b> -18,976.		

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-18,976.

Schedule E (Form 1040) 2023

### Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions.  
 Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.  
 Go to [www.irs.gov/Form8959](http://www.irs.gov/Form8959) for instructions and the latest information.

Name(s) shown on return

CHANDRAVEER PASUMARTHY & ANUSHA PERLA

Your social security number

806-70-8685

**Part I Additional Medicare Tax on Medicare Wages**

<b>1</b> Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 . . . . .	<b>1</b>	200,326.		
<b>2</b> Unreported tips from Form 4137, line 6 . . . . .	<b>2</b>			
<b>3</b> Wages from Form 8919, line 6 . . . . .	<b>3</b>			
<b>4</b> Add lines 1 through 3 . . . . .	<b>4</b>	200,326.		
<b>5</b> Enter the following amount for your filing status:				
Married filing jointly . . . . . \$250,000				
Married filing separately . . . . . \$125,000				
Single, Head of household, or Qualifying surviving spouse . . . . . \$200,000	<b>5</b>	250,000.		
<b>6</b> Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	<b>6</b>			0.
<b>7</b> Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II . . . . .	<b>7</b>			0.

**Part II Additional Medicare Tax on Self-Employment Income**

<b>8</b> Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- . . . . .	<b>8</b>			
<b>9</b> Enter the following amount for your filing status:				
Married filing jointly . . . . . \$250,000				
Married filing separately . . . . . \$125,000				
Single, Head of household, or Qualifying surviving spouse . . . . . \$200,000	<b>9</b>			
<b>10</b> Enter the amount from line 4 . . . . .	<b>10</b>			
<b>11</b> Subtract line 10 from line 9. If zero or less, enter -0- . . . . .	<b>11</b>			
<b>12</b> Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	<b>12</b>			
<b>13</b> Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III . . . . .	<b>13</b>			

**Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation**

<b>14</b> Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) . . . . .	<b>14</b>			
<b>15</b> Enter the following amount for your filing status:				
Married filing jointly . . . . . \$250,000				
Married filing separately . . . . . \$125,000				
Single, Head of household, or Qualifying surviving spouse . . . . . \$200,000	<b>15</b>			
<b>16</b> Subtract line 15 from line 14. If zero or less, enter -0- . . . . .	<b>16</b>			
<b>17</b> Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV . . . . .	<b>17</b>			

**Part IV Total Additional Medicare Tax**

<b>18</b> Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V . . . . .	<b>18</b>			0.
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**Part V Withholding Reconciliation**

<b>19</b> Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 . . . . .	<b>19</b>	2,908.		
<b>20</b> Enter the amount from line 1 . . . . .	<b>20</b>	200,326.		
<b>21</b> Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages . . . . .	<b>21</b>	2,905.		
<b>22</b> Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages . . . . .	<b>22</b>			3.
<b>23</b> Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) . . . . .	<b>23</b>			
<b>24 Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions) . . . . .	<b>24</b>			3.



Check if deceased:  Spouse  Taxpayer For calendar year or other taxable year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

<b>A. Spouse's Social Security Number</b>  892-83-7383	<b>B. Your Social Security Number</b>  806-70-8685
Name—Last, First, Middle Initial (Joint return, give both names and initials.)  PASUMARTHY CHANDRAVEER PERLA ANUSHA	
Mailing Address (Number and Street including Apartment Number or P.O. Box)  7189 WINDSOR LAKES PL	
City, Town or Post Office  INDIANAPOLIS IN 46237	State ZIP Code



**FILING STATUS** (see instructions)

1  Single

2  *Married*, filing joint return.

3  *Married*, filing separate returns. Enter spouse's Social Security number above and full name here. \_\_\_\_\_

*Check if applicable:*

**Amended**  
(Enclose copy of 1040X, if applicable.)

**Military Spouse**

**POLITICAL PARTY FUND**  
*Designating \$2 will not change your refund or tax due.*

	A. Spouse	B. Yourself
<b>Democratic</b>	(1) <input type="checkbox"/>	(4) <input type="checkbox"/>
<b>Republican</b>	(2) <input type="checkbox"/>	(5) <input type="checkbox"/>
<b>No Designation</b>	(3) <input checked="" type="checkbox"/>	(6) <input checked="" type="checkbox"/>

**RESIDENCY STATUS** (check one box)

4  Full-year nonresident. I did not live in Kentucky during the year. Enter state of residence as of December 31, 2023 IN.

5  Part-year resident. Complete appropriate line(s) below.  
 Moved into Kentucky \_\_\_\_\_ State moved from \_\_\_\_\_  
 Moved out of Kentucky \_\_\_\_\_ State moved to \_\_\_\_\_

6 You must file a 740-NP-R if you are a full-year resident of a **reciprocal state (IL, IN, MI, OH, VA, WV or WI)** with Kentucky income of wages and salaries only.

**COMPLETE SECTION B ON PAGE 4 BEFORE COMPLETING SECTION A.**

SECTION A		7	8.5 %	
7	Enter percentage from Section B, line 34.....	7	8.5 %	
8	Enter amount from Section B, line 33, Column A. This is your <b>Federal Adjusted Gross Income</b> .....	8	213,105.	00
9	Enter amount from Section B, line 33, Column B. This is your <b>Kentucky Adjusted Gross Income</b> .....	9	18,092.	00
10	<b>Nonitemizers:</b> Enter \$2,980 (do not prorate). Skip lines 11 and 12 .....	10	2,980.	00
11	<b>Itemizers:</b> Enter itemized deductions from Kentucky Schedule A, Form 740-NP .....	11	00	
12	Multiply line 11 by the percentage on line 7 .....	12	00	
13	Subtract line 10 or 12 from line 9. This is your <b>Taxable Income</b> .....	13	15,112.	00
14	<b>Tax Computation:</b> Multiply line 13 by 4.5% (.045) enter tax.....	14	680.	00
15	Enter amount from Schedule ITC, Section A, line 25.....	15		00
16	Subtract line 15 from line 14.....	16	680.	00
17	Enter personal tax credit amounts from Schedule ITC, Section B .....	17	00	
18	Multiply line 17 by the percentage on line 7 .....	18	00	
19	Subtract line 18 from line 16 and enter here, continue to page 2.....	19	680.	00



20	Check the box that represents your total family size (see instructions for lines 20 and 21).....	20	1 <input type="checkbox"/>	2 <input checked="" type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
21	Multiply line 19 by <b>Family Size Tax Credit</b> decimal amount <u>0.00</u> ( <u>0</u> %) from Schedule ITC.....	21			0.	00
22	Subtract line 21 from line 19.....	22			680.	00
23	Enter the <b>Education Tuition Tax Credit</b> from Form 8863-K, line 17.....	23				00
24	Enter <b>Child and Dependent Care Credit</b> from worksheet (see instructions).....	24				00
25	RESERVED.....	25				00
26	<b>Income Tax Liability.</b> Subtract lines 23 through 25 from line 22. If zero or less, enter zero.....	26			680.	00
27	Enter <b>KENTUCKY USE TAX</b> due on Internet, mail order, or other out-of-state purchases (see instructions).....	27				00
28	Add lines 26 and 27. This is your <b>TOTAL TAX LIABILITY</b> .....	28			680.	00
29	For amended return; overpayment, if any, shown on original return.....	29				00
30	Add lines 28 and 29, enter here.....	30			680.	00
31	a Enter <b>Kentucky income tax withheld</b> as shown on enclosed Schedule KW-2.....	31a			792.	00
	b Enter 2023 Kentucky estimated tax/extension payments.....	31b				00
	c Enter 2023 refundable certified rehabilitation credit.....	31c				00
	d Enter 2023 refundable entertainment incentive tax credit.....	31d				00
	e Enter 2023 refundable development area tax credit.....	31e				00
	f Enter 2023 refundable decontamination tax credit.....	31f				00
	g Enter 2023 refundable pass-through entity tax credit from Form PTET-CR, line 9.....	31g				00
	h Enter <b>Nonresident Withholding</b> from Form PTE-WH, line 9.....	31h				00
	i For amended return; enter amount paid with original return plus additional payment(s) made after it was filed.....	31i				00
32	Add lines 31(a) through 31(i).....	32			792.	00
33	If line 30 is larger than line 32, subtract line 32 from line 30, enter <b>ADDITIONAL TAX DUE</b> .....	33				00
34	a Estimated tax penalty <input type="checkbox"/> <b>Check if Form 2210-K attached</b> .....	34a				00
	b Interest.....	34b				00
	c Late payment penalty.....	34c				00
	d Late filing penalty.....	34d				00
35	Add lines 34(a) through 34(d). Enter here.....	35				00
36	If the total of lines 30 and 35 is more than line 32, subtract line 32 from the total of lines 30 and 35. This is the <b>AMOUNT YOU OWE</b> , continue to page 3.....	36				00
37	If line 32 is more than line 30, subtract lines 30 and 35 from line 32. This is the <b>AMOUNT YOU OVERPAID</b> , continue to page 3.....	37			112.	00



38 FUND CONTRIBUTIONS; see instructions.

a Nature and Wildlife Fund .....	38a	00
b Child Victims' Trust Fund .....	38b	00
c Veterans' Program Trust Fund .....	38c	00
d Breast Cancer Research/Education Trust Fund .....	38d	00
e Farms to Food Banks Trust Fund .....	38e	00
f Local History Trust Fund .....	38f	00
g Special Olympics Kentucky .....	38g	00
h Pediatric Cancer Research Trust Fund .....	38h	00
i Rape Crisis Center Trust Fund .....	38i	00
j Court Appointed Special Advocate Trust Fund .....	38j	00
k YMCA Youth Association Fund .....	38k	00

39 Add lines 38(a) through 38(k) .....	39	00
40 Amount of line 37 to be <b>CREDITED TO YOUR 2024 ESTIMATED TAX</b> ..... <b>CREDIT FORWARD</b>	40	00
<b>(Credit forwards not available for amended returns)</b>		
41 Subtract lines 39 and 40 from line 37. Amount to be <b>REFUNDED TO YOU</b> ..... <b>REFUND</b>	41	112.00

I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

<b>Sign Here</b>	Signature of Taxpayer	Driver's License/State Issued ID No. 9371080362	Date	Telephone Number (daytime) (618) 303-6890
	Signature of Spouse	Driver's License/State Issued ID No.	Date	
<b>Paid Preparer Use</b>	Signature of Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM		Date 02/14/2024	
	Name of Preparer or Firm GLOBAL TAXES LLC		ID Number P02082703	
	Email syam@gtaxfile.com	Telephone No. (678) 965-9522	May the DOR discuss this return with this preparer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Enclose</b>	Include a complete copy of federal Form 1040, if you received farm, business, or rental income or loss. If not required, check here. <input type="checkbox"/>		<b>Refund or No Payment</b>	<b>Kentucky Department of Revenue</b> Frankfort, KY 40618-0006
<b>Payment</b>	Check Payable: <b>Kentucky State Treasurer</b> E-Pay Options: <b>revenue.ky.gov</b> Include: Your Social Security number and "KY Income Tax—2023"		<b>With Payment</b>	<b>Kentucky Department of Revenue</b> Frankfort, KY 40618-0006



**SECTION B  
INCOME**

	A. Total from Enclosed Federal Return		B. Kentucky	
1 Enter all wages, salaries, tips, etc. ( <i>enclose Kentucky Schedule KW-2</i> ) Do not include moving expense reimbursements.....	1	229,633.00	18,092.00	00
2 Moving expense reimbursement.....	2	00		00
3 Interest.....	3	4,155.00	0.00	00
4 Dividends.....	4	332.00	0.00	00
5 Taxable refunds, credits or offsets of state and local income taxes.....	5	00		00
6 Alimony received.....	6	00		00
7 Business income or loss ( <i>enclose federal Schedule C</i> ).....	7	00		00
8 Capital gain or loss ( <i>enclose federal Schedule D</i> ).....	8	125.00	0.00	00
9 Other gains or losses ( <i>enclose federal Form 4797</i> ).....	9	00		00
10 a Federally taxable IRA distributions, pensions and annuities.....	10a	00		00
b Pension income exclusion ( <i>enclose Schedule P if more than \$31,110 per taxpayer</i> ).....	10b		(	00
11 Rents, royalties, partnerships, estates, trusts, etc. ( <i>enclose federal Schedule E</i> ).....	11	-18,976.00	0.00	00
12 Farm income or loss ( <i>enclose federal Schedule F</i> ).....	12	00		00
13 Unemployment compensation (see instructions).....	13	00		00
14 Taxable Social Security benefits.....	14	00		00
15 Gambling winnings.....	15	00		00
16 Other income (list type and amount) _____	16	00		00
17 Combine lines 1 through 16. This is your <b>Total Income</b>	17	215,269.00	18,092.00	00
<b>ADJUSTMENTS TO INCOME</b>				
18 Educator expenses.....	18	00		00
19 Certain business expenses of reservists, performing artists and fee-basis government officials ( <i>enclose federal Form 2106</i> ).....	19	00		00
20 Health savings account deduction ( <i>enclose federal Form 8889</i> ).....	20	00		00
21 Moving expenses for members of the armed forces.....	21	00		00
22 Deductible part of self-employment tax.....	22	00		00
23 Self-employed SEP, SIMPLE, and qualified plans deduction.....	23	00		00
24 Self-employed health insurance deduction.....	24	00		00
25 Penalty on early withdrawal of savings.....	25	00		00
26 Alimony paid (enter recipient's name and Social Security number) _____	26	00		00
27 IRA deduction.....	27	2,164.00	0.00	00
28 Student loan interest deduction.....	28	00		00
29 RESERVED.....	29	00		00
30 Archer MSA deduction.....	30	00		00
31 Other deductions (list type and amount) _____	31	00		00
32 Add lines 18 through 31. <b>Total Adjustments to Income</b> .....	32	2,164.00	0.00	00
33 Subtract line 32 from line 17. This is your <b>Adjusted Gross Income</b> .....	33	213,105.00	18,092.00	00
34 Divide line 33, Column B, by line 33, Column A. If amount is equal to or greater than 100%, enter 100%. This is your <b>Percentage of Kentucky Adjusted Gross Income to Federal Adjusted Gross Income</b> .....	34	___ 8 . 5 %		



2 3 0 3 4 9 1 5 5 5

➤ **Enclose with Form 740 or 740-NP**

Enter name(s) as shown on tax return.

Your Social Security Number

PASUMARTHY, CHANDRAVEER & PERLA, ANUSHA

806-70-8685

**SECTION A—BUSINESS INCENTIVES AND OTHER TAX CREDITS**

A	B Preapproval Required	C Credit Name	D Required Attachment	E		F	
				Spouse		Yourself	
1	No	Nonrefundable Limited Liability Entity	Kentucky Limited Liability Entity Tax Credit Worksheet C/Schedule K-1		00		00
2	Yes	Kentucky Small Business	Schedule K-1		00		00
3	Yes	Kentucky Selling Farmers	Schedule K-1		00		00
4	Yes	Skills Training Investment	Schedule K-1		00		00
5	Yes	Certified Rehabilitation	Certification Copies		00		00
6	No	Tax Paid to Another State	Copy(ies) of Other State(s) return or Worksheet A		00		00
7	No	Unemployment	Schedule UTC		00		00
8	Yes	Recycling/Composting Equipment	Schedule RC		00		00
9	Yes	Kentucky Investment Fund	KEDFA notification		00		00
10	No	Qualified Research Facility	Schedule QR		00		00
11	No	GED Incentive	Form DAEL-31		00		00
12	Yes	Voluntary Environmental Remediation	Schedule VERB		00		00
13	Yes	Biodiesel	Schedule BIO		00		00
14	Yes	Clean Coal Incentive	Schedule CCI		00		00
15	Yes	Ethanol	Schedule ETH		00		00
16	Yes	Cellulosic Ethanol	Schedule CELL		00		00
17	No	Railroad Maintenance & Improvement	Schedule RR-I		00		00
18	Yes	Endow Kentucky	Schedule ENDOW		00		00
19	Yes	New Markets Development Program	Form 8874(K)-A		00		00
20	No	Distilled Spirits	Schedule DS		00		00
21	Yes	Angel Investor	Certification Letter		00		00
22		RESERVED			00		00
23	No	Inventory	Schedule INV		00		00
24	Yes	Renewable Chemical Production	Schedule CHEM		00		00
25	Total of Other Tax Credits (add lines 1 through 24). Enter here and on Form 740, page 1, line 15, Columns A and B, or enter combined totals of Columns E and F on Form 740-NP, page 1, line 15.....				00		00





**SECTION B—PERSONAL TAX CREDITS**

**Taxpayer**

**Spouse**

Complete only if filing joint or married,  
filing separately on a combined return

Enter your date of birth (MM/DD/YYYY)	11/24/1994	Enter your date of birth (MM/DD/YYYY)	01/26/1996
1 If you were 65 on or before 12/31/2023, enter 40.....	1	5 If you were 65 on or before 12/31/2023, enter 40.....	5
2 If you were legally blind on 12/31/2023, enter 40.....	2	6 If you were legally blind on 12/31/2023, enter 40.....	6
3 If you were a member of the Kentucky National Guard on 12/31/2023, enter 20.....	3	7 If you were a member of the Kentucky National Guard on 12/31/2023, enter 20.....	7
4 Allowable Taxpayer Credit—Add lines 1 through 3.....	4	8 Allowable Spouse Credit—Add lines 5 through 7.....	8

**Assignment of Personal Tax Credits**

9 For filing status <b>Single or Married, filing separate returns</b> , enter the amount from line 4 here and in Column B of Form 740, line 17 or Form 740-NP, line 17 (Not to exceed 100).....	9
10 For filing status <b>Married, filing separately on this combined return</b> , enter the amount from line 4 here and in column B of Form 740, line 17 (Not to exceed 100).....	10
11 For filing status <b>Married, filing separately on this combined return</b> , enter the amount from line 8 here and in column A of Form 740, line 17. (Not to exceed 100).....	11
12 For filing status <b>Married, filing jointly</b> , add line 4 and line 8 and enter here and in Column B of Form 740, line 17 or Form 740-NP, line 17. (Not to exceed 200).....	12

**SECTION C—FAMILY SIZE TAX CREDIT**

Enter dependents qualifying for family size credit. See instructions to determine family size and your qualifying dependents. Your family size will be used to determine your family size tax credit percentage.

First and Last Name	Dependent's Social Security number	Dependent's relationship to you	Check if qualifying child for family size tax credit
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Use this **Family Size Tax Credit Table** to determine the percentage of family size credit. You will need to know your family size and your modified gross income (a worksheet is located within the instructions). You will enter the percentage for the family size tax credit on Form 740 or 740-NP, line 21.

Family Size	One		Two		Three		Four or More		Credit Percentage is
	is over	is not over	is over	is not over	is over	is not over	is over	is not over	
<b>Tax Year 2023</b>	\$ ---	\$ 14,580	\$ ---	\$ 19,720	\$ ---	\$ 24,860	\$ ---	\$ 30,000	100
	14,580	15,163	19,720	20,509	24,860	25,854	30,000	31,200	90
	15,163	15,746	20,509	21,298	25,854	26,849	31,200	32,400	80
	15,746	16,330	21,298	22,086	26,849	27,843	32,400	33,600	70
	16,330	16,913	22,086	22,875	27,843	28,838	33,600	34,800	60
	16,913	17,496	22,875	23,664	28,838	29,832	34,800	36,000	50
	17,496	18,079	23,664	24,453	29,832	30,826	36,000	37,200	40
	18,079	18,517	24,453	25,044	30,826	31,572	37,200	38,100	30
	18,517	18,954	25,044	25,636	31,572	32,318	38,100	39,000	20
	18,954	19,391	25,636	26,228	32,318	33,064	39,000	39,900	10
19,391	---	26,228	---	33,064	---	39,900	---	0	

Multiply tax from Form 740 or 740-NP, line 19, by the applicable family size tax credit percentage and enter on Form 740 or 740-NP line 21. This is your **Family Size Tax Credit**.



Complete this Schedule KW-2 to determine the total Kentucky income tax withholding to be entered on Kentucky Form 740, 740-NP, or 740-NP-R. This schedule must be fully completed in order to receive proper credit for Kentucky income tax withheld. Include multiple Schedule KW-2(s) as needed to report all Kentucky income tax withholdings. Do not send in your W-2, 1099, or W-2-G forms; keep them with your tax records.

NAME(S) AS SHOWN ON THE TAX RETURN: PASUMARTHY, CHANDRAVEER & PERLA, ANUSHA  
 SPOUSE'S SOCIAL SECURITY NUMBER: 892-83-7383  
 YOUR SOCIAL SECURITY NUMBER: 806-70-8685

**Part I-Form W-2** Enter all W-2s with Kentucky income tax withheld (round to the nearest whole dollar). Do not include other state withholding or local income tax.

1	A	B	C	D	E		F	
	Employee's Social Security Number	Employer's Identification Number (EIN)	State	Employer's State I.D. Number (Box 15 of Form W-2)	KY State Wages (Box 16 of Form W-2)		KY Income Tax Withheld (Box 17 of Form W-2)	
1	806-70-8685	76-0615704	KY	952893	18,092.	00	792.	00
2						00		00
3						00		00
4						00		00
5						00		00
6						00		00
7						00		00
8						00		00
9						00		00
10						00		00
11	<b>TOTAL FROM ALL W-2s</b>				18,092.	00	792.	00

**Part II-Form 1099 and W-2G** Enter all 1099s and W-2Gs with Kentucky income tax withheld (round to the nearest whole dollar).

12	A	B	C	D	E		F	
	Recipient's Social Security Number	Payer's Identification Number (EIN)	State	Payer's State I.D. Number	KY Income Amount		KY Income Tax Withheld	
12						00		00
13						00		00
14						00		00
15						00		00
16						00		00
17	<b>TOTAL FROM ALL 1099s AND W-2Gs</b>					00		00

**Part III-Totals** Enter total Kentucky income tax withheld (round to the nearest whole dollar) from line 18, Column F on your Kentucky income tax return (Form 740 and 740-NP, line 31(a) or 740-NP-R, line 1).

		F
		Total Kentucky Income Tax Withheld
18	Enter combined totals from Column F, lines 11 and 17.	792.00

Cut on line before mailing

Tax year ending: 12 31 2024  
Taxpayer Name: CHANDRAVEER PAS  
Taxpayer Name: ANUSHA PERLA

**IT-40ES**

**INDIVIDUAL ESTIMATED INCOME TAX**

Voucher Number	Due Date
1	04 15 2024

  

Your Taxpayer ID Number	Spouse's Taxpayer ID Number
806 70 8685	892 83 7383

**E**

State Income Tax	1.	<u>793.00</u>
Your County	<u>49</u>	County Tax 2. <u>525.00</u>
Spouse's County	<u>      </u>	County Tax 3. <u>.00</u>
Total Estimated Payment		<u>1318.00</u>

Cut on line before mailing

Tax year ending: 12 31 2024  
Taxpayer Name: CHANDRAVEER PAS  
Taxpayer Name: ANUSHA PERLA

**IT-40ES**

**INDIVIDUAL ESTIMATED INCOME TAX**

Voucher Number	Due Date
2	06 17 2024
Your Taxpayer ID Number	Spouse's Taxpayer ID Number
806 70 8685	892 83 7383

**E**

State Income Tax	1.	<u>793.00</u>
Your County	<u>49</u>	County Tax 2. <u>525.00</u>
Spouse's County	<u>      </u>	County Tax 3. <u>.00</u>
Total Estimated Payment		<u>1318.00</u>

1030 REV 02/02/24 PRO  
**INDIANA DEPARTMENT OF REVENUE**  
**P.O. BOX 7225**  
**INDIANAPOLIS, IN 46207-7225**

088067086850000020100000210301231202406

Cut on line before mailing

Tax year ending: 12 31 2024  
Taxpayer Name: CHANDRAVEER PAS  
Taxpayer Name: ANUSHA PERLA

**IT-40ES**

**INDIVIDUAL ESTIMATED INCOME TAX**

Voucher Number	Due Date
3	09 16 2024
Your Taxpayer ID Number	Spouse's Taxpayer ID Number
806 70 8685	892 83 7383

**E**

State Income Tax	1.	<u>793.00</u>
Your County	<u>49</u>	County Tax 2. <u>525.00</u>
Spouse's County	<u>      </u>	County Tax 3. <u>.00</u>
Total Estimated Payment		<u>1318.00</u>

1030 REV 02/02/24 PRO  
**INDIANA DEPARTMENT OF REVENUE**  
**P.O. BOX 7225**  
**INDIANAPOLIS, IN 46207-7225**

088067086850000020100000310301231202402

Cut on line before mailing

Tax year ending: 12 31 2024  
Taxpayer Name: CHANDRAVEER PAS  
Taxpayer Name: ANUSHA PERLA

**IT-40ES**

**INDIVIDUAL ESTIMATED INCOME TAX**

Voucher Number	Due Date
4	01 15 2025
Your Taxpayer ID Number	Spouse's Taxpayer ID Number
806 70 8685	892 83 7383

**E**

State Income Tax	1.	<u>793.00</u>
Your County	<u>49</u>	County Tax 2. <u>525.00</u>
Spouse's County	<u>      </u>	County Tax 3. <u>.00</u>
Total Estimated Payment		<u>1318.00</u>

1030 REV 02/02/24 PRO  
**INDIANA DEPARTMENT OF REVENUE**  
**P.O. BOX 7225**  
**INDIANAPOLIS, IN 46207-7225**

088067086850000020100000410301231202409

Cut on line before mailing

POST FILING COUPON

PFC

0912

1030

REV 02/02/24 PRO

"Electronic calculation and processing of state tax liabilities serve as a convenience for Indiana taxpayers. The taxpayer remains responsible for providing accurate information and remains liable for payment of the correct amount of tax."

\*SSN 1 806 70 8685  
\*SSN 2 892 83 7383  
Period End Date 12 31 2023  
Date Due 04 15 2024  
Tax Type IND

Mail and make check payable to  
INDIANA DEPARTMENT OF REVENUE  
P.O. BOX 1674  
INDIANAPOLIS, IN 46206-1674

CHANDRAVEER PASUMARTHY  
ANUSHA PERLA  
7189 WINDSOR LAKES PL

Amount Due:

4179.00

INDIANAPOLIS IN 46237

06000080670868502000020111231202308

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

from    to:

Place "X" in box   
if amending

Your Social Security Number  806  70  8685

Spouse's Social Security Number  892  83  7383

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name  CHANDRAVEER  Initial  Last name  PASUMARTHY  Suffix

If filing a joint return, spouse's first name  ANUSHA  Initial  Last name  PERLA  Suffix

Present address (number and street or rural route)  7189 WINDSOR LAKES PL  Place "X" in box if you are married filing separately.

City  INDIANAPOLIS State  IN ZIP/Postal code  46237

Foreign country 2-character code (see instructions)

Enter below the **2-digit county code** numbers (found on the back of Schedule CT-40) for the county where you lived and worked on Jan. 1, 2023.

County where you lived  49 County where you worked  49 County where spouse lived  49 County where spouse worked  49

**Round all entries**

1. Enter your federal adjusted gross income from your federal income tax return, Form 1040 or Form 1040-SR, line 11 **Federal AGI**  1  213105  .00
2. Enter amount from Schedule 1, line 7, and enclose Schedule 1 **Indiana Add-Backs**  2   .00
3. Add line 1 and line 2  3  213105  .00
4. Enter amount from Schedule 2, line 12, and enclose Schedule 2 **Indiana Deductions**  4   .00
5. Subtract line 4 from line 3  5  213105  .00
6. Complete Schedule 3. Enter amount from Schedule 3, line 7, and enclose Schedule 3 **Indiana Exemptions**  6  2000  .00
7. Subtract line 6 from line 5 **Indiana Adjusted Gross Income**  7  211105  .00
8. State adjusted gross income tax: multiply line 7 by 3.15% (.0315) (if answer is less than zero, leave blank)  8  6650  .00
9. County tax. Enter county tax due from Schedule CT-40 (if answer is less than zero, leave blank)  9  4264  .00
10. Other taxes. Enter amount from Schedule 4, line 4 (enclose schedule)  10   .00
11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back **Indiana Taxes**  11  10914  .00







Name(s) shown on Form IT-40

CHANDRAVEER PASUMARTHY & ANUSHA PERLA

Your Social Security Number

806 70 8685

Complete and enclose Schedule IN-DEP: Dependent Information and Additional Dependent Child Information if you are claiming dependents on lines 2 and/or 3 below. Complete and enclose Schedule IN-DEP-A: Adopted Dependent Information if you are claiming dependents on line 6 below.

Round all entries

1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000   1  2000  .00

2. Enter the number of dependents listed on Schedule IN-DEP, Box 5  x \$1000   2   .00  
You **MUST** enclose Schedule IN-DEP.

3. You may claim an additional exemption for each qualifying dependent child:
- who is a son, stepson, daughter, stepdaughter, foster child and/or child for whom you are a legal guardian;
  - who was under the age of 19 by Dec. 31, 2023; or
  - who is a full-time student who was under the age of 24 by Dec. 31, 2023; and
  - who you are eligible to claim as a dependent on line 2 above.

Enter the number of additional dependents listed on Schedule IN-DEP, Box 6.  x \$1500   3   .00

4. Place "X" in box(es) below if, by Dec. 31, 2023

You were age 65 or older  and/or blind

Spouse was 65 or older  and/or blind

Total number of boxes with Xs  x \$1000   4   .00

5. If age 65 or older, enter amount from Form IT-40, line 1.

- If filing as married filing separately and this amount is less than \$20,000, place "X" in the "You were age 65 or older" box below.
- For all other filers age 65 or older, if this amount is less than \$40,000, place "X" in appropriate box(es) below.

You were age 65 or older

Spouse was 65 or older

Total number of boxes with Xs  x \$500   5   .00

6. Enter the number of additional adopted child exemptions listed on Schedule IN-DEP-A, Box 6  x \$3000   6   .00  
You **MUST** enclose Schedule IN-DEP-A.

7. Add lines 1, 2, 3, 4, 5 and 6. Enter here and on Form IT-40, line 6  **Total Exemptions**  7  2000  .00



Name(s) shown on Form IT-40

Your Social Security Number

CHANDRAVEER PASUMARTHY & ANUSHA PERLA

806 70 8685

**Round all entries**

1. Indiana state tax withheld: See instructions _____	1	6664	.00
2. Indiana county tax withheld: See instructions _____	2	71	.00
3. Pass Through Entity Tax Credit _____	3		.00
4. Estimated tax paid for 2023: include any extension payment made with Form IT-9 _____	4		.00
5. Unified tax credit for the elderly _____	5		.00
6. Earned income credit: enclose Schedule IN-EIC and enter amount from line <b>A-3</b> _____	6		.00
7. Lake County residential income tax credit _____	7		.00
8. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, line 19 (enclose schedule) _____	8		.00
9. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule) _____	9		.00
10. Headquarters relocation credit (refundable portion - see instructions) _____	10		.00
11. Adoption Credit _____	11		.00
12. Reserved for future use _____	12		.00
13. Add lines 1 through 12. Enter total here and on Form IT-40, line 12 _____ <b>Total Credits</b>	13	6735	.00

**Schedule IN-DONATE**

**Important:** The amount on line 2 cannot exceed the amount on Form IT-40, line 16.

1. Donations: List fund name, 3-digit code and amount to be donated (see instructions)

a. Enter fund name		code no.		1a		.00
b. Enter fund name		code no.		1b		.00
c. Enter fund name		code no.		1c		.00
2. Add lines 1a through 1c. Enter total here and on Form IT-40, line 17 <b>Total Donations</b>				2		.00



Name(s) shown on Form IT-40

Your Social Security Number

CHANDRAVEER PASUMARTHY & ANUSHA PERLA

806

70

8685

1. Federal filing information

Are you filing a federal income tax return for 2023? Place "X" in appropriate box. Yes  No

2. Out-of-state income: Complete if you and/or your spouse (if filing a joint return) received any salary, wage, tip and/or commission income from Illinois, Kentucky, Michigan, Ohio, Pennsylvania or Wisconsin. Enter two-digit code number from the back of Schedule CT-40 for state where you and/or your spouse worked.

State where you worked

Your income

State where spouse worked

Spouse's income

\$  .

\$  .

3. Extension of time to file

a. Place "X" in box if you have filed a federal extension of time to file, Form 4868, or made an online extension payment.

b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or made an Indiana extension payment online.

4. Farm/Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.

Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

5. Schedule IN-40PA filers. If you are eligible to file federal Form 8857, Request for Innocent Spouse Relief, and are completing Indiana Schedule IN-40PA, enclose Schedule IN-40PA and check the box.

6. Date of death

If any individual listed at the top of the IT-40 died during 2023, enter date of death (MM/DD).

Taxpayer's date of death   2023 Spouse's date of death   2023

Authorization: Sign Form IT-40 after reading the following statement.

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue (DOR) to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I grant permission to DOR to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

7. Your daytime

telephone number

6183036890

Your

email address

CHANDRAVEERPASUMARTHY2

I authorize the Department to discuss my return with my personal representative.

Yes  No  If yes, complete the information below.

Personal Representative's Name (please print)

Telephone number

Address

City

State

ZIP Code

Paid Preparer: Firm's Name (or yours if self-employed)

GLOBAL TAXES LLC

IN-OPT on file with paid preparer if not filing electronically

PTIN P02082703

Address 245 ROONEY CT

City E BRUNSWICK

State NJ ZIP Code 08816

Preparer's signature SYAM PRIYA RAM SAGAR GUPTA

County Tax Schedule for  
Full-Year Indiana Residents

2023

Name(s) shown on Form IT-40

CHANDRAVEER PASUMARTHY & ANUSHA PERLA

Your Social Security Number

806 70 8685

1. Enter the amount from IT-40, line 7. **Note:** If both you and your spouse lived in the same county on January 1, enter the entire amount from Form IT-40, line 7 on line 1A (do not complete Column B). See instructions \_\_\_\_\_

Column A - Yourself		Column B - Spouse's	
1A	211105.00	1B	.00

2. Enter the county tax rate from the chart on the back of this schedule for the county where you lived on Jan. 1, 2023 \_\_\_\_\_

2A	.0202000	2B	
----	----------	----	--

3. Multiply line 1 by the rate on line 2 (leave blank if less than zero) \_\_\_\_\_

3A	4264.00	3B	.00
----	---------	----	-----

4. Add lines 3A and 3B. Enter the total here. **Perry County residents: If you live in Perry County and worked in the Kentucky counties of Breckinridge, Hancock or Meade, you must complete lines 5 and 6.** Otherwise, enter the total here and on line 7 below (see instructions) \_\_\_\_\_

4	4264.00
---	---------

5. Enter the amount of income that was taxed by certain Kentucky localities (see instructions) \_\_\_\_\_

5	
---	--

6. Multiply line 5 by the rate for Perry County. See County Rate Chart and enter total here \_\_\_\_\_

6	
---	--

7. Enter total of line 4 minus line 6. Enter this amount on line 9 of Form IT-40 \_\_\_\_\_

7	4264.00
---	---------



Name(s) shown on Form IT-40/IT-40PNR  
CHANDRAVEER PASUMARTHY & ANUSHA PERLA

Your Social Security Number 806 70 8685

**Section A - Farmers and Fishermen Only - See Instructions**

	Annual Gross Income from All Sources		Two-Thirds of Gross Income		Gross Income from Farming and Fishing
2022	00	X 66.7% =	00		00
2023	00	X 66.7% =	00		00

**Section B: Early Filers**

Check box if you filed your 2023 tax return and paid the total tax due by Jan. 31, 2024

**Section C - Required Annual Payment**

- 2023 tax \_\_\_\_\_
- 2023 credits (not including withholding credits or estimated tax payments) \_\_\_\_\_
- Subtract line 2 from line 1 \_\_\_\_\_
- Multiply line 3 by 90% (.90) (farmers/fishermen multiply by .667, see instructions) \_\_\_\_\_
- 2023 withholding tax and PTET credit \_\_\_\_\_
- Subtract line 5 from line 3 - **If less than \$1,000, STOP HERE! You do not owe a penalty** \_\_\_\_\_
- Prior year's tax (see instructions) \_\_\_\_\_
- Minimum required annual payment - Enter the lesser of line 4 or line 7 - **If less than or equal to the amount on line 5, STOP HERE! You do not owe a penalty** \_\_\_\_\_

Round all entries

1	10914	00
2		00
3	10914	00
4	9823	00
5	6735	00
6	4179	00
7	0	00
8	0	00

**Section D - Short Method - Read the instructions to determine if you can use the short method**

- Enter the withholding tax and PTET credit amount from line 5 above \_\_\_\_\_
- Enter the total amount, if any, of estimated tax payments you made for tax year 2023 \_\_\_\_\_
- Add lines 9 and 10 \_\_\_\_\_
- Total Underpayment. Subtract line 11 from line 8. If zero or less, **STOP HERE!** You do not owe a penalty. Attach this schedule to your tax return \_\_\_\_\_
- Multiply line 12 by 10% (.10). Enter this amount on line 20 on Form IT-40 or Form IT-40PNR \_\_\_\_\_

9		00
10		00
11		00
12		00
13		00

**Section E - Regular Method**

**Installment Period Due Dates**

	A 1st Installment April 18, 2023		B 2nd Installment June 15, 2023		C 3rd Installment September 15, 2023		D 4th Installment January 16, 2024	
14. Minimum required installment payment: divide amount on line 8 by 4 _____	14	00		00		00	14	00
15. 2023 withholding and PTET - Divide line 5 by 4 _____	15	00		00		00	15	00

**STOP! Complete lines 16 through 19 for each column before going to the next one.**

16. 2023 estimated taxes paid per period _____	16	00		00		00	16	00
17. Total installment payments (add lines 15 and 16) _____	17	00		00		00	17	00
18. Installment period overpayment _____	18	00		00		00	18	00
19. Installment period underpayment _____	19	00		00		00	19	00
20. Total underpayment - Add line 19, Columns A + B + C + D and enter total here _____	20						20	00
21. Underpayment penalty - Multiply line 20 by 10%. Enter this amount on line 20 on Form IT-40 or IT-40PNR _____	21						21	00





**Part IV. Declaration**

I  
N  
D  
I  
A  
N  
A

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my income tax return. To the best of my knowledge and belief, my 2023 return is true, correct and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the DOR. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the DOR of all information pertaining to my use of the system and software and to the transmission of my return electronically. I also consent to the DOR sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the DOR to disclose to my ERO and/or transmitter the reason(s) for the delay of when the refund was sent.

**Your PIN:** Check one box only

I authorize GLOBAL TAXES LLC to enter my PIN 

0	8	6	8	5
---	---	---	---	---

 as my signature on my tax year 2023 electronically filed income tax return.   
Do not enter all zeros

I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete part IV below.

Your signature ► \_\_\_\_\_ Date \_\_\_\_\_

**Spouse's PIN:** Check one box only

I authorize GLOBAL TAXES LLC to enter my PIN 

3	7	3	8	3
---	---	---	---	---

 as my signature on my tax year 2023 electronically filed income tax return.   
Do not enter all zeros

I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete part IV below.

Your signature ► \_\_\_\_\_ Date \_\_\_\_\_

**Part V. Practitioner Certification and Authentication - Practitioner PIN Method ONLY**

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

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

  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2023 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method.

ERO's signature ► \_\_\_\_\_ Date \_\_\_\_\_