

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

Personal information section including name (VARUN RAJ), social security number (882 65 0983), spouse's name (SNEHA), and address (9 SAPLING CIRCLE, NASHUA, NH).

Filing Status section with options for Single, Married filing jointly (checked), Married filing separately, Head of household, and Qualifying surviving spouse.

Digital Assets section asking if a digital asset was received or sold during 2023, with a checked 'No' response.

Standard Deduction section with 'Someone can claim' options for dependent, spouse, or dual-status alien.

Age/Blindness section with checkboxes for age and blindness for both taxpayer and spouse.

Dependents table with columns for name, social security number, relationship, and tax credit eligibility.

Main income table with rows 1a through 15, including total income (190,419), adjusted gross income (178,364), and taxable income (150,660).

Attach Sch. B if required.

Standard Deduction for: Single or Married filing separately, \$13,850; Married filing jointly or Qualifying surviving spouse, \$27,700; Head of household, \$20,800.

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 23,749.

Table for Payments (lines 25-33). Includes federal income tax withheld (26,370) and total payments (26,370).

Table for Refund (lines 34-36). Shows overpaid amount of 2,621 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 declaration text: Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements...

Signature section with fields for Your signature, Date, Your occupation (DATA ENGINEER), Spouse's signature, Date, Spouse's occupation (SOFTWARE), and contact information.

Paid Preparer Use Only section with fields for Preparer's name (SYAM PRIYA RAM SAGAR GUPTA), signature, date, PTIN (P02082703), firm's name (GLOBAL TAXES LLC), address, phone, and EIN.

**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  
VARUN RAJ VAVILALA & SNEHA GAMPA

Your social security number  
882-65-0983

**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>  | -10,154. |
| <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 ABL 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>     |           |          |
|           | Substitute Payment from 1099-Misc 2.  |               |           | 2.       |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   |               | <b>9</b>  | 2.       |
| <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> | -10,152. |

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

Schedule 1 (Form 1040) 2023

**Part II Adjustments to Income**

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

**SCHEDULE 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

VARUN RAJ VAVILALA & SNEHA GAMPA

Your social security number

882-65-0983

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)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>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 . . . . .   | 50,226.                          | 53,585.                         | 1,237.  | -2,122.   |
| <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</b> <b>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> -2,122.  |

**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)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>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 . . . . .  | 3,771.                           | 3,973.                          | 139.   | -63.  |
| <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</b> <b>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> -63.  |

**Part III Summary**

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>16</b> | Combine lines 7 and 15 and enter the result . . . . .  | <b>16</b> | -2,185.    |
|           | <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?<br><input type="checkbox"/> <b>Yes.</b> Go to line 18.<br><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?<br><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. <b>Don't</b> complete lines 21 and 22 below.<br><br><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:<br><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> | ( 2,185. ) |
|           | <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?<br><br><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.<br><br><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.  |           |            |







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

Department of the Treasury  
Internal Revenue Service

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

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

Name(s) shown on return

VARUN RAJ VAVILALA & SNEHA GAMPA

Your social security number

882-65-0983

**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** 65, PARK VIEW ENCLAVE SEC-BAD TELANGANA IN 500009

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

| Income:   | Properties:           |   |   |
|---|-----------------------|---|---|
|   | A                     | B | C |
| <b>3</b> Rents received . . . . .   | <b>3</b> 642.         |   |   |
| <b>4</b> Royalties received . . . . .   | <b>4</b>              |   |   |
| <b>Expenses:</b>  |                       |   |   |
| <b>5</b> Advertising . . . . .  | <b>5</b>              |   |   |
| <b>6</b> Auto and travel (see instructions) . . . . .   | <b>6</b>              |   |   |
| <b>7</b> Cleaning and maintenance . . . . .   | <b>7</b> 869.         |   |   |
| <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>             |   |   |
| <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> 1,875.      |   |   |
| <b>15</b> Supplies . . . . .  | <b>15</b> 1,241.      |   |   |
| <b>16</b> Taxes . . . . .   | <b>16</b>             |   |   |
| <b>17</b> Utilities . . . . .   | <b>17</b> 2,869.      |   |   |
| <b>18</b> Depreciation expense or depletion . . . . .   | <b>18</b> 3,942.      |   |   |
| <b>19</b> Other (list) _____  | <b>19</b>             |   |   |
| <b>20</b> Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b> 10,796.     |   |   |
| <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> -10,154.    |   |   |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | <b>22</b> ( 10,154. ) |   |   |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .  | <b>23a</b> 642.       |   |   |
| <b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .   | <b>23b</b>            |   |   |
| <b>c</b> Total of all amounts reported on line 12 for all properties . . . . .  | <b>23c</b>            |   |   |
| <b>d</b> Total of all amounts reported on line 18 for all properties . . . . .  | <b>23d</b> 3,942.     |   |   |
| <b>e</b> Total of all amounts reported on line 20 for all properties . . . . .  | <b>23e</b> 10,796.    |   |   |
| <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> ( 10,154. ) |   |   |
| <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> -10,154.    |   |   |

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-10,154.

Schedule E (Form 1040) 2023

Health Savings Accounts (HSAs)

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8889 for instructions and the latest information.

2023 Attachment Sequence No. 52

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 882-65-0983

VARUN RAJ VAVILALA

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

Table with 13 rows for HSA contributions and deductions. Includes checkboxes for Self-only and Family coverage. Values include 0, 7,750, and 700.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

Table with 7 rows for HSA distributions. Includes sub-rows for total distributions, rolled-over amounts, and taxable distributions. Values include 308 and 0.

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

Table with 4 rows for income and additional tax. Values include 0.

**Health Savings Accounts (HSAs)**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

**2023**  
Attachment  
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Social security number of HSA beneficiary.  
If both spouses have HSAs, see instructions.  
494-51-2055

SNEHA GAMPA

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

|           |  |   |
|-----------|--|---|
| <b>1</b>  | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions . . . . .   | <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family |
| <b>2</b>  | HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .                        | <b>2</b> 0.   |
| <b>3</b>  | If you were under age 55 at the end of 2023 and, on the first day of <b>every</b> month during 2023, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 (\$7,750 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . . | <b>3</b> 7,750.   |
| <b>4</b>  | Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs . . . . .                                       | <b>4</b> 0.   |
| <b>5</b>  | Subtract line 4 from line 3. If zero or less, enter -0- . . . . .  | <b>5</b> 7,750.   |
| <b>6</b>  | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter . . . . .   | <b>6</b> 7,050.   |
| <b>7</b>  | If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions . . . . .   | <b>7</b>  |
| <b>8</b>  | Add lines 6 and 7 . . . . .  | <b>8</b> 7,050.   |
| <b>9</b>  | Employer contributions made to your HSAs for 2023 . . . . .  | <b>9</b> 1,000.   |
| <b>10</b> | Qualified HSA funding distributions . . . . .  | <b>10</b>   |
| <b>11</b> | Add lines 9 and 10 . . . . .   | <b>11</b> 1,000.  |
| <b>12</b> | Subtract line 11 from line 8. If zero or less, enter -0- . . . . .   | <b>12</b> 6,050.  |
| <b>13</b> | <b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.  | <b>13</b> 0.  |

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

|            |  |            |
|------------|--|------------|
| <b>14a</b> | Total distributions you received in 2023 from all HSAs (see instructions) . . . . .  | <b>14a</b> |
| <b>b</b>   | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . . | <b>14b</b> |
| <b>c</b>   | Subtract line 14b from line 14a . . . . .  | <b>14c</b> |
| <b>15</b>  | Qualified medical expenses paid using HSA distributions (see instructions) . . . . .   | <b>15</b>  |
| <b>16</b>  | <b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f . . . . .  | <b>16</b>  |
| <b>17a</b> | If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . <input type="checkbox"/>  |            |
| <b>b</b>   | <b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c . . . . .                  | <b>17b</b> |

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

|           |  |           |
|-----------|--|-----------|
| <b>18</b> | Last-month rule . . . . .  | <b>18</b> |
| <b>19</b> | Qualified HSA funding distribution . . . . .   | <b>19</b> |
| <b>20</b> | <b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f . . . . .                             | <b>20</b> |
| <b>21</b> | <b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d . . . . . | <b>21</b> |

## Qualified Business Income Deduction Simplified Computation

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.

Attachment  
Sequence No. **55**

Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.

Name(s) shown on return

VARUN RAJ VAVILALA & SNEHA GAMPA

Your taxpayer identification number

882-65-0983

**Note.** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.  
Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

| 1   | (a) Trade, business, or aggregation name  | (b) Taxpayer identification number | (c) Qualified business income or (loss) |
|-----|---|------------------------------------|---|
| i   |   |                                    |   |
| ii  |   |                                    |   |
| iii |   |                                    |   |
| iv  |   |                                    |   |
| v   |   |                                    |   |
| 2   | Total qualified business income or (loss). Combine lines 1i through 1v, column (c)  | 2                                  |   |
| 3   | Qualified business net (loss) carryforward from the prior year  | 3 ( )                              |   |
| 4   | Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-  | 4                                  |   |
| 5   | Qualified business income component. Multiply line 4 by 20% (0.20)  |                                    | 5                                       |
| 6   | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)  | 6 21.                              |   |
| 7   | Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year  | 7 ( )                              |   |
| 8   | Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-  | 8 21.                              |   |
| 9   | REIT and PTP component. Multiply line 8 by 20% (0.20)   |                                    | 9 4.                                    |
| 10  | Qualified business income deduction before the income limitation. Add lines 5 and 9   |                                    | 10 4.                                   |
| 11  | Taxable income before qualified business income deduction (see instructions)  | 11 150,664.                        |   |
| 12  | Enter your net capital gain, if any, increased by any qualified dividends (see instructions)  | 12 164.                            |   |
| 13  | Subtract line 12 from line 11. If zero or less, enter -0-   | 13 150,500.                        |   |
| 14  | Income limitation. Multiply line 13 by 20% (0.20)   |                                    | 14 30,100.                              |
| 15  | Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions) |                                    | 15 4.                                   |
| 16  | Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-  |                                    | 16 ( 0. )                               |
| 17  | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-  |                                    | 17 ( 0. )                               |



# Form M-8453 Individual Income Tax Declaration for Electronic Filing

**2023**  
**Massachusetts**  
**Department of**  
**Revenue**

Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2023.

|  |  |           |       |   |  |
|--|--|-----------|-------|---|--|
| Your first name and initial                        |  | Last name |       | Your Social Security number   |  |
| VARUN RAJ VAVILALA                                 |  |           |       | 882650983   |  |
| If a joint return, spouse's first name and initial |  | Last name |       | Spouse's Social Security number   |  |
| SNEHA GAMPA  |  |           |       | 494512055   |  |
| Present street address (and apartment number)      |  |           |       |   |  |
| 9 SAPLING CIRCLE                                   |  |           |       |   |  |
| City/Town/Post Office                              |  | State     | Zip   | Filing status: <input type="radio"/> Single <input checked="" type="radio"/> Married filing jointly |  |
| NASHUA   |  | NH        | 03062 | <input type="radio"/> Married filing separately <input type="radio"/> Head of household             |  |

### Part 1. Tax Return Information for Electronic Filing

|  |          |       |
|--|----------|-------|
| 1 Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12) . . . . .                 | <b>1</b> | 74607 |
| 2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36) . . . . .          | <b>2</b> | 3514  |
| 3 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38) . . . . .             | <b>3</b> |       |
| 4 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42) . . . . . | <b>4</b> | 4237  |
| 5 Refund amount (from Form 1, line 53, or Form 1-NR/PY, line 57) . . . . .                     | <b>5</b> | 723   |
| 6 Tax due (from Form 1, line 54, or Form 1-NR/PY, line 58) . . . . .                           | <b>6</b> |       |

### Part 2. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2023 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

|                |      |                    |      |
|----------------|------|--------------------|------|
| Your signature | Date | Spouse's signature | Date |
|                |      |                    |      |

### Part 3. Declaration and Signature of Electronic Return Originator (ERO)

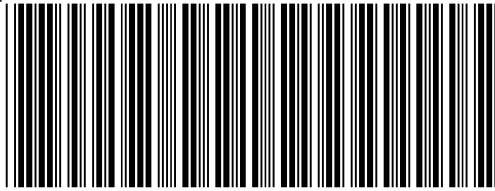
I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

|  |             |           |  |   |
|--|-------------|-----------|--|---|
| ERO's signature and SSN or PTIN                    | Date        | EIN       | <input type="radio"/> Fill in if self-employed |   |
|  | 04052024    | 843171965 |  |   |
| Firm name (or yours, if self-employed) and address | City/Town   | State     | Zip  | <input type="radio"/> Fill in if also paid preparer |
| GLOBAL TAXES LLC 245 ROONEY CT                     | E BRUNSWICK | NJ        | 08816  |   |

### Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

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

|  |             |           |  |  |
|--|-------------|-----------|--|--|
| Paid preparer's signature and SSN or PTIN          | Date        | EIN       | <input type="radio"/> Fill in if self-employed |  |
| P02082703  | 04052024    | 843171965 |  |  |
| Firm name (or yours, if self-employed) and address | City/Town   | State     | Zip  |  |
| SYAM PRIYA RAM SAGAR GUPTA 245 ROONEY CT           | E BRUNSWICK | NJ        | 08816  |  |



**2023 Form 1-NR/PY**

MA23006011555

Massachusetts Nonresident/Part-Year Resident  
Income Tax Return

For the year January 1–December 31, 2023 or other taxable

Year beginning Ending

VARUN RAJ VAVILALA 882650983  
SNEHA GAMPA 494512055  
9 SAPLING CIRCLE NASHUA NH 03062

Fill in if: Amended return Other jurisdiction change Enter date of change  
Federal amendment Amended return due to IRS BBA Partnership Audit

**State Election Campaign Fund:**

Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula

Taxpayer deceased

Fill in if under age 18

Fill in if name change

Check one:  Nonresident Filing as both nonresident and part-year resident  
 Part-year resident Nonresident composite

a. Total federal income 178364  
b. Federal adjusted gross income 178364

**1. Filing status** (select one only):

Single  
 Married filing jointly  
Married filing separate return NRA  
Head of household You are a custodial parent who has released claim to exemption for child(ren)

**2. Part-year residents.** Enter dates as Massachusetts resident: From To

**3. Total days as Massachusetts resident** ÷ 365 = . 3

\$1 You \$1 Spouse TOTAL  
You Spouse  
You Spouse  
You Spouse  
You Spouse

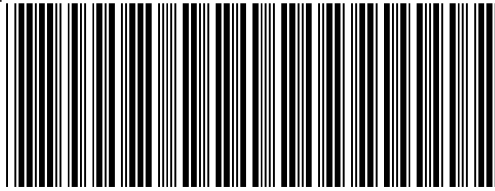
Fill in if noncustodial parent  
Fill in if filing Schedule TDS  
Fill in if filing Schedule FCI  
Fill in if reporting crypto currency

**SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.**

Your signature Date Spouse's signature Date

571-387-9279

**PRIVACY ACT NOTICE AVAILABLE UPON REQUEST**



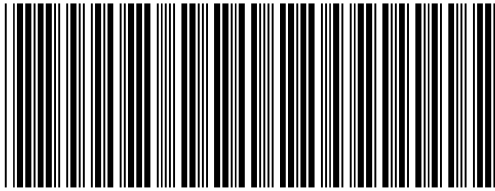
# 2023 Form 1-NR/PY, pg. 2

MA23006021555  
Massachusetts Nonresident/  
Part-Year Resident Income Tax Return  
882650983

## 4. Exemptions:

|  |                          |                       |        |
|--|--------------------------|-----------------------|--------|
| a. Personal exemptions   |                          | <b>4a</b>             | 8800   |
| b. Number of dependents. (Do not include yourself or your spouse.) Enter number  |                          | x \$1,000 = <b>4b</b> |        |
| c. Age 65 or over before 2024  | You + Spouse =           | x \$700 = <b>4c</b>   |        |
| d. Blindness   | You + Spouse =           | x \$2,200 = <b>4d</b> |        |
| e. Medical/dental  |                          | <b>4e</b>             |        |
| f. Adoption  |                          | <b>4f</b>             |        |
| g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a   |                          | <b>4g</b>             | 8800   |
| 5. Wages, salaries, tips   |                          | <b>5</b>              | 84761  |
| 6. Taxable pensions and annuities  |                          | <b>6</b>              |        |
| 7. Mass. bank interest: a.   | - b. exemption           | <b>= 7</b>            |        |
| 8. Business/profession income/loss a.  | + b. Farming income/loss | <b>= 8</b>            |        |
| 9. Rental, royalty and REMIC, partnership, S corp., trust income/loss  |                          | <b>9</b>              | -10154 |
| 10a. Unemployment  |                          | <b>10a</b>            |        |
| 10b. Mass. lottery winnings  |                          | <b>10b</b>            |        |
| 11. Other income   |                          | <b>11</b>             |        |
| 12. TOTAL 5.0% INCOME  |                          | <b>12</b>             | 74607  |
| <b>13. NONRESIDENT APPORTIONMENT WORKSHEET.</b> You cannot apportion Mass. wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Mass. source income. Only use when income from employment/business is earned both inside and outside Mass. and the exact Mass. amount is not known. Basis: working days miles sales other: |                          |                       |        |
| Working days (or other basis) outside Massachusetts  |                          | <b>13a</b>            |        |
| Working days (or other basis) inside Massachusetts   |                          | <b>13b</b>            |        |
| Total working days   |                          | <b>13c</b>            |        |
| Nonworking days (holidays, weekends, etc.)   |                          | <b>13d</b>            |        |
| Massachusetts ratio  |                          | <b>13e</b>            |        |
| Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2  |                          | <b>13f</b>            |        |
| Massachusetts income   |                          | <b>13g</b>            |        |

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



**2023 Form 1-NR/PY, pg. 3**

MA23006031555

Massachusetts Nonresident/

Part-Year Resident Income Tax Return

VARUN RAJ

VAVILALA

882650983

**14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO**

|   |     |        |
|---|-----|--------|
| a. Total 5.0% income  | 14a | 74607  |
| b. Interest income  | 14b |        |
| c. Total capital gain income  | 14c | 1037   |
| d. Total income this return   | 14d | 75644  |
| e. Non-Massachusetts source income. <b>Not less than "0"</b>                        | 14e | 105942 |
| f. Total income   | 14f | 181586 |
| g. Deduction and exemption ratio  | 14g | 0.4166 |
| 15a. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement              | 15a | 670    |
| 15b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement | 15b |        |
| 16. Reserved for future use   | 16  |        |
| 17. Reserved for future use   | 17  |        |

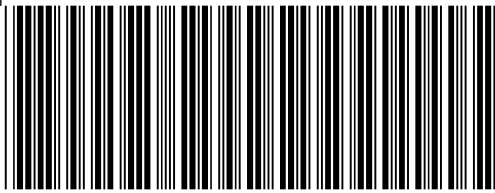
|  |    |       |          |
|--|----|-------|----------|
| 18. Rental deduction. a.   | 18 |       | ÷ 2 = 18 |
| Nonresidents, fill in if during 2023 you did not have a family home or any dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future |    |       |          |
| 19. Other deductions from Schedule Y, line 19  | 19 |       |          |
| 20. <b>Total deductions.</b> Add lines 15 through 19   | 20 | 670   |          |
| 21. <b>5.0% INCOME AFTER DEDUCTIONS.</b> Subtract line 20 from line 12. <b>Not less than "0"</b>   | 21 | 73937 |          |
| 22. Exemption amount. a. 8800  | 22 | 3666  |          |
| 23. <b>5.0% INCOME AFTER EXEMPTIONS.</b> Subtract line 22 from line 21. <b>Not less than "0"</b>   | 23 | 70271 |          |
| 24. <b>INTEREST AND DIVIDEND INCOME</b>  | 24 |       |          |
| 25. <b>TOTAL TAXABLE 5.0% INCOME.</b> Add lines 23 and 24  | 25 | 70271 |          |
| 26. <b>TAX ON 5.0% INCOME. Note:</b> If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 21 by .0585                                  | 26 | 3514  |          |
| 27. <b>INCOME FROM SCHEDULE B.</b> Not less than "0."  | 27 |       |          |
| a. x .085 = 27a  |    |       |          |
| b. x .12 = 27b   |    |       |          |
| <b>TOTAL TAX ON INCOME FROM SCHEDULE B.</b> Add lines 27a and 27b  |    |       |          |

**BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1**









# 2023 Schedule B

MA23010011555

VARUN RAJ

VAVILALA

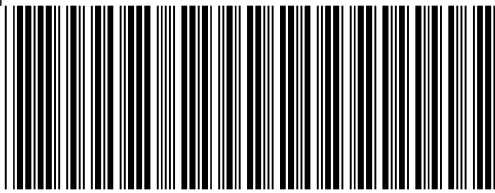
882650983

## Part 1. Interest and Dividend Income

|   |    |     |
|---|----|-----|
| 1. Total interest income                            | 1  | 20  |
| 2. Total ordinary dividends                         | 2  | 262 |
| 3. Other interest and dividends not included above  | 3  |     |
| 4. Total interest and dividends                     | 4  | 282 |
| 5. Total interest from Massachusetts banks          | 5  |     |
| 6a. Other interest and dividends to be excluded     | 6a |     |
| 6b. Part-year/Nonresidents only                     | 6b | 282 |
| 7. Subtotal   | 7  |     |
| 8. Allowable deductions from your trade or business | 8  |     |
| 9. Subtotal   | 9  |     |

## Part 2. Short-Term Capital Gains/Losses and Long-Term Gains on Collectibles

|  |     |       |
|--|-----|-------|
| 10. Massachusetts short-term capital gains   | 10  | 1037  |
| 11. Massachusetts long-term capital gains on collectibles and pre-1996 installment sales   | 11  |       |
| 12. Massachusetts gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less | 12  |       |
| 13a. Add lines 10 through 12   | 13a | 1037  |
| 13b. Part-year/Nonresidents only   | 13b |       |
| 13c. Subtract line 13b from line 13a. Not less than 0  | 13c | 1037  |
| 14. Allowable deductions from your trade or business   | 14  |       |
| 15. Subtotal   | 15  | 1037  |
| 16. Massachusetts short-term capital losses  | 16  | -3159 |
| 17. Massachusetts loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less | 17  |       |
| 18. Prior short-term unused losses for years beginning after 1981  | 18  |       |



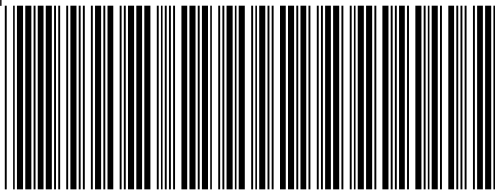
## 2023 Schedule B, pg. 2

882650983 MA23010021555

|      |  |     |       |
|------|--|-----|-------|
| 19a. | Combine lines 15 through 18                              | 19a | -2122 |
| 19b. | Part-year/Nonresidents only                              | 19b |       |
| 19c. | Exclude line 19b losses from line 19a                    | 19c | -2122 |
| 20.  | Short-term losses applied against interest and dividends | 20  |       |
| 21.  | Available short-term losses                              | 21  | -2122 |
| 22.  | Short-term losses applied against long-term gains        | 22  |       |
| 23.  | Short-term losses available for carryover in 2024        | 23  | -2122 |
| 24.  | Short-term gains and long-term gains on collectibles     | 24  |       |
| 25.  | Long-term losses applied against short-term gain         | 25  |       |
| 26.  | Subtotal   | 26  |       |
| 27.  | Long-term gains deduction                                | 27  |       |
| 28.  | Short-term gains after long-term gains deduction         | 28  |       |

### Part 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains on Collectibles

|     |  |    |       |
|-----|--|----|-------|
| 29. | Enter the amount from line 9                                 | 29 |       |
| 30. | Short-term losses applied against interest and dividends     | 30 |       |
| 31. | Subtotal interest and dividends                              | 31 |       |
| 32. | Long-term losses applied against interest and dividends      | 32 |       |
| 33. | Adjusted interest and dividends                              | 33 |       |
| 34. | Enter the amount from line 28                                | 34 |       |
| 35. | Adjusted gross interest, dividends and certain capital gains | 35 |       |
| 36. | Excess exemptions  | 36 |       |
| 37. | Subtract line 36 from line 35                                | 37 |       |
| 38. | Interest and dividends taxable at 5.0%                       | 38 |       |
| 39. | Total taxable 8.5% and 12% capital gains                     | 39 |       |
| 40. | Available short-term losses for carryover in 2024            | 40 | -2122 |



## 2023 Schedule D

MA23012011555  
Long-Term Capital Gains and Losses  
Excluding Collectibles

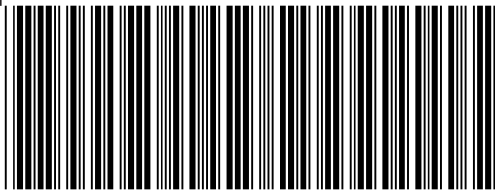
VARUN RAJ

VAVILALA

882650983

### Part 1. Long-Term Capital Gains and Losses, Excluding Collectibles

|   |     |     |
|---|-----|-----|
| 1. Enter amounts from U.S. Schedule D, lines 8a and 8b, col. h                          | 1   | -63 |
| 2. Enter amounts from U.S. Schedule D, line 9, col. h                                   | 2   |     |
| 3. Enter amounts from U.S. Schedule D, line 10, col. h                                  | 3   |     |
| 4. Enter amounts from U.S. Schedule D, line 11, col. h                                  | 4   |     |
| 5. Enter amounts from U.S. Schedule D, line 12, col. h                                  | 5   |     |
| 6. Enter amounts from U.S. Schedule D, line 13, col. h                                  | 6   |     |
| 7. Massachusetts long-term capital gains and losses included in U.S. Form 4797, Part II | 7   |     |
| 8. Carryover losses from prior years  | 8   |     |
| 9. Combine lines 1 through 8  | 9   | -63 |
| 10a. Massachusetts adjustments  | 10a |     |
| 10b. Part-year/Nonresidents only  | 10b |     |
| 10c. Combine lines 10a and 10b  | 10c |     |
| 11. Massachusetts capital gains and losses  | 11  | -63 |
| 12. Long-term gains on collectibles and pre-1996 installment sales                      | 12  |     |
| 13. Subtotal  | 13  | -63 |
| 14. Capital losses applied against capital gains  | 14  |     |
| 15. Subtotal  | 15  | -63 |
| 16. Long-term capital losses applied against interest and dividends                     | 16  |     |
| 17. Subtotal  | 17  | -63 |
| 18. Allowable deductions from your trade or business                                    | 18  |     |
| 19. Subtotal  | 19  |     |
| 20. Excess exemptions   | 20  |     |
| 21. Taxable long-term capital gains   | 21  |     |
| 22. Tax on long-term capital gains  | 22  |     |
| 23. Massachusetts available losses for carryover  | 23  | -63 |



**2023 Schedule INC**

MA23INC011555

VARUN RAJ

VAVILALA

882650983

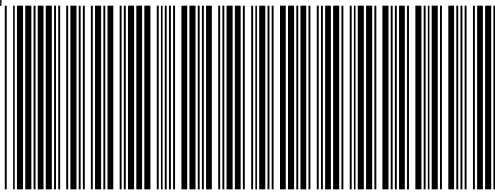
**Form W-2 and 1099 Information**

| A. FEDERAL ID NUMBER | B. STATE TAX WITHHELD | C. STATE WAGES/INCOME | D. TAXPAYER SS WITHHELD | E. SPOUSE SS WITHHELD | F. SOURCE OF WITHHOLDING |
|----------------------|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| 815238376            | 4237                  | 84761                 |                         |                       | W2                       |

TOTALS

4237

84761



# 2023 Schedule NTS-L-NRPY

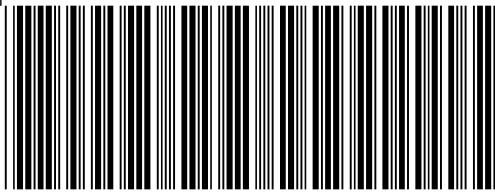
MA23021011555

No Tax Status and Limited Income Credit

882650983

## Schedule NTS-L-NRPY. No Tax Status and Limited Income Credit

|   |    |        |
|---|----|--------|
| 1. Total 5.0% income  | 1  | 74607  |
| 2. Adjustments to income  | 2  |        |
| 3. Adjusted 5.0% income. Subtract line 2 from line 1. Do not enter if less than "0"   | 3  | 74607  |
| 4. Interest exemption used  | 4  |        |
| 5. Adjusted gross interest, dividends and certain capital gains   | 5  |        |
| 6. Long-term capital gain   | 6  |        |
| 7. Additional income/loss while a nonresident/part-year resident  | 7  | 105942 |
| 8. Total income. Combine lines 3 through 7  | 8  | 180549 |
| 9. Additional adjustments to income while a nonresident/part-year resident  | 9  |        |
| 10. Massachusetts Adjusted Gross Income (AGI)   | 10 | 180549 |
| If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status  |    |        |
| 11. If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$14,400 to that amount  | 11 | 16400  |
| 12. If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$25,200 to that amount | 12 | 28700  |
| 13. No Tax Status threshold   | 13 |        |
| 14. Income for Limited Income Credit  | 14 |        |
| 15. Tax before adjustments  | 15 |        |
| 16. Tax for Limited Income Credit   | 16 |        |
| 17. Limited Income Credit   | 17 |        |



# 2023 Schedule E

MA23013041555

VARUN RAJ

VAVILALA

882650983

## Income or Loss from Real Estate and Royalties

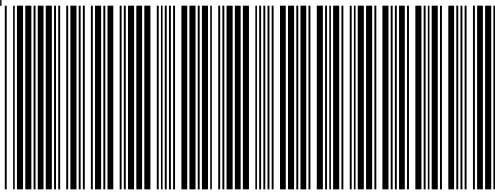
### Income

|                       |   |     |
|-----------------------|---|-----|
| 1. Rents received     | 1 | 642 |
| 2. Royalties received | 2 |     |

### Expenses

|   |    |        |
|---|----|--------|
| 3. Advertising  | 3  |        |
| 4. Auto and travel  | 4  |        |
| 5. Cleaning and maintenance   | 5  | 869    |
| 6. Commissions  | 6  |        |
| 7. Insurance  | 7  |        |
| 8. Legal and other professional fees  | 8  |        |
| 9. Management fees  | 9  |        |
| 10. Mortgage interest paid to banks, etc.                                       | 10 |        |
| 11. Other interest  | 11 |        |
| 12. Repairs   | 12 | 1875   |
| 13. Supplies  | 13 | 1241   |
| 14. Taxes   | 14 |        |
| 15. Utilities   | 15 | 2869   |
| 16. Other expenses  | 16 |        |
| 17. Add lines 3 through 16  | 17 | 6854   |
| 18. Depreciation expense or depletion   | 18 | 3942   |
| 19. Total expenses. Add lines 17 and 18   | 19 | 10796  |
| 20. Income or loss from rental real estate or royalty properties                | 20 | -10154 |
| 21. Deductible rental real estate loss  | 21 | -10154 |
| 22. Income. Enter positive amounts shown on line 20                             | 22 |        |
| 23. Losses. Add royalty losses from line 20 and real estate losses from line 21 | 23 | -10154 |
| 24. Rental real estate and royalty income or loss                               | 24 | -10154 |





## 2023 Schedule E, pg. 2

MA23013051555

882650983

### Income or Loss from Partnerships and S Corporations

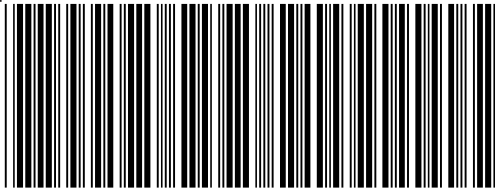
|   |    |
|---|----|
| 25. Passive loss allowed  | 25 |
| 26. Passive income  | 26 |
| 27. Non-passive loss  | 27 |
| 28. Section 179 expense deduction   | 28 |
| 29. Non-passive income  | 29 |
| 30. Combine lines 26 and 29   | 30 |
| 31. Combine lines 25, 27 and 28   | 31 |
| 32. Partnership and S corporation income or loss. Combine lines 30 and 31   | 32 |
| 33. Interest (other than MA banks) and dividends if included in line 32   | 33 |
| 34. Interest from Massachusetts banks if included in line 32  | 34 |
| 35. Total income or loss from partnerships and S corporations   | 35 |
| 36. Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses |    |

### Income or Loss from Estates and Trusts

|  |    |
|--|----|
| 37. Passive deduction or loss allowed                                | 37 |
| 38. Passive income   | 38 |
| 39. Non-passive deduction or loss                                    | 39 |
| 40. Non-passive other income   | 40 |
| 41. Add lines 38 and 40  | 41 |
| 42. Add lines 37 and 39  | 42 |
| 43. Estate and trust income or loss. Combine lines 41 and 42         | 43 |
| 44. Estate or non-grantor-type trust income                          | 44 |
| 45. Grantor-type trust and non-Massachusetts estate and trust income | 45 |
| 46. Interest and dividends if included in line 45                    | 46 |
| 47. Adjustments to 5.0% income                                       | 47 |
| 48. Subtotal. Combine lines 46 and 47                                | 48 |
| 49. Income or loss from grantor type and non-Mass estates and trusts | 49 |

### Income or Loss from REMICs

|                             |    |
|-----------------------------|----|
| 50. Excess inclusion        | 50 |
| 51. Taxable income or loss  | 51 |
| 52. Income                  | 52 |
| 53. Combine lines 51 and 52 | 53 |



**2023 Schedule E, pg. 3**

MA23013061555

882650983

**Farm Income**

54. Net farm rental income or loss

54

**Summary**

55. Income or loss. Combine lines 24, 35, 49, 53 and 54

55

-10154

56. Massachusetts differences Enclose statements

56

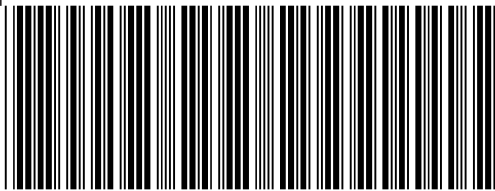
57. Abandoned building renovation deduction

57

58. Total income or loss. Combine lines 55 through 57

58

-10154



# 2023 Schedule E-1

MA23013011555

VARUN RAJ VAVILALA 882650983

65, PARK VIEW ENCLAVE, SEC-  
65, PARK VIEW ENCLAVE SEC-BAD

Check one:  Real estate  Royalty  Rental property used for short-term rentals

## Income or Loss from Real Estate and Royalties

### Income

|                       |   |     |
|-----------------------|---|-----|
| 1. Rents received     | 1 | 642 |
| 2. Royalties received | 2 |     |

### Expenses

|  |    |        |
|--|----|--------|
| 3. Advertising   | 3  |        |
| 4. Auto and travel   | 4  |        |
| 5. Cleaning and maintenance  | 5  | 869    |
| 6. Commissions   | 6  |        |
| 7. Insurance   | 7  |        |
| 8. Legal and other professional fees   | 8  |        |
| 9. Management fees   | 9  |        |
| 10. Mortgage interest paid to banks, etc   | 10 |        |
| 11. Other interest   | 11 |        |
| 12. Repairs  | 12 | 1875   |
| 13. Supplies   | 13 | 1241   |
| 14. Taxes  | 14 |        |
| 15. Utilities  | 15 | 2869   |
| 16. Other expenses   | 16 |        |
| 17. Add lines 3 through 16   | 17 | 6854   |
| 18. Depreciation expense or depletion  | 18 | 3942   |
| 19. Total expenses. Add lines 17 and 18  | 19 | 10796  |
| 20. Income or loss from rental real estate or royalty properties   | 20 | -10154 |
| 21. Deductible rental real estate loss   | 21 | -10154 |
| 22. Income. Enter positive amounts shown on line 20  | 22 |        |
| 23. Losses. Enter royalty losses from line 20 or rental real estate loss from line 21  | 23 | -10154 |
| 24. Rental real estate and royalty income or loss  | 24 | -10154 |
| 25. Check if this rental property was used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value |    |        |

▶ Attach to your return

**Statement** EXCL

|   |   |                                    |
|---|---|------------------------------------|
| Name as Shown on Return<br>VARUN RAJ VAVILALA & SNEHA GAMPA |   | Social Security No.<br>882-65-0983 |
| <b>1</b>  | Any interest on U.S. debt obligations (including its territories or dependencies) . . . . .                             | <b>1</b> _____                     |
| <b>2</b>  | Any interest and dividends taxed directly to Massachusetts estates and trusts . . . . .                                 | <b>2</b> _____                     |
| <b>3</b>  | Any distribution which is a return of capital included in total gross dividends, Schedule B, line 2 . . . . .           | <b>3</b> _____                     |
| <b>4</b>  | Any exempt portion of interest or dividends from a mutual fund included in Schedule B, lines 1, 2 or 3 . . . . .        | <b>4</b> _____                     |
| <b>5</b>  | Any interest or dividends from obligations of the Commonwealth of Massachusetts or its political subdivisions . . . . . | <b>5</b> _____                     |
| <b>6</b>  | Any dividends from current earnings of a corporate trust taxed directly on Massachusetts Form 3F. . . . .               | <b>6</b> _____                     |
| <b>7</b>  | Any interest on pre-retirement distributions from state and municipal contributory pension plans . . . . .              | <b>7</b> _____                     |
| <b>8</b>  | Other:<br>_____<br>_____<br>_____   | <b>8</b> _____<br>_____<br>_____   |
| <b>9</b>  | <b>Total to Schedule B, line 6a</b> . . . . .   | <b>9</b> _____                     |

|  |  |
|--|--|
| <b>Massachusetts Nonresident and Part-year Resident Excludable Interest and Dividends</b>  |  |
| Note: Only use this worksheet if you are not filing as a full year Massachusetts resident. |  |
| <b>A</b>   | Total ordinary interest & dividends from Schedule B lines 1, 2, and 3 . . . . . <u>282</u>   |
| <b>B</b>   | Enter interest and dividends included on line A which you received while living in Massachusetts from all sources, or were directly connected with business activity in Massachusetts . . . . . <u>0</u> |
| <b>C</b>   | Massachusetts excludable interest and dividends from sources other than Massachusetts (A minus B). Enter amount on Schedule B, line 6b. . . . . <u>282</u>   |