

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name MANOJ K KONDAM	Social security number 149-15-3349
Spouse's name SWAPNA KOLMI	Spouse's social security number 888-43-5486

## 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	230,930.
2 Total tax . . . . .	2	22,132.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	26,811.
4 Amount you want refunded to you . . . . .	4	10,503.
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 

5	3	3	4	9
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 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 GLOBAL TAXES LLC to enter or generate my PIN 

3	5	4	8	6
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 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 MANOJ K Last name KONDAM Your social security number 149 15 3349

If joint return, spouse's first name and middle initial SWAPNA Last name KOLMI Spouse's social security number 888 43 5486

Home address (number and street). If you have a P.O. box, see instructions. 3644 SARGENT DR Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. NAPERVILLE IL 60564 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.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)

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

Table with 5 columns: (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. Rows include KRITHIE KONDAM and SHRITHA KONDAM.

Income table with columns 1a-1z and 1a-1z. Rows include Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, Taxable dependent care benefits, Employer-provided adoption benefits, Wages from Form 8919, Other earned income, Nontaxable combat pay election, and Add lines 1a through 1h.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. Rows include Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Taxable interest, Ordinary dividends, Taxable amount.

Table with columns 7-15. Rows include Capital gain or (loss), Additional income from Schedule 1, Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income, Adjustments to income from Schedule 1, Subtract line 10 from line 9. This is your adjusted gross income, Standard deduction or itemized deductions (from Schedule A), Qualified business income deduction from Form 8995 or Form 8995-A, Add lines 12 and 13, Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income.

<b>Tax and Credits</b>	<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	32,137.
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b>	Add lines 16 and 17	<b>18</b>	32,137.
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	4,000.
	<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	7,500.
	<b>21</b>	Add lines 19 and 20	<b>21</b>	11,500.
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	20,637.
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	1,495.
	<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	22,132.

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	26,811.
	<b>b</b>	Form(s) 1099	<b>25b</b>	
	<b>c</b>	Other forms (see instructions)	<b>25c</b>	0.
	<b>d</b>	Add lines 25a through 25c	<b>25d</b>	26,811.
	<b>26</b>	2023 estimated tax payments and amount applied from 2022 return	<b>26</b>	
	<b>27</b>	Earned income credit (EIC)	<b>27</b>	
	<b>28</b>	Additional child tax credit from Schedule 8812	<b>28</b>	
	<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
	<b>30</b>	Reserved for future use	<b>30</b>	
	<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	5,824.
	<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	5,824.
	<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	32,635.

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	10,503.
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	10,503.
Direct deposit? See instructions.	<b>b</b>	Routing number 081904808 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number 002912102670		
	<b>36</b>	Amount of line 34 you want <b>applied to your 2024 estimated tax</b>	<b>36</b>	

<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	<b>37</b>	
	<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

**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 SOFTWARE ENGINEER LEAD SR	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation HOME MAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (203) 512-9258	Email address KONDAMMK@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](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **01**

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

MANOJ K KONDAM & SWAPNA KOLMI

Your social security number

149-15-3349

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .		<b>1</b>	
<b>2a</b>	Alimony received . . . . .		<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions): _____			
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .		<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .		<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .		<b>5</b>	-26,543.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .		<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .		<b>7</b>	
<b>8</b>	Other income:			
<b>a</b>	Net operating loss . . . . .	<b>8a</b> ( )		
<b>b</b>	Gambling . . . . .	<b>8b</b>		
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>		
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b> ( )		
<b>e</b>	Income from Form 8853 . . . . .	<b>8e</b>		
<b>f</b>	Income from Form 8889 . . . . .	<b>8f</b>		
<b>g</b>	Alaska Permanent Fund dividends . . . . .	<b>8g</b>		
<b>h</b>	Jury duty pay . . . . .	<b>8h</b>		
<b>i</b>	Prizes and awards . . . . .	<b>8i</b>		
<b>j</b>	Activity not engaged in for profit income . . . . .	<b>8j</b>		
<b>k</b>	Stock options . . . . .	<b>8k</b>		
<b>l</b>	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . .	<b>8l</b>		
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8m</b>		
<b>n</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8n</b>		
<b>o</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8o</b>		
<b>p</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8p</b>		
<b>q</b>	Taxable distributions from an ABLÉ account (see instructions) . . . . .	<b>8q</b>		
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 . . . . .	<b>8r</b>		
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .	<b>8s</b> ( )		
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .	<b>8t</b>		
<b>u</b>	Wages earned while incarcerated . . . . .	<b>8u</b>		
<b>z</b>	Other income. List type and amount: _____			
	Nonemployee compensation from 1099-NEC 6,611.	<b>8z</b> 6,611.		
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .		<b>9</b>	6,611.
<b>10</b>	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .		<b>10</b>	-19,932.

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

Schedule 1 (Form 1040) 2023

**Part II Adjustments to Income**

<b>11</b>	Educator expenses . . . . .	<b>11</b>	
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>12</b>	
<b>13</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>13</b>	
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>14</b>	
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>15</b>	641.
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>16</b>	
<b>17</b>	Self-employed health insurance deduction . . . . .	<b>17</b>	
<b>18</b>	Penalty on early withdrawal of savings . . . . .	<b>18</b>	
<b>19a</b>	Alimony paid . . . . .	<b>19a</b>	
<b>b</b>	Recipient's SSN . . . . .		
<b>c</b>	Date of original divorce or separation agreement (see instructions): _____		
<b>20</b>	IRA deduction . . . . .	<b>20</b>	
<b>21</b>	Student loan interest deduction . . . . .	<b>21</b>	
<b>22</b>	Reserved for future use . . . . .	<b>22</b>	
<b>23</b>	Archer MSA deduction . . . . .	<b>23</b>	
<b>24</b>	Other adjustments:		
<b>a</b>	Jury duty pay (see instructions) . . . . .	<b>24a</b>	
<b>b</b>	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .	<b>24b</b>	
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .	<b>24c</b>	
<b>d</b>	Reforestation amortization and expenses . . . . .	<b>24d</b>	
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	<b>24e</b>	
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans . . . . .	<b>24f</b>	
<b>g</b>	Contributions by certain chaplains to section 403(b) plans . . . . .	<b>24g</b>	
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	<b>24h</b>	
<b>i</b>	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . .	<b>24i</b>	
<b>j</b>	Housing deduction from Form 2555 . . . . .	<b>24j</b>	
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	<b>24k</b>	
<b>z</b>	Other adjustments. List type and amount: _____	<b>24z</b>	
<b>25</b>	Total other adjustments. Add lines 24a through 24z . . . . .	<b>25</b>	
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 . . . . .	<b>26</b>	641.

**SCHEDULE 2  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
MANOJ K KONDAM & SWAPNA KOLMI

**Your social security number**  
149-15-3349

**Part I Tax**

<b>1</b>	Alternative minimum tax. Attach Form 6251 . . . . .	<b>1</b>	
<b>2</b>	Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	<b>2</b>	
<b>3</b>	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . . . .	<b>3</b>	

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>4</b>	1,282.
<b>5</b>	Social security and Medicare tax on unreported tip income. Attach Form 4137 . . . . .	<b>5</b>	
<b>6</b>	Uncollected social security and Medicare tax on wages. Attach Form 8919 . . . . .	<b>6</b>	
<b>7</b>	Total additional social security and Medicare tax. Add lines 5 and 6 . . . . .	<b>7</b>	
<b>8</b>	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/> . . . . .	<b>8</b>	
<b>9</b>	Household employment taxes. Attach Schedule H . . . . .	<b>9</b>	
<b>10</b>	Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . .	<b>10</b>	
<b>11</b>	Additional Medicare Tax. Attach Form 8959 . . . . .	<b>11</b>	213.
<b>12</b>	Net investment income tax. Attach Form 8960 . . . . .	<b>12</b>	
<b>13</b>	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 . . . . .	<b>13</b>	
<b>14</b>	Interest on tax due on installment income from the sale of certain residential lots and timeshares . . . . .	<b>14</b>	
<b>15</b>	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 . . . . .	<b>15</b>	
<b>16</b>	Recapture of low-income housing credit. Attach Form 8611 . . . . .	<b>16</b>	

(continued on page 2)

**Part II Other Taxes** *(continued)*

<b>17</b>	Other additional taxes:		
<b>a</b>	Recapture of other credits. List type, form number, and amount: _____	<b>17a</b>	
<b>b</b>	Recapture of federal mortgage subsidy, if you sold your home see instructions . . . . .	<b>17b</b>	
<b>c</b>	Additional tax on HSA distributions. Attach Form 8889 . . . . .	<b>17c</b>	
<b>d</b>	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 . . . . .	<b>17d</b>	
<b>e</b>	Additional tax on Archer MSA distributions. Attach Form 8853 . . . . .	<b>17e</b>	
<b>f</b>	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 . . . . .	<b>17f</b>	
<b>g</b>	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property . . . . .	<b>17g</b>	
<b>h</b>	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A . . . . .	<b>17h</b>	
<b>i</b>	Compensation you received from a nonqualified deferred compensation plan described in section 457A . . . . .	<b>17i</b>	
<b>j</b>	Section 72(m)(5) excess benefits tax . . . . .	<b>17j</b>	
<b>k</b>	Golden parachute payments . . . . .	<b>17k</b>	
<b>l</b>	Tax on accumulation distribution of trusts . . . . .	<b>17l</b>	
<b>m</b>	Excise tax on insider stock compensation from an expatriated corporation . . . . .	<b>17m</b>	
<b>n</b>	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 . . . . .	<b>17n</b>	
<b>o</b>	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR . . . . .	<b>17o</b>	
<b>p</b>	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund . . . . .	<b>17p</b>	
<b>q</b>	Any interest from Form 8621, line 24 . . . . .	<b>17q</b>	
<b>z</b>	Any other taxes. List type and amount: _____ _____	<b>17z</b>	
<b>18</b>	Total additional taxes. Add lines 17a through 17z . . . . .		<b>18</b>
<b>19</b>	Reserved for future use . . . . .		<b>19</b>
<b>20</b>	Section 965 net tax liability installment from Form 965-A . . . . .	<b>20</b>	
<b>21</b>	Add lines 4, 7 through 16, and 18. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . . . .		<b>21</b>
			1,495.

**SCHEDULE 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
MANOJ K KONDAM & SWAPNA KOLMI

Your social security number  
149-15-3349

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required . . . . .	<b>1</b>	
<b>2</b>	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . .	<b>2</b>	
<b>3</b>	Education credits from Form 8863, line 19 . . . . .	<b>3</b>	
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>4</b>	
<b>5a</b>	Residential clean energy credit from Form 5695, line 15 . . . . .	<b>5a</b>	
<b>b</b>	Energy efficient home improvement credit from Form 5695, line 32 . . . . .	<b>5b</b>	
<b>6</b>	Other nonrefundable credits:		
<b>a</b>	General business credit. Attach Form 3800 . . . . .	<b>6a</b>	
<b>b</b>	Credit for prior year minimum tax. Attach Form 8801 . . . . .	<b>6b</b>	
<b>c</b>	Adoption credit. Attach Form 8839 . . . . .	<b>6c</b>	
<b>d</b>	Credit for the elderly or disabled. Attach Schedule R . . . . .	<b>6d</b>	
<b>e</b>	Reserved for future use . . . . .	<b>6e</b>	
<b>f</b>	Clean vehicle credit. Attach Form 8936 . . . . .	<b>6f</b>	7,500.
<b>g</b>	Mortgage interest credit. Attach Form 8396 . . . . .	<b>6g</b>	
<b>h</b>	District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .	<b>6h</b>	
<b>i</b>	Qualified electric vehicle credit. Attach Form 8834 . . . . .	<b>6i</b>	
<b>j</b>	Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .	<b>6j</b>	
<b>k</b>	Credit to holders of tax credit bonds. Attach Form 8912 . . . . .	<b>6k</b>	
<b>l</b>	Amount on Form 8978, line 14. See instructions . . . . .	<b>6l</b>	
<b>m</b>	Credit for previously owned clean vehicles. Attach Form 8936 . . . . .	<b>6m</b>	
<b>z</b>	Other nonrefundable credits. List type and amount: _____ _____	<b>6z</b>	
<b>7</b>	Total other nonrefundable credits. Add lines 6a through 6z . . . . .	<b>7</b>	7,500.
<b>8</b>	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . .	<b>8</b>	7,500.

(continued on page 2)



**Part II Other Payments and Refundable Credits**

<b>9</b>	Net premium tax credit. Attach Form 8962 . . . . .		<b>9</b>	
<b>10</b>	Amount paid with request for extension to file (see instructions) . . . . .		<b>10</b>	
<b>11</b>	Excess social security and tier 1 RRTA tax withheld . . . . .		<b>11</b>	5,824.
<b>12</b>	Credit for federal tax on fuels. Attach Form 4136 . . . . .		<b>12</b>	
<b>13</b>	Other payments or refundable credits:			
<b>a</b>	Form 2439 . . . . .	<b>13a</b>		
<b>b</b>	Credit for repayment of amounts included in income from earlier years . . . . .	<b>13b</b>		
<b>c</b>	Elective payment election amount from Form 3800, Part III, line 6, column (i) . . . . .	<b>13c</b>		
<b>d</b>	Deferred amount of net 965 tax liability (see instructions) . . . . .	<b>13d</b>		
<b>z</b>	Other payments or refundable credits. List type and amount: _____	<b>13z</b>		
<b>14</b>	Total other payments or refundable credits. Add lines 13a through 13z . . . . .		<b>14</b>	
<b>15</b>	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . .		<b>15</b>	5,824.

**SCHEDULE A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Itemized Deductions**

Attach to Form 1040 or 1040-SR.

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

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **07**

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

MANOJ K KONDAM & SWAPNA KOLMI

Your social security number

149-15-3349

<b>Medical and Dental Expenses</b>	<b>Caution:</b> Do not include expenses reimbursed or paid by others.					
	1 Medical and dental expenses (see instructions)	1				
	2 Enter amount from Form 1040 or 1040-SR, line 11	2				
	3 Multiply line 2 by 7.5% (0.075)	3				
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4		
<b>Taxes You Paid</b>	5 State and local taxes.					
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/>	5a	13,806.			
	b State and local real estate taxes (see instructions)	5b	0.			
	c State and local personal property taxes	5c				
	d Add lines 5a through 5c	5d	13,806.			
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	10,000.			
	6 Other taxes. List type and amount: _____	6				
7 Add lines 5e and 6				7	10,000.	
<b>Interest You Paid</b>	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>					
	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	32,194.			
	b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address _____	8b				
	c Points not reported to you on Form 1098. See instructions for special rules	8c				
	d Reserved for future use	8d				
	e Add lines 8a through 8c	8e	32,194.			
9 Investment interest. Attach Form 4952 if required. See instructions	9					
10 Add lines 8e and 9				10	32,194.	
<b>Gifts to Charity</b>	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11				
	12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500	12				
	13 Carryover from prior year	13				
	14 Add lines 11 through 13				14	
<b>Casualty and Theft Losses</b>	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions				15	
<b>Other Itemized Deductions</b>	16 Other—from list in instructions. List type and amount: _____				16	
<b>Total Itemized Deductions</b>	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12				17	42,194.
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>					

**SCHEDULE E  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **13**

Name(s) shown on return

MANOJ K KONDAM & SWAPNA KOLMI

Your social security number

149-15-3349

**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** A.S.RAO NAGAR, SECUNDERABAD HYDERABAD TELANGANA IN 500062

**B** 3565 GABRIELLE LN AURORA IL 60504

**C**

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

**Type of Property:**

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

Income:	Properties:		
	A	B	C
<b>3</b> Rents received . . . . .	<b>3</b> 600.	30,000.	
<b>4</b> Royalties received . . . . .	<b>4</b>		
<b>Expenses:</b>			
<b>5</b> Advertising . . . . .	<b>5</b>		
<b>6</b> Auto and travel (see instructions) . . . . .	<b>6</b>		
<b>7</b> Cleaning and maintenance . . . . .	<b>7</b> 2,460.		
<b>8</b> Commissions . . . . .	<b>8</b>		
<b>9</b> Insurance . . . . .	<b>9</b>		
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>		
<b>11</b> Management fees . . . . .	<b>11</b> 1,560.		
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>	5,826.	
<b>13</b> Other interest . . . . .	<b>13</b>		
<b>14</b> Repairs . . . . .	<b>14</b> 9,560.		
<b>15</b> Supplies . . . . .	<b>15</b> 9,960.		
<b>16</b> Taxes . . . . .	<b>16</b>		
<b>17</b> Utilities . . . . .	<b>17</b> 9,120.		
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b>		
<b>19</b> Other (list) _____	<b>19</b>		
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b> 32,660.	5,826.	
<b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	<b>21</b> -32,060.	24,174.	
<b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b> ( 32,060. )	( )	( )
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>	30,600.	
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>		
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>	5,826.	
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>		
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>	38,486.	
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>		24,174.
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	( 32,060. )	
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>		-7,886.

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-32,060.

Schedule E (Form 1040) 2023

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

MANOJ K KONDAM & SWAPNA KOLMI

149-15-3349

**Caution:** The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

**Part II Income or Loss From Partnerships and S Corporations**

**Note:** If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198**. See instructions.

**27** Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section . . . . .  Yes  No

<b>28</b>	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
<b>A</b>	FOX VALLEY FOODS LLC	P	<input type="checkbox"/>	88-1228883	<input type="checkbox"/>	<input type="checkbox"/>
<b>B</b>	Naperville Meat Bazaar LLC	P	<input type="checkbox"/>	84-3958317	<input type="checkbox"/>	<input type="checkbox"/>
<b>C</b>	FLAVORS LLC	P	<input type="checkbox"/>	92-1169507	<input type="checkbox"/>	<input type="checkbox"/>
<b>D</b>	AMRUTH FOODS LLC	S	<input type="checkbox"/>	93-3144460	<input type="checkbox"/>	<input type="checkbox"/>

<b>Passive Income and Loss</b>			<b>Nonpassive Income and Loss</b>		
	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
<b>A</b>			3,325.		
<b>B</b>					9,071.
<b>C</b>			24,173.		
<b>D</b>			230.		
<b>29a</b> Totals					9,071.
<b>b</b> Totals			27,728.		
<b>30</b>	Add columns (h) and (k) of line 29a . . . . .				<b>30</b> 9,071.
<b>31</b>	Add columns (g), (i), and (j) of line 29b . . . . .				<b>31</b> ( 27,728. )
<b>32</b>	<b>Total partnership and S corporation income or (loss).</b> Combine lines 30 and 31 . . . . .				<b>32</b> -18,657.

**Part III Income or Loss From Estates and Trusts**

<b>33</b>	(a) Name	(b) Employer identification number
<b>A</b>		
<b>B</b>		

<b>Passive Income and Loss</b>			<b>Nonpassive Income and Loss</b>	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
<b>A</b>				
<b>B</b>				
<b>34a</b> Totals				
<b>b</b> Totals				
<b>35</b>	Add columns (d) and (f) of line 34a . . . . .			<b>35</b>
<b>36</b>	Add columns (c) and (e) of line 34b . . . . .			<b>36</b> ( )
<b>37</b>	<b>Total estate and trust income or (loss).</b> Combine lines 35 and 36 . . . . .			<b>37</b>

**Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) – Residual Holder**

<b>38</b>	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
<b>39</b>	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below . . . . .				<b>39</b>

**Part V Summary**

<b>40</b>	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below . . . . .	<b>40</b>	
<b>41</b>	<b>Total income or (loss).</b> Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5 . . . . .	<b>41</b>	-26,543.
<b>42</b>	<b>Reconciliation of farming and fishing income.</b> Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions . . . . .	<b>42</b>	
<b>43</b>	<b>Reconciliation for real estate professionals.</b> If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules . . . . .	<b>43</b>	

**SCHEDULE SE  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Self-Employment Tax**

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

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

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)  
SWAPNA KOLMI

Social security number of person  
with **self-employment** income 888-43-5486

**Part I Self-Employment Tax**

**Note:** If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

**A** If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

**1a** Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a**

**b** If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ **1b** ( )

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

**2** Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** 9,071.

**3** Combine lines 1a, 1b, and 2 **3** 9,071.

**4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 8,377.

**Note:** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

**b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here **4b**

**c** Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue **4c** 8,377.

**5a** Enter your **church employee income** from Form W-2. See instructions for definition of church employee income **5a**

**b** Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- **5b** 0.

**6** Add lines 4c and 5b **6** 8,377.

**7** Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2023 **7** 160,200

**8a** Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$160,200 or more, skip lines 8b through 10, and go to line 11 **8a** 11,200.

**b** Unreported tips subject to social security tax from Form 4137, line 10 **8b**

**c** Wages subject to social security tax from Form 8919, line 10 **8c**

**d** Add lines 8a, 8b, and 8c **8d** 11,200.

**9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** 149,000.

**10** Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** 1,039.

**11** Multiply line 6 by 2.9% (0.029) **11** 243.

**12 Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3** **12** 1,282.

**13 Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15** **13** 641.

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

Schedule SE (Form 1040) 2023

**Part II Optional Methods To Figure Net Earnings** (see instructions)

**Farm Optional Method.** You may use this method **only** if **(a)** your gross farm income<sup>1</sup> wasn't more than \$9,840, **or (b)** your net farm profits<sup>2</sup> were less than \$7,103.

<b>14</b> Maximum income for optional methods . . . . .	<b>14</b>	6,560
<b>15</b> Enter the <b>smaller</b> of: two-thirds ( $\frac{2}{3}$ ) of gross farm income <sup>1</sup> (not less than zero) <b>or</b> \$6,560. Also, include this amount on line 4b above . . . . .	<b>15</b>	

**Nonfarm Optional Method.** You may use this method **only** if **(a)** your net nonfarm profits<sup>3</sup> were less than \$7,103 and also less than 72.189% of your gross nonfarm income,<sup>4</sup> **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

<b>16</b> Subtract line 15 from line 14 . . . . .	<b>16</b>	
<b>17</b> Enter the <b>smaller</b> of: two-thirds ( $\frac{2}{3}$ ) of gross nonfarm income <sup>4</sup> (not less than zero) <b>or</b> the amount on line 16. Also, include this amount on line 4b above . . . . .	<b>17</b>	

<sup>1</sup> From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

<sup>2</sup> From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

<sup>3</sup> From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

<sup>4</sup> From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

**SCHEDULE 8812  
(Form 1040)**

**Credits for Qualifying Children  
and Other Dependents**

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **47**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.

Name(s) shown on return

Your social security number

MANOJ K KONDAM & SWAPNA KOLMI

149-15-3349

**Part I Child Tax Credit and Credit for Other Dependents**

<b>1</b>	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . . . . .		<b>1</b>	230,930.
<b>2a</b>	Enter income from Puerto Rico that you excluded . . . . .	<b>2a</b>		
<b>b</b>	Enter the amounts from lines 45 and 50 of your Form 2555 . . . . .	<b>2b</b>	0.	
<b>c</b>	Enter the amount from line 15 of your Form 4563 . . . . .	<b>2c</b>		
<b>d</b>	Add lines 2a through 2c . . . . .	<b>2d</b>	0.	
<b>3</b>	Add lines 1 and 2d . . . . .	<b>3</b>	230,930.	
<b>4</b>	Number of qualifying children under age 17 with the required social security number . . . . .	<b>4</b>	2	
<b>5</b>	Multiply line 4 by \$2,000 . . . . .	<b>5</b>	4,000.	
<b>6</b>	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number . . . . .	<b>6</b>	0	
	<b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
<b>7</b>	Multiply line 6 by \$500 . . . . .	<b>7</b>		
<b>8</b>	Add lines 5 and 7 . . . . .	<b>8</b>	4,000.	
<b>9</b>	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	<b>9</b>	400,000.	
<b>10</b>	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	<b>10</b>	0.	
<b>11</b>	Multiply line 10 by 5% (0.05) . . . . .	<b>11</b>	0.	
<b>12</b>	Is the amount on line 8 more than the amount on line 11? . . . . .	<b>12</b>	4,000.	
	<input type="checkbox"/> <b>No. STOP.</b> You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
	<input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 11 from line 8. Enter the result.			
<b>13</b>	Enter the amount from <b>Credit Limit Worksheet A</b> . . . . .	<b>13</b>	24,637.	
<b>14</b>	Enter the smaller of line 12 or line 13. <b>This is your child tax credit and credit for other dependents</b> . . . . .	<b>14</b>	4,000.	

**Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.**

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

**Part II-A Additional Child Tax Credit for All Filers**

**Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

<b>15</b>	Check this box if you <b>do not</b> want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . <input type="checkbox"/>		
<b>16a</b>	Subtract line 14 from line 12. If zero, <b>stop here</b> ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .	<b>16a</b>	0.
<b>b</b>	Number of qualifying children under 17 with the required social security number: _____ x \$1,600. Enter the result. If zero, <b>stop here</b> ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .	<b>16b</b>	
	<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.		
<b>17</b>	Enter the <b>smaller</b> of line 16a or line 16b . . . . .	<b>17</b>	
<b>18a</b>	Earned income (see instructions) . . . . .	<b>18a</b>	
<b>b</b>	Nontaxable combat pay (see instructions) . . . . .	<b>18b</b>	
<b>19</b>	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> <b>No.</b> Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 18a. Enter the result . . . . .	<b>19</b>	
<b>20</b>	Multiply the amount on line 19 by 15% (0.15) and enter the result . . . . . <b>Next.</b> On line 16b, is the amount \$4,800 or more? <input type="checkbox"/> <b>No.</b> If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the <b>smaller</b> of line 17 or line 20 on line 27. <input type="checkbox"/> <b>Yes.</b> If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	<b>20</b>	

**Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico**

<b>21</b>	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions. . . . .		
<b>22</b>	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . . . . .	<b>22</b>	
<b>23</b>	Add lines 21 and 22 . . . . .	<b>23</b>	
<b>24</b>	<b>1040 and 1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } <b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11. }	<b>24</b>	
<b>25</b>	Subtract line 24 from line 23. If zero or less, enter -0- . . . . .	<b>25</b>	
<b>26</b>	Enter the <b>larger</b> of line 20 or line 25 . . . . . <b>Next,</b> enter the <b>smaller</b> of line 17 or line 26 on line 27.	<b>26</b>	

**Part II-C Additional Child Tax Credit**

<b>27</b>	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 . . . . .		
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Department of the Treasury  
Internal Revenue Service

Attach to your tax return.  
Go to [www.irs.gov/Form8936](http://www.irs.gov/Form8936) for instructions and the latest information.

**2023**  
Attachment  
Sequence No. **69**

Name(s) shown on return

MANOJ K KONDAM & SWAPNA KOLMI

Identifying number

149-15-3349

**Notes:** • Complete a separate Schedule A (Form 8936) for each clean vehicle placed in service during the tax year.  
• Individuals completing Parts II, III, or IV, must also complete Part I. See "Note" text below.

**Part I Modified Adjusted Gross Income Amount**

<b>1a</b>	Enter the amount from line 11 of your 2023 Form 1040, 1040-SR, or 1040-NR	<b>1a</b>	230,930.	
<b>b</b>	Enter any income from Puerto Rico you excluded	<b>1b</b>		
<b>c</b>	Enter any amount from Form 2555, line 45	<b>1c</b>		
<b>d</b>	Enter any amount from Form 2555, line 50	<b>1d</b>		
<b>e</b>	Enter any amount from Form 4563, line 15	<b>1e</b>		
<b>2</b>	Add lines 1a through 1e	<b>2</b>	230,930.	
<b>3a</b>	Enter the amount from line 11 of your 2022 Form 1040, 1040-SR, or 1040-NR	<b>3a</b>	211,991.	
<b>b</b>	Enter any income from Puerto Rico you excluded	<b>3b</b>		
<b>c</b>	Enter any amount from Form 2555, line 45	<b>3c</b>		
<b>d</b>	Enter any amount from Form 2555, line 50	<b>3d</b>		
<b>e</b>	Enter any amount from Form 4563, line 15	<b>3e</b>		
<b>4</b>	Add lines 3a through 3e	<b>4</b>	211,991.	
<b>5</b>	Enter the <b>smaller</b> of line 2 or line 4	<b>5</b>	211,991.	

**Part II Credit for Business/Investment Use Part of New Clean Vehicles**

**Note:** Individuals can't claim a credit on line 6 if Part I, line 5, is more than \$150,000 (\$300,000 if married filing jointly or a qualifying surviving spouse; \$225,000 if head of household).

<b>6</b>	Enter the total credit amount figured in Part II of Schedule(s) A (Form 8936)	<b>6</b>	0.
<b>7</b>	New clean vehicle credit from partnerships and S corporations (see instructions)	<b>7</b>	
<b>8</b>	<b>Business/investment use part of credit.</b> Add lines 6 and 7. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 1y	<b>8</b>	0.

**Part III Credit for Personal Use Part of New Clean Vehicles**

**Note:** You can't claim the Part III credit if Part I, line 5, is more than \$150,000 (\$300,000 if married filing jointly or a qualifying surviving spouse; \$225,000 if head of household).

<b>9</b>	Enter the total credit amount figured in Part III of Schedule(s) A (Form 8936)	<b>9</b>	7,500.
<b>10</b>	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18	<b>10</b>	32,137.
<b>11</b>	Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions)	<b>11</b>	
<b>12</b>	Subtract line 11 from line 10. If zero or less, enter -0- and stop here. You can't claim the personal use part of the credit	<b>12</b>	32,137.
<b>13</b>	<b>Personal use part of credit.</b> Enter the <b>smaller</b> of line 9 or line 12 here and on Schedule 3 (Form 1040), line 6f. If line 12 is smaller than line 9, see instructions	<b>13</b>	7,500.

**Part IV Credit for Previously Owned Clean Vehicles**

**Note:** You can't claim the Part IV credit if Part I, line 5, is more than \$75,000 (\$150,000 if married filing jointly or a qualifying surviving spouse; \$112,500 if head of household).

<b>14</b>	Enter the total credit amount figured in Part IV of Schedule(s) A (Form 8936)	<b>14</b>	
<b>15</b>	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18	<b>15</b>	
<b>16</b>	Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions)	<b>16</b>	
<b>17</b>	Subtract line 16 from line 15. If zero or less, enter -0- and stop here. You can't claim the Part IV credit	<b>17</b>	
<b>18</b>	Enter the <b>smaller</b> of line 14 or line 17 here and on Schedule 3 (Form 1040), line 6m. If line 17 is smaller than line 14, see instructions	<b>18</b>	

**Part V Credit for Qualified Commercial Clean Vehicles**

<b>19</b>	Enter the total credit amount figured in Part V of Schedule(s) A (Form 8936)	<b>19</b>	
<b>20</b>	Qualified commercial clean vehicle credit from partnerships and S corporations (see instructions)	<b>20</b>	
<b>21</b>	Add lines 19 and 20. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 1aa	<b>21</b>	

SCHEDULE A (Form 8936)

Clean Vehicle Credit Amount

OMB No. 1545-2137

2023

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form8936 for instructions and the latest information.

Attachment Sequence No. 69A

Name(s) shown on return

MANOJ K KONDAM & SWAPNA KOLMI

Identifying number

149-15-3349

Part I Vehicle Details

- 1a Year 2023
b Make TESLA
c Model TESLA Y
2 Vehicle identification number (VIN) 7 S A Y G D E E 2 P F 6 7 1 5 1 7
3 Enter date vehicle was placed in service (MM/DD/YYYY) 01/15/2023
4 Was the vehicle used primarily outside the United States? Answer "No" if it was but an exception applies. See instructions. [X] No.
5 Does the VIN entered on line 2 belong to a new clean vehicle placed in service during the tax year? See instructions for definitions. [X] Yes. Go to Part II.
6 Does the VIN entered on line 2 belong to a previously owned clean vehicle acquired after 2022 and placed in service during the tax year? See instructions for definitions.
7 Does the VIN entered on line 2 belong to a qualified commercial clean vehicle acquired after 2022 and placed in service during the tax year? See instructions for definitions.

Part II Credit Amount for Business/Investment Use Part of New Clean Vehicle

- 8 Did you acquire the vehicle for use or to lease to others, and not for resale? Answer "No" if you are leasing the vehicle from another person. [X] Yes.
9 Tentative credit amount (see instructions) 9 7,500.
10 Business/investment use percentage (see instructions) 10 %
11 Multiply line 9 by line 10. Include this credit amount on line 6 in Part II of Form 8936. If you entered 100% on line 10, stop here. Otherwise, go to Part III below. 11 0.

Part III Credit Amount for Personal Use Part of New Clean Vehicle

- 12 Subtract line 11 from line 9 in Part II. Stop here and include this credit amount on line 9 in Part III of Form 8936. 12 7,500.

**Part IV Credit Amount for Previously Owned Clean Vehicle**

- 13a** Is the sales price of the vehicle more than \$25,000?
  - Yes. Stop here.** The vehicle doesn't qualify for the Part IV credit.
  - No.**
  
- b** Did you acquire the vehicle for use and not for resale? Answer "No" if you are leasing the vehicle from another person.
  - Yes.**
  - No. Stop here.** You can't claim a credit amount for a vehicle you didn't acquire for use or acquired for resale.
  
- c** Can you be claimed as a dependent on another person's tax return, such as your parent's return?
  - Yes. Stop here.** You can't claim a credit amount if you can be claimed as a dependent.
  - No.**
  
- d** Is the vehicle a qualified fuel cell motor vehicle? See instructions.
  - Yes.**
  - No.**

<b>14</b> Enter the sales price of the vehicle . . . . .	<b>14</b>	
<b>15</b> Multiply line 14 by 30% (0.30) . . . . .	<b>15</b>	
<b>16</b> Maximum vehicle credit amount . . . . .	<b>16</b>	4,000.
<b>17</b> Enter the smaller of line 15 or line 16. Stop here and include this credit amount on line 14 in Part IV of Form 8936 . . . . .	<b>17</b>	

**Part V Credit Amount for Qualified Commercial Clean Vehicle**

- 18a** Is the vehicle of a character subject to the allowance for depreciation? Answer "Yes" if the exception for certain tax-exempt entities discussed in the instructions applies.
  - Yes.**
  - No. Stop here.** The vehicle is not a qualified commercial clean vehicle unless the exception applies.
  
- b** Did you acquire the vehicle for use or to lease to others, and not for resale? Answer "No" if you are leasing the vehicle from another person.
  - Yes.**
  - No. Stop here.** You can't claim a credit amount for a vehicle you didn't acquire for use or to lease to others, or acquired for resale.
  
- c** Is the vehicle also powered by gas or diesel? See instructions.
  - Yes.**
  - No.**

<b>19</b> Enter the cost or other basis of the vehicle. See instructions . . . . .	<b>19</b>	
<b>20</b> Section 179 expense deduction (see instructions) . . . . .	<b>20</b>	
<b>21</b> Subtract line 20 from line 19 . . . . .	<b>21</b>	
<b>22</b> Multiply line 21 by 15% (0.15) [30% (0.30) if the answer on line 18c above is "No"] . . . . .	<b>22</b>	
<b>23</b> Enter the incremental cost of the vehicle. See instructions . . . . .	<b>23</b>	
<b>24</b> Enter the smaller of line 22 or line 23 . . . . .	<b>24</b>	
<b>25</b> <b>Maximum credit.</b> Enter \$7,500 (\$40,000 if the vehicle's gross vehicle weight rating (GVWR) is 14,000 pounds or more) . . . . .	<b>25</b>	
<b>26</b> Enter the smaller of line 24 or line 25. Include this credit amount on line 19 in Part V of Form 8936 . . . . .	<b>26</b>	

**Paid Preparer's Due Diligence Checklist**  
*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),  
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and  
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*  
**To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.  
Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.**

Taxpayer name(s) shown on return MANOJ K KONDAM & SWAPNA KOLMI	Taxpayer identification number 149-15-3349
Preparer's name VENKATA SAI PAVAN KUMAR DUDIPALLI	Preparer tax identification number P02470833

**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply).  EIC  CTC/ACTC/ODC  AOTC  HOH

	Yes	No	N/A
<b>1</b> Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>2</b> If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> <li>• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.</li> <li>• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) . . . . .</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>4</b> Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b</b> Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5</b> Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) . . . . . List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>6</b> Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>7</b> Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . . <b>(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b> Did you complete the required recertification Form 8862? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part II Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
<b>9a</b> Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? <b>(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)</b> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b</b> Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>c</b> Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
<b>10</b> Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>11</b> Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part IV Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

	Yes	No
<b>13</b> Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Part V Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
<b>14</b> Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Part VI Eligibility Certification**

**You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
  - 1. A copy of this Form 8867.
  - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
  - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
  - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
  - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

**If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).**

	Yes	No
<b>15</b> Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions.  
 Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.  
 Go to [www.irs.gov/Form8959](http://www.irs.gov/Form8959) for instructions and the latest information.

Name(s) shown on return <b>MANOJ K KONDAM &amp; SWAPNA KOLMI</b>	Your social security number <b>149-15-3349</b>
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<b>Part I Additional Medicare Tax on Medicare Wages</b>		
1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 . . . . .	<b>1</b>	265,316.
2 Unreported tips from Form 4137, line 6 . . . . .	<b>2</b>	
3 Wages from Form 8919, line 6 . . . . .	<b>3</b>	
4 Add lines 1 through 3 . . . . .	<b>4</b>	265,316.
5 Enter the following amount for your filing status:		
Married filing jointly . . . . . \$250,000		
Married filing separately . . . . . \$125,000		
Single, Head of household, or Qualifying surviving spouse . . . . . \$200,000	<b>5</b>	250,000.
6 Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	<b>6</b>	15,316.
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II . . . . .	<b>7</b>	138.

<b>Part II Additional Medicare Tax on Self-Employment Income</b>		
8 Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- . . . . .	<b>8</b>	8,377.
9 Enter the following amount for your filing status:		
Married filing jointly . . . . . \$250,000		
Married filing separately . . . . . \$125,000		
Single, Head of household, or Qualifying surviving spouse . . . . . \$200,000	<b>9</b>	250,000.
10 Enter the amount from line 4 . . . . .	<b>10</b>	265,316.
11 Subtract line 10 from line 9. If zero or less, enter -0- . . . . .	<b>11</b>	0.
12 Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	<b>12</b>	8,377.
13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III . . . . .	<b>13</b>	75.

<b>Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation</b>		
14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) . . . . .	<b>14</b>	
15 Enter the following amount for your filing status:		
Married filing jointly . . . . . \$250,000		
Married filing separately . . . . . \$125,000		
Single, Head of household, or Qualifying surviving spouse . . . . . \$200,000	<b>15</b>	
16 Subtract line 15 from line 14. If zero or less, enter -0- . . . . .	<b>16</b>	
17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV . . . . .	<b>17</b>	

<b>Part IV Total Additional Medicare Tax</b>		
18 Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V . . . . .	<b>18</b>	213.

<b>Part V Withholding Reconciliation</b>		
19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 . . . . .	<b>19</b>	3,846.
20 Enter the amount from line 1 . . . . .	<b>20</b>	265,316.
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages . . . . .	<b>21</b>	3,847.
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages . . . . .	<b>22</b>	0.
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) . . . . .	<b>23</b>	
24 <b>Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions) . . . . .	<b>24</b>	0.

# Passive Activity Loss Limitations

See separate instructions.

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

Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

Name(s) shown on return

MANOJ K KONDAM & SWAPNA KOLMI

Identifying number

149-15-3349

**Part I 2023 Passive Activity Loss**

**Caution:** Complete Parts IV and V before completing Part I.

**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

<b>1a</b> Activities with net income (enter the amount from Part IV, column (a)) . . . . .	<b>1a</b>	24,174.		
<b>b</b> Activities with net loss (enter the amount from Part IV, column (b)) . . . . .	<b>1b</b>	( 0. )		
<b>c</b> Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . . . .	<b>1c</b>	( )		
<b>d</b> Combine lines 1a, 1b, and 1c . . . . .	<b>1d</b>		24,174.	

**All Other Passive Activities**

<b>2a</b> Activities with net income (enter the amount from Part V, column (a)) . . . . .	<b>2a</b>			
<b>b</b> Activities with net loss (enter the amount from Part V, column (b)) . . . . .	<b>2b</b>	( )		
<b>c</b> Prior years' unallowed losses (enter the amount from Part V, column (c)) . . . . .	<b>2c</b>	( )		
<b>d</b> Combine lines 2a, 2b, and 2c . . . . .	<b>2d</b>			

<b>3</b> Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used . . . . .	<b>3</b>		24,174.	
--	----------	--	---------	--

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

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

**Part II Special Allowance for Rental Real Estate Activities With Active Participation**

**Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

<b>4</b> Enter the <b>smaller</b> of the loss on line 1d or the loss on line 3 . . . . .	<b>4</b>			
<b>5</b> Enter \$150,000. If married filing separately, see instructions . . . . .	<b>5</b>			
<b>6</b> Enter modified adjusted gross income, but not less than zero. See instructions <b>Note:</b> If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.	<b>6</b>			
<b>7</b> Subtract line 6 from line 5 . . . . .	<b>7</b>			
<b>8</b> Multiply line 7 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions	<b>8</b>			
<b>9</b> Enter the <b>smaller</b> of line 4 or line 8. If line 3 includes any CRD, see instructions . . . . .	<b>9</b>		0.	

**Part III Total Losses Allowed**

<b>10</b> Add the income, if any, on lines 1a and 2a and enter the total . . . . .	<b>10</b>			
<b>11</b> <b>Total losses allowed from all passive activities for 2023.</b> Add lines 9 and 10. See instructions to find out how to report the losses on your tax return . . . . .	<b>11</b>			

**Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c.** See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
3565 GABRIELLE LN	24,174.	0.		24,174.	
<b>Total.</b> Enter on Part I, lines 1a, 1b, and 1c	24,174.	0.			

For Paperwork Reduction Act Notice, see instructions.

**Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c.** See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
<b>Total.</b> Enter on Part I, lines 2a, 2b, and 2c					

**Part VI Use This Part if an Amount Is Shown on Part II, Line 9.** See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
<b>Total</b>			1.00		

**Part VII Allocation of Unallowed Losses.** See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
<b>Total</b>			1.00	

**Part VIII Allowed Losses.** See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
<b>Total</b>				





231010013

Keep this form for your records. Do not send this form to the State of Maryland unless specifically requested to do so. See Instructions.

Print Using Blue or Black Ink Only.

MANOJ K KONNAM 149153349
First Name MI Last Name SSN/Taxpayer Identification Number
SWAPNA KOLMI 888435486
Spouse's First Name MI Spouse's Last Name SSN/Taxpayer Identification Number

Part I Tax Return Information (whole dollars only)

1. Amount of overpayment to be applied to 2024 estimated tax 1. 00
2. Amount of overpayment to be refunded to you REFUND 2. 323 00
3. Total amount due (Pay in full by April 15, 2024. See instructions.) 3. 00

Part II Taxpayer Declaration and Signature Authorization

Under penalties of perjury, I declare that I have compared the information contained on my electronic return with the information that I provided to my Electronic Return Originator (ERO) or entered on-line and that the name(s) and amounts described above agree with the amounts shown on the corresponding lines of my 2023 Maryland electronic income tax return.

Your PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 5 3 3 4 9 as my signature on my tax year 2023 electronically filed income tax return. ERO firm name

Enter five digits. Do not enter all zeros.

[ ] I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Your signature Date

Spouse's PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 3 5 4 8 6 as my signature on my tax year 2023 electronically filed income tax return. ERO firm name

Enter five digits. Do not enter all zeros.

[ ] I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Spouse's signature Date

Practitioner PIN Method Returns Only

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

Do not enter all zeros.

I certify this numeric entry is my PIN, which is my signature for the tax year 2023 electronically filed income tax return for the taxpayer(s). I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-file Providers.

ERO's signature Date

DO NOT MAIL



235050013

OR FISCAL YEAR BEGINNING 2023, ENDING

Print Using Blue or Black Ink Only

149153349 Social Security Number 888435486 Spouse's Social Security Number

MANOJ First Name K MI

KONDAM Last Name

SWAPNA Spouse's First Name MI

Does your name match the name on your social security card? If not, to ensure you get credit for your personal exemptions, contact SSA at 1-800-772-1213 or visit ssa.gov.

KOLMI Spouse's Last Name

3644 SARGENT DR Current Mailing Address Line 1 (Street No. and Street Name or PO Box) Maryland County

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.) City, Town or Taxing Area Name of county and incorporated city, town or special taxing area in which you were employed on the last day of the taxable period if you earned wages in Maryland. (See Instruction 6.)

NAPERVILLE City or Town IL State 60564 ZIP Code + 4

Foreign Country Name Foreign Province/State/County

Foreign Postal Code

Place your W-2 wage and tax statements and ATTACH HERE with ONE staple. Do not attach check or money order

FILING STATUS See Instruction 1 to determine if you are required to file.

- CHECK ONE BOX 1. Single (If you can be claimed on another person's tax return, use Filing Status 6.) 2. X Married filing joint return or spouse had no income 3. Married filing separately, Spouse's SSN 4. Head of household 5. Qualifying Surviving Spouse with dependent child 6. Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 8.)

RESIDENCE INFORMATION See Instruction 9.

Enter 2-letter state code for your state of legal residence. IL If PA resident, enter both County and City, Borough or Township Were you a resident of another state for the entire year of 2023? If no, attach explanation. X Yes No Are you or your spouse a member of the military? Yes X No Did you file a Maryland income tax return for 2022? X Yes No If "Yes," was it a Resident or a X Nonresident return? Dates you resided in Maryland for 2023. If none, enter "NONE": FROM None TO None (MMDDYYYY).

Check here for Maryland taxes withheld in error. (See Instruction 4.)

EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, you must attach the Dependents' Information Form 502B to this form in order to receive the applicable exemption amount.

- A. X Yourself X Spouse Enter number checked 2 See Instruction 10 A. \$ 0 00 B. 65 or over 65 or over Blind Blind Enter number checked X \$1,000 B. \$ 00 C. Enter number from line 3 of Dependent Form 502B 2 See Instruction 10 C. \$ 00 D. Enter Total Exemptions (Add A, B and C.) 4 Total Amount D. \$ 0 00



235050113

Name MANOJ K KONDAM & SWAPNA KOLMI SSN 149153349

INCOME AND ADJUSTMENTS INFORMATION

Table with 4 columns: (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows include Wages, salaries, tips, etc.; Taxable interest income; Dividend income; Taxable refunds, credits or offsets of state and local income taxes; Alimony received; Business income or (loss); Capital gain or (loss); Other gains or (losses); Taxable amount of pensions, IRA distributions, and annuities; Rents, royalties, partnerships, estates, trusts, etc.; Farm income or (loss); Unemployment compensation (insurance); Taxable amount of Social Security and Tier 1 Railroad Retirement benefits; Other income (including lottery or other gambling winnings); Total income; Total adjustments to income from federal return; Adjusted gross income.

ADDITIONS TO INCOME

Table with 3 columns: (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows include Non-Maryland loss and adjustments; Other; Total additions; Total federal adjusted gross income and Maryland additions.

SUBTRACTIONS FROM INCOME

Table with 3 columns: (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows include Taxable Military Income of Nonresident; Other; Total subtractions; Maryland adjusted gross income before subtraction of non-Maryland income.

DEDUCTION METHOD See Instruction 15. (All taxpayers must select one method and check the appropriate box.)

Table with 3 columns: (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows include STANDARD DEDUCTION METHOD (26a); ITEMIZED DEDUCTION METHOD (26b, 26c, 26d); Deduction amount (26e); Net income (27); Total exemption amount (28); Enter your AGI factor (29); Maryland exemption allowance (30); Taxable net income (31).

MARYLAND TAX COMPUTATION - COMPLETE FORM 505NR BEFORE CONTINUING.

Table with 3 columns: (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows include Maryland tax (32a); Special nonresident tax (32b); Recaptured credit (32c); Total Maryland tax (32d); Poverty level credit (33).



235050213

Name MANOJ K KONDAM & SWAPNA KOLMI SSN 149153349

Table with 3 columns: Line number, Description, and Amount. Includes lines 34-53 for tax credits, contributions, and total amount due.

DIRECT DEPOSIT OF REFUND (See Instruction 23.) Verify that all account information is correct and clearly legible.

If you are requesting direct deposit of your refund, complete the following. For Splitting Direct Deposit, use Form 588.

- Check here [X] Check here if you authorize the State of Maryland to issue your refund by direct deposit.
Check here [ ] Check here if this refund will go to an account outside of the United States.

54a. Type of account: [X] Checking [ ] Savings
54b. Routing Number (9-digits) 081904808
54c. Account Number 002912102670
54d. Name(s) as it appears on the bank account

Check here [ ] if you authorize your preparer to discuss this return with us. Check here [ ] if you authorize your paid preparer not to file electronically. Check here [ ] if you agree to receive your 1099G Income Tax Refund statement electronically (See Instruction 25). Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Your signature Date Spouse's signature Date

2035129258 Taxpayer(s) daytime phone number

VENKATA SAI PAVAN KUMAR DUDIPALLI Signature of Preparer other than taxpayer (Required by Law)

245 ROONEY CT Street address of Preparer/Firm

GLOBAL TAXES LLC Printed name of the Preparer/Firm's name

E BRUNSWICK NJ 08816 City, State, ZIP Code + 4

6789659522 Telephone number of Preparer

P02470833 Preparer's PTIN (Required by law)

CODE NUMBERS (3 digits per line)



**For returns filed without payments, mail your completed return to:**

Comptroller of Maryland  
Revenue Administration Division  
110 Carroll Street  
Annapolis, MD 21411-0001

To make an online payment, scan the QR code below and follow instructions.

**For returns filed with payments, attach check or money order to Form PV. Make checks payable to Comptroller of Maryland. On your check or money order, you must include the social security number/Individual Taxpayer Identification Number of the taxpayer if filing individually, if filing jointly, you must include the social security number/ITIN of the primary taxpayer on the check. Failure to include this information will delay the processing of your payment. Do not attach Form PV or check/money order to Form 505. Place Form PV with attached check/money order on TOP of Form 505 and mail to:**

Comptroller of Maryland  
Payment Processing  
PO Box 8888  
Annapolis, MD 21401-8888



MARYLAND FORM  
**505NR**

**NONRESIDENT INCOME TAX CALCULATION**  
ATTACH TO YOUR TAX RETURN



23505N013

**2023**

Print Using  
Blue or Black Ink Only

MANOJ \_\_\_\_\_ K KONDAM \_\_\_\_\_ 149153349 \_\_\_\_\_  
First Name MI Last Name Social Security Number

SWAPNA \_\_\_\_\_ KOLMI \_\_\_\_\_ 888435486 \_\_\_\_\_  
Spouse's First Name MI Spouse's Last Name Spouse's Social Security Number

**If you are filing Form 505, use the Form 505NR Instructions appearing on page 2 of this form.  
If you are filing Form 515, use the Form 505NR Instructions appearing in Instruction 18 of the Form 515 Instructions.**

**PART I – CALCULATION OF TAX WITHOUT ALLOWING CERTAIN MODIFICATIONS**

1. Enter Taxable net income from Form 505, line 31 (or Form 515, line 32) . . . . . 1. 225920 00  
2. Enter tax from Tax Table or Computation Worksheet Schedules I or II. Continue to Part II. . . . . 2. 10998 00

**PART II – CALCULATION OF MARYLAND TAX**

3. Enter your federal adjusted gross income from Form 505 (or Form 515), line 17 (Column 1). . . . . 3. 230930 00  
3a. Earned Income (See instructions.) . . . . . ▶ 3a. 232435 00  
4. Enter your federal adjusted gross income plus additions from Form 505 (or 515) line 21. . . . . 4. 258114 00  
5. Enter the Taxable Military Income of a Nonresident from line 22 of Form 505. . . . . 5. \_\_\_\_\_ 00  
6a. Enter your subtractions from line 23 of Form 505 or Form 515 . . . . . 6a. \_\_\_\_\_ 00  
6b. Enter non-Maryland income from Form 505 (or 515) not included on lines 5 or 6a of this form (See instructions.) . . . . . ▶ 6b. 154748 00  
7. Add lines 5 through 6b. . . . . 7. 154748 00  
8. Maryland Adjusted Gross Income. Subtract line 7 from line 4. . . . . 8. 103366 00

**If you are using the standard deduction, recalculate the standard deduction based on the income on line 8 and enter on line 8a . . . 8a. \_\_\_\_\_ 00**

9. Maryland Income Factor. Divide line 8 by line 3. The factor cannot exceed 1.000000 and cannot be less than 0. If line 8 is 0 or less, the factor is 0. If line 8 is greater than 0 and line 3 is 0 or less, the factor is 1.000000. . . . . 9. . 447608  
10. Deduction amount.  
If you are using the standard deduction, multiply the standard deduction on line 8a by line 9 of this form and enter on line 10a . . . 10a. \_\_\_\_\_ 00  
If you are itemizing your deductions, multiply the deduction on Form 505, line 26d, by line 9 of this form and enter on line 10b. . . 10b. 14410 00

**Form 515 Users, see Instruction 18 in Form 515 Instructions.**

11. Net income (Subtract line 10a or 10b from line 8.) . . . . . 11. 88956 00  
12. Exemption amount. Multiply the total exemption amount on Form 505, line 28 (or Form 515, line 29) by line 9. . . . . 12. \_\_\_\_\_ 00  
13. Maryland Taxable Net Income (Subtract line 12 from line 11.) . . . . . 13. 88956 00  
14. Enter the tax amount from line 2 of this form. . . . . 14. 10998 00  
15. Maryland Nonresident factor: Divide the amount on line 13 on this form by line 1. If more than 1.000000, enter 1.000000. If 0 or less, the factor is 0. . . . . 15. . 393750  
16. Maryland Tax. Multiply line 14 by line 15. Enter this amount on Form 505, line 32a (Form 515, line 33). . . . . 16. 4330 00  
17. Special nonresident tax. Multiply line 13 of this form by 0.0225. Enter this amount on Form 505, line 32b. If line 13 is 0 or less, enter 0. . . . . 17. 2002 00

**FOR FORM 515 FILERS ONLY.**

**If you are: (1) a nonresident employed in Maryland and (2) you are a resident of a local jurisdiction that imposes a local income or earnings tax on Maryland residents, then you must file a Form 515 to report and pay a tax on your Maryland wages. Form 515 filers pay a local income tax instead of the Special Nonresident Tax.**

18. Local Income Tax. Multiply line 13 of this form by the local rate of the Maryland county (or Baltimore City) where you are employed. Enter this amount on Form 515, line 39. If line 13 is 0 or less, enter 0 . . . . . 18. \_\_\_\_\_ 00



23502B013

149153349  
Your Social Security Number

888435486  
Spouse's Social Security Number

MANOJ \_\_\_\_\_ K  
Your First Name MI

KONDAM \_\_\_\_\_  
Your Last Name

SWAPNA \_\_\_\_\_ MI  
Spouse's First Name

KOLMI \_\_\_\_\_  
Spouse's Last Name

Print Using Blue or Black Ink Only

**Summary**

1. Enter the total number checked below for Regular dependents (4) . . . . . ► 1. \_\_\_\_\_ 2
2. Enter the total number checked below for dependents 65 or over (5) . . . . . ► 2. \_\_\_\_\_
3. Total dependent exemptions (Add lines 1 and 2 and enter the total here and on line (C) of the Exemptions area of Form 502, 505 or 515.) . . . . . 3. \_\_\_\_\_ 2

**Dependents** (If a dependent listed below is age 65 or over, check both 4 and 5.)

► 1.	First Name KRITHIE	MI	►	Last Name KONDAM		Check here ► <input type="checkbox"/> if this dependent does not have health care coverage
► 2.	Social Security Number 046131260	Relationship 3. DAUGHTER		Regular 4. <input checked="" type="checkbox"/>	65 or over 5. <input type="checkbox"/>	DOB (MM/DD/YYYY) ► _____

► 1.	First Name SHRITHA	MI	►	Last Name KONDAM		Check here ► <input type="checkbox"/> if this dependent does not have health care coverage
► 2.	Social Security Number 691286511	Relationship 3. DAUGHTER		Regular 4. <input checked="" type="checkbox"/>	65 or over 5. <input type="checkbox"/>	DOB (MM/DD/YYYY) ► _____

► 1.	First Name _____	MI	►	Last Name _____		Check here ► <input type="checkbox"/> if this dependent does not have health care coverage
► 2.	Social Security Number _____	Relationship 3. _____		Regular 4. <input type="checkbox"/>	65 or over 5. <input type="checkbox"/>	DOB (MM/DD/YYYY) ► _____

► 1.	First Name _____	MI	►	Last Name _____		Check here ► <input type="checkbox"/> if this dependent does not have health care coverage
► 2.	Social Security Number _____	Relationship 3. _____		Regular 4. <input type="checkbox"/>	65 or over 5. <input type="checkbox"/>	DOB (MM/DD/YYYY) ► _____

► 1.	First Name _____	MI	►	Last Name _____		Check here ► <input type="checkbox"/> if this dependent does not have health care coverage
► 2.	Social Security Number _____	Relationship 3. _____		Regular 4. <input type="checkbox"/>	65 or over 5. <input type="checkbox"/>	DOB (MM/DD/YYYY) ► _____

► 1.	First Name _____	MI	►	Last Name _____		Check here ► <input type="checkbox"/> if this dependent does not have health care coverage
► 2.	Social Security Number _____	Relationship 3. _____		Regular 4. <input type="checkbox"/>	65 or over 5. <input type="checkbox"/>	DOB (MM/DD/YYYY) ► _____



# 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**

149-15-3349 1977 888-43-5486 1983  
MANOJ K KONDAM  
SWAPNA KOLMI  
3644 SARGENT DR  
NAPERVILLE IL 60564 DUPAGE  
KONDAMMK@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)

<b>1</b> Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	<b>1</b> 230,930.00
<b>2</b> Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	<b>2</b> .00
<b>3</b> Other additions. <b>Attach</b> Schedule M.	<b>3</b> .00
<b>4</b> Total income. Add Lines 1 through 3.	<b>4</b> 230,930.00

### Step 3: Base Income

<b>5</b> Social Security benefits and certain retirement plan income received if included in Line 1. <b>Attach</b> Page 1 of federal return.	<b>5</b> .00
<b>6</b> Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.	<b>6</b> .00
<b>7</b> Other subtractions. <b>Attach</b> Schedule M.	<b>7</b> .00
<b>8</b> Add Lines 5, 6, and 7. This is the total of your subtractions.	<b>8</b> .00
<b>9</b> Illinois base income. Subtract Line 8 from Line 4.	<b>9</b> 230,930.00

### Step 4: Exemptions - See instructions for income limitations

<b>10</b> a Enter the exemption amount for yourself and your spouse. <b>See instructions.</b>	<b>a</b> 4,850.00
<b>b</b> Check if 65 or older: <input type="checkbox"/> You <input checked="" type="checkbox"/> Spouse # of checkboxes X \$1,000 =	<b>b</b> .00
<b>c</b> Check if legally blind: <input type="checkbox"/> You <input checked="" type="checkbox"/> Spouse # of checkboxes X \$1,000 =	<b>c</b> .00
<b>d</b> If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. <b>Attach</b> Schedule IL-E/EIC.	<b>d</b> 4,850.00
<b>Exemption allowance.</b> Add Lines 10a through 10d.	<b>10</b> 9,700.00

### Step 5: Net Income and Tax

<b>11</b> Residents: Net income. Subtract Line 10 from Line 9.	
Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. <b>Attach</b> Schedule NR.	<b>11</b> 221,230.00
<b>12</b> Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.	<b>12</b> 10,951.00
Nonresidents and part-year residents: Enter the tax from Schedule NR.	
<b>13</b> Recapture of investment tax credits. <b>Attach</b> Schedule 4255.	<b>13</b> .00
<b>14</b> Income tax. Add Lines 12 and 13. Cannot be less than zero.	<b>14</b> 10,951.00

### Step 6: Tax After Nonrefundable Credits

<b>15</b> Income tax paid to another state while an Illinois resident. <b>Attach</b> Schedule CR.	<b>15</b> 5,213.00
<b>16</b> Property tax, K-12 education expense, and volunteer emergency worker credit amount from Schedule ICR. <b>Attach</b> Schedule ICR.	<b>16</b> .00
<b>17</b> Credit amount from Schedule 1299-C. <b>Attach</b> Schedule 1299-C.	<b>17</b> .00
<b>18</b> Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	<b>18</b> 5,213.00
<b>19</b> Tax after nonrefundable credits. Subtract Line 18 from Line 14.	<b>19</b> 5,738.00

### Step 7: Other Taxes

<b>20</b> Household employment tax. See instructions.	<b>20</b> .00
<b>21</b> Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. <b>Do not</b> leave blank.	<b>21</b> 0.00
<b>22</b> Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	<b>22</b> .00
<b>23</b> Total Tax. Add Lines 19, 20, 21, and 22.	<b>23</b> 5,738.00

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V







24 Total tax from Page 1, Line 23. 24 5,738.00

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 7,087.00
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 7,087.00

Step 9: Total

31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 1,349.00
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 1,349.00
37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 37 1,349.00
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 0 8 1 9 0 4 8 0 8 X Checking or Savings
Account number 0 0 2 9 1 2 1 0 2 6 7 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).

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



Read this information first

Complete this schedule only if you are claiming

- dependents (Step 2) or
the Illinois Earned Income Tax Credit (EITC) (Step 3).

New for 2023! Taxpayers who did not qualify for the federal EITC or qualified for a smaller amount, but did meet federal income guidelines, now qualify for the Illinois EITC if the taxpayer is filing

- with an Individual Taxpayer Identification Number (ITIN), or
without a qualifying child and is at least age 18 or older (including taxpayers over ages 65).

The Illinois Expanded EITC Worksheet on Page 3 was added to determine the federal EITC calculation on which the Illinois EITC amount is figured.

Note: The total amount of Illinois EITC may exceed the amount of tax.

Attach: If claiming the Illinois EITC, you must attach a copy of pages 1 and 2 of your federal Form 1040 or 1040-SR to this schedule.

Warning: If you fraudulently claim the EITC, you may not be allowed to claim the credit for up to ten years. You also may have to pay penalties.

Step 1: Provide the following information

MANOJ K KONDAM & SWAPNA KOLMI

Your name as shown on your Form IL-1040

1 4 9 - 1 5 - 3 3 4 9
Your Social Security number

Illinois Dependent Exemption Allowance

Step 2: Dependent information

Complete the table for each person you are claiming as a dependent. Note: If you are claiming more than ten dependents, complete and attach additional Dependent information tables.

Table with 9 columns: Dependent's first name, Dependent's last name, Social Security number or Individual Taxpayer Identification number, Dependent's relationship to you, Dependent's date of birth (mm/dd/yyyy), Full time student, Person with disability, Number of months living with you, Eligible for Earned Income Credit. Rows include KRITHIE KONDAM and SHRITHA KONDAM.

1 Multiply the total number of dependents you are claiming by \$2,425. 2 X \$2,425.

Enter the result here and on Form IL-1040, Line 10d.

1 4,850.00

Continue to Page 2 to calculate Illinois Earned Income Tax Credit





# Illinois Earned Income Tax Credit

Complete this section **only** if you qualify for the Illinois EITC. **New for 2023**, even if you did not qualify for the federal EITC, you may be able to qualify for the Illinois EITC. See instructions to find out if you qualify. **Note:** You must complete the table in Step 3 **only** if you are claiming a qualifying child not included in Step 2. **Attach:** a copy of federal Form 1040 or 1040-SR, Pages 1 and 2.

**Remember:** Intentionally submitting false information is a crime under Section 1301 of the Illinois Income Tax Act.

## Step 3: Qualifying Child Information

Complete the table for qualifying children that are **not** included in Step 2.

Child's first name	Child's last name	Social Security number or Individual Taxpayer Identification number	Child's relationship to you	Child's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	

- 1 Enter your wages, salaries and tips from your federal Form 1040 or 1040-SR, Line 1z. 1 \_\_\_\_\_ .00
- 2 Enter your business income or (loss) from your federal Form 1040 or 1040-SR, Schedule 1, Line 3. 2 \_\_\_\_\_ .00  
**If you report an amount on Line 2, you must answer the question in Line 2a below.**
- 2a Does your occupation require a city, state, or county issued professional license, registration, or certification? 2a Yes  No
- 3 If you are filing your 2023 federal return as married filing jointly but are filing your 2023 Illinois return as married filing separately, enter your federal adjusted gross income (AGI) from your married filing jointly federal Form 1040 or 1040-SR, Line 11. 3 \_\_\_\_\_ .00
- 3a If you entered an amount on Line 3, enter your spouse's Social Security number from your married filing jointly federal return. 3a \_\_\_\_\_
- 4 Is the statutory employee box marked on your W-2, Wage and Tax Statement, Box 13? 4 Yes  No

## Step 4: Figure your Illinois EITC

- 5 If you qualify for the federal EITC, go to Line 6. If you do **not** qualify for the federal EITC, but **do** qualify for the Illinois EITC, check this box and **complete** the Illinois Expanded EITC Worksheet on Page 3 before continuing to Line 6. See instructions to find out if you qualify. 5
- 6 Enter the amount of federal Earned Income Tax Credit from your federal Form 1040 or 1040-SR, Line 27, **or** the amount from the Illinois Expanded EITC Worksheet, Line 23. 6 \_\_\_\_\_ .00
- 7 Multiply the amount on Line 6 by 20% (0.2). 7 \_\_\_\_\_ .00
- 8 **Illinois residents:** Enter 1.0.  
**Nonresidents and part-year residents:** Enter the decimal from Schedule NR, Line 48. 8 \_\_\_\_\_ ●
- 9 Multiply Line 7 by the decimal on Line 8. This is your **Illinois EITC**.  
Enter this amount here and on your Form IL-1040, Line 29. → 9 \_\_\_\_\_ .00



# Illinois Expanded EITC Worksheet - Complete **only** if you checked the box on Step 4, Line 5.

## Part 1 Your Earned Income - See instructions.

- 1 Enter the amount from federal Form 1040 or 1040-SR, Line 1z. ◆ 1 \_\_\_\_\_
- 2 Enter the amount from Line 1 that is from medicaid waiver payments that you don't choose to include in earned income (federal Form 1040 or 1040-SR, Line 1d). ◆ 2 \_\_\_\_\_
- 3 Subtract Line 2 from Line 1 and enter the result. 3 \_\_\_\_\_
- 4 Enter all of your nontaxable combat pay from federal Form 1040 or 1040-SR, Line 1i, if you elect to include it in earned income. ◆ 4 \_\_\_\_\_
- 5 Add Lines 3 and 4 and enter the result. If you were not self-employed and did not have to file federal Schedule SE, go to Line 15. Otherwise, continue to Line 6. 5 \_\_\_\_\_
- 6 Enter the amount from federal Schedule SE, Part I, Line 3. ◆ 6 \_\_\_\_\_
- 7 Enter the amount from federal Schedule SE, Part I, Line 4b and Line 5a. ◆ 7 \_\_\_\_\_
- 8 Add Lines 6 and 7 and enter the result. 8 \_\_\_\_\_
- 9 Enter the amount from federal Schedule SE, Part I, Line 13. ◆ 9 \_\_\_\_\_
- 10 Subtract Line 9 from Line 8 and enter the result. 10 \_\_\_\_\_
- 11 Enter any net farm profit or (loss) from federal Schedule F, Line 34; and from farm partnerships, federal Schedule K-1 (federal Form 1065), Box 14, Code A. ◆ 11 \_\_\_\_\_
- 12 Enter any net profit or (loss) from federal Schedule C, Line 31; and federal Schedule K-1 (federal Form 1065), Box 14, Code A (other than farming). ◆ 12 \_\_\_\_\_
- 13 Enter the amount from federal Schedule C, Line 1, that you are filing as a statutory employee. ◆ 13 \_\_\_\_\_
- 14 Add Lines 10, 11, 12, and 13 and enter the total. 14 \_\_\_\_\_
- 15 Add Lines 5 and 14 and enter the total. If Line 14 is blank, enter the amount from Line 5. If the total is zero or negative, enter "0" zero. 15 \_\_\_\_\_
- 16 Is the amount on Line 15 equal to or less than the amount in Table 1 (below) for your filing status and number of qualifying children?  
If **yes**, continue to Part 2. If **No**, **STOP**; you do not qualify for the Illinois EITC. ◆ 16 Yes  No

**Table 1 Federal EITC Income Limits**

Qualifying Children Claimed	Filing as Single, Head of Household, or Widowed	Filing as Married Filing Jointly
Zero	\$17,640	\$24,210
One	\$46,560	\$53,120
Two	\$52,918	\$59,478
Three	\$56,838	\$63,398

## Part 2 Your Federal EITC Calculation

- 17 Enter your total earned income from Part 1, Line 15. ◆ 17 \_\_\_\_\_
- 18 Look up the amount on Line 17 in the federal Form 1040 Instructions for Line 27, EIC Table, to find the credit amount. Be sure you use the correct column for your filing status and the correct number of qualifying children. Enter the credit amount here. ◆ 18 \_\_\_\_\_
- 19 Enter the amount from federal Form 1040 or 1040-SR, Line 11 (AGI). 19 \_\_\_\_\_
- 20 Are the amounts on Lines 17 and 19 the same?  
If **Yes**, skip Lines 21 and 22, and enter the amount from Line 18 on Line 23. If **No**, go to Line 21. ◆ 20 Yes  No
- 21 If you have:
  - No qualifying children, is the amount on Line 19 less than \$9,800 (\$16,370 if married filing jointly)?
  - 1 or more qualifying children, is the amount on Line 19 less than \$21,560 (\$28,120 if married filing jointly)?◆ 21 Yes  No
- 22 If **Line 21 is Yes**, leave Line 22 blank and enter the amount from Line 18 on Line 23. If **Line 21 is No**, look up the amount on Line 19 in the federal Form 1040 Instructions for Line 27, EIC Table, to find the credit. Be sure you use the correct column for your filing status and the correct number of qualifying children. Enter the credit amount here. ◆ 22 \_\_\_\_\_
- 23 If you have an amount on Line 22, compare the amounts on Lines 18 and 22, and enter the smaller amount. **This is your federal EITC calculation. Enter this amount on Page 2, Step 4, Line 6.** ◆ 23 \_\_\_\_\_



Read this information first

You should file Schedule CR if

- you were either a resident or a part-year resident of Illinois during the tax year; and
• you paid income tax to another state on income you earned while you were an Illinois resident; and
• the income subject to the other state's tax is included in your Illinois base income; and
• you did not deduct the income tax paid to the other state when you figured your federal adjusted gross income as shown on your Illinois tax return.

You should not file this schedule if

- you were a nonresident of Illinois during the entire tax year; or
• you did not pay income tax to Illinois and another state.

For purposes of this schedule, "state" means any state of the United States, the District of Columbia, the Commonwealth of Puerto Rico, any territory or possession of the United States, or political subdivision of any of these (e.g., county, city, local). The term "state" does not refer to any foreign country.

Note: If you earned income in Iowa, Kentucky, Michigan, or Wisconsin, you may be covered by a reciprocal agreement. This agreement applies only to income from wages, salaries, tips, and other employee compensation. See the Schedule CR Instructions.

Step 1: Provide the following information

MANOJ K KONDAM & SWAPNA KOLMI

Your name as shown on your Form IL-1040

1 4 9 - 1 5 - 3 3 4 9
Your Social Security number

Step 2: Figure the Illinois and non-Illinois portions of your federal adjusted gross income



Illinois residents: In Column A of each line, except Line 15, enter the amounts exactly as reported on the corresponding line of your federal income tax return.
Part-year residents: In Column A of each line, enter the amounts as reported on the equivalent line of your Schedule NR, Column B.

Column A Total (Whole dollars only)
Column B Non-Illinois Portion (Whole dollars only)

Read the instructions before completing this step.

Table with 3 columns: Line number, Description, Column A Total, Column B Non-Illinois Portion. Includes rows for wages, interest, dividends, taxes, alimony, business income, capital gain, other gains, IRA distributions, pensions, rental real estate, farm income, unemployment, Social Security benefits, and other income.

Continue with Step 2 on Page 2

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>Column A</b>	<b>Column B</b>
<b>Total</b>	<b>Non-Illinois Portion</b>
(Whole dollars only)	(Whole dollars only)

	17 Enter the amounts from Page 1, Line 16.	17 <u>231,571.00</u>	<u>109,977.00</u>
<b>Adjustments to Income</b>	18 Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	18 <u>.00</u>	<u>.00</u>
	19 Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	19 <u>.00</u>	<u>.00</u>
	20 Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	20 <u>.00</u>	<u>.00</u>
	21 Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14)	21 <u>.00</u>	<u>.00</u>
	22 Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	22 <u>641.00</u>	<u>0.00</u>
	23 Self-employed SEP, SIMPLE, and qualified plans (fed. Form 1040 or 1040-SR, Schedule 1, Line 16)	23 <u>.00</u>	<u>.00</u>
	24 Self-employed health insurance deduction (fed. Form 1040 or 1040-SR, Schedule 1, Line 17)	24 <u>.00</u>	<u>.00</u>
	25 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)	25 <u>.00</u>	<u>.00</u>
	26 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)	26 <u>.00</u>	<u>.00</u>
	27 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	27 <u>.00</u>	<u>.00</u>
	28 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	28 <u>.00</u>	<u>.00</u>
	29 RESERVED	29 <u>                    </u>	<u>                    </u>
	30 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	30 <u>.00</u>	<u>.00</u>
	31 Other adjustments. <b>See instructions.</b>	31 <u>.00</u>	<u>.00</u>
	32 Add Columns A and B, Lines 18 through 31.	32 <u>641.00</u>	<u>0.00</u>
33 Subtract Columns A and B, Line 32 from Line 17.	33 <u>230,930.00</u>	<u>109,977.00</u>	

### Step 3: Figure your Illinois additions and subtractions

In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

<b>Column A</b>	<b>Column B</b>
<b>Form IL-1040 Total</b>	<b>Non-Illinois Portion</b>
(Whole dollars only)	(Whole dollars only)

<b>Illinois Adjustments</b>	34 Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	34 <u>.00</u>	<u>.00</u>
	35 Other additions (Form IL-1040, Line 3)	35 <u>.00</u>	<u>.00</u>
	36 Add Columns A and B, Lines 33, 34, and 35.	36 <u>230,930.00</u>	<u>109,977.00</u>
	37 Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	37 <u>.00</u>	<u>.00</u>
	38 Illinois Income Tax overpayment included on your federal Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6)	38 <u>.00</u>	<u>                    </u>
	39 Other subtractions (Form IL-1040, Line 7)	39 <u>.00</u>	<u>.00</u>
	40 Add Columns A and B, Lines 37 through 39.	40 <u>.00</u>	<u>.00</u>
	41 Subtract Columns A and B, Line 40 from Line 36. If Line 40 is larger than Line 36, enter zero.	41 <u>230,930.00</u>	<u>109,977.00</u>

Continue to Page 3 →



## Step 4: Figure your Schedule CR decimal

		Column A	Column B
<b>Decimal</b>	42 Enter the amount from Line 41, Column A and Column B.	42 <u>230,930.00</u>	<u>109,977.00</u>
	43 Divide Column B, Line 42 by Column A, Line 42 (round to three decimal places). Enter the appropriate decimal. If Column B, Line 42 is greater than Column A, Line 42, enter 1.000. Enter this amount on Step 6, Line 53.	→	43 <u>0.476</u>

## Step 5: Part-year residents only (Full year residents, go to Step 6.)

<b>Part-Year Only</b>	44 Enter the base income from your Form IL-1040, Line 9.	44 _____	.00
	45 Divide Column A, Line 42 by Line 44 (round to 3 decimal places). Enter the appropriate decimal. If Column A, Line 42 is greater than Line 44, enter 1.000.	45 _____	. _____
	46 Enter the exemption amount from Form IL-1040, Line 10.	46 _____	.00
	47 Multiply Line 45 by Line 46.	47 _____	.00
	48 Subtract Line 47 from Column A, Line 42.	48 _____	.00
	49 Multiply Line 48 by 4.95% (.0495). Enter this amount on Step 6, Line 52, and continue on to Step 6, Line 50.	49 _____	.00

## Step 6: Figure your credit

<b>Credit for Tax Paid to Other States</b>	50 If you are claiming a credit for tax paid to any of the states listed below, check the box for the appropriate state. See instructions. <input type="checkbox"/> Iowa <input type="checkbox"/> Kentucky <input type="checkbox"/> Michigan <input type="checkbox"/> Wisconsin		
	51 Enter the total amount of income tax paid to other states on Illinois base income (see instructions). Include <b>only</b> : • State tax, city, or local government tax paid from the return filed with that entity. Do not use the withholding listed on Form W-2. • City or local government withholding from Form W-2 when a tax return is not required to be filed.	51 _____	6,332.00
	52 <b>Illinois Residents:</b> Enter your Illinois tax due from Form IL-1040, Line 12. <b>Part-year Residents:</b> Enter the amount from Step 5, Line 49.	52 _____	10,951.00
	53 Enter the decimal amount from Step 4, Line 43 here.	53 <u>0.476</u>	
	54 Multiply Line 52 by Line 53.	54 _____	5,213.00
	55 Compare the amounts on Lines 51 and 54. Enter the lesser amount here and on Form IL-1040, Line 15. This is your tax credit.	55 _____	5,213.00



**Keep your out-of-state tax returns and any Schedules K-1-P and K-1-T with your records. You must send us this information if we request it.**





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	B
1099-MISC	M	1099-K	K
1099-OID	O	1099-NEC	N

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

MANOJ K KONDAM

Your name as shown on Form IL-1040

1 4 9 - 1 5 - 3 3 4 9  
Your Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
1 <u>W</u>	<u>36-1264810 000 9</u>	\$ <u>136,937.00</u>	\$ <u>136,937.00</u>	\$ <u>6,533.00</u>
2 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>
3 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>
4 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>
5 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>

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

SWAPNA KOLMI

Your spouse's name as shown on Form IL-1040

8 8 8 - 4 3 - 5 4 8 6  
Your spouse's Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
6 <u>W</u>	<u>86-1827567</u>	\$ <u>11,200.00</u>	\$ <u>11,200.00</u>	\$ <u>554.00</u>
7 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>
8 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>
9 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <u>.00</u>
10 _____	_____	\$ <u>.00</u>	\$ <u>.00</u>	\$ <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 \$ 7,087.00

➔ Attach all Schedules IL-WIT to your IL-1040. ➔



