



New York State E-File Signature Authorization for Tax Year 2023

For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Electronic return originator (ERO): Do not mail this form to the Tax Department. Keep it for your records.

| | |
|---|---|
| Taxpayer's name MAHESH REDDY ANNAPUREDDY | Spouse's name (jointly filed return only) |
|---|---|

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*, available on our website.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, *Resident Income Tax Return*, IT-201-X, *Amended Resident Income Tax Return*, IT-203, *Nonresident and Part-Year Resident Income Tax Return*, IT-203-X, *Amended Nonresident and Part-Year Resident Income Tax Return*, IT-214, *Claim for Real Property Tax Credit*, and NYC-210, *Claim for New York City School Tax Credit*. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*.

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2023 Form IT-370 and Tax Year 2024 Form IT-2105*.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

Part A – Tax return information

| | | |
|--|----|-----------|
| 1 Federal adjusted gross income (from applicable line) | 1. | 167686. |
| 2 Refund | 2. | 2846. |
| 3 Amount you owe | 3. | |
| 4 Financial institution routing number | 4. | 021202337 |
| 5 Financial institution account number | 5. | 596258860 |
| 6 Account type: <input checked="" type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings | | |

Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2023 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2023 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2023 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

| | |
|--|------|
| Taxpayer's signature | Date |
| Spouse's signature (jointly filed return only) | Date |

Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2023 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2023 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2023 New York State electronic return

is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2023 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

| | | |
|---------------------------|---|------------------|
| ERO's signature | Print name GLOBAL TAXES LLC | Date |
| Paid preparer's signature | Print name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 02092024 |



Department of Taxation and Finance

Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

For the year January 1, 2023, through December 31, 2023, or fiscal year beginning

IT-203

23

For help completing your return, see the instructions, Form IT-203-I.

and ending

| | | | | | | | |
|--|----------|---|----------------------|---|-------------------------------|--|-----------------------------|
| Your first name and middle initial MAHESH REDDY | | Your last name (for a joint return, enter spouse's name on line below) ANNAPUREDDY | | Your date of birth (mmddyyyy) 08051997 | | Your Social Security number 629358299 | |
| Spouse's first name and middle initial | | Spouse's last name | | Spouse's date of birth (mmddyyyy) | | Spouse's Social Security number | |
| Mailing address (see instructions) (number and street or PO Box) 103 BALLYLIFFEN LANE | | | | Apartment number | | New York State county of residence NR | |
| City, village, or post office CARY | | State NC | ZIP code 27519 | Country UNITED STATES | | School district name NR | |
| Taxpayer's permanent home address (see instructions) (no. and street or rural route) | | | | Apartment no. | City, village, or post office | | School district code number |
| State | ZIP code | Country | Decedent information | | Taxpayer's date of death | Spouse's date of death | |

A Filing status (mark an X in one box):

- ① Single
- ② Married filing joint return (enter both spouses' Social Security numbers above)
- ③ Married filing separate return (enter both spouses' Social Security numbers above)
- ④ Head of household (with qualifying person)
- ⑤ Qualifying surviving spouse

B Did you itemize your deductions on your 2023 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No

D1 Did you have a financial account located in a foreign country? Yes No

D2 (1) Did you or your spouse maintain living quarters in Yonkers for any part of 2023? Yes No
If Yes:

(2) Number of months you lived in Yonkers in 2023 ...

(3) Number of months your spouse lived in Yonkers in 2023
If No:

(4) Did you or your spouse work in Yonkers while not living in Yonkers for any part of 2023 ... Yes No

E New York City part-year residents only (This includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island)

(1) Number of months you lived in NY City in 2023

(2) Number of months your spouse lived in NY City in 2023

F Enter your 2-character special condition code(s) if applicable

G New York State part-year residents

Enter the date you moved into or out of NYS (mmddyyyy)

On the last day of the tax year (mark an X in one box):

1) Lived in NYS

2) Lived outside NYS; received income from NYS sources during nonresident period

3) Lived outside NYS; received no income from NYS sources during nonresident period

H Did you or your spouse maintain living quarters in NYS in 2023? Yes No
(if Yes, complete Form IT-203-B)

I Dependent information

| First name and middle initial | Last name | Relationship | Social Security number | Date of birth (mmddyyyy) |
|-------------------------------|-----------|--------------|------------------------|--------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

If more than 6 dependents, mark an X in the box.



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For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your Social Security number
629358299

Federal income and adjustments

Federal amount
Whole dollars only

New York State amount
Whole dollars only

Table with 3 columns: Line number, Federal amount, New York State amount. Rows 1-19 include items like Wages, salaries, tips, etc.; Taxable interest income; Ordinary dividends; Taxable refunds, credits, or offsets of state and local income taxes; Alimony received; Business income or loss; Capital gain or loss; Other gains or losses; Taxable amount of IRA distributions; Taxable amount of pensions/annuities; Rental real estate, royalties, partnerships, S corporations, trusts, etc.; Rental real estate included in line 11; Farm income or loss; Unemployment compensation; Taxable amount of Social Security benefits; Other income; Add lines 1 through 11 and 13 through 16; Total federal adjustments to income; Federal adjusted gross income.

New York additions

Table with 3 columns: Line number, Federal amount, New York State amount. Rows 20-23 include items like Interest income on state and local bonds and obligations; Public employee 414(h) retirement contributions; Other; Add lines 19 through 22.

New York subtractions

Table with 3 columns: Line number, Federal amount, New York State amount. Rows 24-31 include items like Taxable refunds, credits, or offsets of state and local income taxes; Pensions of NYS and local governments and the federal government; Taxable amount of Social Security benefits; Interest income on U.S. government bonds; Pension and annuity income exclusion; Other; Add lines 24 through 29; New York adjusted gross income.

32 Enter the amount from line 31, Federal amount column 32 167686.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

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Standard deduction or itemized deduction

33 Enter your **standard deduction** or your **itemized deduction** (from Form IT-196).
 Mark an **X** in the appropriate box: ... **Standard** – or – **Itemized**

| | |
|---|---------------|
| 33 | 8000.00 |
| 34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank) | 159686.00 |
| 35 Dependent exemptions (enter the number of dependents listed in Item I; see instructions) | 000.00 |
| 36 New York taxable income (subtract line 35 from line 34) | 159686.00 |

Tax computation, credits, and other taxes

| | |
|---|-----------|
| 37 New York taxable income (from line 36) | 159686.00 |
| 38 New York State tax on line 37 amount | 9581.00 |
| 39 New York State household credit | .00 |
| 40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank) | 9581.00 |
| 41 New York State child and dependent care credit | .00 |
| 42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank) | 9581.00 |
| 43 New York State earned income credit | .00 |
| 44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) | 9581.00 |
| 45 Income percentage <input type="text"/> New York State amount from line 31 <input type="text" value="167686.00"/> ÷ Federal amount from line 31 <input type="text" value="167686.00"/> = Round result to 4 decimal places <input type="text" value="1.0000"/> | |
| 46 Allocated New York State tax (multiply line 44 by the decimal on line 45) | 9581.00 |
| 47 New York State nonrefundable credits (Form IT-203-ATT, line 8) | .00 |
| 48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank) | 9581.00 |
| 49 Net other New York State taxes (Form IT-203-ATT, line 33) | .00 |
| 50 Total New York State taxes (add lines 48 and 49) | 9581.00 |

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

| | | | |
|---|-----|---------|--|
| 51 Part-year New York City resident tax (Form IT-360.1) | 51 | .00 | See instructions to compute New York City and Yonkers taxes, credits, and surcharges. |
| 52 Part-year resident nonrefundable New York City child and dependent care credit | 52 | .00 | |
| 52a Subtract line 52 from 51 | 52a | .00 | |
| 52b MCTMT net earnings base for Zone 1 | 52b | .00 | See instructions to compute the MCTMT for each zone. |
| 52c MCTMT net earnings base for Zone 2 | 52c | .00 | |
| 52d MCTMT for Zone 1 | 52d | .00 | |
| 52e MCTMT for Zone 2 | 52e | .00 | |
| 52f Total MCTMT (add lines 52d and 52e) | 52f | .00 | |
| 53 Yonkers nonresident earnings tax (Form Y-203) | 53 | .00 | |
| 54 Part-year Yonkers resident income tax surcharge (Form IT-360.1) | 54 | .00 | |
| 55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52f through 54) | 55 | .00 | |
| 56 Sales or use tax (Do not leave blank.) | 56 | 0.00 | |
| 57 Voluntary contributions (Form IT-227, Part 2, line 1) | 57 | .00 | |
| 58 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57) | 58 | 9581.00 | |

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Enter your Social Security number
629358299

59 Enter amount from line 58 59 9581.00

Payments and refundable credits

Table with 2 columns: Description and Amount. Rows include NYC school tax credit, other refundable credits, and total payments and refundable credits.

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return. Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information

Table with 2 columns: Description and Amount. Rows include amount overpaid, amount available for refund, and total refund after NYS 529 account deposit.

Mark one refund choice: [X] direct deposit to checking or savings account (fill in line 73) - or - [] paper check

Refund? Direct deposit is the easiest, fastest way to get your refund. See instructions for payment options.

Table with 2 columns: Description and Amount. Rows include amount applied to 2024 tax, amount owed, and estimated tax penalty.

See instructions for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal. If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box []

73a Account type: [X] Personal checking - or - [] Personal savings - or - [] Business checking - or - [] Business savings

73b Routing number 021202337 73c Account number 596258860

74 Electronic funds withdrawal Date [] Amount [].00

Third-party designee? (see instr.) Yes [] No [X] Print designee's name, Designee's phone number, Personal identification number (PIN), Email:

Preparer information: Paid preparer must complete. Preparer's signature, printed name, PTIN, SSN, employer ID, date, address, email.

Taxpayer(s) must sign here. Your signature, occupation, spouse's signature and occupation, date, daytime phone number, email.

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





Department of Taxation and Finance

Passive Activity Loss Limitations

For Nonresidents and Part-Year Residents

IT-182

Submit with your Form IT-203 or IT-205.

| | |
|---|--|
| Name as shown on return MAHESH REDDY ANNAPUREDDY | Identifying number as shown on return 629358299 |
|---|--|

See the instructions on page 4, before completing this form.

Part I – Passive activity loss (see instructions)

Rental real estate activities with active participation

| | | | |
|---|----|-----|-----|
| 1a Activities with net income from Part IV, column (a) | 1a | .00 | |
| 1b Activities with net loss from Part IV, column (b) | 1b | .00 | |
| 1c Prior years unallowed losses from Part IV, column (c) (see instructions) | 1c | .00 | |
| 1d Add lines 1a, 1b, and 1c..... | 1d | | .00 |

All other passive activities

| | | | |
|--|----|------------|------------|
| 2a Activities with net income from Part V, column (a) | 2a | 0 .00 | |
| 2b Activities with net loss from Part V, column (b) | 2b | -11482 .00 | |
| 2c Prior years unallowed losses from Part V, column (c) (see instructions) | 2c | .00 | |
| 2d Add lines 2a, 2b, and 2c..... | 2d | | -11482 .00 |

3 Add lines 1d and 2d and subtract any prior year unallowed CRD (see instructions). **Note:** If this line is zero or more, stop here and submit this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used.

| | |
|---|------------|
| 3 | -11482 .00 |
|---|------------|

If line 3 is a loss and: • Line 1d is a loss, go to Part II.
• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to Part III, line 10.

Caution: If married filing separately, filing status Ⓢ, and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II – Special allowance for rental real estate activities with active participation (see instructions)

Note: Enter all numbers in Part II as positive amounts (greater than zero). See instructions.

| | | |
|---|---|-------|
| 4 Enter the smaller of the loss on line 1d or the loss on line 3..... | 4 | .00 |
| 5 Enter 150,000 (if married filing separately, see instructions) | 5 | .00 |
| 6 Enter federal modified adjusted gross income, but not less than zero (see instr.) | 6 | .00 |
| Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8, and leave line 9 blank. Otherwise, go to line 7. | | |
| 7 Subtract line 6 from line 5 | 7 | .00 |
| 8 Multiply line 7 by 50% (.5). Do not enter more than 25,000. (If married filing separately, filing status Ⓢ, see instr.) .. | 8 | .00 |
| 9 Enter the smaller of line 4 or line 8 (if line 3 includes any CRD, see instructions) | 9 | 0 .00 |

Part III – Total losses allowed

| | | |
|---|----|-------|
| 10 Add the income, if any, from lines 1a and 2a and enter the total | 10 | 0 .00 |
| 11 Total losses allowed from all passive activities for this year. (Add lines 9 and 10. See the instructions to find out how to report the losses on your return.) | 11 | 0 .00 |

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Part IV – For Part I, lines 1a, 1b, and 1c (see instructions)

| Name of activity/property description and address | Date of acquisition | Date of sale | Current year | | Prior years | Overall gain or loss | |
|---|---------------------|--------------|--------------------------------|------------------------------|------------------------------------|----------------------|-------------|
| | | | (a) Net income (line 1a) | (b) Net loss (line 1b) | (c) Unallowed loss (line 1c) | (d) Gain | (e) Loss |
| | | | .00 | .00 | .00 | .00 | .00 |
| | | | .00 | .00 | .00 | .00 | .00 |
| | | | .00 | .00 | .00 | .00 | .00 |
| | | | .00 | .00 | .00 | .00 | .00 |
| | | | .00 | .00 | .00 | .00 | .00 |
| Totals. Enter on Part I, lines 1a, 1b, and 1c..... | | | .00 | .00 | .00 | | |

Part V – For Part I, lines 2a, 2b, and 2c (see instructions)

| Name of activity/property description and address | Date of acquisition | Date of sale | Current year | | Prior years | Overall gain or loss | |
|---|---------------------|--------------|--------------------------------|------------------------------|------------------------------------|----------------------|-------------|
| | | | (a) Net income (line 2a) | (b) Net loss (line 2b) | (c) Unallowed loss (line 2c) | (d) Gain | (e) Loss |
| CHINAGARLAPADU, KAREMPUDI | | | 0 .00 | 11482 .00 | .00 | .00 | 11482 .00 |
| | | | .00 | .00 | .00 | .00 | .00 |
| | | | .00 | .00 | .00 | .00 | .00 |
| | | | .00 | .00 | .00 | .00 | .00 |
| | | | .00 | .00 | .00 | .00 | .00 |
| Totals. Enter on Part I, lines 2a, 2b, and 2c..... | | | 0 .00 | 11482 .00 | .00 | | |

Part VI – Use this Part if an amount is shown on Part II, line 9 (see instructions)

| Name of activity/property description and address | Form or schedule and line number to be reported on | (a) Loss | (b) Ratio | (c) Special Allowance | (d) Subtract column (c) from column (a) |
|---|--|-------------|--------------|--------------------------|--|
| | | .00 | | .00 | .00 |
| | | .00 | | .00 | .00 |
| | | .00 | | .00 | .00 |
| | | .00 | | .00 | .00 |
| Totals..... | | .00 | 1.00 | .00 | .00 |

Part VII – Allocation of unallowed losses (see instructions)

| Name of activity/property description and address | Form or schedule and line number to be reported on | (a) Loss | (b) Ratio | (c) Unallowed loss |
|---|--|-------------|--------------|-----------------------|
| CHINAGARLAPADU, KAREMPUDI | E LN 22 | 11482 .00 | 1.00000000 | 11482 .00 |
| | | .00 | | .00 |
| | | .00 | | .00 |
| | | .00 | | .00 |
| Totals..... | | 11482 .00 | 1.00 | 11482 .00 |



Part VIII – Allowed losses (see instructions)

| Name of activity/property description and address | Form or schedule and line number to be reported on | (a) Loss | (b) Unallowed loss | (c) Allowed loss |
|---|--|-------------|-----------------------|---------------------|
| CHINAGARLAPADU, KAREMPUDI | E LN 22 | 11482 .00 | 11482 .00 | 0 .00 |
| | | .00 | .00 | .00 |
| | | .00 | .00 | .00 |
| | | .00 | .00 | .00 |
| Totals | | 11482 .00 | 11482 .00 | 0 .00 |

Part IX – Activities with losses reported on two or more different forms or schedules (see instructions)

| Name of activity/property description and address: | (a) | (b) | (c) Ratio | (d) Unallowed loss | (e) Allowed loss |
|---|-----|-----|--------------|-----------------------|---------------------|
| Form or schedule and line number to be reported on (see instructions): | | | | | |
| 1a Net loss plus prior year unallowed loss from form or schedule | .00 | | | | |
| 1b Net income from form or schedule | .00 | | | | |
| 1c Subtract line 1b from line 1a. If zero or less, leave blank | | .00 | | .00 | .00 |
| Form or schedule and line number to be reported on (see instructions): | | | | | |
| 1a Net loss plus prior year unallowed loss from form or schedule | .00 | | | | |
| 1b Net income from form or schedule | .00 | | | | |
| 1c Subtract line 1b from line 1a. If zero or less, leave blank | | .00 | | .00 | .00 |
| Form or schedule and line number to be reported on (see instructions): | | | | | |
| 1a Net loss plus prior year unallowed loss from form or schedule | .00 | | | | |
| 1b Net income from form or schedule | .00 | | | | |
| 1c Subtract line 1b from line 1a. If zero or less, leave blank | | .00 | | .00 | .00 |
| Totals | | .00 | 1.00 | .00 | .00 |

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Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record

629358299

Box b Employer identification number (EIN)

820544687

Box c Employer's information

| | | | |
|--|-------|----------|---------|
| Employer's name | | | |
| AMAZON COM SERVICES LLC | | | |
| Employer's address (number and street) | | | |
| PO BOX 80726 | | | |
| City | State | ZIP code | Country |
| SEATTLE | WA | 98108 | |

Box 1 Wages, tips, other compensation

167686.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

149.00

Code

C

Box 12b Amount

3275.00

Code

A A

Box 12c Amount

7526.00

Code

D D

Box 12d Amount

.00

Code

Box 14a Amount

28.00

Description

SDI

Box 14b Amount

4415.00

Description

RSU

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

N | Y

Box 16a NYS wages, tips, etc.

167686.00

Box 17a NYS income tax withheld

12427.00

Other state information:

Box 15b other state

N | J

Box 16b Other state wages, tips, etc.

168233.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

Do not detach. W-2 Record 2

Box a Employee's Social Security number for this W-2 Record

Box b Employer identification number (EIN)

Box c Employer's information

| | | | |
|--|-------|----------|---------|
| Employer's name | | | |
| | | | |
| Employer's address (number and street) | | | |
| | | | |
| City | State | ZIP code | Country |
| | | | |

Box 1 Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

N | Y

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

| |

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

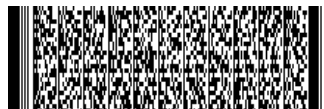
Box 20 Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001233555

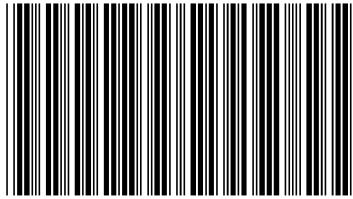


2023 NJ-1040
New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040
2023
Page 1



040MP01230

Your Social Security Number (required)
629358299

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)
ANNAPUREDDY MAHESH REDDY

Spouse's/CU Partner's SSN (if filing jointly)

County/Municipality Code (See Table page 50)
0904

Home Address (Number and Street, including apartment number)
103 BALLYLIFFEN LANE

City, Town, Post Office
CARY

State ZIP Code
NC 27519

Driver's License Number (Voluntary) (See instructions)
A59425090008972

- Federal extension filed.
- The address above is a foreign address.
- Your address has changed.
- Death certificate is enclosed.
- Do not want a paper form next year.
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
- NJ-1040-O is enclosed.

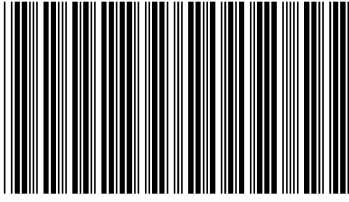
Gubernatorial Elections Fund Note: This does not reduce your refund or increase your balance due.

| | | | |
|---|-------------------|-----|----|
| Do you want to designate \$1 to the Gubernatorial Elections Fund? | You | Yes | No |
| If joint return, does your spouse want to designate \$1? | Spouse/CU Partner | Yes | No |

Direct Deposit Information

| | | | |
|--|------|---|-----------|
| dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit) | dd1. | 1 | |
| dd2. Account type (C for checking, S for savings) | dd2. | C | |
| dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States | dd3. | | |
| dd4. Routing number | dd4. | | 021202337 |
| dd5. Account number | dd5. | | 596258860 |





Name(s) as shown on Form NJ-1040
ANNAPUREDDY MAHESH REDDY

Your Social Security Number
629358299

1555

Part-year residents, provide months/days you were a New Jersey resident during 2023:
From: To:

Fiscal year filers only:
Enter month of your year end 2 0 2 4

Filing Status
Fill in only one.

- 1. Single
- 2. Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return
- 4. Head of Household Enter spouse's/CU partner's SSN
- 5. Qualifying Widow(er)/Surviving CU Partner
Indicate the year of your spouse's/CU partner's death: 2021 2022

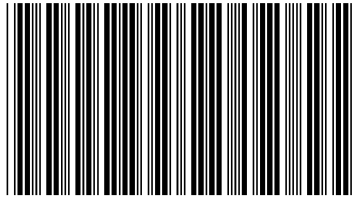
Exemptions

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

| | | | | | | | |
|--|-------------------------------------|------|-------------------|------------------|---|-------------|-------------|
| 6. Regular | <input checked="" type="checkbox"/> | Self | Spouse/CU Partner | Domestic Partner | 1 | x \$1,000 = | <u>1000</u> |
| 7. Senior 65+ (Born in 1958 or earlier) | <input type="checkbox"/> | Self | Spouse/CU Partner | | | x \$1,000 = | _____ |
| 8. Blind/Disabled | <input type="checkbox"/> | Self | Spouse/CU Partner | | | x \$1,000 = | _____ |
| 9. Veteran | <input type="checkbox"/> | Self | Spouse/CU Partner | | | x \$6,000 = | _____ |
| 10. Qualified Dependent Children | <input type="checkbox"/> | | | | | x \$1,500 = | _____ |
| 11. Other Dependents | <input type="checkbox"/> | | | | | x \$1,500 = | _____ |
| 12. Dependents Attending Colleges (See instructions) | <input type="checkbox"/> | | | | | x \$1,000 = | _____ |
| 13. Total Exemption Amount (Add totals from the lines at 6 through 12) | | | | | | 13. | 1000 . |

14. Dependent Information. Provide the following information for each dependent.

| | Last Name, First Name, Middle Initial | Social Security Number | Birth Year | No Health Insurance |
|----|---------------------------------------|------------------------|------------|---------------------|
| a. | _____ | | | |
| b. | _____ | | | |
| c. | _____ | | | |
| d. | _____ | | | |



040MP03230

Name(s) as shown on Form NJ-1040
ANNAPUREDDY MAHESH REDDY

Your Social Security Number
629358299

1555

| | | | |
|--|-----------|--------|------|
| 15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions) | 15. | 168233 | . |
| 16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions) | 16a. | . | . |
| 16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a | 16b. | . | . |
| 17. Dividends | 17. | . | . |
| 18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C) | 18. | . | . |
| 19. Net gains or income from disposition of property (Schedule NJ-DOP, line 4) | 19. | . | . |
| 20a. Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions) | 20a. | . | . |
| 20b. Excludable pension, annuity, and IRA distributions/withdrawals | 20b. | . | . |
| 21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1) | 21. | . | . |
| 22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1) | 22. | . | . |
| 23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4) | 23. | . | . |
| 24. Net gambling winnings (See instructions) | 24. | . | . |
| 25. Alimony and separate maintenance payments received | 25. | . | . |
| 26. Other (Enclose documents) (See instructions) | 26. | . | . |
| 27. Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26) | 27. | 168233 | . |
| 28a. Pension/Retirement Exclusion (See instructions) | 28a. | . | . |
| 28b. Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20) | 28b. | . | . |
| 28c. Total Exclusion Amount (Add lines 28a and 28b) | 28c. | . | . |
| 29. New Jersey Gross Income (Subtract line 28c from line 27) (See instructions) | 29. | 168233 | . |
| 30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.) | 30. | 1000 | . |
| 31. Medical Expenses (See Worksheet F and instructions) | 31. | . | . |
| 32. Alimony and separate maintenance payments (See instructions) | 32. | . | . |
| 33. Qualified Conservation Contribution | 33. | . | . |
| 34. Health Enterprise Zone Deduction | 34. | . | . |
| 35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11) | 35. | 0 | . |
| 36. Organ/Bone Marrow Donation Deduction (See instructions) | 36. | . | . |
| 37a. NJBEST Deduction | 37a. | . | . |
| 37b. NJCLASS Deduction | 37b. | . | . |
| 37c. NJ Higher Ed. Tuition Deduction | 37c. | . | . |
| 38. Total Exemptions and Deductions (Add lines 30 through 37c) | 38. | 1000 | . |
| 39. Taxable Income (Subtract line 38 from line 29) | 39. | 167233 | . |
| 40a. Total Property Taxes (18% of Rent) Paid (See instructions page 25) | 40a. | 2160 | . |
| 40b. Indicate your residency status during 2023 (fill in only one) | | | |
| | Homeowner | Tenant | Both |
| 41. Property Tax Deduction (From Worksheet H) (See instructions) | 41. | . | . |
| 42. New Jersey Taxable Income (Subtract line 41 from line 39) | 42. | 167233 | . |
| 43. Tax on amount on line 42 (Tax Table page 52) | 43. | 8526 | . |
| 44. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions) | 44. | 8498 | . |
| Enter Code | | 32 | |
| 45. Balance of Tax (Subtract line 44 from line 43) | 45. | 28 | . |
| 46. Sheltered Workshop Tax Credit | 46. | . | . |
| 47. Gold Star Family Counseling Credit (See instructions) | 47. | . | . |
| 48. Credit for Employer of Organ/Bone Marrow Donor (See instructions) | 48. | . | . |
| 49. Total Credits (Add lines 46 through 48) | 49. | . | . |
| 50. Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry | 50. | 28 | . |
| 51. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0 | 51. | 0 | . |
| 52. Interest on Underpayment of Estimated Tax | 52. | . | . |
| Fill in if Form NJ-2210 is enclosed | | | |
| 53a. Fill in if anyone in your tax household does not currently have health insurance. (Enclose NJ-EZ Enroll form) (See instructions) | 53a. | | |



Name(s) as shown on Form NJ-1040
ANNAPUREDDY MAHESH REDDY

Your Social Security Number
629358299

1555

| | | |
|---|------|------|
| 53b. If you indicated at line 53a that someone in your tax household does not have health insurance, fill in to allow Get Covered New Jersey to assist with obtaining coverage (See instructions) | 53b. | |
| 53c. Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule NJ-HCC and fill in X | 53c. | 0 . |
| 54. Total Tax Due (Add lines 50 through 53c) | 54. | 28 . |
| 55. Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part-year residents, see instructions) | 55. | . . |
| 56. Property Tax Credit (See instructions page 24) | 56. | 50 . |
| 57. New Jersey Estimated Tax Payments/Credit from 2022 tax return | 57. | . . |
| 58. New Jersey Earned Income Tax Credit (See instructions) Fill in if you had the IRS calculate your federal earned income credit Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit | 58. | . . |
| 59. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions) | 59. | . . |
| 60. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions) | 60. | . . |
| 61. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions) | 61. | . . |
| 62. Wounded Warrior Caregivers Credit (See instructions) | 62. | . . |
| 63. Pass-Through Business Alternative Income Tax Credit (See instructions) | 63. | . . |
| 64. Child and Dependent Care Credit (See instructions) Fill in if you are a CU couple claiming the Child and Dependent Care Credit | 64. | . . |
| 65. New Jersey Child Tax Credit (See instructions) Number of dependents age 5 or younger on 12/31/2023 | 65. | . . |
| 66. Total Withholdings, Credits, and Payments (Add lines 55 through 65) | 66. | 50 . |
| 67. If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you owe If you owe tax, you can still make a donation on lines 70 through 77. | 67. | . . |
| 68. If the total on line 66 is more than line 54, you have an overpayment. Subtract line 54 from line 66 and enter the overpayment | 68. | 22 . |
| 69. Amount from line 68 you want to credit to your 2024 tax | 69. | . . |
| 70. Contribution to N.J. Endangered Wildlife Fund | 70. | . . |
| 71. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse | 71. | . . |
| 72. Contribution to N.J. Vietnam Veterans' Memorial Fund | 72. | . . |
| 73. Contribution to N.J. Breast Cancer Research Fund | 73. | . . |
| 74. Contribution to U.S.S. New Jersey Educational Museum Fund | 74. | . . |
| 75. Other Designated Contribution (See instructions) Enter Code | 75. | . . |
| 76. Other Designated Contribution (See instructions) Enter Code | 76. | . . |
| 77. Other Designated Contribution (See instructions) Enter Code | 77. | . . |
| 78. Total Adjustments to Tax Due/Overpayment amount (Add lines 69 through 77) | 78. | . . |
| 79. Balance due (If line 67 is more than zero, add line 67 and line 78) | 79. | . . |
| 80. Refund amount (If line 68 is more than zero, subtract line 78 from line 68) | 80. | 22 . |

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature Date _____ Spouse's/CU Partner's Signature (required if filing jointly) Date _____

Paid Preparer's Signature SYAM PRIYA RAM SAGAR GUPTA TALLAM Federal Identification Number P02082703

Firm's Name GLOBAL TAXES LLC Firm's Federal Employer Identification Number 84-3171965

Tax Due Address
Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:
State of New Jersey
Division of Taxation
Revenue Processing Center - Payments
PO Box 111
Trenton, NJ 08645-0111
Include Social Security number and make check or money order payable to:
State of New Jersey - TGI
You can also make a payment on our website:
nj.gov/taxation

Refund or No Tax Due Address
Use the labels provided with the envelope and mail to:
New Jersey Division of Taxation
Revenue Processing Center - Refunds
PO Box 555
Trenton, NJ 08647-0555

Schedule NJ-DOP

Net Gains or Income From Disposition of Property

2023

| List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible as reported on federal Schedule D. | | | | | | |
|---|---|----------------------------|------------------------|-------------------|--|----------------------------|
| | (a) | (b) | (c) | (d) | (e) | (f) |
| 1. | Kind of property and description | Date acquired (mm/dd/yyyy) | Date sold (mm/dd/yyyy) | Gross sales price | Cost or other basis as adjusted (see instructions) and expense of sale | Gain or (loss) (d minus e) |
| | FIDELITY BROKERAGE SERVICES LLC | 05/15/2023 | 05/15/2023 | 1,545. | 1,545. | 0. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 2. | Capital Gains Distributions | | | | | |
| 3. | Other Net Gains..... | | | | | |
| 4. | Net Gains (Add lines 1, 2, and 3.) (Enter here and on line 19. If loss, enter zero here and make no entry on line 19.)..... | | | | | 0. |

Schedule NJ-WWC

Wounded Warrior Caregivers Credit

2023

| | | | |
|---|--|----|--------|
| <p>Did you provide care for a relative who was a qualifying armed services member (see instructions)? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If "Yes," enter the name and Social Security number of the qualifying service member.</p> <p style="text-align: center;">_____ - _____</p> <p>Last Name, First Name, Initial Social Security number</p> <p>Enter your relationship to the qualifying service member.</p> <p>_____</p> <p>If "No," you are not eligible for a Wounded Warrior Caregivers Credit. Make no entry on line 62, NJ-1040.</p> | | | |
| 1. | Enter the federal disability compensation of the armed services member | 1. | |
| 2. | Maximum credit allowed | 2. | 675 00 |
| 3. | Enter the lesser of line 1 or line 2 | 3. | |
| 4. | <p>Were you the only caregiver for this service member during the tax year?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If "No," enter your share (percentage) of the total care expenses for the year.</p> | 4. | % |
| 5. | <p>If you answered "Yes" at line 4, enter the amount from line 3 here and on line 62, NJ-1040.</p> <p>If you answered "No" at line 4, multiply the amount on line 3 by the percentage on line 4. Enter the result here and on line 62, NJ-1040</p> | 5. | |

Keep a copy of this schedule for your records

| | |
|--|---------------------------------------|
| Name(s) as shown on Form NJ-1040 ANNAPUREDDY MAHESH REDDY | Social Security Number 629-35-8299 |
|--|---------------------------------------|

Schedule NJ-BUS-1
(Form NJ-1040)

New Jersey Gross Income Tax
Business Income Summary Schedule

2023

| Part I Net Profits From Business | | List the net profit (loss) from business(es). See instructions. | |
|---|---|---|------------------|
| | Business Name | Social Security Number/ Federal EIN | Profit or (Loss) |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | Net Profit or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 18, NJ-1040. If loss, make no entry on line 18.) | | 4. |

| Part II Distributive Share of Partnership Income | | List the distributive share of income (loss) from partnership(s). See instructions. | |
|---|---|---|---------------------------------------|
| | Partnership Name | Federal EIN | Share of Partnership Income or (Loss) |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 21, NJ-1040. If loss, make no entry on line 21.) | | 4. |
| 5. | Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 63, NJ-1040.) | | 5. |

| Part III Net Pro Rata Share of S Corporation Income | | List the pro rata share of income (usable loss) from S corporation(s). See instructions. | |
|--|--|--|---|
| | S Corporation Name | Federal EIN | Pro Rata Share of S Corporation Income or (Usable Loss) |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 22, NJ-1040. If loss, make no entry on line 22.) | | 4. |
| 5. | Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 63, NJ-1040) | | 5. |

| Part IV Net Gains or Income From Rents, Royalties, Patents, and Copyrights | | List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1 – Rental real estate 2 – Royalties 3 – Patents 4 – Copyrights | |
|---|---|--|-------------------------------------|
| | Source of Income or Loss. If rental real estate, enter physical address of property. | Social Security Number/ Federal EIN | Type – Enter number from list above |
| 1. | CHINAGARLAPADU, KAREMPUDI | 629358299 | 1 |
| 2. | | | |
| 3. | | | |
| 4. | Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, NJ-1040. If loss, make no entry on line 23.) | | 4. |

Schedule NJ-BUS-2 New Jersey Gross Income Tax **2023**
(Form NJ-1040) Alternative Business Calculation Adjustment

| Part I Income (Loss) | | Column A | | | Column B | | |
|---|---|------------------------------------|------|--|------------------------------------|-------------|--|
| | | Reportable Regular Business Income | | | Alternative Business Income (Loss) | | |
| 1. | Net Profits From Business | 1a. | 0. | | 1b. | 0. | |
| 2. | Distributive Share of Partnership Income | 2a. | 0. | | 2b. | 0. | |
| 3. | Net Pro Rata Share of S Corporation Income | 3a. | 0. | | 3b. | 0. | |
| 4. | Net Gain or Income From Rents, Royalties, Patents, and Copyrights | 4a. | 0. | | 4b. | -11,482. | |
| 5. | Loss Carryforward From Tax Year 2022 | | | | 5b. | (11,107.) | |
| 6. | Totals | 6a. | 0. | | 6b. | -22,589. | |
| Part II Adjustment Calculation | | | | | | | |
| 7. | Total Regular Business Income | 7. | 0. | | | | |
| 8. | Total Alternative Business Income/(Loss) (If loss, enter zero) | 8. | 0. | | | | |
| 9. | Business Increment (Subtract line 8 from line 7) | 9. | 0. | | | | |
| 10. | Adjustment Percentage | 10. | 0.50 | | | | |
| 11. | Alternative Business Calculation Adjustment (Line 9 x 0.50) | 11. | 0. | | | | |
| Part III Loss Carryforward to Tax Year 2024 | | | | | | | |
| 12. | Loss Carryforward to Tax Year 2024 | 12. | | | | (22,589.) | |

Instructions

- Line 1a. Enter the amount from line 18, Form NJ-1040.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from line 21, Form NJ-1040.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from line 22, Form NJ-1040.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from line 23, Form NJ-1040.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from line 12 of your 2022 Schedule NJ-BUS-2 (Form NJ-1040).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2023 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040.
- Line 12. If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

REQUIRED

If your income on line 29 is above the filing threshold, you **must** submit this schedule with your return.

| | |
|--|---------------------------------------|
| Name(s) as shown on Form NJ-1040 ANNAPUREDDY MAHESH REDDY | Social Security Number 629-35-8299 |
|--|---------------------------------------|

Schedule NJ-HCC

Health Care Coverage

2023

If your income on line 29 is at or below the filing threshold (see instructions), do not complete this schedule.

Part I

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2023? (See instructions for line 53c, NJ-1040.) Part-year residents include only months as a New Jersey resident.

- Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53c, NJ-1040, and enclose this schedule with your return.
- No. Continue to Part II.

If you or any member of your tax household does not **currently** have minimum essential health coverage, also complete the NJ-EZ Enroll form. (See instructions for lines 53a and 53b, NJ-1040.)

Part II

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 53c, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

| | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|-------------------|------------------------|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Name | Social Security Number | | | | | | | | | | | | |
| Exemption number: | <input type="text"/> | Check box if this individual has more than one exemption number <input type="checkbox"/> | | | | | | | | | | | |

| | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|-------------------|------------------------|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Name | Social Security Number | | | | | | | | | | | | |
| Exemption number: | <input type="text"/> | Check box if this individual has more than one exemption number <input type="checkbox"/> | | | | | | | | | | | |

| | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|-------------------|------------------------|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Name | Social Security Number | | | | | | | | | | | | |
| Exemption number: | <input type="text"/> | Check box if this individual has more than one exemption number <input type="checkbox"/> | | | | | | | | | | | |

| | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|-------------------|------------------------|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Name | Social Security Number | | | | | | | | | | | | |
| Exemption number: | <input type="text"/> | Check box if this individual has more than one exemption number <input type="checkbox"/> | | | | | | | | | | | |

| | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|-------------------|------------------------|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Name | Social Security Number | | | | | | | | | | | | |
| Exemption number: | <input type="text"/> | Check box if this individual has more than one exemption number <input type="checkbox"/> | | | | | | | | | | | |