1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		n 20 2	3	OMB No. 1545-0	0074	IRS Use Only	–Do not w	rite or sta	ple in this space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ing	I		, 20	See se	oarate i	nstructions.
Your first name	and m	iddle initial	Last name						Your so	cial sec	urity number
VARUN RA	Δ.Т		VAVILA	ΔT. Δ					882		0983
		s first name and middle initial	Last name							· · ·	security number
SNEHA			GAMPA								2055
	(numbe	er and street). If you have a P.O. box, see	-				Δ	pt. no.		• •	ction Campaign
9 SAPLIN											ou, or your
		ce. If you have a foreign address, also co	mplete spac	es below.	Sta	te	ZIP co	ode	spouse	if filing j	ointly, want \$3
NASHUA					NH		030	62			d. Checking a not change
					your tax		0				
,									1	🗌 Yo	
Filing Status] Single				Head of ho	useh	old (HOH)			
-		Married filing jointly (even if only o	ne had inco	ome)							
Check only one box.] Married filing separately (MFS)				Qualifying s	surviv	ina spouse	(QSS)		
one box.	lf v	ou checked the MFS box, enter the	name of vo	our spouse. If vou	ı che			•	. ,	ld's nar	ne if the
		alifying person is a child but not you		nt:							
Digital		ny time during 2023, did you: (a) rec					-				s 🛛 No
Assets		hange, or otherwise dispose of a dig)? (SE	einstructio	ns.)	∐ Ye	
Standard Deduction		eone can claim: You as a de	•	Your spouse		•					
Deduction		Spouse itemizes on a separate retur	n or you we	ere a dual-status a	allen	1					
		: Were born before January 2, 1	959 🗌 A	Are blind Spo	use	: 🗌 Was born	n befo	re January 2	2, 1959	🗌 Is	blind
Dependents				(2) Social security		(3) Relationship	₂ (4	•	· · ·	,	see instructions):
If more	(1) F	irst name Last name		number		to you		Child tax c	redit	Credit to	r other dependents
than four dependents,											
see instructions	s ——										
and check	. —										
here L	4										
Income	1a	Total amount from Form(s) W-2, b	•	,							190,419.
Attach Form(s)	b	Household employee wages not re	•	.,					. 1b		
W-2 here. Also attach Forms	C L	Tip income not reported on line 1a Medicaid waiver payments not rep		,		· · · ·			. <u>1c</u> . 1d		
W-2G and	d	Taxable dependent care benefits for			ISITU		• •		. 10		
1099-R if tax was withheld.	e f	Employer-provided adoption bene			•		• •		. 1f		
lf you did not	י מ	Wages from Form 8919, line 6.		-			• •		. 1g	-	
get a Form	g b	0			•		• •		· <u>· · y</u> . 1h		0.
W-2, see	h i	Other earned income (see instruct Nontaxable combat pay election (s	,	 tions)	•	· · · · ·	· ·				
instructions.	z	Add lines 1a through 1h			•	11			. 1z		190,419.
Attach Sch. B	2		2a	· · · · · · ·	• т	axable interest	• •		. 12 . 2b		20.
if required.	2a 3a		3a	1.6.1		Ordinary dividen	de			-	262.
	4a		4a			axable amount					
Standard	-та 5а		та 5а			axable amount					
 Deduction for — Single or 	6a		6a			axable amount					
Married filing	c	If you elect to use the lump-sum e						[
separately, \$13,850	7	Capital gain or (loss). Attach Scher			•	,	• •	[7		-2,185.
 Married filing jointly or 	8	Additional income from Schedule							. 8		-10,152.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							. 9		178,364.
surviving spouse, \$27,700	10	Adjustments to income from Sche		-		• · · · ·			. 0 . 10		
 Head of household, 	11	Subtract line 10 from line 9. This is							. 11	-	178,364.
\$20,800	12	Standard deduction or itemized	•	-					. 12		27,700.
 If you checked any box under 	13	Qualified business income deduct				5-A .			. 13		4.
Standard Deduction,	14	Add lines 12 and 13							. 14		27,704.
see instructions.	15	Subtract line 14 from line 11. If zer		nter -0 This is v	ourt	taxable income	э.		. 15		150,660.
			, -								

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

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	23,749.
Credits	17	Amount from Schedule 2, lin	ie3					17	
	18	Add lines 16 and 17						18	23,749.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	23,749.
	23	Other taxes, including self-e						23	0.
	24	Add lines 22 and 23. This is						24	23,749.
Payments	25	Federal income tax withheld							,
. aymente	а	Form(s) W-2				25a 26	5,370.		
	b	Form(s) 1099				25b		İ	
	С	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	,					25d	26,370.
	26	2023 estimated tax payment						26	
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .		-		30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31				-		32	
	33	Add lines 25d, 26, and 32. T	,	-	-		• •	33	26,370.
Defined	34	If line 33 is more than line 24					• •	33	2,621.
Refund	34 35a	Amount of line 34 you want	-					35a	2,621.
Direct deposit?	b soa	Routing number 0 8 3						35a	2,021.
See instructions.		Account number 7 5 8					Savings		
	d								
	36	Amount of line 34 you want a				36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						07	
rou Owe	0 0					1 1	• •	37	
	38	Estimated tax penalty (see in				38			
Third Party		you want to allow another					omplete b	alaw	🗙 No
Designee							•		INO NO
	nai	signee's me		Phone no.			onal identifi ber (PIN)	cation	
Sign	Un	der penalties of perjury, I declare tl	nat I have examined	d this return and	accompanying sche	edules and statemen	ts, and to th	ne best	of my knowledge and
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is b	ased on all informati	on of which	prepar	er has any knowledge.
пеге	Yo	ur signature		Date	Your occupation		If the	IRS se	nt you an Identity
									IN, enter it here
Joint return?					DATA ENGI		(see i	,	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	lion			nt your spouse an ection PIN, enter it here
your records.					SOFTWARE		(see ii	,	scholl Fills, enter it here
	Ph	one no. (571) 387-927	9	Email address		ILALA@GMAIL.C	` ⊃M		
		eparer's name	9 Preparer's signat	1	VARUMRAUVAV		PTIN		Check if:
Paid		M PRIYA RAM SAGAR GUPTA				04/05/2024	P02082	202	Self-employed
Preparer				A NAM SAU	JAN GULIA	04/03/2024			
Use Only		m's name GLOBAL TAX		NOWTOV N	т 08816				(678) 965-9522
Catawar			Y CT E BRU	N AJIWAN			Firm'	5 EIN	84-3171965 Form 1040 (2023)
GO LO WWW.Irs.go	v/rom	n1040 for instructions and the late	sumormation.		BAA	REV 03/07/24 PRO			Form 1040 (2023)

REV 03/07/24 PRO

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 for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No. **01**

Your social security number

882-65-0983

Name(s) shown on Form 1040, 1040-SR, or 1040-NR VARUN RAJ VAVILALA & SNEHA GAMPA

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-10,154.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()		
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m	-	
n	Section 951(a) inclusion (see instructions)	8n	-	
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p	-	
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	<u>8s (</u>)		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
	Wages earned while incarcerated	<u>8u</u>	-	
z	Other income. List type and amount:Substitute Payment from 1099-Misc2.	8z 2.		
0	Substitute Payment from 1099-Misc 2.		9	2.
9 10	Total other income. Add lines 8a through 8z		3	۷.
10			10	-10,152.
	1040, 1040-SR, or 1040-NR, line 8			-10,152.

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

Schedule 1 (Form 1040) 2023

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government		
	officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8I from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m	_	
d	Reforestation amortization and expenses 24d		
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974	_	
f	Contributions to section 501(c)(18)(D) pension plans	-	
g	Contributions by certain chaplains to section 403(b) plans 24g	_	
h	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)	-	
i	Attorney fees and court costs you paid in connection with an award		
	from the IRS for information you provided that helped the IRS detect		
	tax law violations	-	
j	Housing deduction from Form 2555	-	
K	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
	1041)	-	
Z	Other adjustments. List type and amount:		
05	Tatal athen adjustments. Add lines 04a through 04a	05	
25 06	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	06	
		26	
	BAA REV 03/07/24 PRO	Schedule	1 (Form 1040) 2023

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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* for instructions and the latest information.

2023 Attachment Sequence No. 12

Internal Revenue Service Name(s) shown on return

Department of the Treasury

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 reportin	g your gain	or loss.	

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

lines	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss from	(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, Part I, line 2, column (g)	combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.				
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	50,226.	53,585.	1,237.	-2,122.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked				
3	Totals for all transactions reported on Form(s) 8949 with Box C checked				
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324 4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1			usts from	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	y, from line 8 of y	our Capital Loss	Carryover 6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	· / ·	e any long-	-2,122.

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e 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)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.				(9)	
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	3,771.	3,973.	139.		-63.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824			••••	11 12	
13	 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 13 Capital gain distributions. See the instructions 					
14	14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions					()
15	Net long-term capital gain or (loss). Combine lines 8a on the back				15	-63.

Part	III Summary			
16	Combine lines 7 and 15 and enter the result	16		-2,185.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.			
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.			
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.			
17	Are lines 15 and 16 both gains?			
	No. Skip lines 18 through 21, and go to line 22.			
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18		
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19		
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 			
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.			
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:			
	 The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) 	21	(2,185.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.			
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?			
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.			
	No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.			

BAA REV 03/07/24 PRO

Schedule D (Form 1040) 2023

8949

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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



Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) shown on return	Social security number or taxpayer identification number
VARUN RAJ VAVILALA & SNEHA GAMPA	882-65-0983

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.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I 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.

X (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	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a co See the sep	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	31,621.	35,558.	W	778.	-3,159.
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	18,605.	18,027.	W	459.	1,037.
2 Totals. Add the amounts in column	(d) (e) (d) an	h (b) (subtract					
2 Totals, Add the amounts in column negative amounts). Enter each tot Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box	al here and inc e is checked), li	lude on your ne 2 (if Box B	50,226.	53,585.		1,237.	-2,122.

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.

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

Form 8949 (2023)	Attachment Sequence No. 12A	Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side VARUN RAJ VAVILALA & SNEHA GAMPA

Social security number or taxpayer identification number 882-65-0983

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	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	2,524.	2,758.	W	116.	-118.
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	1,247.	1,215.	W	23.	55.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).			3,771.	3,973.		139.	-63.

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.

SCHE (Form	DULE E 1040)	(From r	Supplementa ental real estate, royalties, partners					trusts. BEMICs.	etc.)		o. 1545-0074
Departm	ent of the Treasury Revenue Service	(1101111	Attach to Form 1040, Go to www.irs.gov/ScheduleE for	, 1040-	SR, 1040-	NR, or	1041.		0101,	Attachm)23 nent ce No. 13
	shown on return								our socia	al security	
VARU	N RAJ VAVI	LALA &	SNEHA GAMPA							5-0983	
Part			From Rental Real Estate an	d Ro	valties						
	Note: If yo	ou are in th	ne business of renting personal proper			c . See	e instru	ctions. If you are	an indiv	vidual, rep	ort farm
			s from Form 4835 on page 2, line 40.								57
			nts in 2023 that would require you								
B If			ou file required Form(s) 1099? .						• •	. 🗌 Ye	s 🗌 No
1 a	Physical addr	ess of ea	ach property (street, city, state, ZIF	P code	e)						
Α	65, PARK Y	VIEW E	NCLAVE SEC-BAD TELANGAN	NA I	IN 5000	09					
В											
С											
1b	Type of Prope		For each rental real estate prope				Fa	ir Rental F	Person	al Use	QJV
	(from list below	v)	above, report the number of fair					Days	Da	ys	QUV
Α	3		personal use days. Check the Qa if you meet the requirements to f			Α		365		0	
B			qualified joint venture. See instru			В					
С			. ,			С					
	of Property:						_				
	Single Family R			ital	5 Land			Self-Rental	、 、		
21	Multi-Family Re	sidence	4 Commercial		6 Roya	alties	8	Other (describe	e)		
								Properties	:		
Incom	e:					Α		В			С
3	Rents received	1		3		6	42.				
4	Royalties recei	ved		4							
Expen											
5	Advertising .			5							
6	Auto and trave	l (see ins	structions)	6							
7	Cleaning and r	naintena	nce	7		8	69.				
8	Commissions			8							
9				9							
10	-		sional fees	10							
11	•			11							
12		-	to banks, etc. (see instructions)	12							
13	Other interest			13							
14				14		1,8					
15				15		1,2	41.				
16				16		2 0	<u> </u>				
17 18			or depletion	17 18			69. 42.				
10	Other (list)	xpense c		19		د,د	42.				
20	· · ·		nes 5 through 19	20		10,7	96				
21	-		ne 3 (rents) and/or 4 (royalties). If	20		10, /	50.				
<u> </u>			structions to find out if you must								
	file Form 6198			21	-	-10,1	54.				
22	Deductible ren	tal real e	estate loss after limitation, if any,	<u> </u>							
			ructions)	22	(10,15	54.)	()	(,
23a		-	ported on line 3 for all rental prope				23a		, 542.		
b		-	ported on line 4 for all royalty prop				23b				
С			ported on line 12 for all properties				23c				
d	Total of all amo	ounts rep	ported on line 18 for all properties				23d	3,9	942.		
е			ported on line 20 for all properties				23e	10,7	796.		
24	Income. Add p	positive a	mounts shown on line 21. Do no t	t inclu	de any los	sses			24		
25	Losses. Add ro	yalty loss	es from line 21 and rental real estate	e losse	es from lin	e 22. E	nter to	tal losses here	25	(10,154.
26			e and royalty income or (loss).								
			IV, and line 40 on page 2 do no								
), line 5. Otherwise, include this ar				ne 41		26	-	-10,154.
For Pa	oorwork Reduct	ion Act N	otice, see the senarate instructions.		NE	γA		-10,154.	Sal	adula E (E	orm 1040) 202

Form **88899** Department of the Treasury Internal Revenue Service

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

	2023
tion.	Attachment Sequence No. 52
	ber of HSA beneficiary. e HSAs, see instructions.

882-65-0983

VARUN RAJ VAVILALA

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

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

Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions		If-only 🛛 Family
2	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. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter	3	7,750.
4	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	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	7,750.
6	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	6	700.
7	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 .	7	
8	Add lines 6 and 7	8	700.
9	Employer contributions made to your HSAs for 2023 9 700.		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	700.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	0.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
_	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	a separate Part II for each spouse.	arate H	HSAs, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a	308.
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	14b	
с	Subtract line 14b from line 14a	14c	308.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	308.
16	Taxable HSA distributions. 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	16	0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
b	Additional 20% tax (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	17b	
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruct completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.	ions b	
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

Form 8889 (2023)

Form **88899** Department of the Treasury Internal Revenue Service

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

Health Savings Accounts (HSAs)

OMB No. 1545-0074

23

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

Attachment Sequence No. **52** Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.

20

SNE	HA GAMPA 494-51	-205	5
Befo	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	requi	ired.
Par	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	🗌 Se	lf-only 🔀 Family
2	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. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter	3	7,750.
4	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	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	7,750.
6	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	6	7,050.
7	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.	7	
8	Add lines 6 and 7	8	7,050.
9	Employer contributions made to your HSAs for 2023	_	,
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	1,000.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	6,050.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	II HSA Distributions. If you are filing jointly and both you and your spouse each have sepa a separate Part II for each spouse.	rate H	HSAs, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a	
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	14b	
с	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. 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	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
b	Additional 20% tax (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 .	17b	
Part			
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form		
	1040), Part II, line 17d	21	

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

Form 8995

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service

God	o waway ire	.aov/Form89	205 for inc	structione a	and tha l	atact info	rmation

OMB No. 1545-2294

Name(s) shown o	n 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		Qualified business ncome or (loss)
i				
ii				
iii				
iv				
v 2	Tatal avalified by since income on (loss). Combine lines di through to			
—	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2		
	Qualified business net (loss) carryforward from the prior year	3 ()		
	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4		
	Qualified business income component. Multiply line 4 by 20% (0.20)		5	
	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 ()		
	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero	•		
	or less, enter -0	8 21.	9	1
	Qualified business income deduction before the income limitation. Add lines 5 an		9 10	4.
	Taxable income before qualified business income deduction (see instructions)	11 150,664.	10	- I •
	Enter your net capital gain, if any, increased by any qualified dividends	100,001		
		12 164.		
13		13 150,500.		
14	Income limitation. Multiply line 13 by 20% (0.20)		14	30,100.
	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also			
	the applicable line of your return (see instructions)		15	4.
	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than		16	(0.)
	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a zero, enter -0-		17	(0.)
		07/24 PRO	17	Form 8995 (2023)



Form M-8453 Individual Income Tax Declaration for Electronic Filing

Your first name and initial	Last	name	Your Social Security numbe	r
VARUN RAJ VAVILALA			882650983	
If a joint return, spouse's first name and initial	Last	name	Spouse's Social Security nu	umber
SNEHA GAMPA			494512055	
Present street address (and apartment number)				
9 SAPLING CIRCLE				
City/Town/Post Office	State	Zip	Filing status: O Single	Married filing jointly
NASHUA	NH	03062	 Married filing separately 	O 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)	74607
2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36)	251/
3 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38)	
4 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42)	1007
5 Refund amount (from Form 1, line 53, or Form 1-NR/PY, line 57)5	723
6 Tax due (from Form 1, line 54, or Form 1-NR/PY, line 58)	

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)

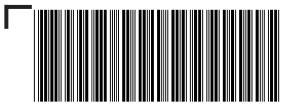
I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) 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	O Fill in if	
		04052024	4 843171965		self-employed
Firm name (or yours, if self-employe	d) and address	City/Town	State	Zip	O Fill in if also
GLOBAL TAXES LLC	245 ROONEY CT	E BRUNSWICK	NJ	08816	paid preparer

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		O Fill in if
P02082703	04052024	843171	.965	self-employed
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

	AVILALA AMPA	882650983 494512053		
9 SAPLING CIRCLE	7 11 11 7 1	NASHUA		NH 03062
	jurisdiction change En mended return due to IRS	iter date of change		
State Election Campaign Fund:			\$1 You	\$1 Spouse TOTAL
Fill in if veteran of Operations Enduring Freedom	. Iradi Freedom. Noble E	adle or Sinai Peninsula	You	Spouse
Taxpayer deceased	,		You	Spouse
Fill in if under age 18			You	Spouse
Fill in if name change			You	Spouse
Check one: X Nonresident	Filing as both nonresid	lent and part-year resident		
Part-year resident	Nonresident composite	9	Fill in if none	custodial parent
a. Total federal income	17836	4	Fill in if filing	Schedule TDS
b. Federal adjusted gross income	17836	4	Fill in if filing	Schedule FCI
1. Filing status (select one only):	Single		Fill in if repo	rting crypto currency
X	Married filing jointly			
	Married filing separate	return NRA		
	Head of household	You are a custodial parent wh	o has released claim to	o exemption for child(ren)
2. Part-year residents. Enter dates as Ma	assachusetts resident: Fro	om To		
3. Total days as Massachusetts resident	÷ 365 = .	3		
SIGN HERE. Under penalties of perjury, I de	eclare that to the best o	f my knowledge and belief this retu	rn and enclosures are	e true, correct and complete.
Your signature	Date	Spouse's signature	Date	

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

571-387-9279



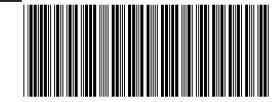


MA23006021555 Massachusetts Nonresident/ Part-Year Resident Income Tax Return 882650983

4.	Exemptions:							
	a. Personal exemptions						4a	8800
	b. Number of dependents. (Do not i	nclude yours	self or your spouse.)	Enter numbe	r	× \$1,000 =	= 4b	
	c. Age 65 or over before 2024	You +	Spouse =			× \$700 =	= 4c	
	d. Blindness	You +	Spouse =			× \$2,200 =	= 4d	
	e. Medical/dental						4e	
	f. Adoption						4f	
	g. Total exemptions. Add items 4a t	hrough 4f. Ei	nter here and on line	e 22a			4g	8800
5.	Wages, salaries, tips						5	84761
6.	Taxable pensions and annuities						6	
7.	Mass. bank interest: a.		– b. exemp	otion			= 7	
8.	Business/profession income/loss a			+ b. Farmir	ig income/lo	SS		
							= 8	
9.	Rental, royalty and REMIC, partners	ship, S corp.,	trust income/loss				9	-10154
10a.	Unemployment						10a	
10b.	Mass. lottery winnings						10b	
11.	Other income						11	
12.	TOTAL 5.0% INCOME						12	74607
13.	NONRESIDENT APPORTIONMEN	T WORKSH	EET. You cannot ap	portion Mass.	wages as sl	hown on Form W-2. Do r	not use this w	vorksheet if you know the
	exact amount of your Mass. source	income. Onl	y use when income	from employm	ent/busines	s is earned both inside a	and outside N	lass. and the exact
	Mass. amount is not known. Basis:		working days	miles	sales	other:		
	Working days (or other basis) outsid	de Massachu	isetts				13a	
	Working days (or other basis) inside	Massachus	etts				13b	
	Total working days						13c	
	Nonworking days (holidays, weeken	ds, etc.)					13d	
	Massachusetts ratio						13e	
	Total income being apportioned. Yo	u cannot app	ortion Massachuse	tts wages as s	hown on Fo		13f	
	Massachusetts income						13g	

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

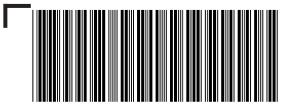
04/05/2024 08:28 AM



MA23006031555 Massachusetts Nonresident/ Part-Year Resident Income Tax Return

VA	ARUN RAJ	VAVILALA	882650983		
14.	NONRESIDENT DEDUCTION A	ND 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 inc	come. Not less than "0"		14e	105942
	f. Total income			14f	181586
	g. Deduction and exemption ratio			14g	0.4166
15a.	•	are, R.R., U.S. or Mass. Retirement		15a	670
15b.	• • •	Sec., Medicare, R.R., U.S. or Mass. F	Retirement	15b	
16.	Reserved for future use			16	
17.	Reserved for future use			17	
18.	Rental deduction. a. Nonresidents, fill in if during 2023 intend to return in the future	B you did not have a family home or an	y dwelling outside Massachusetts to w	÷2 = 18 hich you generally or c	customarily returned or
18. 19.	Nonresidents, fill in if during 2023		y dwelling outside Massachusetts to w		customarily returned or
	Nonresidents, fill in if during 2023 intend to return in the future	Y, line 19	y dwelling outside Massachusetts to w	hich you generally or c	670
19.	Nonresidents, fill in if during 2023 intend to return in the future Other deductions from Schedule Total deductions. Add lines 15 th	Y, line 19 hrough 19 IONS. Subtract line 20 from line 12. N		hich you generally or o	670 73937
19. 20.	Nonresidents, fill in if during 2023 intend to return in the future Other deductions from Schedule Total deductions. Add lines 15 th 5.0% INCOME AFTER DEDUCT Exemption amount. a.	Y, line 19 hrough 19 IONS. Subtract line 20 from line 12. N 8800	ot less than "0"	hich you generally or c 19 20 21 22	670 73937 3666
19. 20. 21.	Nonresidents, fill in if during 2023 intend to return in the future Other deductions from Schedule Total deductions. Add lines 15 th 5.0% INCOME AFTER DEDUCT Exemption amount. a. 5.0% INCOME AFTER EXEMPT	Y, line 19 hrough 19 IONS. Subtract line 20 from line 12. N 8800 IONS. Subtract line 22 from line 21. N	ot less than "0"	hich you generally or o 19 20 21 22 23	670 73937
19. 20. 21. 22. 23. 24.	Nonresidents, fill in if during 2023 intend to return in the future Other deductions from Schedule Total deductions. Add lines 15 th 5.0% INCOME AFTER DEDUCT Exemption amount. a. 5.0% INCOME AFTER EXEMPT INTEREST AND DIVIDEND INCOME	Y, line 19 hrough 19 IONS. Subtract line 20 from line 12. N 8800 IONS. Subtract line 22 from line 21. N OME	ot less than "0"	hich you generally or o 19 20 21 22 23 24	670 73937 3666 70271
19. 20. 21. 22. 23. 24. 25.	Nonresidents, fill in if during 2023 intend to return in the future Other deductions from Schedule Total deductions. Add lines 15 th 5.0% INCOME AFTER DEDUCT Exemption amount. a. 5.0% INCOME AFTER EXEMPT INTEREST AND DIVIDEND INCO TOTAL TAXABLE 5.0% INCOME	Y, line 19 hrough 19 IONS. Subtract line 20 from line 12. N 8800 IONS. Subtract line 22 from line 21. N OME E. Add lines 23 and 24	ot less than "0" ot less than "0"	hich you generally or o 19 20 21 22 23	670 73937 3666
19. 20. 21. 22. 23. 24.	Nonresidents, fill in if during 2023 intend to return in the future Other deductions from Schedule Total deductions. Add lines 15 th 5.0% INCOME AFTER DEDUCT Exemption amount. a. 5.0% INCOME AFTER EXEMPT INTEREST AND DIVIDEND INCO TOTAL TAXABLE 5.0% INCOME TAX ON 5.0% INCOME. Note: If	Y, line 19 hrough 19 IONS. Subtract line 20 from line 12. N 8800 IONS. Subtract line 22 from line 21. N OME E. Add lines 23 and 24 choosing the optional 5.85% tax rate,	ot less than "0" ot less than "0"	hich you generally or o 19 20 21 22 23 24 25	670 73937 3666 70271 70271
19. 20. 21. 22. 23. 24. 25. 26.	Nonresidents, fill in if during 2023 intend to return in the future Other deductions from Schedule Total deductions. Add lines 15 th 5.0% INCOME AFTER DEDUCT Exemption amount. a. 5.0% INCOME AFTER EXEMPT INTEREST AND DIVIDEND INCOME TOTAL TAXABLE 5.0% INCOME TAX ON 5.0% INCOME. Note: If amount in Schedule D, line 21 by	Y, line 19 hrough 19 IONS. Subtract line 20 from line 12. N 8800 IONS. Subtract line 22 from line 21. N OME Add lines 23 and 24 choosing the optional 5.85% tax rate, .0585	ot less than "0" ot less than "0"	hich you generally or o 19 20 21 22 23 24	670 73937 3666 70271
19. 20. 21. 22. 23. 24. 25.	Nonresidents, fill in if during 2023 intend to return in the future Other deductions from Schedule Total deductions. Add lines 15 th 5.0% INCOME AFTER DEDUCT Exemption amount. a. 5.0% INCOME AFTER EXEMPT INTEREST AND DIVIDEND INCOME TOTAL TAXABLE 5.0% INCOME TAX ON 5.0% INCOME. Note: If amount in Schedule D, line 21 by INCOME FROM SCHEDULE B.	Y, line 19 hrough 19 IONS. Subtract line 20 from line 12. N 8800 IONS. Subtract line 22 from line 21. N OME Add lines 23 and 24 choosing the optional 5.85% tax rate, .0585 Not less than "0."	ot less than "0" ot less than "0"	hich you generally or o 19 20 21 22 23 24 25	670 73937 3666 70271 70271
19. 20. 21. 22. 23. 24. 25. 26.	Nonresidents, fill in if during 2023 intend to return in the future Other deductions from Schedule Total deductions. Add lines 15 th 5.0% INCOME AFTER DEDUCT Exemption amount. a. 5.0% INCOME AFTER EXEMPT INTEREST AND DIVIDEND INCOME TOTAL TAXABLE 5.0% INCOME TAX ON 5.0% INCOME. Note: If amount in Schedule D, line 21 by INCOME FROM SCHEDULE B. 1 a.	Y, line 19 hrough 19 IONS. Subtract line 20 from line 12. N 8800 IONS. Subtract line 22 from line 21. N OME E. Add lines 23 and 24 choosing the optional 5.85% tax rate, .0585 Not less than "0." \times .085 = 27a	ot less than "0" ot less than "0"	hich you generally or o 19 20 21 22 23 24 25	670 73937 3666 70271 70271
19. 20. 21. 22. 23. 24. 25. 26.	Nonresidents, fill in if during 2023 intend to return in the future Other deductions from Schedule Total deductions. Add lines 15 th 5.0% INCOME AFTER DEDUCT Exemption amount. a. 5.0% INCOME AFTER EXEMPT INTEREST AND DIVIDEND INCOME TOTAL TAXABLE 5.0% INCOME TAX ON 5.0% INCOME. Note: If amount in Schedule D, line 21 by INCOME FROM SCHEDULE B. a. b.	Y, line 19 hrough 19 IONS. Subtract line 20 from line 12. N 8800 IONS. Subtract line 22 from line 21. N OME Add lines 23 and 24 choosing the optional 5.85% tax rate, .0585 Not less than "0."	ot less than "0" ot less than "0" fill in and multiply line 25 and the	hich you generally or o 19 20 21 22 23 24 25	670 73937 3666 70271 70271

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





MA23006041555 Massachusetts Nonresident/ Part-Year Resident Income Tax Return 882650983

28.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Sci	hedule D-IS		28	
00	Fill in if any excess exemptions were used in calculating lines 24, 27 or 28			00	
29.	Credit recapture amount (from Credit Recapture Schedule) Additional tax on installment sale			29 30	
30.				30	
31. 32.	If you qualify for No Tax Status, fill in and enter "0" on line 32 TOTAL INCOME TAX.				
52.	a. Income tax. Add lines 26 through 30	32a	3514		
	b. 4% Surtax. (from Schedule 4% Surtax, line 7)	32a 32b	5514		
	c. If line 32b is greater than 0, enter the amount of Massachusetts	320			
	income tax paid on your behalf on a Form MA NRCR, Nonresident				
	Composite Return. Otherwise, enter 0	32c			
	Total tax. Subtract line 32c from the total of lines 32a and 32b	520		32	3514
33.	Limited Income Credit			33	5514
34.	Income tax due to another state or jurisdiction			34	
35.	Other credits (from Credit Manager Schedule)			35	
36.	INCOME TAX AFTER CREDITS. Subtract the total of lines 33 through 35 fro	m line 32 Not less than	"∩"	36	3514
37.	Voluntary Contributions		0	00	JJ11
07.	a. Endangered Wildlife Conservation			37a	
	b. Organ Transplant Fund			37b	
	c. Massachusetts Public Health HIV and Hepatitis Fund			37c	
	d. Massachusetts U.S. Olympic Fund			37d	
	e. Massachusetts Military Family Relief Fund			37e	
	f. Homeless Animal Prevention and Care			37f	
	Total. Add lines 37a through 37f			37	
38.	Use tax due on Internet, mail order and other out-of-state purchases			38	
39.	Health care penalty a. You + b. Spouse			39	
40.	Amended return only. Overpayment from original return			40	
41.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. A	dd lines 36 through 40		41	3514
42.	a. Massachusetts income tax withheld from Form(s) W-2	42a	4237		0011
	b. Massachusetts income tax withheld from Form(s) 1099	42b			
	c. Massachusetts income tax withheld from other forms	42c			
	Total. Add lines 42a through 42c			42	4237
	-				

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MA23006051555 Massachusetts Nonresident/ Part-Year Resident Income Tax Return 882650983

43. 44. 45. 46.	2022 overpayment applied to your 2023 estimated tax 2023 Massachusetts estimated tax payments Payments made with extension Amended return only. Payments made with original re	turn. Not less than "0"		43 44 45 46	
47.	Earned Income Credit. a. Number of qualifying children Part-year residents, multiply line 47c by line 3 Note: You cannot claim the Earned Income Credit if you for an exception (see instructions). Fill in if you qualify for	ur filing status is married filing			
48. 49. 50.	Senior Circuit Breaker Credit Reserved for future use Child and Family Tax Credit			48 49	
51. 52. 53.	a. x \$310 = b. Other Refundable Credits Total Refundable Credits. Add lines 47 through 51 Excess Paid Family Leave Withholding	Part-year resider	nts multiply line 50b l	by line 3 = 50 51 52 53	
54. 55. 56. 57.	TOTAL. Add lines 42 through 46 and lines 52 and 53 Overpayment. Subtract line 41 from line 54 Amount of overpayment you want applied to your 202 Refund. Subtract line 56 from line 55. Mail to: Massach		oston, MA 02204	54 55 56 57	4237 723 723
F		checking savings 72702			
58.	Tax due. Pay online at www.mass.gov/dor/payonline Interest Penalty	e. Mail to: Mass. DOR, PO Bo M-2210 amt.	(7003, Boston, MA (02204 58	EX enclose Form M-2210
I do n Print SY <i>P</i>	he Department of Revenue discuss this return with the p ot want preparer to file my return electronically paid preparer's name M PRIYA RAM SAGAR GUPTA preparer's signature	reparer shown here?	Yes (this may delay you Date 04052024 Paid preparer's pho 678-965-9	Check if self-employed	Paid preparer's SSN/PTIN P02082703 Paid preparer's EIN 84-3171965

SYAM PRIYA RAM SAGAR BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1

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2023 Schedule B

MA23010011555

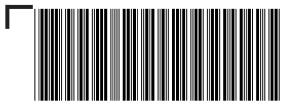
VA	ARUN RAJ	VAVILALA	882650983		
Part	1. Interest and Dividend Inco	ome			
1.	Total interest income			1	20
2.	Total ordinary dividends			2	262
3.	Other interest and dividends not inc	cluded above		3	
4.	Total interest and dividends			4	282
5.	Total interest from Massachusetts b	anks		5	202
6a.	Other interest and dividends to be e	excluded		6a	
6b.	Part-year/Nonresidents only			6b	282
7.	Subtotal			7	
8.	Allowable deductions from your trac	le or business		8	
9.	Subtotal			9	
_	-				
Part	: 2. Short-Term Capital Gains	/Losses and Long-Term	Gains on Collectibles		
10.	Massachusetts short-term capital g	ains		10	1037
11.	Massachusetts long-term capital ga	ains on collectibles and pre-19	96 installment sales	11	
12.		change or involuntary convers	ion of property used in a trade or business a	nd	
	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	t less than 0		13c	1037
14.	Allowable deductions from your trac	le or business		14	
15.	Subtotal			15	1037
16.	Massachusetts short-term capital lo			16	-3159
17.		change or involuntary convers	ion of property used in a trade or business ar		
	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 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39.	3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains Enter the amount from line 9 Short-term losses applied against interest and dividends Subtotal interest and dividends Long-term losses applied against interest and dividends Adjusted interest and dividends Enter the amount from line 28 Adjusted gross interest, dividends and certain capital gains Excess exemptions Subtract line 36 from line 35 Interest and dividends taxable at 5.0% Total taxable 8.5% and 12% capital gains	s on Collectibles 29 30 31 32 33 34 35 36 37 38 39	
40.	Available short-term losses for carryover in 2024	40	-2122





2023 Schedule D

MA23012011555 Long-Term Capital Gains and Losses Excluding Collectibles

VA	ARUN RAJ	VAVILALA	882650983		
Par	1. Long-Term Capital Gains	and Losses Excluding C	ollectibles		
1.	Enter amounts from U.S. Schedule	-		1	-63
2.	Enter amounts from U.S. Schedule			2	00
3.	Enter amounts from U.S. Schedule			3	
4.	Enter amounts from U.S. Schedule			4	
5.	Enter amounts from U.S. Schedule			5	
6.	Enter amounts from U.S. Schedule			6	
7.	Massachusetts long-term capital ga	ins 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 los	ses		11	-63
12.	Long-term gains on collectibles and	pre-1996 installment sales		12	
13.	Subtotal			13	-63
14.	Capital losses applied against capital	al gains		14	
15.	Subtotal			15	-63
16.	Long-term capital losses applied ag	ainst interest and dividends		16	
17.	Subtotal			17	-63
18.	Allowable deductions from your trad	e 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

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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 dependent	ts (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) b	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 RAJVAVILALA882650983Income or Loss from Real Estate and Royalties

Inco	ome		
1.	Rents received	1	642
2.	Royalties received	2	
Exp	enses		
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

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2023 Schedule E, pg. 2

MA23013051555

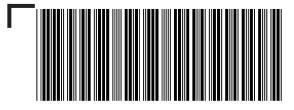
882650983

Income or Loss from Partnerships and S Corporations 25. Passive loss allowed

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	
Inco	ome 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
Inco	ome or Loss from REMICs	
50.	Excess inclusion	50
51.	Taxable income or loss	51
52.	Income	52
53.	Combine lines 51 and 52	53

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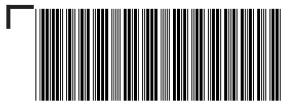
2023 Schedule E, pg. 3

MA23013061555

882650983

Farm Income

	Net farm rental income or loss	54	
Sun	nmary		
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: X Real estate Royalty X Rental property used for short-term rentals

Income or Loss from Real Estate and Royalties

Inco	ome		
1.	Rents received	1	642
2.	Royalties received	2	
Exp	enses		
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

Form 1, 1-NR/PY Schedule B Line 6

Other Interest and Dividends Excluded Statement

Attach to your return

Statement EXCL

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

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