## Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

	1.01.01.00		_			
Submi	ssion Identification Number (SID)					
Taxpaye	r's name	Social securi	ty numl	per		
BHAV	/YA PEDDI	291-41	-714	9		
Spouse'	s name	Spouse's social security number				
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Ente	_  er year you a	are au	thorizing	.)	
	whole dollars only on lines 1 through 5.	, ,				
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1	66	5,196.	
2	Total tax		2	6	,819.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	9	,425.	
4	Amount you want refunded to you		4	2	2,606.	
5	Amount you owe		5			
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended					
return ( to send for any Agent t paymer authoriz paymer busines taxes to persona	wiledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I aboriginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account into of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation recessed as a prior to the payment (settlement) date. I also authorize the financial institutions involved in the oreceive confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended) I applied to the I also authorize the financial or amended) I applied to the III and the Mithelium of the III and the Mithelium of the III and the III and the Mithelium of the III and the III and II and I	nitter, or electripection of the to J.S. Treasury a dicated in the to ion to debit the tethe authorize the subsection of the processing of payment. I fur	onic refransmisted in the control of	turn origina ssion, (b) the designated paration so to this acce To revoke ved no lat ectronic par kknowledge	ator (ERO) he reason Financial ftware for ount. This (cancel) a er than 2 ayment of that the	
	nic Funds Withdrawal Consent.  yer's PIN: check one box only					
X		my PIN	7 [	1 4 9	as my	
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	asiny	
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN metholow.					
Your s	ignature ▶ Date ▶					
Spous	e's PIN: check one box only					
	I authorize to enter or generate	my PIN			as my	
	ERO firm name	-	ter five	digits, but	ao my	
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros		
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN metholow.					
Spous	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below	V				
Part	Certification and Authentication — Practitioner PIN Method Only					
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 4 9 Don't en	6 6	1 9 8	3 9	
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income to the for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Providers of	tax return (orig mitting this ret	inal or urn in a	amended) accordance		
ERO's	signature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To	Do So				

# E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



<b>1040</b>		artment of the Treasury—Internal Revenue Servi  S. Individual Income Tax		urn	202	3	OMB No. 1545	-0074	IRS Use Or	nly—Do no	t write or st	aple in this space.	
For the year Jan	ı. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See s	eparate	instructions.	
Your first name	and m	iddle initial	Last na	me						Your social security number			
BHAVYA			PEDD	Ι						291	L   41	7149	
If joint return, s	pouse's	s first name and middle initial	Last na	me						Spous	se's socia	I security number	
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				A	pt. no.	Presid	dential El	ection Campaign	
15950 PA	ARAM	YAW TRUC						2	2423		Check here if you, or your		
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces belo	w.	Sta	te	ZIP co	ode		_	jointly, want \$3 and. Checking a	
FRISCO						TX	ζ	750	33	1		not change	
Foreign country	/ name		F	Foreign pro	vince/state/o	count	У	Foreig	n postal cod	e your t	ax or ref		
											Y	ou Spouse	
Filing Status	; <u>×</u>	Single					☐ Head of he	ouseh	old (HOH)				
Check only	Ļ	Married filing jointly (even if only or	ne had i	ncome)									
one box.	L	larried filing separately (MFS)  Lightharpoonup Qualifying surviving spouse (QSS)  checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the											
					ouse. If you	ı che	ecked the HOF	l or Q	SS box, en	ter the c	child's na	ame if the	
	qu	alifying person is a child but not you	ır aepen	ident:									
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward,	award, or	payn	nent for prope	rty or	services); o	or (b) sel	l,		
Assets	exch	nange, or otherwise dispose of a dig	ital asse	et (or a fina	ancial intere	est ir	n a digital asse	t)? (Se	e instructi	ons.)	Y	es 🗵 No	
Standard	Som	neone can claim: 🗌 You as a de	pendent	t 🗌 \	our spouse	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	ı were a d	ual-status a	alien							
Age/Blindness	S You	: Were born before January 2, 1	959	Are blir	nd <b>Spo</b>	use	: Was bor	n befo	re January	2, 1959	) 🗍	ls blind	
Dependents	_		_	(2) Sc	ocial security		(3) Relationsh	14				(see instructions):	
If more		irst name Last name			number		to you		Child tax		1	or other dependents	
than four													
dependents,													
see instructions and check	s —												
here	]												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruct	ions)						la	77,796.	
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2								. 1	lb		
W-2 here. Also	С										lc		
attach Forms	d									. 1	ld		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom For	m 2441, I	ine 26 .						le		
was withheld.	f	Employer-provided adoption bene	fits from	r Form 88	39, line 29						1f		
If you did not	g	Wages from Form 8919, line 6 .								. 1	lg		
get a Form W-2, see	h	Other earned income (see instruct						· ·			lh	0.	
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			<u>li</u>						
	<u>z</u>	Add lines 1a through 1h			<u>;</u> .						1z	77,796.	
Attach Sch. B	2a	· —	2a				axable interest			_	2b		
if required.	3a		3a				rdinary divider				3b		
Standard	4a		4a				axable amoun			_	lb		
Deduction for—	5a		5a				axable amount			_	5b		
Single or Married filing	6a	,	6a	mathad -			axable amount	ι		<u> </u>	6b		
separately, \$13,850	C 7	If you elect to use the lump-sum e		•		•	,			$\exists$	7		
Married filing	7 8	Capital gain or (loss). Attach Schell Additional income from Schedule									8	-11,600.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	•							_	9	66,196.	
surviving spouse, \$27,700	10	Add liftes 12, 25, 35, 45, 35, 65, 7, Adjustments to income from Sche		-							10	00,100.	
Head of household,	11	Subtract line 10 from line 9. This is								_	11	66,196.	
\$20,800	12	Standard deduction or itemized	-	-							12	13,850.	
If you checked any box under	13	Qualified business income deduct		•		,	5-A			_	13	10,000.	
Standard Deduction,	14									-	14	13,850.	
see instructions.	15	Subtract line 14 from line 11. If zer					axable incom	ie .		_	15	52,346.	

Form 1040 (202)	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	6,819.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	6,819.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	6,819.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21			23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	6,819.
<b>Payments</b>	25	Federal income tax withheld	from:						
	а	Form(s) W-2				<b>25a</b>	,425		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	9,425.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27			
allacii Scii. Elc.	28	Additional child tax credit from	m Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	8, line 8 .     .		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	9,425.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amoun	nt you <b>overpaid</b>		34	2,606.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here	. 🗆	35a	2,606.
Direct deposit?	b	Routing number 1 1 1			,, <u> </u>	Checking	Savings		
See instructions.	d	Account number 4 8 8	0 9 4 5	6 5 1 5	5 7				
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another				See			
Designee		,	•				omplete	below.	<b>⋉</b> No
_		esignee's		Phone			onal iden	tification	
		me		no.	. ,		ber (PIN)		
Sign		ider penalties of perjury, I declare the lief, they are true, correct, and com							, ,
Here		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date	Your occupation				nt you an Identity
	10	our signature		Date	Your occupation				PIN, enter it here
Joint return?					SOFTWARE E	NGINEER		e inst.)	
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupation	on			nt your spouse an
Keep a copy for your records.	, , , , , , , , , , , , , , , , , , , ,							ntity Prot e inst.)	ection PIN, enter it here
	Ph	one no. (660)853-287	8	Email address	BHAVYAPEDDI	123@GMAIL.C	MC		
Paid	Pr	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:
	VENE	KATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI	PAVAN KUM	AR DUDIPALLI		P024	70833	Self-employed
Preparer	Fir	m's name GLOBAL TA	XES LLC				Pho	one no.	(678)965-9522
Use Only	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816							n's EIN	88-2145487

### SCHEDULE 1 (Form 1040)

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

BHAVYA PEDDI

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

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

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

	Sequence No. 01
Your soc	ial security number
291-41	-7149

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. Att		5	-11,600.
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		
ı	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	8s (	<u>)</u>	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
_		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Ente	r here and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	-11,600.

Page **2** 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	e-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	· <u> </u>			
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
а	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
	Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
_	tax law violations	24i			
j	Housing deduction from Form 2555	24j		_	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k		_	
Z	Other adjustments. List type and amount:				
<b>0</b> -		24z		0-	
<b>25</b>	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b>				
	Form 1040, 1040-SR, or 1040-NR, line 10			26	
	BAA	REV 02/	23/24 PRO	Schedu	ile 1 (Form 1040) 2023

#### **SCHEDULE E** (Form 1040)

### **Supplemental Income and Loss**

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

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

Your social security number 291-41-7149

Department of the Treasury Internal Revenue Service Name(s) shown on return

BHAVYA PEDDI

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

2023
Attachment Sequence No. <b>13</b>

OMB No. 1545-0074

Par	Note: If you are in the business of renting personal p	roperty, use		<b>c</b> . See	instruc	ctions. If you ar	e an inc	dividual, rep	oort farm	
	rental income or loss from Form 4835 on page 2, line	e 40.								_
	Did you make any payments in 2023 that would require									
	f "Yes," did you or will you file required Form(s) 1099?				• •			. 🗆 1	25 <u>  NO</u>	_
1a	Physical address of each property (street, city, state	e, ZIP cod	e)							
Α	D.NO. 4-8 UPPALAPADU RD GUNTUR AND	HRA PRA	DESH IN	1 522	509					
В										_
С										_
1b										
	(from list below) above, report the number of personal use days. Check the			_		Days	ט	ays		_
A_	gersonal use days. Check to if you meet the requirements	s to file as	a	A		365		0		_
B C	qualified joint venture. See it			B						_
	of Property:			C						_
	Single Family Residence 3 Vacation/Short-Term	Dontal	5 Lanc	ı	7	Self-Rental				
	Multi-Family Residence 4 Commercial	nemai	6 Roya				ha)			
	Widiti-i arilly residence 4 Confinercial		O HOya	111163	0	Other (descri				
						Propertie	es:			
Incon				Α		В			С	_
3	Rents received			4	50.					_
4	Royalties received	. 4								
Expe		_								
5	Advertising									_
6	Auto and travel (see instructions)			1 0	F 0					_
7	Cleaning and maintenance			1,2	50.			-		_
8 9										_
10	Insurance									_
11	Management fees			1,2	5.4					_
12	Mortgage interest paid to banks, etc. (see instruction			1,2	J4.					_
13	Other interest									_
14	Repairs			2.9	56.					_
15	Supplies			2,8						_
16	Taxes			, -						_
17	Utilities			3,7	45.					_
18	Depreciation expense or depletion									
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	. 20		12,0	50.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties	s). If								
	result is a (loss), see instructions to find out if you m									
	file <b>Form 6198</b>			-11,6	00.					
22	Deductible rental real estate loss after limitation, if a	• •								
	on Form 8582 (see instructions)		(	11,60				)(		_)
23a	Total of all amounts reported on line 3 for all rental p				23a		450.			
b	Total of all amounts reported on line 4 for all royalty				23b					
С	Total of all amounts reported on line 12 for all proper				23c					
d	Total of all amounts reported on line 18 for all proper				23d	1.0	٥٢٥			
е	Total of all amounts reported on line 20 for all proper				23e	12	,050.			
24	Income. Add positive amounts shown on line 21. Do		-				24	_	11 600	_
25	Losses. Add royalty losses from line 21 and rental real							l	11,600.	_)
26	Total rental real estate and royalty income or (lo here. If Parts II, III, and IV, and line 40 on page 2 d									
	Schedule 1 (Form 1040), line 5. Otherwise, include the						26		-11,600	

or for fiscal year ending	/	
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Step 1: Personal Information Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.

	•								
	291- BHAV	-41-7149 <i>J</i> YA	1999	PEDDI					
	1595	50 PARAMOUN	T WAY		2423				
	FRIS	SCO	TX	75033					
				BHAVYAPEDDI1	23@GMAIL.C	OM MINISTER OM	ENHALY BULLETH-HATEK TADEARU BANCIA	Websiesenschaft	(MC MAY MY CIMILIII
Е	<b>3</b> Filii	ng status: 🔀 🥄	Single	Married filing jointly	/ Married	filing separately 🔲 Wid	lowed  Head of	household	
C	Ch	eck If someone	can claim yo	ou, or your spouse it	filing jointly, as	a dependent. See instru	ctions. You	Spouse	
	Che	eck the box if thi	is applies to	you during 2023:	Nonreside	ent - <b>Attach</b> Sch. NR	Part-year resident -	Attach Sc	h. NR
	Ste	p 2: Income						(Who	le dollars only)
	1	-	d gross inco	ome from your fede	ral Form 1040	or 1040-SR, Line 11.		1	66,196.00
	2	Federally tax-ex Other additions			come from you	ur federal Form 1040 or 1	1040-SR, Line 2a.	2	.00 .00
	4	Total income.						3 4	66,196.00
Ī	Ste	p 3: Base Inco							
•	5				nt plan income	received if included	_		
ė	6		0	f federal return. ment included in fe	deral Form 10	10 or 1040-SR	5	.00	
hei	•	Schedule 1, Ln.		ment included in te	derail offil 10	40 OF 1040-OFK,	6	.00	
ms	7	Other subtraction					7	.00	00
for	8 9			s is the total of you otract Line 8 from L				8 9	.00 66,196.00
660	Ste			nstructions for inco					,
Staple W-2 and 1099 forms here		a Enter the exe	emption am	ount for yourself an	d your spouse.	See instructions.		25 <u>.00</u>	
2 an				☐ You + ☐ Sp		checkboxes X \$1,000		<u>00.</u> 00.	
Σ						checkboxes <b>X</b> \$1,000 dule IL-E/EIC, Step 2, Lin		00	
ple		Attach Sched	dule IL-E/EI0	D.		•	d	0.00	0 405
Sta				dd Lines 10a throug	gh 10d.			10	2,425.00
		p 5: Net Incon		<b>x</b> Subtract Line 10 fro	om Line O				
1	"					et income from Schedule	NR. <b>Attach</b> Schedule	NR. <b>11</b>	38,447.00
	12			1 by 4.95% (.0495				40	1 002 00
	13			<i>ear residents:</i> Ent ax credits. <b>Attach</b> \$			•	12 13	1,903 <u>.00</u> .00
<u>-</u>	14			and 13. Cannot be				14	1,903.00
040	Ste	p 6: Tax After	Nonrefur	dable Credits					
II1	15					Attach Schedule CR.	15	.00	
pu	16			on expense, and v <b>h</b> Schedule ICR.	olunteer emerç	gency worker credit amo	unt <b>16</b>	.00	
ka	17	Credit amount t	from Sched	ule 1299-C. <b>Attacl</b>			17	.00	
hec	18 19			This is the total of y <b>credits.</b> Subtract L		annot exceed the tax amo	ount on Line 14.	18 19	0 <u>.00</u> 1,903.00
Staple your check and IL-1040-V		p 7: Other Tax		ordand. Oublidel L					_ , - 00.00
yo.	20			x. See instructions				20	.00
a J D I D	21	Use tax on inte	rnet, mail o	rder, or other out-o		ses from UT Worksheet	or UT Table	0.4	0.00
Sta	22	in the instructio			aram Act and s	ale of assets by gaming li	censee surcharges	21 22_	0.00
$\blacksquare$	23	Total Tax. Add			,. a.i.i / tot aiia 3i	ale of doodle by gairing if	consoc outonaryos.	23	1,903.00

IL-1040 Front (R-12/23) Printed by authority of the state of Illinois. Electronic only, one copy.

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.



<b>24</b> Tot	al tax from Page 1, Line 23.					24	1,903.00
Step 8:	Payments and Refunda	ble Credit					
25 Illino	ois Income Tax withheld. Atta	ach Schedule IL-W	IT.		<b>25</b> 1	,964 <u>.00</u>	
	mated payments from Forms						
	ıding any overpayment appli				26		
	s-through withholding. <b>Attach</b>				27		
	s-through entity tax credit. <b>At</b>				28		
	ned Income Credit from Sche				z. <b>29</b>		1 064 00
30 Tota	I payments and refundable	e credit. Add Lines	25 through	29.		30	1,964.00
Step 9:	Total						
<b>31</b> If Lin	ne 30 is greater than Line 24,	subtract Line 24 fror	m Line 30.			31	61.00
<b>32</b> If Lin	ne 24 is greater than Line 30,	subtract Line 30 fro	m Line 24.			32	.00
Step 10	: Underpayment of Esti	mated Tax Pena	ilty and Do	onations			
	-payment penalty for underp	-			33	.00	
	Check if at least two-thirds			-			
_	Check if you or your spous			-	-		
С	Check if your income was r	not received evenly	during the	year and you annuali	zed your income of	on Form IL-2210	).
a -	Attach Form IL-2210.		ا منامان بالماريما	In a succession Taxy water was in	the muchines toy		
	Check if you were not requestery charitable donations.			income Tax return in	-		
	ntary charitable donations. A				34	.00 <b>35</b>	.00
	-		+.				.00
-	: Refund or Amount you		:	line 05btmt	line OF frame line	24	
-	u have an amount on Line 3 is your <b>overpayment</b> .	i and this amount	is greater tri	an Line 35, Subtract	Line 35 Ironi Line	36	61.00
	ount from Line 36 you want <b>re</b>	afunded to you. Ch	neck <b>one</b> ho	v on Line 38 See ins	tructions	30 <u></u>	61.00
	•	_	icon one bo.	A OH LINE OO. OCC INS	iruotions.	<u> </u>	02.00
	oose to receive my refund by		low if you ok	and this have			
a <u>I</u>	direct deposit - Complete			ieck inis dox.			
	You may also contribute to college savings funds	Routing number	1 1 1 0	0 0 0 2 5	X Checkir	ng or Saving	gs
	here. See instructions!	Account number	4 8 8 0	9 4 5 6 5	1 5 7		
. –	• • • •						
	paper check.	0htma.at   im.a. 07 fma		Caa imatuustiana		20	00
	ount to be <b>credited forward.</b>					39	.00
-	u have an amount on Line		_				
	ss than Line 35, subtract Lin			and 32 are blank (zo	<b>ero)</b> , enter the am		00
Trom	Line 35. This is the <b>amoun</b>	t you owe. See ins	structions.			40	.00
Step 12	2: Health Insurance Che	eckbox and Sigr	nature				
41 🗌	Check this box and include	your email address	in Step 1 if	IDOR may share you	ur income informa	tion with other II	linois state
	agencies in order to determi	ine your eligibility for	or health ins	urance benefits. See	instructions for m	ore information	
0: 1							
	ire - Note: If this is a joint retu				Irmanula dara it	:- 4	and commists
Under p	enalties of perjury, I state th	iat i nave examine	a triis returi	i, and to the best of i	ny knowledge, it	is true, correct,	and complete.
Sign	Your signature	Date (mm/dd/yyyy)	Spouse's sig	nature	Date (mm/dd/yyyy)	Daytime phone	numher
Here	Tour digitatare		-p-4		Date (IIIII/da/yyyy)		
	Drint/Tune noid preparer's nom		Daid propers	r'a alamatura	Data ( )	(660) 853	
Paid	Print/Type paid preparer's nam		Paid prepare		Date (mm/dd/yyyy)	Check if self-employed	Paid Preparer's PTIN
Preparer	VENKATA SAI PAVAN KUMAR DUD		VENKAIA SAI	PAVAN KUMAR DUDIPALLI			
Use Only		L TAXES LLC		KNJ 08816	Firm's FEIN Firm's phone	882145487	
	Firm's address > 245 RG	(678) 965	-9522				
Third	Designee's name (please print	:)		Designee's phone nun	nber		Department may
Party Dosignoo				( )			urn with the third
Designee		00 11 4040		/ /			shown in this step.
	Refer to the 202	23 IL-1040 Ins	struction	s tor the addre	ess to mail yo	our return.	

IL-1040 Back (R-12/23) DR\_\_\_\_\_\_ AP\_\_\_\_ RR DC IR ID ID: 3WM REV 02/14/24 PRO





# Illinois Department of Revenue 2023 Schedule NR

Attach to your Form IL-1040

# Nonresident and Part-Year Resident Computation of Illinois Tax IL Attachment No. 2

	BHAVYA PEDDI	2 9 1 _ 4	1 .	. 7 1 4 9			
	Your name as shown on your Form IL-1040	Your Social Security number					
S	Step 1: Provide the following information	1					
1	Were you, or your spouse if "married filing jointly," a full-year resi	dent of Illinois during the t	tax y	ear?			
	Yes X No If you answered "Yes,"	you cannot use this form	ı (se	e instructions).			
2	If you, or your spouse if "married filing jointly," were a part-year re	esident during the tax yea	ır, tel	l us your residency da	ates for 2023.		
i	a I lived in Illinois from / / <u>2 3</u> to / / <u>2 3</u> Month Day Year Month Day Year	I lived in fi		/ / <u>2_3</u> to			
ı	<b>b</b> My spouse lived in <b>Illinois</b> from / / <u>2</u> <u>3</u> to / / Month Day Year Month Day			/ / <u>2 3</u> to			
3	If you were a resident of any of the states listed below during the was in the military, or if you elected to use your service member						
	lowa Kentucky Michigan	Wisconsin	Г	Military Spouse			
4	List any state other than Illinois or any states already indicated of Enter the two-letter abbreviation of that state.	n Line 2 or 3 above, that y	you d	claimed residency for t	ax purposes in 2023.		
Co	Step 2: Complete Form IL-1040  omplete Lines 1 through 10 of your Form IL-1040, Individual Incomplete Complete						
	Step 3: Figure the Illinois portion of your neer the amounts from your federal return in Column A. Before						
				Column A Federal Total	Column B Illinois Portion		
	5 Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR,	Line 1z)	5 _	77,796.00	39,909.00		
	6 Taxable interest (federal Form 1040 or 1040-SR, Line 2b)		6 _	.00			
	7 Ordinary dividends (federal Form 1040 or 1040-SR, Line 3t	o)	7 _	.00	.00		

			Federal Total	Illinois Portion
5	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z)	5 _	77,796.00	39,909.00
6	Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	6 _	.00	.00
7	Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	7_	.00	.00
8	Taxable refunds, credits, or offsets of state and local income taxes			
	(federal Form 1040 or 1040-SR, Schedule 1, Line 1)	8 _	.00	.00
9	Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	9 _	.00	.00
10	Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	10 _	.00	.00
11	Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	11 _	.00	.00
12	Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	12 _	.00	.00
13	Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	13 _	.00	.00
14	Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	14 _	.00	.00
15	Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
	(federal Form 1040 or 1040-SR, Schedule 1, Line 5)	15 _	-11,600.00	0.00
16	Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	16 _	.00	.00
17	Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	17 _	.00	.00
18	Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	18 _	.00	.00
19	Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line	9)		
	Include winnings from the <b>Illinois State Lottery</b> as Illinois income in Column B.	19 _	.00	.00
20	Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total in	ncome	e. <b>20</b>	39,909.00
	Continue with Step 3 on Page 2	$\rightarrow$		



## Schedule NR - Page 2

	- Concadio NN 1 ago 2			
Step	3: Continued - Adjustments to Income		Column A Federal Total	Column B Illinois Portion
21	Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.		21	39,909.00
22	Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	22 _	.00	.00
23	Certain business expenses of reservists, performing artists, and fee-basis			
	government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)			
	Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	24 _	.00	.00
25	Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR,	25	00	00
26	Schedule 1, Line 14)  Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)			.00
	Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	20 _	.00	
	Schedule 1, Line 16)	27	.00	.00
28	Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)			.00
29				.00
30				.00
31	IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	31 _	.00	.00
32	Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	<b>32</b> _	.00	.00
	RESERVED			
34	Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	34 _	.00	.00
35	Other adjustments (see instructions)	35 _	.00	.00
36	Add Column B, Lines 22 through 35. This is the Illinois portion of your federal			
	adjustments to income.		36	.00
37	Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37 _	66,196.00	
38	Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gro	ss in	come. 38	39,909.00
39	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	39	.00	.00
30	Fodorally tax exampt interest and dividend income (Form II 1040 Line 2)	30	00	00
40			.00	.00
41	Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.		41	39,909.00
42	Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42	.00	.00
	Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR,	<b>72</b> _	.00	
-10	Schedule 1, Line 1. (Form IL-1040, Line 6)	43	.00	.00
44	Other subtractions (Form IL-1040, Line 7)		.00	
	Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.		45	.00
-	5: Figure your Illinois income and tax			
46				
	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.		46	39,909.00
47	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.  If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.	47		39,909.00
	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.  If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.  Enter the base income from Form IL-1040, Line 9.	47 _	<b>46</b> 66,196.00	39,909.00
	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.  If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.  Enter the base income from Form IL-1040, Line 9.  Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate		66,196.00	39,909.00
48	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.  If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.  Enter the base income from Form IL-1040, Line 9.  Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	48 _	66,196.00 0 • 603	39,909.00
49	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.  If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.  Enter the base income from Form IL-1040, Line 9.  Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.  Enter your exemption allowance from your Form IL-1040, Line 10.	48 _	66,196.00	39,909.00
48	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.  If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.  Enter the base income from Form IL-1040, Line 9.  Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.  Enter your exemption allowance from your Form IL-1040, Line 10.  Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption	48 _	66,196.00 0 ● 603 2,425.00	
48 49 50	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.  If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.  Enter the base income from Form IL-1040, Line 9.  Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.  Enter your exemption allowance from your Form IL-1040, Line 10.  Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	48 _	66,196.00 0 • 603	39,909 <u>.00</u>
48 49 50	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.  If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.  Enter the base income from Form IL-1040, Line 9.  Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.  Enter your exemption allowance from your Form IL-1040, Line 10.  Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.  Subtract Line 50 from Line 46. This is your Illinois net income.	48 _	66,196.00 0 ● 603 2,425.00 50	1,462.00
48 49 50 51	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.  If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.  Enter the base income from Form IL-1040, Line 9.  Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.  Enter your exemption allowance from your Form IL-1040, Line 10.  Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.  Subtract Line 50 from Line 46. This is your Illinois net income.  Enter the amount here and on your Form IL-1040, Line 11.	48 _ 49 _	66,196.00 0 ● 603 2,425.00	
48 49 50 51	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.  If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.  Enter the base income from Form IL-1040, Line 9.  Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.  Enter your exemption allowance from your Form IL-1040, Line 10.  Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.  Subtract Line 50 from Line 46. This is your Illinois net income.  Enter the amount here and on your Form IL-1040, Line 11.  Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than zero.	48 _ 49 _	66,196.00 0 ● 603 2,425.00 50	1,462.00
48 49 50 51	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.  If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.  Enter the base income from Form IL-1040, Line 9.  Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.  Enter your exemption allowance from your Form IL-1040, Line 10.  Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.  Subtract Line 50 from Line 46. This is your Illinois net income.  Enter the amount here and on your Form IL-1040, Line 11.	48 _ 49 _	66,196.00 0 ● 603 2,425.00 50	1,462.00





### Illinois Department of Revenue

## 2023 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. IL Attachment No. 31

Use the reference for Column A shown in the chart below.

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	В
1099-MISC	M	1099-K	K
1099-OID	0	1099-NEC	N

#### Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

	IAVYA PEDDI			2 9	1	4 1 _ 7	1	. 4 9	_					
Yo	ur name as shown	on Form IL-1040		Your Social S	Your Social Security number									
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wa	Column C ges, Winnings, Gross s, Compensation, etc.		Column D ages, Winnings, Gross ons, Compensation, et								
1	W	98-0429806 0006	_ \$	77,796 <b>.00</b>	\$	39,909 <u>•00</u>	\$	1,964 <b>.</b> 0	<u>)0</u>					
2			_ \$	•00	\$	•00	\$	•0	0					
3			_ \$	•00	\$	•00	\$	<u>•0</u>	0					
4			_ \$	•00	\$	•00	\$	<u>•0</u>	0					
5			_ \$	•00	\$	•00	\$	•0	0					

## Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

You	ur spouse's name a	as shown on Form IL-1040		Your spouse's Social Security number								
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wages	lumn C s, Winnings, Gross Compensation, etc.	Col Illinois Wages Distributions,							
6			\$	•00	\$	•00	\$	•00				
7			\$	•00	\$	•00	\$	•00				
8			\$	•00	\$	•00	\$	•00				
9			\$	•00	\$	•00	\$	<u>•00</u>				
10			\$	•00	\$	•00	\$	<u>•00</u>				

### Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld. Enter this amount here and on Form IL-1040, Line 25.

**11** \$ 1,964**.00** 

→ Attach all Schedules IL-WIT to your IL-1040. ←





## Illinois Department of Revenue

			_						_				
				S	ubmi	ssior	ı ID						

"By	2023 IL-8453 Illinois (Do not mail Form IL-8453 to the				
B Fi	: Provide taxpayer information HAVYA irst name and middle initial Spouse's first name 5950 PARAMOUNT WAY 2423	PEDD:		2 9 1 _ 4 1 Social Security number	7 1 4 9
type M	lailing address			Spouse's Social Security number	
_	RISCO	TX	75033	<u>(660)</u> 853-2878	
C	Dity	State	ZIP	Daytime phone number	
Step 2	: Complete information from tax re	eturn	Choose one: X	L-1040   IL-1040-X	
<b>1</b> Ne	t income from Form IL-1040 or IL-1040->	K, Line 11	<u> </u>	<u> </u>	38,447   <b>00</b>
<b>2</b> Tax	x from Form IL-1040 or IL-1040-X, Line 1	4		2	1,903  <u>00</u>
	nois Income Tax withheld from Form IL-10		• `	one) 3	1,964   <b>00</b>
	rerpayment from Form IL-1040, Line 36 o			4	61   <b>00</b>
	tal amount due from Form IL-1040, Line			5	I_ <u>00</u>
6 Fili	ng status: X Single Married filing	jointly Marrie	d filing separately Wid	owed Head of household	
7 Ro 8 Acc 9 Typ 10 Da 11 Ele 12 Na Step 4	pe of account: X Checking Sate the payment is to be electronically with ectronic funds withdrawal amount: me on account: Taxpayer declaration and signature of the consent that my refund may be directly correct. If I have filed a joint return, this is	o 2 5 5 6 5 1 avings hdrawn: / / I 00  re (Sign only aft deposited as design an irrevocable approximate)	er completing Step 2 are gnated in Step 3 and declar pointment of the other spo	nd, if applicable, Step 3.) The the information on Lines 7 the suse as an agent to receive the suse as a suse a suse as a suse a suse as a suse a suse a suse as a suse as a suse a su	rough 9 is refund.
	I authorize the Illinois Department of Rewithdrawal as designated in the electronic financial institutions involved in the procenecessary to answer inquiries and resolven.	c portion of my 2023 essing of an electro ve issues related to	3 Illinois Original or Amende onic overpayment of taxes to the payment.	d Individual Income Tax return. I o receive confidential informatio	authorize the
	I do not want direct deposit of my refund	, or an electronic fu	unds withdrawal (direct deb	it) of my balance due.	
return o and acc been ac	penalties of perjury, I declare the information originator (ERO) are identical. To the best of companying information may be sent to IDC occepted or rejected. If rejected, I authorize I	f my knowledge, my DR by my ERO. I au	return is true, correct, and c thorize IDOR to inform my E	omplete. I consent that my return RO and/or the transmitter when r	n, this declaration my return has
Sign	Your signature	Date	Spouse's signature (if	joint return, <b>both</b> must sign)	Date
	: Electronic return originator (ERC				
l declar informa	te that I have examined this taxpayer's el tion. I have followed all requirements of t er's return and accompanying information	ectronic Form IL-1 this program and d	040 or IL-1040-X, the inforr eclare, under penalties of p	nation on this Form IL-8453, an	
_	RO's signature		Date	Check if paid preparer: X (S	see instructions.)
	_		Date		0 2 2
	LOBAL TAXES LLC irm's name or your name if self-employed			$\frac{P}{\text{Your}} \frac{0}{\text{PTIN}} \frac{2}{} \frac{4}{} \frac{1}{} \frac{1}{}$	_ 0 3 3
use 2	45 ROONEY CT			8 8 - 2 1 4 5	4 8 7
OHIV —	lailing address			Federal employer identification num	
E	BRUNSWICK	NJ	08816	(678) 965-9522	<u> </u>

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310). Do not mail Form IL-8453 and these documents unless requested for review.

State



Daytime phone number