

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

| | |
|---|---------------------------------------|
| Taxpayer's name VISHAK SRIRAMA SUNIL | Social security number 758-48-0020 |
| Spouse's name | Spouse's social security number |

Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

| | | | |
|---|---|---|---------|
| 1 | Adjusted gross income | 1 | 98,566. |
| 2 | Total tax | 2 | 13,937. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 17,666. |
| 4 | Amount you want refunded to you | 4 | 3,729. |
| 5 | Amount you owe | 5 | |

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 8 | 0 | 0 | 2 | 0 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 2 | 2 | 4 | 9 | 6 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

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

| | | |
|---|-----------------------------------|---|
| Your first name and middle initial VISHAK | Last name SRIRAMA SUNIL | Your social security number 758 48 0020 |
| If joint return, spouse's first name and middle initial | Last name | Spouse's social security number |

| | | | |
|---|-------------------------------|--------------------------|---|
| Home address (number and street). If you have a P.O. box, see instructions. 1010 N STERLING AVE | | Apt. no. 218 | Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town, or post office. If you have a foreign address, also complete spaces below. PALATINE | State IL | ZIP code 60067 | |
| Foreign country name | Foreign province/state/county | Foreign postal code | |

Filing Status Single Head of household (HOH)

Check only one box. Married filing jointly (even if only one had income) Qualifying surviving spouse (QSS)

Married filing separately (MFS) If you 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 qualifying person is a child but not your dependent: _____

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

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

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

| Dependents (see instructions): If more than four dependents, see instructions and check here <input type="checkbox"/> | (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) Check the box if qualifies for (see instructions): Child tax credit | Credit for other dependents |
|--|----------------|-----------|----------------------------|-------------------------|--|-----------------------------|
| | | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|--|-----------|----------|
| Income | 1a Total amount from Form(s) W-2, box 1 (see instructions) | 1a | 114,383. |
| Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. | b Household employee wages not reported on Form(s) W-2 | 1b | |
| | c Tip income not reported on line 1a (see instructions) | 1c | |
| | d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | 1d | |
| | e Taxable dependent care benefits from Form 2441, line 26 | 1e | |
| | f Employer-provided adoption benefits from Form 8839, line 29 | 1f | |
| | g Wages from Form 8919, line 6 | 1g | |
| | h Other earned income (see instructions) | 1h | 0. |
| | i Nontaxable combat pay election (see instructions) 1i | | |
| | z Add lines 1a through 1h | 1z | 114,383. |

| | | | | | |
|-----------------------------------|---|------|--|---|----------|
| Attach Sch. B if required. | 2a Tax-exempt interest 2a | | | b Taxable interest 2b | 327. |
| | 3a Qualified dividends 3a | 150. | | b Ordinary dividends 3b | 154. |
| | 4a IRA distributions 4a | | | b Taxable amount 4b | |
| | 5a Pensions and annuities 5a | | | b Taxable amount 5b | |
| | 6a Social security benefits 6a | | | b Taxable amount 6b | |
| | c If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/> | | | | |
| | 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> | | | 7 | -3. |
| | 8 Additional income from Schedule 1, line 10 8 | | | 8 | -16,295. |
| | 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 | | | 9 | 98,566. |
| | 10 Adjustments to income from Schedule 1, line 26 10 | | | 10 | |
| | 11 Subtract line 10 from line 9. This is your adjusted gross income 11 | | | 11 | 98,566. |
| | 12 Standard deduction or itemized deductions (from Schedule A) 12 | | | 12 | 13,850. |
| | 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 | | | 13 | |
| | 14 Add lines 12 and 13 14 | | | 14 | 13,850. |
| | 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 15 | | | 15 | 84,716. |

Standard Deduction for—

- Single or Married filing separately, \$13,850
- Married filing jointly or Qualifying surviving spouse, \$27,700
- Head of household, \$20,800
- If you checked any box under **Standard Deduction**, see instructions.

| | | | | |
|------------------------|-----------|--|-----------|---------|
| Tax and Credits | 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 13,937. |
| | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 13,937. |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 | 19 | |
| | 20 | Amount from Schedule 3, line 8 | 20 | |
| | 21 | Add lines 19 and 20 | 21 | |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 13,937. |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 0. |
| | 24 | Add lines 22 and 23. This is your total tax | 24 | 13,937. |

| | | | | |
|-----------------|-----------|---|------------|---------|
| Payments | 25 | Federal income tax withheld from: | | |
| | a | Form(s) W-2 | 25a | 17,666. |
| | b | Form(s) 1099 | 25b | |
| | c | Other forms (see instructions) | 25c | |
| | d | Add lines 25a through 25c | 25d | 17,666. |
| | 26 | 2023 estimated tax payments and amount applied from 2022 return | 26 | |
| | 27 | Earned income credit (EIC) <input type="checkbox"/> NO | 27 | |
| | 28 | Additional child tax credit from Schedule 8812 | 28 | |
| | 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| | 30 | Reserved for future use | 30 | |
| | 31 | Amount from Schedule 3, line 15 | 31 | |
| | 32 | Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits | 32 | |
| | 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 17,666. |

| | | | | |
|--------------------------------------|------------|---|------------|--------|
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 3,729. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 3,729. |
| Direct deposit? See instructions. | b | Routing number 2 6 7 0 8 4 1 3 1 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d | Account number 3 1 2 9 9 0 1 5 0 | | |
| | 36 | Amount of line 34 you want applied to your 2024 estimated tax | 36 | |

| | | | | |
|-----------------------|-----------|---|-----------|--|
| Amount You Owe | 37 | Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions | 37 | |
| | 38 | Estimated tax penalty (see instructions) | 38 | |

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|---|--|-------------------------------------|---|
| Your signature | Date | Your occupation QUALITY ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. (813) 452-8186 | Email address 1994.VISHAKSUNIL@GMAIL.COM | | |

Paid Preparer Use Only

| | | | | |
|--|---|------|-----------------------------|---|
| Preparer's name VENKATA SAI PAVAN KUMAR DUDIPALLI | Preparer's signature VENKATA SAI PAVAN KUMAR DUDIPALLI | Date | PTIN P02470833 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name GLOBAL TAXES LLC | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 | | Phone no. (678) 965-9522 | Firm's EIN 88-2145487 |

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2023
Attachment
Sequence No. **01**

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

Your social security number
758-48-0020

Part 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. Attach Schedule E | | 5 | -16,295. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| a | Net operating loss | 8a () | | |
| b | Gambling | 8b | | |
| c | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d () | | |
| e | 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 | | |
| l | 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 | 8l | | |
| m | Olympic and Paralympic medals and USOC prize money (see instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| o | Section 951A(a) inclusion (see instructions) | 8o | | |
| p | Section 461(l) excess business loss adjustment | 8p | | |
| q | Taxable distributions from an ABLÉ 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 () | | |
| t | Pension or annuity from a nonqualified 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 additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -16,295. |

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

| | | | |
|------------|--|------------|------------|
| 11 | Educator expenses | | 11 |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | | 12 |
| 13 | Health savings account deduction. Attach Form 8889 | | 13 |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | 14 |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | 15 |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | 16 |
| 17 | Self-employed health insurance deduction | | 17 |
| 18 | Penalty on early withdrawal of savings | | 18 |
| 19a | Alimony paid | | 19a |
| b | Recipient's SSN | | |
| c | 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: | | |
| a | 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 | |
| c | 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 | |
| e | 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: _____ | 24z | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 | | 26 |

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2023

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **12**

Name(s) shown on return

VISHAK SRIRAMA SUNIL

Your social security number

758-48-0020

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

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

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

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

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

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

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

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

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

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

Part III Summary

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

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

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

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

Name(s) shown on return

Social security number or taxpayer identification number

VISHAK SRIRAMA SUNIL

758-48-0020

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

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

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

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

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

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions. | Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g). |
|------------------|--|---|--|--|--|--|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | ROBINHOOD SECURITIES LLC | 01/01/22 | 12/31/23 | 2. | 5. | | | -3. |
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| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 2 Totals. | Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked). | | | 2. | 5. | | | -3. |

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

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2023
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service

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

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

Name(s) shown on return

VISHAK SRIRAMA SUNIL

Your social security number

758-48-0020

Part I Income or Loss From Rental Real Estate and Royalties

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

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

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

A 7TH BLOCK JAYANAGAR BENGALURU KARNATAKA IN 560070

B
C

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

Type of Property:

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

| Income: | Properties: | | |
|---|-----------------------|---|---|
| | A | B | C |
| 3 Rents received | 3 520. | | |
| 4 Royalties received | 4 | | |
| Expenses: | | | |
| 5 Advertising | 5 | | |
| 6 Auto and travel (see instructions) | 6 | | |
| 7 Cleaning and maintenance | 7 1,670. | | |
| 8 Commissions | 8 | | |
| 9 Insurance | 9 | | |
| 10 Legal and other professional fees | 10 | | |
| 11 Management fees | 11 1,410. | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | |
| 13 Other interest | 13 | | |
| 14 Repairs | 14 4,956. | | |
| 15 Supplies | 15 4,256. | | |
| 16 Taxes | 16 | | |
| 17 Utilities | 17 4,523. | | |
| 18 Depreciation expense or depletion | 18 | | |
| 19 Other (list) _____ | 19 | | |
| 20 Total expenses. Add lines 5 through 19 | 20 16,815. | | |
| 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 -16,295. | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 (16,295.) | | |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a 520. | | |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | | |
| c Total of all amounts reported on line 12 for all properties | 23c | | |
| d Total of all amounts reported on line 18 for all properties | 23d | | |
| e Total of all amounts reported on line 20 for all properties | 23e 16,815. | | |
| 24 Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 (16,295.) | | |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . | 26 -16,295. | | |

For Paperwork Reduction Act Notice, see the separate instructions.

NPA -16,295.

Schedule E (Form 1040) 2023

Nonresident & part-year resident Wisconsin income tax

For the year Jan. 1-Dec. 31, 2023, or other tax year beginning _____, 2023 ending _____, 20____.

Check here if this is an amended return

Complete form using BLACK INK

NOTE

DO NOT STAPLE

PAPER CLIP withholding statements here

Form fields for names and social security numbers: Your legal last name (SRIRAMA SUNIL), Legal first name (VISHAK), M.I., Your social security number (758480020), Spouse's legal last name, Spouse's legal first name, M.I., Spouse's social security number.

Form fields for address: Home address (1010 N STERLING AVE), Apt. no. (218), City or post office (PALATINE), State (IL), Zip code (60067), Foreign Country, Foreign province/state/country, Foreign postal code.

Tax district section: Check below then fill in either the name of the Wisconsin city, village, or town, and the county in which you lived at the end of 2023 or before leaving Wisconsin (nonresidents leave blank). Includes fields for City, Village, Town, County of, and School district number.

Filing status section: Includes checkboxes for Single, Married filing joint return, Married filing separate return, Head of household (NOT married), and Head of household (married). Includes fields for spouse's legal last name, first name, and M.I.

Special conditions section: Includes a checkbox for Form 804 filed with return (see page 12).

Resident status section: Check the status that applies (You, Spouse). Includes checkboxes for Full-year resident of Wisconsin, Nonresident of Wisconsin (state of residence IL), and Part-year resident of Wisconsin from mm dd yyyy to mm dd yyyy.



Note: Complete residence questionnaire, page 60

PAPER CLIP check or money order here

Table with 4 columns: Income, Print numbers like this (with example 0123456789), NO COMMAS NO CENTS, A. Federal column, B. Wisconsin column. Rows include Wages, salaries, tips, etc.; Taxable interest; 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); IRA distributions; Pensions and annuities; Rental real estate, royalties, partnerships, S corporations, trusts, etc.; Farm income or (loss); Unemployment compensation; Social security benefits; Other income (see page 22); Combine lines 1 through 15.

1-0501

| Adjustments to Income | | A. Federal column | B. Wisconsin column |
|------------------------------|---|-------------------|---------------------|
| 17 | Educator expenses | .00 | .00 |
| 18 | Certain business expenses of reservists, performing artists, and fee-basis government officials | .00 | .00 |
| 19 | Health savings account deduction | .00 | .00 |
| 20 | Moving expenses for members of the armed forces | .00 | .00 |
| 21 | Deductible part of self-employment tax | .00 | .00 |
| 22 | Self-employed SEP, SIMPLE, and qualified plans | .00 | .00 |
| 23 | Self-employed health insurance deduction | .00 | .00 |
| 24 | Penalty on early withdrawal of savings | .00 | .00 |
| 25 | Alimony paid | .00 | .00 |
| 26 | IRA deduction | .00 | .00 |
| 27 | Student loan interest deduction | .00 | .00 |
| 28 | Other adjustments (see page 26). Include Schedule M if line 28b has an amount | .00 | .00 |
| 29 | Total adjustments to income. Add lines 17 through 28 | .00 | .00 |
| Adjusted Gross Income | | | |
| 30 | Wisconsin income. Subtract line 29, column B from line 16, column B | | 5725.00 |
| 31 | Federal income. Subtract line 29, column A from line 16, column A | 98566.00 | |
| 32 | Divide line 30 by line 31. Carry the decimal to four places. If amount on line 30 is more than amount on line 31, fill in 1.0000. (See page 27) | | .0581 |

| Tax Computation | | | |
|------------------------|--|----------------------------------|--------------------------|
| 33 | Fill in the larger of Wisconsin income from line 30, column B or federal income from line 31, column A. But , if Wisconsin income from line 30 is zero or less, fill in 0 (zero) | 33 | 98566.00 |
| 34a | If you (or your spouse) can be claimed as a dependent on anyone else's return, check here and see the "Exception" in the instructions for line 34c on page 28 | 34a | <input type="checkbox"/> |
| 34b | Aliens (see page 28 to determine if you must check line 34b) | 34b | <input type="checkbox"/> |
| 34c | Find the standard deduction for amount on line 31 using table on page 48 | 34c | 3118.00 |
| 35 | Subtract line 34c from line 33. If line 34c is more than line 33, fill in 0 (zero) | 35 | 95448.00 |
| 36 | Exemptions (Caution: see page 28) | | |
| a | Fill in exemptions allowed <u>1</u> x \$700 | 36a | 700.00 |
| b | Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <u> </u> x \$250 | 36b | .00 |
| c | Add lines 36a and 36b | 36c | 700.00 |
| 37 | Subtract line 36c from line 35. If line 36c is more than line 35, fill in 0 (zero) | 37 | 94748.00 |
| 38 | Tax (see table on page 51) | 38 | 4649.00 |
| 39 | Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR) | 39 | .00 |
| 40 | Additional child and dependent care tax credit | | |
| | Federal credit from Form 2441 <u> </u> x 50% = | 40 | .00 |
| 41 | School property tax credits (part-year and full-year residents only) | | |
| a | Rent paid in 2023—heat included <u>.00</u> | } Find credit from table page 32 | 41a .00 |
| | Rent paid in 2023—heat not included <u>.00</u> | | |
| b | Property taxes paid on home in 2023 <u>.00</u> | } Find credit from table page 33 | 41b .00 |
| 42 | Add credits on lines 39, 40, 41a, and 41b | 42 | .00 |
| 43 | Subtract line 42 from line 38. If line 42 is more than line 38, fill in 0 (zero) | 43 | 4649.00 |
| 44 | Fill in ratio from line 32 | 44 | .0581 |
| 45 | Multiply line 43 by ratio on line 44 | 45 | 270.00 |

| | | |
|---|--|--|
| Name(s) shown on Form 1NPR VISHAK SRIRAMA SUNIL | | Your social security number 758480020 |
| 46 | Fill in amount from line 45 | 46 <u>270.00</u> |
| 47 | Working families tax credit. (Full-year Wisconsin residents only) | 47 <u>.00</u> |
| 48 | Married couple credit. Complete Schedule 2 (page 4, Form 1NPR) | 48 <u>.00</u> |
| 49 | Nonrefundable credits from Schedule CR, line 34. Include Schedule CR | 49 <u>.00</u> |
| 50 | Net income tax paid to another state. Include Schedule OS | 50 <u>.00</u> |
| 51 | Add lines 47 through 50 | 51 <u>.00</u> |
| 52 | Subtract line 51 from line 46. If line 51 is more than line 46, fill in 0 (zero). This is your net tax | 52 <u>270.00</u> |
| 53 | Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 36) If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/> | 53 <u>.00</u> |
| 54 | Donations (decreases refund or increases amount owed) | |
| a | Endangered resources <u>.00</u> | e Military family relief <u>.00</u> |
| b | Cancer research <u>.00</u> | f Second Harvest/Feeding Amer. <u>.00</u> |
| c | Veterans trust fund <u>.00</u> | g Red Cross WI Disaster Relief <u>.00</u> |
| d | Multiple sclerosis <u>.00</u> | h Special Olympics Wisconsin <u>.00</u> |
| | Total (add lines a through h) → | 54i <u>.00</u> |
| 55 | Penalties on IRAs, other retirement plans, MSAs, etc. (see page 37) $.00 \times .33 =$ | 55 <u>.00</u> |
| 56 | Other penalties (see page 38) | 56 <u>.00</u> |
| 57 | Add lines 52 through 56 | 57 <u>270.00</u> |

Payments and Credits

| | | |
|-----------|---|-------------------------|
| 58 | Wisconsin income tax withheld. Include readable withholding statements | 58 <u>275.00</u> |
| 59 | 2023 Wisconsin estimated tax paid and amount applied from 2022 return | 59 <u>.00</u> |
| 60 | Earned income credit. (Full-year Wisconsin residents only) Number of qualifying children <input type="checkbox"/> Federal credit $.00 \times \text{ } \% =$ | 60 <u>.00</u> |
| 61 | Farmland preservation credit. a. Schedule FC, line 17 | 61a <u>.00</u> |
| | b. Schedule FC-A, line 13 | 61b <u>.00</u> |
| 62 | Repayment credit | 62 <u>.00</u> |
| 63 | Homestead credit. (Full-year Wisconsin residents only) | 63 <u>.00</u> |
| 64 | Eligible veterans and surviving spouses property tax credit | 64 <u>.00</u> |
| 65 | Refundable credits from Schedule CR, line 40 | 65 <u>.00</u> |
| 66 | AMENDED RETURN ONLY – amount previously paid (see page 44) | 66 <u>.00</u> |
| 67 | Add lines 58 through 66 | 67 <u>275.00</u> |
| 68 | AMENDED RETURN ONLY – amount previously refunded (see page 44) | 68 <u>.00</u> |
| 69 | Subtract line 68 from line 67 | 69 <u>275.00</u> |

Refund or Amount You Owe

| | | |
|-----------|--|-----------------------|
| 70 | If line 69 is more than line 57, subtract line 57 from line 69. This is the AMOUNT OVERPAID | 70 <u>5.00</u> |
| 71 | Amount of line 70 you want REFUNDED TO YOU | 71 <u>5.00</u> |
| 72 | Amount of line 70 to be APPLIED TO YOUR 2024 ESTIMATED TAX | 72 <u>0.00</u> |



Paper clip a copy of your federal income tax return and schedules to this return.

Table with 4 rows: 73 Amount Underpaid, 74 Underpayment interest, 75 Amount You Owe, 76 Interest. Columns include description, line number, and amount.

Third Party Designee section. Includes checkboxes for 'Yes' and 'No', fields for Designee's name, phone number, and personal identification number (PIN).

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Signature section. Includes fields for 'Your signature', 'Date', and 'Wisconsin Identity Protection PIN (7 characters)'. Includes 'Sign here' arrows.

Caution: Only enter a Wisconsin Identity Protection PIN if you received one from the department (see page 47).

Mail your return to: Wisconsin Department of Revenue. (if tax is due) PO Box 268, Madison WI 53790-0001. (if refund or no tax due) PO Box 59, Madison WI 53785-0001.

Schedule 1 - Wisconsin Itemized Deduction Credit (see line 39 instructions)

Table for Schedule 1 with 9 rows. Columns include description, line number, and amount. Total amount shown as x .05.

Schedule 2 - Married Couple Credit May be claimed only when both spouses have earned income taxable by Wisconsin.

Table for Schedule 2 with 8 rows. Columns include description, line number, (A) YOURSELF, and (B) YOUR SPOUSE. Total amount shown as x .03.

Schedule **WD**

Wisconsin
Department of Revenue

Capital Gains and Losses

◆ Include with Wisconsin Form 1 or 1NPR ◆

2023

Name(s) shown on Form 1 or Form 1NPR

VISHAK SRIRAMA SUNIL

Your social security number

758-48-0020

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

| Note: Round all amounts (use a minus sign (-) for negative amounts) | (d) Proceeds (sales price) | (e) Cost or other basis | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or loss Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|-------------------------------|---|---|
| 1a Amount from line 1a of Schedule D | .00 | .00 | | .00 |
| 1b Amount from line 1b of Schedule D | 2.00 | 5.00 | .00 | -3.00 |
| 2 Amount from line 2 of Schedule D | .00 | .00 | .00 | .00 |
| 3 Amount from line 3 of Schedule D | .00 | .00 | .00 | .00 |
| 4 Short-term gain from Form 6252 and short-term gain or loss from Forms 4684, 6781, and 8824 | | | 4 | .00 |
| 5 Net short-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | 5 | .00 |
| 6 Adjustment from Wisconsin Schedule T (see Basis Difference in instructions) | | | 6 | .00 |
| 7 Short-term capital loss carryover from 2022 Wisconsin Schedule WD, line 34. Enter amount as a negative number | | | 7 | .00 |
| 8 Net short-term capital gain or loss. Combine lines 1a through 7 in column (h) | | | 8 | -3.00 |

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

| Note: Round all amounts (use a minus sign (-) for negative amounts) | (d) Proceeds (sales price) | (e) Cost or other basis | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or loss Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|-------------------------------|--|---|
| 9a Amount from line 8a of Schedule D | .00 | .00 | | .00 |
| 9b Amount from line 8b of Schedule D | .00 | .00 | .00 | .00 |
| 10 Amount from line 9 of Schedule D | .00 | .00 | .00 | .00 |
| 11 Amount from line 10 of Schedule D | .00 | .00 | .00 | .00 |
| 12 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or loss from Forms 4684, 6781, and 8824 | | | | 12 .00 |
| 13 Net long-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 13 .00 |
| 14 Capital gain distributions | | | | 14 .00 |
| 15 Adjustment from Wisconsin Schedule T (see Basis Difference in instructions) | | | | 15 .00 |
| 15a Adjustment from Wisconsin Schedule QI. Enter amount as a negative number | | | | 15a .00 |
| 16 Long-term capital loss carryover from 2022 Wisconsin Schedule WD, line 39. Enter amount as a negative number | | | | 16 .00 |
| 17 Net long-term capital gain or loss. Combine lines 9a through 16 in column (h) | | | | 17 .00 |

Go on to Part III →



| | |
|------------------------------|---------------------------------------|
| Name VISHAK SRIRAMA SUNIL | Social Security Number 758-48-0020 |
|------------------------------|---------------------------------------|

Part III Summary of Parts I and II (see instructions) - use a minus sign (-) for negative amounts.

| | | |
|--|--|------------------------|
| 18 Combine lines 8 and 17, and fill in the net gain or loss here (if line 18 is a loss, go to line 28) | 18 | <u>-3.00</u> |
| 19 Fill in the smaller of line 17 or 18, or -0- if a loss or no entry on line 17 | 19 | <u>.00</u> |
| 20 Fill in 30% of line 19 | 20 | <u>.00</u> |
| 21 Fill in the amount of long-term capital gain from the sale of farm assets listed on Form 8949 and taxable to Wisconsin plus gain from the sale of farm assets that is included on line 12 or 13 of Schedule WD. If zero, skip lines 22 through 25 and fill in the amount from line 20 on line 26 | 21 | <u>.00</u> |
| 22 Gain included in line 17. Do not include any losses in this amount | 22 | <u>.00</u> |
| 23 Divide line 21 by line 22. Carry the decimal to 4 places | 23 | <u>_____</u> |
| 24 Multiply line 19 by the decimal amount on line 23 | 24 | <u>.00</u> |
| 25 Fill in 30% of line 24 | 25 | <u>.00</u> |
| 26 Add lines 20 and 25 | 26 | <u>.00</u> |
| 27 Subtract line 26 from line 18 | 27 | <u>.00</u> |
| 28 If line 18 shows a loss, fill in the smaller of: | (a) The loss on line 18, | |
| | (b) \$3,000/\$1,500 (see instructions), or | |
| | (c) Wisconsin ordinary income (see instructions) | 28 <u>-3.00</u> |

Note: When figuring whether a, b, or c is smaller, treat all numbers as if they are positive.

Part IV Computation of Wisconsin Adjustment to Income

| | | |
|---|------------|-------------|
| 29 Adjustment (see instructions for Part IV and Schedule I adjustments) | | |
| a Fill in gain from line 7 of federal Form 1040 or 1040-SR, or gain from line 1e of Schedule I, if filed (if a loss, fill in -0-) | 29a | <u>0.00</u> |
| b Fill in gain from Part III, line 27, (if blank, fill in -0-) | 29b | <u>.00</u> |
| c If line 29b is more than 29a, subtract line 29a from line 29b. See instructions on where to enter this amount | 29c | <u>.00</u> |
| d If line 29b is less than 29a, subtract line 29b from line 29a. See instructions on where to enter this amount | 29d | <u>.00</u> |
| e Fill in loss from line 7 of federal Form 1040 or 1040-SR, as a positive amount or the loss from line 2c of Schedule I, if filed (if a gain, fill in -0-) | 29e | <u>3.00</u> |
| f Fill in loss from Part III, line 28 as a positive amount | 29f | <u>.00</u> |
| g If line 29f is more than 29e, subtract line 29e from line 29f. See instructions for where to enter this amount. | 29g | <u>.00</u> |
| h If line 29f is less than 29e, subtract line 29f from line 29e. See instructions for where to enter this amount | 29h | <u>.00</u> |

Part V Computation of Capital Loss Carryovers from 2023 to 2024 (Complete this part if the loss on line 18 is more than the loss on line 28.)

| | | |
|---|-----------|------------|
| 30 Fill in loss shown on line 8 as a positive amount. If none, fill in -0- and skip lines 31 through 34 | 30 | <u>.00</u> |
| 31 Fill in gain shown on line 17. If that line is blank or shows a loss, fill in -0- | 31 | <u>.00</u> |
| 32 Subtract line 31 from line 30 | 32 | <u>.00</u> |
| 33 Fill in the smaller of line 28 or line 32, treating both as positive amounts | 33 | <u>.00</u> |
| 34 Subtract line 33 from line 32. This is your short-term capital loss carryover from 2023 to 2024 | 34 | <u>.00</u> |
| 35 Fill in loss from line 17 as a positive amount. If none, fill in -0- and skip lines 36 through 39 | 35 | <u>.00</u> |
| 36 Fill in gain shown on line 8. If that line is blank or shows a loss, fill in -0- | 36 | <u>.00</u> |
| 37 Subtract line 36 from line 35 | 37 | <u>.00</u> |
| 38 Subtract line 33 from line 28, treating both as positive amounts. (Note: If you skipped lines 31 through 34, fill in amount from line 28 as a positive amount.) | 38 | <u>.00</u> |
| 39 Subtract line 38 from line 37. This is your long-term capital loss carryover from 2023 to 2024 | 39 | <u>.00</u> |





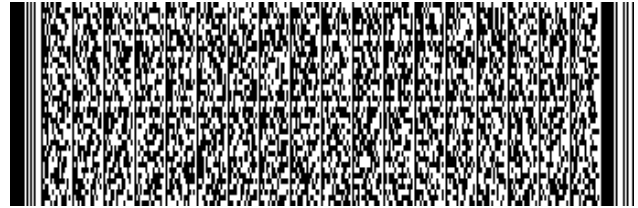
Illinois Department of Revenue
2023 Form IL-1040
 Individual Income Tax Return

or for fiscal year ending ___/___/___

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

A

758-48-0020 1994
 VISHAK SRIRAMA SUNIL



1010 N STERLING AVE 218
 PALATINE IL 60067 OGLE
 1994.VISHAKSUNIL@GMAIL.COM

B Filing status: Single Married filing jointly Married filing separately Widowed Head of household

C Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You Spouse

D Check the box if this applies to you during 2023: Nonresident - **Attach** Sch. NR Part-year resident - **Attach** Sch. NR

Step 2: Income

(Whole dollars only)

| | |
|---|--------------------|
| 1 Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. | 1 98,566.00 |
| 2 Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. | 2 .00 |
| 3 Other additions. Attach Schedule M. | 3 .00 |
| 4 Total income. Add Lines 1 through 3. | 4 98,566.00 |

Step 3: Base Income

| | |
|--|--------------------|
| 5 Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. | 5 .00 |
| 6 Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1. | 6 .00 |
| 7 Other subtractions. Attach Schedule M. | 7 .00 |
| 8 Add Lines 5, 6, and 7. This is the total of your subtractions. | 8 .00 |
| 9 Illinois base income. Subtract Line 8 from Line 4. | 9 98,566.00 |

Step 4: Exemptions - See instructions for income limitations

| | |
|--|--------------------|
| 10 a Enter the exemption amount for yourself and your spouse. See instructions. | a 2,425.00 |
| b Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 = | b .00 |
| c Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 = | c .00 |
| d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC. | d 0.00 |
| Exemption allowance. Add Lines 10a through 10d. | 10 2,425.00 |

Step 5: Net Income and Tax

| | |
|--|---------------------|
| 11 Residents: Net income. Subtract Line 10 from Line 9. | |
| Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR. | 11 96,141.00 |
| 12 Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. | 12 4,759.00 |
| Nonresidents and part-year residents: Enter the tax from Schedule NR. | 13 .00 |
| 13 Recapture of investment tax credits. Attach Schedule 4255. | 13 .00 |
| 14 Income tax. Add Lines 12 and 13. Cannot be less than zero. | 14 4,759.00 |

Step 6: Tax After Nonrefundable Credits

| | |
|---|--------------------|
| 15 Income tax paid to another state while an Illinois resident. Attach Schedule CR. | 15 .00 |
| 16 Property tax, K-12 education expense, and volunteer emergency worker credit amount from Schedule ICR. Attach Schedule ICR. | 16 .00 |
| 17 Credit amount from Schedule 1299-C. Attach Schedule 1299-C. | 17 .00 |
| 18 Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. | 18 0.00 |
| 19 Tax after nonrefundable credits. Subtract Line 18 from Line 14. | 19 4,759.00 |

Step 7: Other Taxes

| | |
|--|--------------------|
| 20 Household employment tax. See instructions. | 20 .00 |
| 21 Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank. | 21 0.00 |
| 22 Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges. | 22 .00 |
| 23 Total Tax. Add Lines 19, 20, 21, and 22. | 23 4,759.00 |

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V





24 Total tax from Page 1, Line 23. 24 4,759.00

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 5,378.00
26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 .00
27 Pass-through withholding. Attach Schedule K-1-P or K-1-T. 27 .00
28 Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T. 28 .00
29 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 9. Attach Schedule IL-E/EIC. 29 .00
30 Total payments and refundable credit. Add Lines 25 through 29. 30 5,378.00

Step 9: Total

31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 619.00
32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 .00

Step 10: Underpayment of Estimated Tax Penalty and Donations

33 Late-payment penalty for underpayment of estimated tax. 33 .00
a Check if at least two-thirds of your federal gross income is from farming.
b Check if you or your spouse are 65 or older and permanently living in a nursing home.
c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210.
d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.
34 Voluntary charitable donations. Attach Schedule G. 34 .00
35 Total penalty and donations. Add Lines 33 and 34. 35 .00

Step 11: Refund or Amount you owe

36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment. 36 619.00
37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 37 619.00
38 I choose to receive my refund by
a direct deposit - Complete the information below if you check this box.

You may also contribute to college savings funds here. See instructions!
Routing number 2 6 7 0 8 4 1 3 1 X Checking or Savings
Account number 3 1 2 9 9 0 1 5 0

b paper check.
39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 39 .00
40 If you have an amount on Line 32, add Lines 32 and 35. If you have an amount on Line 31, and this amount is less than Line 35, subtract Line 31 from Line 35. If Lines 31 and 32 are blank (zero), enter the amount from Line 35. This is the amount you owe. See instructions. 40 .00

Step 12: Health Insurance Checkbox and Signature

41 Check this box and include your email address in Step 1 if IDOR may share your income information with other Illinois state agencies in order to determine your eligibility for health insurance benefits. See instructions for more information.

Signature - Note: If this is a joint return, both you and your spouse must sign below. Under penalties of perjury, I state that I have examined this return, and to the best of my knowledge, it is true, correct, and complete.

Table with 6 columns: Sign Here, Your signature, Date (mm/dd/yyyy), Spouse's signature, Date (mm/dd/yyyy), Daytime phone number. Includes fields for Paid Preparer Use Only (Print/Type paid preparer's name, signature, date, firm name, address, FEIN, phone) and Third Party Designee (Designee's name, phone number, checkbox for discussion).

Refer to the 2023 IL-1040 Instructions for the address to mail your return.

