#### Department of the Treasury Internal Revenue Service

## **IRS e-file Signature Authorization**

OMB No. 1545-0074

Social coourity number

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

Submission Identification Number (SID)

Taxpayor'a pama

Taxpayer's na	ame	Social security number				
MANOJ	MANOJ K KONDAM 149-15-					
Spouse's nar	ne	Spouse's social security number				
SWAPNA	KOLMI	888-43-5486				
Part I	Tax Return Information – Tax Year Ending December 31, 2023 (Enter	r year you are authorizing.)				
Enter who	le dollars only on lines 1 through 5.					
Note: Forr	n 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1 Adj	usted gross income	<b>1</b> 230,930.				
<b>2</b> Tot	al tax	<b>2</b> 22,132.				
3 Fea	deral income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 26,811.				
<b>4</b> Am	ount you want refunded to you	<b>. 4</b> 10,503.				
5 Am		5				

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

Under penalties of periury. 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

X lauthorize GLOBAL TAXES LLC ERO firm name to enter or generate my PIN

5	3	3	4	9	00 00
Ent don	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

## Manoj Kondam

## Date > 04/08/2024

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC

to enter or generate my PIN

3	5	4	8	6	as my
	er fiv				

don

signature on the income tax return (original or amended) I am now authorizing.

ERO firm name

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 ►	
	eturns Only—continue below	
Part III Certification and Authentication – Practition	er PIN Method Only	
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-o	ligit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9	

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 🕨	
	etain This Form — See orm to the IRS Unless		
For Paperwork Reduction Act Notice, see your tax return	n instructions. BAA	REV 03/07/24 PRO	Form <b>8879</b> (Rev. 01-2021)

Deduction for -       Sa       Data Pensions and annuities       Sa       Data Pensions and annuities       Sa       Data Pensions and annuities       Sa       Data Pensions         • Single or Married filing separately, \$13,850       6a       Social security benefits       6a       b       Taxable amount       6b         • C       If you elect to use the lump-sum election method, check here (see instructions)       •	<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>5. Individual Income Ta</b>		turn	202	3	OMB No. 1545-	0074	IRS Use Only	–Do not w	vrite or sta	ple in this space.
IMAROJ K       KODDAM       149       15       3.49         If point run, source if test mane and middle initial       Last mane       Spores 's acids security number addites (II' you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaig         16 Add SARCENT DR       Campaig       2/P code       Spores 's acids security number addres, give have a PO. box, see instructions.       Apt. no.       Presidential Election Campaig         16 Add SARCENT DR       Campaig	For the year Jan	. 1-Dec	. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate i	nstructions.
If joint turn, spouer's first name and middle initial         Last name         Spouer's first name and simplify quarkers a P.O. box, see Instructions.         Apt. no.         Presidential Election Campus           3644 SARCENT DR         Color, town, or part of the Providential Election Campus         Apt. no.         Presidential Election Campus           3644 SARCENT DR         Color, town, or part of the Providential Election Campus         Apt. no.         Presidential Election Campus           3642 FRVITLE         Foreign conversidate/vounty         Foreign province/state/vounty         Foreign conversidate/vounty         Foreign conversidate/vounty         Foreign conversidate/vounty         Foreign spouse foreign province/state/vounty         Foreign spouse         Color, shift of the VP COSS is the part of the VP COSS is the VP COSS i	Your first name	and m	ddle initial	Last n	ame						Your so	cial sec	urity number
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Cdy, cons. or cool office. If you have a foreign address, also complete spaces below.       State       2/0 code       spouse if filing joint/, went 35         NAPERVILLE       Foreign contained       Foreign province/fattle/conty       Foreign contained       box below will not change         Foreign contained       Single       IL       60564       type content in the checking a box below will not change         Foreign contained       Married filing jointly (wen if only one had income)       Outsitying surviving spouse (QSS)       If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:       Check only       If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:       You Spouse (CSS)         Standard       One one can clim:       You as a dependent:       You spouse as a dependent:       You spouse as a dependent:         Deduction       Spouse termises on a separate rubm or you were a dual-status allen       Cheatonami (P) Fort. the box if qualifies for demendent than loar         Age/Bindness       You:       No bashod demployee wages not reported on form(§) W-2.       Ib       Cheatonami (P) Cheat tha core demendent than conter than one reported on intertoints)       Ib       Cheat to cheat demendent than conterported on form(§) W-2.       Ib         You:       Tha conterported on fo	Home address (	(numbe	r and street). If you have a P.O. box, see	instruc	tions.				А	pt. no.	Preside	ntial Ele	ction Campaigr
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Filing Status       Single       Head of household (HOH)         Check only       Married filing separately (MFS)       Cualifying surviving spouse (QSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:	NAPERVIL	LE					II		605	64	, v		•
Filing Status       Single       Head of household (HOH)         Check only       Married filing jointly (even if only one had income)       Qualifying surviving spouse (DSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:	Foreign country	/ name			Foreign pr	ovince/state/o	count	ty	Foreig	n postal code	your tax	_	_
Check only       Married filing jointly (even if only one had income) <ul> <li>Qualifying surviving spouse (QSS)</li> <li>If you checked the MPS box, enter the name of your spouse. If you checked the HOH or CSS box, enter the child's name if the qualifying person is a child but not your dependent:</li> </ul> Digital     At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exectange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)         Yes         Yes         Yes         No           Standard         Someone can claim:         You as a dependent         Your spouse as a dependent         Your spouse as a dependent         Yes         Yes         No           Age/Blindness         You:         Ware born before January 2, 1959         Is blind         Spouse:         Payment for property or services); or (b) sell, executions;           If more         (1) Fint name         Last name         Pay Social accurty         (9) Relationship         (4) Check the box if qualifies for (see instructions)           If more         (1) Fint name         Last name         Pay Social accurty         (9) Relationship         (4) Check the box if qualifies or (see instructions)           If mono         (1) Fint name         Check the other for one form(s)         1         1         1         1         1         1         1												Yo	u Spouse
Click Unity one box.       Married filing separately (MFS)       Qualifying surviving spouse (QSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying percents is a child but not your dependent:	Filing Status	;	Single					Head of ho	useh	old (HOH)			
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qualifying person is a child but not your dependent:         Digital Assets       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).       Image: Text of the second	one box.									• •	. ,		
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       Yes       No         Age/Bindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents see instructions):       (I) First name       Last name       number       (a) Relationship       (b) Check the box if qualifies for (see instructions)         If more dependents, see instructions):       It at anone       It anone       It aught the completer       It al						oouse. If you	ı che	ecked the HOH	or QS	SS box, ente	er the ch	ild's na	me if the
Assets       exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Ves       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (g) Social security       (g) Relationship       (d) Check the box if qualifies for (see instructions)         If more       (I) First name       Last name       (g) Social security       (h) Check the box if qualifies for (see instructions)         If more       (I) First name       Last name       (g) Social security       (h) Check the box if qualifies for (see instructions)         If more       (I) First name       Last name       (g) Social security       (h) Check the box if qualifies for (see instructions)         If more       III       Total amount from Form(s) W-2, box 1 (see instructions)       1a       251, 503.         It was witheid.       I       Total amount from Form(s) W-2, box 1 (see instructions)       1c       1a         Ve2 here. Also       I       Total amount from Form(s) W-2, box 1 (see instructions)       1c       1d         If weak formm       Medica		qu	alifying person is a child but not you	ur depe	endent:								
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Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (1) First name       (2) Social security       (3) Fieldmanhip       (4) Check the box if qualifies for (see instructions)         If more       (1) First name       Last name       (2) Social security       (3) Fieldmanhip       (4) Check the box if qualifies for (see instructions)         Statush Form(s)       SHR ITHE       KONDAM       046-13-1260       Daught er       X		exch	ange, or otherwise dispose of a dig	ital ass	set (or a fir	nancial intere	əst ir	n a digital asset	:)? (Se	e instructio	ns.)	🗌 Ye	s 🛛 No
Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (1) First name       Last name       number'       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions)         If more       (1) First name       Last name       number'       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions)         dependents, see instructions       SIRTITHE       KONDAM       046-13-1260       Daughter       (2)         see instructions       SIRTITHA       KONDAM       691-28-6511       Daughter       (2)       (2)         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       251, 503.         Match Form(s)       W-2, see       Tp income not reported on line 1a (see instructions)       1a       1a       251, 503.         W-2, see       ho       Other earned income (see instructions)       1a       1a       1a       251, 503.         You did not       ga adset form       ga adset form som 839, line 29       1f       1a       1a         If you did not       see instructions)       1a       1a       251, 503. <t< td=""><td></td><td>Som</td><td>eone can claim: 🗌 You as a de</td><td>epende</td><td>nt 🗌</td><td>Your spouse</td><td>e as</td><td>a dependent</td><td></td><td></td><td></td><td></td><td></td></t<>		Som	eone can claim: 🗌 You as a de	epende	nt 🗌	Your spouse	e as	a dependent					
Dependents       (see instructions): (1) First name       (2) Social security number       (3) Relationship (2) Social security (3) Relationship (2) Relationship (3) Rel	Deduction		Spouse itemizes on a separate retur	n or yc	ou were a	dual-status a	alien	1					
If more than a four the second of the sec	Age/Blindness	S You:	Were born before January 2, 1	959	🗌 Are bl	ind Spo	ouse	: 🗌 Was borr	n befo	ore January	2, 1959	🗌 ls	s blind
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than four dependents, see instructions       KRITHLE       KONDAM       046-13-1260       Daughter       Image: Context in the image: Co	If more	(1) First name Last name				number		to you		Child tax c	redit	Credit fo	r other dependents
see instructions       INTITIA       IONIDADI       IDNUME	than four	KRI	THIE KONDAM		046	-13-126	0	Daughter					
and check		SHF	LITHA KONDAM		691	-28-651	1	Daughter		×			
Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       251, 503.         Attach Forms()       b       Household employee wages not reported on Form(s) W-2.       1b         W-2 here. Also attach Forms       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1c         W-2 G and       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 G and       f       Employer-provided adoption benefits from Form 2441, line 26       1e         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         ff you did not get a form       g       Wages from Form 8919, line 6       1g         get a form       w.2, see       in       1t       0.         w2.2, see       in Other earned income (see instructions)       1t       1z       251, 503.         ztatach Sch. B       z       Tax-exempt interest       2a       b       b       Taxable interest       2b       2b         ff required.       3a       Qualified dividends       3a       b       Taxable amount       4b       5b         Bandard       Deduction for-       6a       5a       5a       b       Taxable amount       5b       6b													
Attach Form(s) W2 a rez. Also Attach Forms       b       Household employee wages not reported on Form(s) W-2.       1b         Attach Forms W2 a rez. Also Attach Forms       c       Tip income not reported on line 1a (see instructions)       1c         W2 a rez. Also Attach Forms       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W2-St and 1099- R1 ftax was withheld.       f       Employer-provided adoption benefits from Form 2441, line 26       1e         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         get a Form W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1h       0.         v2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i       1z       251, 503.         Attach Sch. B frequired.       2a       b       Tax-exempt interest       2a       2b       1b         Attach Sch. B frequired.       3a       Ualified dividends       3a       b       Taxable amount       4b         Standard Deduction for- single or Married fling spartely.       Sa       Qualified dividends       3b       1f         Standard Deducton for- Scial gain or (loss). Attach Schedule D if required, check here       7       7         Additional income from Schedule 1	here 🗌												
Attach Form(s)       Tip income not reported on line 1a (see instructions)       1c         w2 Ever, Also c       Tip income not reported on line 1a (see instructions)       1d         W2 Care, Also c       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W2 Care, Also c       Taxable dependent care benefits from Form 2441, line 26       1e         1099-R if tax       e       Taxable dependent care benefits from Form 839, line 29       1f         If synudiant       g       Wages from Form 8919, line 6       1e         109-R if tax       mass of the rearned income (see instructions)       1h       0.         W-2, see       in Nontaxable combat pay election (see instructions)       1h       0.         instructions.       Add lines 1a through 1h       1z       251, 503.         Zand       B       Tax-exempt interest       2a       b       Drdinary dividends       3b         Standard       4a       IRA distributions       4a       b       Taxable amount       5b         Standard       5a       Scala security benefits       6a       b       Taxable amount       6b         Married filing separately, Standard       5a       Scala security benefits       6a       Scala security benefits       6a       19       231,571.<	Income			•		,							251,503.
attach Forms W-26 and 1099-R if tax was withheld.       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1       1         1099-R if tax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1       1e         11       g       Wages from Form 8919, line 6       1       1g         11       g       Wages from Form 8919, line 6       1       1g         11       0       0       the earned income (see instructions)       1       1h       0.         11       0       0       the earned income (see instructions)       1i       1       2         11       0       0       the earned income (see instructions)       1i       1       1         11       0       0       the earned income (see instructions)       1i       1       2         11       1       0       the earned income (see instructions)       1       1       1       2       1	Attach Form(s)			•								-	
W-2G and 1099-R if tax       e       Taxable dependent care benefits from Form 2441, line 26       1e         was withheld.       f       Employer-provided adoption benefits from Form 2441, line 26       1f         If you did not get a form W-2, see       g       Wages from Form 8919, line 6       1g         M -2, see       h       Other earned income (see instructions)       1h       0.         x2, see       in Nontaxable combat pay election (see instructions)       1i       1z       251, 503.         z       Add lines 1a through 1h       2a       b       b       Taxable interest       2b         Attach Sch. B       if required.       a       Qualified dividends       3a       b       Dordinary dividends       3b       3b         Standard       Ga       Qualified dividends       5a       b       Taxable amount       4b         Standard       Social security benefits       6a       b       Taxable amount       6b         Varied filing binity or Married filing binity or Qualifying spouse, St27,00       c       If you elect to use the lump-sum election method, check here (see instructions)       7         4d ditional income from Schedule 1, line 10       7       Additional income from Schedule 1, line 26       7         Maried filing bipinty or Nowing spouse, St27,00													
Insert in tax       imployer-provided adoption benefits from Form 8839, line 29       if         If you did not get a form get a form was withheld.       g Wages from Form 8919, line 6       ig         Mare withheld.       f       Other earned income (see instructions)       ih         V-2, see       i       Nontaxable combat pay election (see instructions)       ii         v-2, see       i       Nontaxable combat pay election (see instructions)       ii         v-2, see       i       Nontaxable combat pay election (see instructions)       ii         v-2, see       i       Nontaxable combat pay election (see instructions)       iii         v-2, see       if required.       ad lines 1a through 1h       iii       iiii         Attach Sch. B       if a qualified dividends       iii       b Taxable interest       iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii			.,			, ,		,	• •	· · ·		-	
If you did not g Wages from Form 8919, line 6 1g   get a Form h Other earned income (see instructions) 1i   W-2, see i Nontaxable combat pay election (see instructions) 1i   attach Sch. B 2a Tax-exempt interest 2a   Attach Sch. B 2a Tax-exempt interest 2a   get a form 9 Qualified dividends 3a   attach Sch. B a Qualified dividends 3a   attach Sch. B a RA distributions 4a   Brandard Qualified dividends 3a   Control 5a Pensions and annuities   Standard Scal security benefits 6a   Deduction for- 6a   Single or Married filing   giontly or C   Gualifying separately, 15 and or (loss). Attach Schedule D if required. If not required, check here   single or Married filing   giontly or C   Qualifying separately, 8   Additional income from Schedule 1, line 10   Surving spouse, 9   Surving spouse, 9   Surving spouse, 11   Surving spouse, 12   Surving spouse, 12   Surving spouse, 12   Surving spouse, 13   Qualified business income deduction from Form 8995 or Form 8995-A   14 Add lines 12 and 13		_	•						• •				
get a torini       h       Other earned income (see instructions)       1h       0.         w-2, see       i       Nontaxable combat pay election (see instructions)       1i       1i         z       Add lines 1 a through 1h       1       251,503.         Attach Sch. B       2a       Tax-exempt interest       2b         attach Sch. B       3a       0ualified dividends       3a         agualified dividends       3a       b       Dordinary dividends       2b         standard       4a       IRA distributions       4a       b       3b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       4b         Standard       5a       Social security benefits       6a       b       Taxable amount       6b         Married filing separately, \$13,850       r       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         Married filing surviving spouse, \$27,700       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       231,571.         \$27,700       Adjustments to income from Schedule 1, line 26       10       641.         Inverked af my box under Standard deduction or itemized deductions (from Schedule A)       11       230,930.		1							• •			-	
W-2, see       I       Nontaxable combat pay election (see instructions)       I         instructions.       i       Nontaxable combat pay election (see instructions)       I       I         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Attach Sch. B       2a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       .       4a       b       Taxable amount       4b         Standard       Deduction for-       5a       Pensions and annuities       5a       b       Taxable amount       5b         Single or       6a       Social security benefits       6a       b       Taxable amount       6b         Maried filing separately, \$13,850       r       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         Maried filing jointly or       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       231, 571.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income       11       230, 930.         11       Subtract line 10 from line 9. This is your adjusted gross income       11       230, 930.         12       42, 194.		g h					• •		• •				0
z       Add lines 1a through 1h       1z       251,503.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         Standard       Qualified dividends       4a       b       Taxable amount       4b         Standard       Deduction for       6a       b       Taxable amount       5b         Single or       Married filing separately, \$13,850       c       If you elect to use the lump-sum election method, check here (see instructions)       c       6b         Married filing jointly or       Cualifying surviving spouse, \$27,700       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       7         8       -19,932.       9       231,571.       10       641.         Nousehold, \$20,800       12       Standard deduction or itemized deductions (from Schedule A)       11       230,930.         12       42,194.       13       Qualified business income deduction from Rays or Form 8995-A       13			,	,			•••		· ·				0.
Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         Standard Deduction for-       5a       Pensions and annuities       4a       b       Taxable amount       4b         Standard Deduction for-       5a       Pensions and annuities       5a       b       Taxable amount       4b         Single or       Married filing separately, \$13,850       C       If you elect to use the lump-sum election method, check here (see instructions)       5a       6b         Married filing jointly or       Qualifying surving spouse, \$27,700       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       7       7         Head of nousehold, \$20,800       12       Standard deduction or itemized deductions (from Schedule A)       11       230,930.         12       Add lines 12 and 13       13       14       42,194.       14	instructions.			300 113	li uctions)		•••	11			17		251.503.
if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         Standard Deduction for-       4a       IRA distributions       4a       b       Taxable amount       4b         Standard Deduction for-       5a       Pensions and annuities       5a       b       Taxable amount       4b         Standard Deduction for-       6a       Social security benefits       5a       b       Taxable amount       5b         Single or       6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5c       5b         6a       Social security benefits       6a       b       Taxable amount       5c       5b         6a       Social security benefits       6a       b       Taxable amount       5c       5b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       8       -19,932.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       231,571.         8227,70       Head of nousehold, \$20,800       11       Subtract line 10 from line 9. This is your adjusted gross income       11 </td <td>Attach Sch. R</td> <td></td> <td>Ŭ</td> <td>2a</td> <td></td> <td>· · · · ·</td> <td>ь т</td> <td>axable interest</td> <td>• •</td> <td></td> <td></td> <td></td> <td></td>	Attach Sch. R		Ŭ	2a		· · · · ·	ь т	axable interest	• •				
4a       IRA distributions       4a       b       Taxable amount       4b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       5b         Single or       6a       Social security benefits       6a       b       Taxable amount       5b         Married filing separately, \$13,850       c       If you elect to use the lump-sum election method, check here (see instructions)       5       6b         Married filing jointly or       Qualifying       8       Additional income from Schedule 1, line 10       7       7         Qualifying surviving spouse, \$22,700       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       231, 571.         \$20,800       11       Subtract line 10 from line 9. This is your adjusted gross income       11       230, 930.         If you checked any box under Standard Deduction or itemized deductions (from Schedule A)       12       42, 194.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       42d lines 12 and 13       14       42, 194.									ds .				
Standard Deduction for-       5a       Pensions and annuities												-	
becuction for -       6a       Social security benefits       6a       b       Taxable amount       6b         Married filing separately, \$13,850       c       If you elect to use the lump-sum election method, check here (see instructions)       .       .       6b         Married filing jointly or Qualifying surviving spouse, \$27,700       7       Capital gain or (loss). Attach Schedule 1, line 10       .       .       .       7         4 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       .       .       9       231, 571.         \$27,700       10       Adjustments to income from Schedule 1, line 26       .       .       10       641.         Head of household, \$20,800       12       Standard deduction or itemized deductions (from Schedule A)       .       .       11       230, 930.         12       42, 194.       13       Qualified business income deduction from Form 8995 or Form 8995-A       .       .       .       13         14       42, 194.       14       42, 194.       14       42, 194.       14       42, 194.	Standard												
Married filing separately, \$13,850       c       If you elect to use the lump-sum election method, check here (see instructions)       7         Married filing jointly or Qualifying surviving spouse, \$27,700       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         Married filing jointly or Qualifying surviving spouse, \$27,700       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       231, 571.         10       641.         Head of household, \$20,800       12       Standard deduction or itemized deductions (from Schedule A)       11       230, 930.         12       42, 194.       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       42, 194.       14       42, 194.												-	
Statusty, Statu	Married filing		· · · · · ·		method.					[			
Maried filing jointly or Qualifying surviving spouse, \$27,7008-19,932.9Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9231,571.10Adjustments to income from Schedule 1, line 2610641.11Subtract line 10 from line 9. This is your adjusted gross income11230,930.\$20,80012Standard deduction or itemized deductions (from Schedule A)1242,194.13Qualified business income deduction from Form 8995 or Form 8995-A13144dd lines 12 and 131442,194.14	\$13,850						•	,		[	7		
Qualifying surving spouse, \$27,7009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9231,571.10Adjustments to income from Schedule 1, line 2610641.Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income11230,930.12Standard deduction or itemized deductions (from Schedule A)1242,194.13Qualified business income deduction from Form 8995 or Form 8995-A131442,194.	<ul> <li>Married filing jointly or</li> </ul>				•	•							-19,932.
Justify spouse, Head of household, \$20,80010Adjustments to income from Schedule 1, line 2610641.Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income11230,930.12Standard deduction or itemized deductions (from Schedule A)1242,194.13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131442,194.	Qualifying												
Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income11230,930.12Standard deduction or itemized deductions (from Schedule A)1242,194.13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131442,194.	\$27,700										. 10		
\$20,800       12       Standard deduction or itemized deductions (from Schedule A)       12       42,194.         If you checked any box under Standard Deduction,       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         Add lines 12 and 13       14       42,194.       14       42,194.		11	•								. 11		
100 checked any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131442,194.	\$20,800										. 12	2	
Deduction, 14 Add lines 12 and 13	any box under	13						5-A			. 13		
		14	Add lines 12 and 13								. 14		42,194.
		15	Subtract line 14 from line 11. If zer	ro or le	ss, enter -	-0 This is y	our <b>i</b>	taxable incom	e.	<u> </u>	. 15		188,736.

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

Form **1040** (2023)

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	32,137.
Credits	17	Amount from Schedule 2, lin	ie3				[	17	
	18	Add lines 16 and 17					[	18	32,137.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		[	19	4,000.
	20	Amount from Schedule 3, lin	ie8					20	7,500.
	21	Add lines 19 and 20					[	21	11,500.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[	22	20,637.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		[	23	1,495.
	24	Add lines 22 and 23. This is					[	24	22,132.
Payments	25	Federal income tax withheld							
, <b>,</b>	а	Form(s) W-2				<b>25a</b> 26	,811.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c	0.		
	d	Add lines 25a through 25c						25d	26,811.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	22 return .		[	26	
qualifying child,	27	Earned income credit (EIC)				27	Ī		
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin					,824.		
	32	Add lines 27, 28, 29, and 31						32	5,824.
	33	Add lines 25d, 26, and 32. T		-	-		1	33	32,635.
Refund	34	If line 33 is more than line 24						34	10,503.
noruna	35a					· ·	. n İ	35a	10,503.
Direct deposit?	b	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here							
See instructions.	d	Account number 0 0 2					J. J.		
	36	Amount of line 34 you want a				36			
Amount	37	Subtract line 33 from line 24	•• •			1 1			
You Owe	0/	For details on how to pay, g						37	
	38	Estimated tax penalty (see ir				38	Ī		
Third Party		you want to allow another							
Designee		structions					omplete be	elow.	🗙 No
	De	signee's		Phone		Perso	onal identific	ation	
	nai	mē		no.		numb	per (PIN)		
Sign		der penalties of perjury, I declare the							
Here		ief, they are true, correct, and com	piete. Declaration of	、	,	ased on all mormatic		•	, ,
	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SOFTWARE EN	GINEER LEAD S			
See instructions.	Sp	ouse's signature. If a joint return, <b>i</b>	ooth must sian.	Date	Spouse's occupat			RS ser	nt your spouse an
Keep a copy for	-1-		j				Identit	y Prote	ection PIN, enter it here
your records.					HOME MAKE	2	(see in	st.)	
	Ph	one no. (203)512-925	8	Email address	KONDAMMK@	GMAIL.COM			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN	٦	Check if:
	VENK	ATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI	PAVAN KUM	AR DUDIPALLI		P02470	833	Self-employed
Preparer	Fir	m's name GLOBAL TAX	XES LLC				Phone	no. (	678)965-9522
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	EIN	88-2145487
Go to www.irs.go	ov/Form	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO			Form <b>1040</b> (2023)

SCHE	DULE	1
(Form	1040)	

Department of the Treasury

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

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

OMB No. 1545-0074 20 23

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. <b>01</b>
Name(s) shown on Fo	Your soci	ial security number	
MANOJ K KONDAM	& SWAPNA KOLMI	149-15	-3349

Par	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	-26,543.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ( )		
b	Gambling	8b		
С	Cancellation of debt	8c		
d		8d ( )		
е		8e		
f		8f		
g		8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k		8k		
1	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	,	8m		
n		8n		
0		80		
р		8p		
q		8q		
r		8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
		<u>8s (</u> )		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	8	8t		
		<u>8u</u>		
z	Other income. List type and amount:	<b>c</b> c c 1 1		
•	Nonemployee compensation from 1099-NEC 6,611.	<b>8z</b> 6,611.		C C11
9	Total other income. Add lines 8a through 8z		9	6,611.
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter			10 020
	1040, 1040-SR, or 1040-NR, line 8		10	-19,932.

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

Schedule 1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis officials. Attach Form 2106	government	12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	641.
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a			19a	
b	Recipient's SSN			
C	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:		-	
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit			
с	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
z	Other adjustments. List type and amount:			
	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	641.
	BAA REV 03	/07/24 PRO	Schedule 1 (F	orm 1040) 2023

SCHE	DULE	2
(Form	1040)	

Department of the Treasury

Internal Revenue Service

### **Additional Taxes**

OMB No. 1545-0074

20

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

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

Attachment Sequence No. 02 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number MANOJ K KONDAM & SWAPNA KOLMI 149-15-3349 Part I Tax Alternative minimum tax. Attach Form 6251 . . . . 1 1 . 2 Excess advance premium tax credit repayment. Attach Form 8962 . . . . . . . . 2 3 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . 3 Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	1,282.
5	Social security and Medicare tax on unreported tip income.Attach Form 4137 <b>5</b>		
6	Uncollected social security and Medicare tax on wages. AttachForm 89196		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here $\ldots$	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	213.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(cc	ontini	ued on page 2)

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

Schedule 2 (Form 1040) 2023

Par	t II Other Taxes (continued)			
17	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:	17a		
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
С	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	_	
е	Additional tax on Archer MSA distributions. Attach Form 8853 .	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	_	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	_	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	_	
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
I	Tax on accumulation distribution of trusts	171		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170		
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount:			
		17z		
18	Total additional taxes. Add lines 17a through 17z		18	
19	Reserved for future use		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your <b>total other taxe</b> on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.		21	1,495.
	BAA	REV 03/07/24 PRO	Schedu	ule 2 (Form 1040) 2023

Department of the Treasury

Internal Revenue Service

## **Additional Credits and Payments**

OMB No. 1545-0074 20

Attachment Sequence No. 03

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

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

	s) shown on Form 1040, 1040-SR, or 1040-NR				cial s	ecurity number
MAN Par	oj k kondam & swapna kolmi t I Nonrefundable Credits			149-1	L5-3:	349
1	Foreign tax credit. Attach Form 1116 if required				1	
2	Credit for child and dependent care expenses from Form 2441				•	
-	Form 2441				2	
3	Education credits from Form 8863, line 19				3	
4	Retirement savings contributions credit. Attach Form 8880				4	
5a	Residential clean energy credit from Form 5695, line 15				5a	
b	Energy efficient home improvement credit from Form 5695, line 32	•			5b	
6	Other nonrefundable credits:					
а	General business credit. Attach Form 3800	6a				
b	Credit for prior year minimum tax. Attach Form 8801	6b				
С	Adoption credit. Attach Form 8839	6c				
d	Credit for the elderly or disabled. Attach Schedule R	6d				
е	Reserved for future use	6e				
f	Clean vehicle credit. Attach Form 8936	6f	7,	500.		
g	Mortgage interest credit. Attach Form 8396	6g				
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h				
i	Qualified electric vehicle credit. Attach Form 8834	6i				
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j				
k	Credit to holders of tax credit bonds. Attach Form 8912	6k				
Т	Amount on Form 8978, line 14. See instructions	61				
m	Credit for previously owned clean vehicles. Attach Form 8936 .	6m				
z	Other nonrefundable credits. List type and amount:					
		6z				
7	Total other nonrefundable credits. Add lines 6a through 6z $$ . $$ .				7	7,500.
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 10	040,	1040-SF	R, or		
	1040-NR, line 20				8	7,500.
				(00)	יווווו	led on page 2)

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

Schedule 3 (Form 1040) 2023

Schedule 3 (Form 1040) 2023

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	5,824.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
z	Other payments or refundable credits. List type and amount:			
		13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	5,824.
	BAA REV	03/07/24 PRO	Schedule	e 3 (Form 1040) 2023

SCHE	DULE	Α
(Form	1040)	

Department of the Treasury Internal Revenue Service

## **Itemized Deductions**

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

Go to 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.

16. Attachment Sequence No. **07** 

Name(s) shown on						ial security number
	OND	AM & SWAPNA KOLMI		149	9-1	5-3349
Medical		Caution: Do not include expenses reimbursed or paid by others.				
and		Medical and dental expenses (see instructions)	1	_		
Dental Expenses		Enter amount from Form 1040 or 1040-SR, line 11 2				
Expenses		Multiply line 2 by 7.5% (0.075)	3	_		
		Subtract line 3 from line 1. If line 3 is more than line 1, enter -0		_	4	
Taxes You		State and local taxes.				
Paid	а	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	<b>5a</b> 13,80	6		
	r	State and local real estate taxes (see instructions)		0.		
		State and local personal property taxes	50	<u>.</u>		
		Add lines 5a through 5c	5d 13,80	6		
		Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing	13,00	<u> </u>		
			5e 10,00	0		
	6	Other taxes. List type and amount:	10700	<u> </u>		
			6			
	7	Add lines 5e and 6			7	10,000.
Interest		Home mortgage interest and points. If you didn't use all of your home				
You Paid		mortgage loan(s) to buy, build, or improve your home, see				
Caution: Your		instructions and check this box				
mortgage interest deduction may be	а	Home mortgage interest and points reported to you on Form 1098.				
limited. See instructions.		See instructions if limited	<b>8a</b> 32,19	4.		
	k	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	_		
		Points not reported to you on Form 1098. See instructions for special				
			8c			
	c	Reserved for future use	8d			
		Add lines 8a through 8c	<b>8e</b> 32,19	4.		
	9	Investment interest. Attach Form 4952 if required. See instructions	9			
	10	Add lines 8e and 9		-	10	32,194.
Gifts to	11	Gifts by cash or check. If you made any gift of \$250 or more, see				
Charity		instructions	11			
Caution: If you made a gift and	12	Other than by cash or check. If you made any gift of \$250 or more,				
got a benefit for it,		see instructions. You <b>must</b> attach Form 8283 if over \$500	12	_		
see instructions.		Carryover from prior year	13			
<u> </u>		Add lines 11 through 13		_	14	
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (other disaster losses). Attach Form 4684 and enter the amount from line 1				
ment Losses		instructions			15	
Other	16	Other-from list in instructions. List type and amount:				
Itemized						
Deductions				-	16	
Total	17	Add the amounts in the far right column for lines 4 through 16. Also, e	enter this amount of	on		
Itemized		Form 1040 or 1040-SR, line 12			17	42,194.
Deductions	18	If you elect to itemize deductions even though they are less than your		n, 🗌		
		check this box				
For Paperwork	Red	uction Act Notice, see the Instructions for Form 1040.	EV 03/07/24 PRO	Sche	edule	e A (Form 1040) 2023

	CHEDULE E Supplemental Income and Loss							OMB No. 1545-0074					
(Form	orm 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)							20	)23				
	Attach to Form 1040, 1040-SR, 1040-NR, or 1041.           al Revenue Service         Go to www.irs.gov/ScheduleE for instructions and the latest information.						Attachment Sequence No. 13						
	) shown on return			GO TO WWW.I	rs.gov/ScheduleE 10	rinsu			liest II	normation.	Vour soci	al security	
	J K KONDAM	r cr	J Z	DNA KOLMI								5-3349	
Part			-	-	al Real Estate an	d Ro	valties					J JJ-J	
T are	Note: If yo	ou are ir	ו th	ne business of re	enting personal proper 35 on page 2, line 40.			<b>e C</b> . See	instru	ctions. If you	are an indi	vidual, rep	ort farm
Α					at would require you	to file	Form(s)	1099? 8	See ins	structions .		. 🗌 Ye	es 🛛 No
B	f "Yes," did you	or will	yc	ou file required	l Form(s) 1099? .							. 🗌 Ye	es 🗌 No
1a	Physical addr	ress of	ea	ach property (s	treet, city, state, ZI	P cod	e)						
Α	A S RAO N	AGAR	SI	ECUNDERABI	AD HYDERABAD 7	ומ.דדי	JGANA -	TN 50	0062				
B				LN AURORA				111 50	0002				
C													
1b	Type of Prope	rtv 2	2	For each rent	tal real estate prope	ertv lis	ted		Fa	ir Rental	Persor	nal Use	0.11/
	(from list below			above, repor	t the number of fair	rental	and			Days		iys	QJV
Α	3				days. Check the Q			Α		365		0	
В	2				ne requirements to f t venture. See instru			В		365		0	
С				qualitied joint			5.	С					
	of Property:												
	Single Family R				on/Short-Term Ren	ital	5 Land			Self-Rental			
2	Multi-Family Re	esidenc	e	4 Comm	nercial		6 Roya	alties	8	Other (desc	cribe)		
										Proper	ties:		
Incom	ne:							Α		В			С
3	Rents received	1. L				3		6	00.	3	0,000.		
4	Royalties rece	ived .				4							
Exper	ises:												
5						5							
6		-		-		6							
7	-					7		2,4	60.				
8						8							
9						9							
10	-					10							
11					· · · · · · · · · · · · · · · · · · ·	11		1,5	60.		F 00C		
12					(see instructions)	12 13					5,826.		
13 14						13		0 5	60.				
14	Supplies					14			60.				
15 16						16		و, ر	50.				
17						17		9.1	20.				
18						18		27-					
19	Other (list)					19							
20		s. Add	lin	es 5 through 1	19	20		32,6	60.		5,826.		
21	Subtract line 2	0 from	lir	ne 3 (rents) and	d/or 4 (royalties). If								
		s), see	ins	structions to fi	nd out if you must	21		-32,0	60.	2	4,174.		
22					er limitation, if any,	22	(	32,06	50.)	(	)	(	
23a				-	3 for all rental prope		··		23a		0,600.		
b					4 for all royalty prop				23b				
с					12 for all properties				23c		5,826.		
d					18 for all properties				23d				
е	Total of all am	ounts r	ер	orted on line 2	20 for all properties				23e	3	8,486.		
24	Income. Add	positive	e a	mounts show	n on line 21. <b>Do no</b> t	<b>t</b> inclu	de any lo	sses			. 24		24,174
25	Losses. Add ro	ovaltv lo	ss	es from line 21	and rental real estat	e loss	es from lir	ne 22. E	nter to	tal losses he	re <b>25</b>	(	32,060.

26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . -32,060. NPA

-7,886. 26

Schedu	le E (Form	1040) 2023				Attachment	Seque	nce No.	13					Page 2	
Name(s)	) shown or	n return. Do not enter name and	d social sec	urity number	if show	n on other s	ide.					Your soc	ial security	number	
MANC	ј к к	ONDAM & SWAPNA K	OLMI									149-1	L5-3349	9	
Cautio	on: The	IRS compares amounts	reported	on your ta	ıx retu	urn with a	moun	ts shov	vn o	on Sc	hedule(s) K- <sup>-</sup>	1.			
Part		ncome or Loss From													
		ote: If you report a loss, re le box in column (e) on line													
		mount is <b>not</b> at risk, you <b>m</b>													
27	Are voi	u reporting any loss not	allowed	in a prior	vear c	due to the	at-ris	sk or ba	asis	limit	ations, a pric	or vear	unallowe	d loss from a	
		e activity (if that loss wa													
	see ins	tructions before comple	eting this	section										Yes 🗵 No	
28		(a) Name				Enter <b>P</b> for nership; <b>S</b>		heck if eign			Employer		Check if omputation	(f) Check if any amount is	
						corporation		nership	id	lentific	ation number		equired	not at risk	
Α	_	VALLEY FOODS LLC				P					L228883		<u> </u>		
B		rville Meat Baza	ar LLC			P					3958317		<u> </u>		
C	_	ORS LLC				P					L169507		<u> </u>		
D	AMRU	TH FOODS LLC				S					3144460	l			
		Passive Income Passive loss allowed									Section 179 exp		-		
		ch Form 8582 if required)		assive income Schedule K-		(i) Nonpa (see \$		ile K-1)	ea		uction from For			assive income chedule K-1	
Α								3,32	5.						
В														9,071.	
С							2	24,173	3.						
D								230	Э.						
<b>29</b> a	Totals													9,071.	
b	Totals						2	27,728	8.						
30		olumns (h) and (k) of line										30	<u> </u>	9,071.	
31		olumns (g), (i), and (j) of li										31	(	27,728.)	
32		partnership and S corp				). Combin	ie line	s 30 ar	nd 3	1		32	·	-18,657.	
Part	u ir	ncome or Loss From	Estates	s and Tru	Sts								(h) [	-	
33	(a) Name							(b) Employer identification number							
Α															
В															
				and Loss							npassive In				
	(c)	Passive deduction or loss allo (attach Form 8582 if required)				e income dule K-1					on or loss dule K-1		(f) Other income from Schedule K-1		
Α			,						-					-	
В															
34a	Totals														
b	Totals														
35	Add co	lumns (d) and (f) of line	34a .									35			
36		olumns (c) and (e) of line										36	(	)	
37		estate and trust income										37			
Part	IV Ir	ncome or Loss From	Real E	state Mo	rtgag								al Holde	er	
38		<b>(a)</b> Name			Employ			ss inclusi <b>Iules Q</b> , I			(d) Taxable in (net loss) fr	come om		come from	
				identific	ation n	umber	(see	instructio	ons)		Schedules Q,	line 1b	Schedu	iles Q, line 3b	
39	Combi	ne columns (d) and (e) o	nly Enta	r the requil	hore	and inclu	de in	the tot	al	n line	11 bolow	39	+		
Part			iniy. Ente	r the result	nere	and inclu	ue in	the tota		1 line	41 Delow .	39			
40		m rental income or (loss	) from <b>E</b>	orm 4835	Also	complete	line /					40			
41		ncome or (loss). Combi	,			•							+		
										- anu		41		-26,543.	
42	•	ciliation of farming a						s i						, 0 10 .	
		and fishing income rep													
		1065), box 14, code B; S													
		d Schedule K-1 (Form 10						. 42	2						
43		ciliation for real estate													
		sional (see instructions													
		ed anywhere on Form													
		Il rental real estate activity													
	unaer t	he passive activity loss	rules .	· · ·		<u> </u>		. 43	5						

SCHE	DULE	SE
(Form	1040)	

## Self-Employment Tax

OMB No. 1545-0074

1040)			9 <b>077</b>	
ent of the Treasury	Attach to Form 1040, 1040-SR, 1040-SS, or 1040-NR.		Δ	
Revenue Service	Go to www.irs.gov/ScheduleSE for instructions and the latest information	on.	S	equence No. 17
f person with self-en				
PNA KOLMI		ant income	88	8-43-5486
	• •			
		ions for how t	to re	port your income
\$400 or more	of other net earnings from self-employment, check here and continue with Par			
			I	
box 14, code A	Α	[	1a	
			1b	)
ne 2 if you use t	the nonfarm optional method in Part II. See instructions.			
			2	9,071.
			3	9,071.
If line 3 is more	e than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from I	ine 3 . 🧹	4a	8,377.
Note: If line 4a	is less than \$400 due to Conservation Reserve Program payments on line 1b, see in	structions.		
If you elect on	e or both of the optional methods, enter the total of lines 15 and 17 here	4	4b	
			4c	8,377.
Enter your ch	urch employee income from Form W-2. See instructions for			
			5b	0.
			6	8,377.
Maximum amo				
		-	7	160,200
Total social se and railroad re	ecurity wages and tips (total of boxes 3 and 7 on Form(s) W-2) etirement (tier 1) compensation. If \$160,200 or more, skip lines	11 200		
		11,200.		
	,		Bd	11,200.
				149,000.
			-	1,039.
	• · · · · ·			243.
			12	1,282.
Multiply line 1	2 by 50% (0.50). Enter here and on Schedule 1 (Form 1040),			
	A columnation of the Treasury Revenue Service person with self-emport PNA KOLMI Self-Emport If your only income e definition of columnation and 1b in Net farm profition box 14, code of the you received Program payment the farm profition (Information Net farming). See in Combine liness If line 3 is more Note: If line 4a If you elect on Combine liness less than \$400 Enter your chr definition of chr Multiply line 5a Add lines 4c a Maximum amount the 6.2% portition Total social sea and railroad real 8b through 10 Unreported tip Wages subject Add lines 8a, 8 Subtract line 8 Multiply line 6 Self-employm Form 1040-SS Deduction for	Attach to Form 1040, 1040-SR, 1040-SS, or 1040-NR.           Go to www.irs.gov/ScheduleSE for instructions and the latest information person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)         Social security num with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)         Social security num with self-employment Tax           Image: Self-Employment Tax         Colspan="2">Social security num with self-employment Tax           If you are a minister, member of a religious order, or Christian Science practitioner and you \$400 or more of other net earnings from self-employment, check here and continue with Par here at a and 1b if you use the farm optional method in Part II. See instructions.           Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (For box 14, code A         Conservatio           If you see the nonfarm optional method in Part II. See instructions.         Net farm profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (farming). See instructions for other income to report or if you are a minister or member of a religion of or use instructions for other income to report or if you are a minister or member of a religion self-employment tax. Exc less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions for definition of church employee income         See instructions for definement (fier 1) compensation. If \$100, enter -0-         See instructions for definement (fier 1) compensation. If \$100, 200 or more, skip lines 35 and 17 here         See instructions for definition of church employee income         See instructions for See and the flexe s	Attach to Form 1040, 1040-SR, 1040-SS, or 1040-NR.           Go to www.irs.gov/ScheduleSE for instructions and the latest information.           person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)         Social security number of person with self-employment income           Self-Employment Tax           If you only income subject to self-employment tax is church employee income, see instructions for how edifinition of church employee income.         Social security number of a religious order, or Christian Science practitioner and you filed Form 4           #400 or more of other net earnings from self-employment, check here and continue with Part 1         Social security number of a religious order, or Christian Science practitioner and you filed Form 4           #10 you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4         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         Part 11. See instructions.           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         Combine lines 1a, 1b, and 2.           If ine 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3         Attach to a self-employment tax. Exception: If            See i	Attach to Form 1040, 1040-SR, 1040-SS, or 1040-NR.       Attach to Form 1040, 1040-SR, 1040-SS, or 1040-NR.       Attach to Form 1040, 1040-SR, 1040-SS, or 1040-NR.         Person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)       Social security number of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)       Social security number of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)       Social security number of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)         If you only income subject to self-employment tax is church employee income, see instructions for how to ree definition of church employee income.       If you create a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 \$400 or more of other net earn optional method in Part II. See instructions.         Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 20, code AQ       1a         If you use the nonfarm optional method in Part II. See instructions.       1a         Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 20, code AQ       1b         If ine 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3       4a         Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.       4a         Combine lines 4 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 sel

line 15 . . . .

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

Schedule SE (Form 1040) 2023

13

641

Schedule SE (Form 1040) 2023		Page <b>2</b>
Part II Optional Methods To Figure Net Earnings (see instructions)		
<b>Farm Optional Method.</b> You may use this method <b>only</b> if <b>(a)</b> your gross farm income <sup>1</sup> wasn't more tha \$9,840, <b>or (b)</b> your net farm profits <sup>2</sup> were less than \$7,103.	n	
14 Maximum income for optional methods	14	6,560
<b>15</b> Enter the <b>smaller</b> of: two-thirds ( <sup>2</sup> / <sub>3</sub> ) of gross farm income <sup>1</sup> (not less than zero) <b>or</b> \$6,560. Also, includ this amount on line 4b above		
<b>Nonfarm Optional Method.</b> You may use this method <b>only</b> if <b>(a)</b> your net nonfarm profits <sup>3</sup> were less than \$7,10 and also less than 72.189% of your gross nonfarm income, <sup>4</sup> <b>and (b)</b> you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. <b>Caution:</b> You may use this method no more than five times.		
<b>16</b> Subtract line 15 from line 14	16	
17 Enter the smaller of: two-thirds ( <sup>2</sup> / <sub>3</sub> ) of gross nonfarm income <sup>4</sup> (not less than zero) or the amount or line 16. Also, include this amount on line 4b above		
<sup>1</sup> From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B. <sup>3</sup> From Sch. C, line 31; and Sch. K-1 (Form	1065), bo	ox 14, code A.
<sup>2</sup> From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A-minus the amount <sup>4</sup> From Sch. C, line 7; and Sch. K-1 (Form you would have entered on line 1b had you not used the optional method.	065), box	14, code C.

BAA

REV 03/07/24 PRO

Schedule SE (Form 1040) 2023

SCHEDULE 8812 (Form 1040)

Department of the Treasury

## **Credits for Qualifying Children** and Other Dependents

OMB No. 1545-0074

Attach to F	orm 1040	1040-SB o	1040-NR
Allacii lu i	01111 1040,	1040-311, 0	1040-1411.

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

20 6 Attachment Sequence No. 47

Internal I	Revenue Service Go to www.lrs.gov/scnedule8812 for instructions and the latest information.		S	sequence No. 41
Name(s)	shown on return	Your	social	security number
MANOJ	K KONDAM & SWAPNA KOLMI	149.	-15-	3349
Par	Child Tax Credit and Credit for Other Dependents			
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	230,930.
2a	Enter income from Puerto Rico that you excluded			
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.		
с	Enter the amount from line 15 of your Form 4563			
d	Add lines 2a through 2c		2d	0.
3	Add lines 1 and 2d	. [	3	230,930.
4	Number of qualifying children under age 17 with the required social security number 4	2		
5	Multiply line 4 by \$2,000		5	4,000.
6	Number of other dependents, including any qualifying children who are not under age			
	17 or who do not have the required social security number	0		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid	lent		
	alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500 $\ldots$		7	
8	Add lines 5 and 7		8	4,000.
9	Enter the amount shown below for your filing status.			
	• Married filing jointly—\$400,000			
	• All other filing statuses—\$200,000 \$		9	400,000.
10	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. $\int$	. 1	10	0.
11	Multiply line 10 by 5% (0.05)		11	0.
12	Is the amount on line 8 more than the amount on line 11?		12	4,000.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit	edit.		
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
	<b>Yes.</b> Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from Credit Limit Worksheet A	ł	13	24,637.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents		14	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 addition	aal ak	ild to	v aradit

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.

For Paperwork Reduction Act Notice, see your tax return instructions. REV 03/07/24 PRO Schedule 8812 (Form 1040) 2023 BAA

Schedu	ıle 8812 (Form 1040) 2023		Page <b>2</b>
Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lin	e 27	🔲
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,600.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	<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.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	<b>No.</b> Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result       19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots$	20	
	Next. On line 16b, is the amount \$4,800 or more?		
	<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		
	smaller of line 17 or line 20 on line 27.		
	Yes. 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.		
Part		IS OT H	vuerto Rico
21	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	-	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
22	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22	-	
23	Add lines 21 and 22	-	
24	<b>1040 and</b> <b>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.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
23 26	Enter the <b>larger</b> of line 20 or line 25	23	
-0	Next, enter the smaller of line 17 or line 26 on line 27.	20	
Part	II-C Additional Child Tax Credit		
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	
	•		812 (Form 1040) 2023

	Clean	Vehicle	<b>Credits</b>
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OMB No. 1545-2137

Departm	nent of the Treasury Revenue Service	Attach to your tax return. Go to <i>www.irs.gov/Form</i> 8936 for instructions and the lat	est informa	ition.	L Atta Sec	20 <b>23</b> achment quence No. <b>69</b>
	) shown on return			Identifying		
MANC	OJ K KONDAM	1 & SWAPNA KOLMI		149-1	5-33	49
Notes	Complete	a separate Schedule A (Form 8936) for each clean vehicle placed	in service	during the tax	year.	
		completing Parts II, III, or IV, must also complete Part I. See "Not	te" text bel	ow.		
Part	Modifie	d Adjusted Gross Income Amount				
1a	Enter the amo	unt from line 11 of your 2023 Form 1040, 1040-SR, or 1040-NR	1a	230,930.		
b	Enter any inco	me from Puerto Rico you excluded	1b			
С	Enter any amo	ount from Form 2555, line 45	1c			
d	Enter any amo	ount from Form 2555, line 50	1d			
е	Enter any amo	ount from Form 4563, line 15	1e			
2	Add lines 1a th	nrough 1e			2	230,930
3a	Enter the amo	unt from line 11 of your 2022 Form 1040, 1040-SR, or 1040-NR	3a	211,991.		
b	Enter any inco	me from Puerto Rico you excluded	3b			
С	Enter any amo	ount from Form 2555, line 45	3c			
d	Enter any amo	ount from Form 2555, line 50	3d			
е	Enter any amo	ount from Form 4563, line 15	3e			
4	Add lines 3a th	nrough 3e			4	211,991
5	Enter the sma	<b>ller</b> of line 2 or line 4			5	211,991
6 7	Enter the total	g surviving spouse; \$225,000 if head of household). credit amount figured in Part II of Schedule(s) A (Form 8936) . nicle credit from partnerships and S corporations (see instructions)			6 7	0
8	Business/inve	estment use part of credit. Add lines 6 and 7. Partnerships and S amount on Schedule K. All others, report this amount on Form 380	corporatio	ns, stop here	8	0
Part	<b>Note:</b> Yo qualifying	or Personal Use Part of New Clean Vehicles ou can't claim the Part III credit if Part I, line 5, is more than \$ g surviving spouse; \$225,000 if head of household).			arried	filing jointly or
9		credit amount figured in Part III of Schedule(s) A (Form 8936) .			9	7,500
10		unt from Form 1040, 1040-SR, or 1040-NR, line 18			10	32,137
11 12		ts from Form 1040, 1040-SR, or 1040-NR (see instructions) . 1 from line 10. If zero or less, enter -0- and stop here. You can't dit	claim the	personal use	11	
13	Personal use	<b>part of credit.</b> Enter the <b>smaller</b> of line 9 or line 12 here and If line 12 is smaller than line 9, see instructions	l on Scheo	dule 3 (Form	12	<u>32,137</u> 7,500
Part	V Credit f Note: Yo	or Previously Owned Clean Vehicles bu can't claim the Part IV credit if Part I, line 5, is more than g surviving spouse; \$112,500 if head of household).				
14	Enter the total	credit amount figured in Part IV of Schedule(s) A (Form 8936) .			14	
15		unt from Form 1040, 1040-SR, or 1040-NR, line 18			15	
16	Personal credi	ts from Form 1040, 1040-SR, or 1040-NR (see instructions)			16	
17	Subtract line 1	6 from line 15. If zero or less, enter -0- and stop here. You can't o	claim the P	art IV credit	17	
18		aller of line 14 or line 17 here and on Schedule 3 (Form 1040) ne 14, see instructions			18	
Part	V Credit f	or Qualified Commercial Clean Vehicles				
19	Enter the total	credit amount figured in Part V of Schedule(s) A (Form 8936) .			19	
20		mercial clean vehicle credit from partnerships and S corporations (			20	
21	Add lines 19 a	nd 20. Partnerships and S corporations, stop here and report thi eport this amount on Form 3800, Part III, line 1aa	s amount	on Schedule	21	

For Paperwork Reduction Act Notice, see separate instructions. BAA

Form **8936** 

### SCHEDULE A (Form 8936)

## **Clean Vehicle Credit Amount**

OMB No. 1545-2137

(Forn	n 8936)			20 <b>7</b> 3
		Attach to your tax return.		
	nent of the Treasury Revenue Service	Go to www.irs.gov/Form8936 for instructions and the latest informat	ion.	Attachment Sequence No. <b>69A</b>
Name(s	) shown on return		Identi	tifying number
MAN	OJ K KONDAN	1 & SWAPNA KOLMI	149	9-15-3349
Part	Vehicle	Details		
1a	Year			2023
b	Make		TES	SLA
с	Model		TES	SLA Y
2	Vehicle identifi	cation number (VIN) (see instructions) $7$ S A Y G D E E 2	2 P	F 6 7 1 5 1 7
3	Enter date veh	icle was placed in service (MM/DD/YYYY)	_01/	/15/2023
4		e used primarily outside the United States? Answer "No" if it was but an exception <b>here.</b> You can't claim a credit amount for a vehicle used primarily outside the Un		
5	Does the VIN e definitions. X Yes. Go to No. Go to		year?	See instructions for
6			2 and	J placed in service during
7		entered on line 2 belong to a <b>qualified commercial clean vehicle</b> acquired after year? See instructions for definitions. Part V.	2022	and placed in service
		ere. You can't use this schedule to figure a credit amount for a vehicle not descr	ribed o	on line 5, 6, or 7.
Part	Credit A	mount for Business/Investment Use Part of New Clean Vehicle		
8	another person	e the vehicle for use or to lease to others, and not for resale? Answer "No" if you n. here. You can't claim a credit amount for a vehicle you didn't acquire for use or to		
9	Tentative cred	it amount (see instructions)	9	7,500.
10	Business/inve	stment use percentage (see instructions)	10	%
11		by line 10. Include this credit amount on line 6 in Part II of Form 8936. If you on line 10, stop here. Otherwise, go to Part III below	11	0.
Part		mount for Personal Use Part of New Clean Vehicle	·	-
12	Subtract line 1 Part III of Form	1 from line 9 in Part II. Stop here and include this credit amount on line 9 in 8936	12	7,500.
For Pa	perwork Reduct	ion Act Notice, see the Form 8936 instructions. BAA REV 03/07/24	PRO	Schedule A (Form 8936) 2023

Schedu	le A (Form 8936) 2023	Page <b>2</b>			
Part	V 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	<ul> <li>Did you acquire the vehicle for use and not for resale? Answer "No" if you are leasing the vehicle from another person.</li> <li>Yes.</li> </ul>				
	No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or a	cquired for resale.			
С	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.	'n?			
d	Is the vehicle a qualified fuel cell motor vehicle? See instructions.  Yes. No.				
14	Enter the sales price of the vehicle	14			
15	Multiply line 14 by 30% (0.30)	15			
16	Maximum vehicle credit amount	<b>16</b> 4,000.			
17	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	17			
Part	V Credit Amount for Qualified Commercial Clean Vehicle				
18a b c	<ul> <li>Is the vehicle of a character subject to the allowance for depreciation? Answer "Yes" if the exceentities discussed in the instructions applies.</li> <li>Yes.</li> <li>No. Stop here. The vehicle is not a qualified commercial clean vehicle unless the exception</li> <li>Did you acquire the vehicle for use or to lease to others, and not for resale? Answer "No" if you another person.</li> <li>Yes.</li> <li>No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or to resale.</li> <li>Is the vehicle also powered by gas or diesel? See instructions.</li> <li>Yes.</li> <li>No.</li> </ul>	applies. are leasing the vehicle from			
19	Enter the cost or other basis of the vehicle. See instructions	19			
20	Section 179 expense deduction (see instructions)	20			
21	Subtract line 20 from line 19	21			
22	Multiply line 21 by 15% (0.15) [30% (0.30) if the answer on line 18c above is "No"]	22			
23	Enter the incremental cost of the vehicle. See instructions	23			
24	Enter the smaller of line 22 or line 23	24			
25	Maximum credit. Enter \$7,500 (\$40,000 if the vehicle's gross vehicle weight rating (GVWR) is 14,000 pounds or more)	25			
26	Enter the smaller of line 24 or line 25. Include this credit amount on line 19 in Part V of Form 8936	26			

Schedule A (Form 8936) 2023

Form <b>8867</b>	Paid Preparer's Due Diligence Checkl	ist	
	Earned Income Credit (EIC), American Opportunity Tax Credit (AO Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACT	TC), C) and	
(Rev. November 2023)	Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status		
Department of the Treasury	To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 104		
Internal Revenue Service Go to www.irs.gov/Form8867 for instructions and the latest information.			
Taxpayer name(s) shown on return		Taxpayer identifica	
MANOJ K KONDAN	1 & SWAPNA KOLMI	149-15-33	

OMB No. 1545-0074

|--|

Attachment	
Sequence No.	70

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

Part I	Due Diligence Requirements	

For Paperwork Reduction Act Notice, see separate instructions.

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).

1	Did you complete the return based on information for the applicable tax year provided by the taxpayer	Yes	No	N/A
	or reasonably obtained by you?	X		
2	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?	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.			
	• 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.			
	• 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)	X		
4	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 <b>"Yes</b> ,"			
	answer questions 4a and 4b. If " <b>No</b> ," go to question 5.)		×	
a	Did you make reasonable inquiries to determine the correct, complete, and consistent information?			
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.)			
5	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)	×		
6	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?	X		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?	X		
•	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)			
а	Did you complete the required recertification Form 8862?			
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and			
	correct Schedule C (Form 1040)?			X

REV 03/07/24 PRO

Form 8867 (Rev. 11-2023)

Form 88	367 (Rev. 11-2023)			Page <b>2</b>
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	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? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
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?			
c	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)?			
Part	<b>Due Diligence Questions for Returns Claiming CTC/ACTC/ODC</b> (If the return does not or ODC, go to Part IV.)	claim C	CTC, A	CTC,
10	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?	Yes X	No	N/A
11	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?	X		
12	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?	X		
Part		, go to	Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu tuition and related expenses for the claimed AOTC?	alified	Yes	No
Part	V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	s, go to	o Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the ta and provided more than half of the cost of keeping up a home for the year for a qualifying person?	k year	Yes	No
Part	<ul> <li>Eligibility Certification</li> <li>You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:</li> <li>A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's response.</li> </ul>		•	
	in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit( status and to figure the amount(s) of the credit(s);	s) and/c	or HOH	filing
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed;	list for a	iny app	licable
	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 88 Document Retention.	67 instri	uctions	under
	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).

15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and	Yes	No
	complete?	×	

REV 03/07/24 PRO

Form 8867 (Rev. 11-2023)

8959 Form

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

## **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 for instructions and the latest information.

OMB No. 1545-0074 202 3 Attachment Sequence No. 71

Your social security number 140 15 2240

MANC	DJ_K KONDAM & SWAPNA KOLMI		149	-15-3	349
Part	Additional Medicare Tax on Medicare Wages				
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	1	265,316	•	
2	Unreported tips from Form 4137, line 6	2		_	
3	Wages from Form 8919, line 6	3		_	
4	Add lines 1 through 3	4	265,316	•	
5	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying surviving spouse \$200,000	5	250,000		
6	Subtract line 5 from line 4. If zero or less, enter -0			-	15,316.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009).		•		
_	Part II			7	138.
Part					
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you				
	had a loss, enter -0	8	8,377	<u>'.</u>	
9	Enter the following amount for your filing status:				
	Married filing jointly.				
	Married filing separately				
	Single, Head of household, or Qualifying surviving spouse \$200,000	9	250,000		
10	Enter the amount from line 4	10	265,316		
11	Subtract line 10 from line 9. If zero or less, enter -0	11			
12	Subtract line 11 from line 8. If zero or less, enter -0				8,377.
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (				
	go to Part III			13	75.
Part		Con	npensation		
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14				
45		14		_	
15	Enter the following amount for your filing status:				
	Married filing jointly         .         .         .         .         .         \$250,000           Married filing separately         .         .         .         .         .         \$125,000				
		15			
16	Single, Head of household, or Qualifying surviving spouse \$200,000 Subtract line 15 from line 14. If zero or less, enter -0	-		16	
17	Subtract line 15 from line 14. If zero or less, enter -0				
17			•	17	
Part		· ·		17	
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), li	no 11	(Form 10/0-S	2	
10	filers, see instructions), and go to Part V				213.
Part	V Withholding Reconciliation				215.
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	19	3,846		
20	Enter the amount from line 1	20	265,316		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax			-	
	withholding on Medicare wages	21	3,847		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Add	itiona			
	withholding on Medicare wages				0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation				
	14 (see instructions)				
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also inclu	ude th	his amount wit	h 🗌	
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c				
	see instructions)			24	0.
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA		REV 03/07/24 PR	0	Form <b>8959</b> (2023)

<b>8582</b>	Pá	assive Activi	ity Loss Lim	nitations		OMB No. 1545-100	
rm       See separate instructions.         spartment of the Treasury       Attach to Form 1040, 1040-SR, or 1041.         ernal Revenue Service       Go to www.irs.gov/Form8582 for instructions and the latest information.						2023 Attachment Sequence No. 858	
ame(s) shown on return						ng number	
ANOJ K KONDAM	& SWAPNA KOLMI				149-1	15-3349	
	Passive Activity Los						
Cautio	n: Complete Parts IV ar	nd V before comple	eting Part I.				
	ctivities With Active Partice Real Estate Activities			ive participation, se	ee <b>Special</b>		
<ul><li><b>b</b> Activities with</li><li><b>c</b> Prior years' un</li></ul>	net income (enter the a net loss (enter the amo allowed losses (enter th 1a, 1b, and 1c	unt from Part IV, co ne amount from Pa	olumn (b)) rt IV, column (c))	<b>1b</b> ( <b>1c</b> (	24,174. 0.) 1	<b>d</b> 24,174	
Other Passive Ac	tivities						
<ul><li><b>b</b> Activities with</li><li><b>c</b> Prior years' un</li></ul>	net income (enter the a net loss (enter the amo allowed losses (enter th 2a, 2b, and 2c	unt from Part V, co ne amount from Pa	lumn (b)) rt V, column (c))	2b ( 2c (	)	2d	
3 Combine lines zero or more,	1d and 2d and subtra stop here and include lowed losses entered of	ct any prior year u this form with you	Inallowed CRD. S	See instructions. If es are allowed, inc	luding any schedules	<b>3</b> 24,174	
n <b>ution:</b> If your filing rt II. Instead, go to	status is married filing line 10.	oss (and line 1d is separately and yo	u lived with your	-	e during the ye	ear, <b>do not</b> comp	
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Form	8582	(2023)	
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Part V	Complete This Part Befor	e Pa	art I, Lines 2a	a, 2b,	and 2c. S	ee instruc	tions.			
		Current year		Prior years		rs Overall gain or loss				
	Name of activity	(a)	(a) Net income (b) Net (line 2a) (line 2		Net loss ne 2b)	(c) Unallowed loss (line 2c)		<b>(d)</b> Gain		(e) Loss
		<u> </u>								
		-								
Total. Enter	on Part I, lines 2a, 2b, and 2c									
Part VI	Use This Part if an Amour	nt Is	Shown on F	Part II,	Line 9. S	ee instruc	tions.			
	Name of activity	to b	m or schedule d line number be reported on e instructions)	(a)	Loss	<b>(b)</b> Ra	itio	<b>(c)</b> Special allowance		<b>(d)</b> Subtract column (c) from column (a).
		-								
Total						1.00	)			
Part VII	Allocation of Unallowed L	.oss	es. See instr	uction	S.		1			
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	<b>(a)</b> L	LOSS		( <b>b)</b> Ratio	(c	) Unallowed loss
Total								1.00		
Part VIII	Allowed Losses. See instru									
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) L	LOSS	<b>(b)</b> Ur	nallowed loss	(	c) Allowed loss
Total										

REV 03/07/24 PRO

Form **8582** (2023)



e-File DECLARATION FOR ELECTRONIC FILING



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

MANOJ	K	KONDAM	149153349
First Name	MI	Last Name	SSN/Taxpayer Identification Number
SWAPNA		KOLMI	888435486
SWAPNA Spouse's First Name	MI	Spouse's Last Name	SSN/Taxpayer Identification Number
Part I Tax Return Informati		YY )	
1. Amount of overpayment to be	applied to 2024 estima	ted tax	00
<ol> <li>Amount of overpayment to be</li> <li>Amount of overpayment to be</li> </ol>			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. To the best of my knowledge and belief, my return is true, correct and complete. I consent that my return, including accompanying schedules and statements, be sent to the Maryland Revenue Administration Division by my Electronic Return Originator or by my electronic return software provider.

Your PIN: check one box only	
X I authorize GLOBAL TAXES LLC	to enter or generate my PIN 5 3 3 4 9 Enter five digits. Do not enter all zeros.
as my signature on my tax year 2023 electronically filed income	tax return.
I will enter my PIN as my signature on my tax year 2023 electron entering your own PIN <b>and</b> your return is filed using the Practition	
Your signature	Date
Spouse's PIN: check one box only	
X I authorize GLOBAL TAXES LLC ERO firm name	to enter or generate my PIN 3 5 4 8 6 Enter five digits. Do not enter all zeros.
as my signature on my tax year 2023 electronically filed income a I will enter my PIN as my signature on my tax year 2023 electron entering your own PIN <b>and</b> your return is filed using the Practition Spouse's signature	nically filed income tax return. Check this box <b>only</b> if you are oner PIN method. The ERO must complete Part III below.
Practitioner PIN Meth	od Returns Only
Part III Certification and Authentication - Practitioner PIN Met	thod Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digi	it self-selected PIN. $2$ 2 2 4 9 6 6 1 9 8 9 all zeros.
I certify this numeric entry is my PIN, which is my signature for the ta taxpayer(s). I confirm that I am submitting this return in accordance Maryland MeF Handbook for Authorized e-file Providers.	
ERO's signature	Date

DO NOT MAIL



Only

Print Using Blue or Black Ink

Place your W-2 wage and tax statements and ATTACH HERE

order

monev

check or

Do not attach

with ONE staple.

### NONRESIDENT INCOME TAX RETURN



OR FISCAL YEAR BEGINNING 2023, ENDING 149153349 888435486 Social Security Number Spouse's Social Security Number MANOJ Κ First Name МІ KONDAM Last Name SWAPNA МІ Spouse's First Name 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 Maryland County Current Mailing Address Line 1 (Street No. and Street Name or PO Box) 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 weighted on the last day of the taxable period if you earned wages in instruction 6. NAPERVILLE IL 60564 City or Town State ZIP Code + 4 Foreign Country Name Foreign Province/State/County Foreign Postal Code FILING STATUS See Instruction 1 to determine if you are required to file. Single (If you can be claimed on another person's tax 4 Head of household СНЕСК return, use Filing Status 6.) 5. Qualifying Surviving Spouse with dependent child ONE BOX 2. X Dependent taxpayer (Enter 0 in Exemption Box (A) -Married filing joint return or spouse had no income 6 ► See Instruction 8.) 3. Married filing separately, Spouse's SSN **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 X Yes Were you a resident of another state for the entire year of 2023? If no, attach explanation. No Are you or your spouse a member of the military? Yes X No Resident or a X Nonresident return? Did you file a Maryland income tax return for 2022? X Yes No If "Yes," was it a 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.  $\blacktriangleright$  X Yourself  $\blacktriangleright$  X Spouse 0 00 Enter number checked 2 See Instruction 10 A.\$ B. 🖿 65 or over 🕨 65 or over Blind Blind Enter number checked X \$1,000 В.\$ 00 C. Enter number from line 3 of Dependent Form 502B See Instruction 10 C.\$ 2 00 00 0 4 D. Enter Total Exemptions (Add A, B and C.) **Total Amount** D.\$



### NONRESIDENT INCOME TAX RETURN



2023 Page 2

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#### MANOJ K KONDAM & SWAPNA KOLMI <sub>SSN</sub> 149153349 Name

	OME AND ADJUSTMENTS INFORMATION Instruction 11.)	(1) FEDERAL INCO (LOSS)	JME	(2) MARYLAND INCO (LOSS)	DME	(3) NON-MARYLAN INCOME (LOSS)
•	Wages, salaries, tips, etc1.	251503	00	103366	00	148137
	Taxable interest income		00		00	
	Dividend income		00		00	
	Taxable refunds, credits or offsets of state and					
	local income taxes		00			
	Alimony received		00		00	
	Business income or (loss)6.		00		00	
	Capital gain or (loss)		00		00	
	Other gains or (losses) (from federal Form 4797)8.		00		00	
	Taxable amount of pensions, IRA distributions,					
	and annuities		00			
<b>0</b> .	Rents, royalties, partnerships, estates, trusts, etc.					
	(Circle appropriate item.)	-26543	00	0	00	-26543
	Farm income or (loss)		00		00	
2.	Unemployment compensation (insurance)		00			
	Taxable amount of Social Security and					
	Tier 1 Railroad Retirement benefits		00			
4.	Other income (including lottery or other gambling					
	winnings)	6611	00	0	00	6611
5.	Total income (Add lines 1 through 14.)	231571	00	103366	00	128205
	Total adjustments to income from federal return					
	(IRA, alimony, etc.)	641	00	0	00	641
7.	Adjusted gross income (Subtract line 16 from line 15.) > 17.	230930	00	103366	00	127564
DD	ITIONS TO INCOME (See Instruction 12.)					
Q	Non-Maryland loss and adjustments.				18	27184
υ.						
	Other (Enter code letter(s) from Instruction 12.)					
9.		·	· ·		19.	0.51.04
9. 0.	Other (Enter code letter(s) from Instruction 12.) $\blacktriangleright$	•	· · ·		19. ▶ 20.	27184
9. 0. 1.	Other (Enter code letter(s) from Instruction 12.) ► Total additions (Add lines 18 and 19. See instructions.)	•	· · ·		19. ▶ 20.	27184
9. 20. 21. 50B	Other (Enter code letter(s) from Instruction 12.)► Total additions (Add lines 18 and 19. See instructions.) Total federal adjusted gross income and Maryland additions (Add	d lines 17 (Column	  1) and	20.)	19. ▶ 20. 21.	27184 258114
9. 20. 21. 50B	Other (Enter code letter(s) from Instruction 12.)► Total additions (Add lines 18 and 19. See instructions.) Total federal adjusted gross income and Maryland additions (Add TRACTIONS FROM INCOME (See Instruction 13.)	d lines 17 (Column	1) and	20.)	<ul> <li>19.</li> <li>20.</li> <li>21.</li> <li>22.</li> </ul>	27184 258114
9. 20. 21. 5UB 22. 23.	Other (Enter code letter(s) from Instruction 12.)	d lines 17 (Column	1) and	20.)	<ul> <li>19.</li> <li>20.</li> <li>21.</li> <li>22.</li> <li>23.</li> </ul>	27184 258114
9. 0. 1. UB 2. 3.	Other (Enter code letter(s) from Instruction 12.)	d lines 17 (Column	1) and	20.)	<ul> <li>19.</li> <li>20.</li> <li>.21.</li> <li>22.</li> <li>.23.</li> <li>24.</li> </ul>	27184 258114
9. 20. 21. 30B 22. 23. 24. 25.	Other (Enter code letter(s) from Instruction 12.)	d lines 17 (Column	1) and 	20.)	<ul> <li>19.</li> <li>20.</li> <li>21.</li> <li>22.</li> <li>23.</li> <li>24.</li> <li>25.</li> </ul>	27184 258114
19. 20. 21. 5UB 22. 23. 23. 24. 25. DED	Other (Enter code letter(s) from Instruction 12.)	d lines 17 (Column	1) and 	20.)	<ul> <li>19.</li> <li>20.</li> <li>21.</li> <li>22.</li> <li>23.</li> <li>24.</li> <li>25.</li> </ul>	27184 258114
9. 20. 21. 21. 22. 23. 23. 24. 25. DED	Other (Enter code letter(s) from Instruction 12.)	d lines 17 (Column	1) and 1) and 	20.)	<ul> <li>19.</li> <li>20.</li> <li>21.</li> <li>22.</li> <li>23.</li> <li>24.</li> <li>25.</li> <li>pox.)</li> </ul>	27184 258114
19. 20. 21. 50B 22. 23. 24. 25. 25. 26.	Other (Enter code letter(s) from Instruction 12.)	d lines 17 (Column d lines 17 (Column land income. (Subtra select one method a 6a.)	1) and 1) and and the 26a.	20.)	<ul> <li>19.</li> <li>20.</li> <li>21.</li> <li>22.</li> <li>23.</li> <li>24.</li> <li>25.</li> <li>pox.)</li> </ul>	27184 258114
9. 20. 21. 50B 22. 23. 24. 25. 25. 26.	Other (Enter code letter(s) from Instruction 12.)	d lines 17 (Column d lines 17 (Column land income. (Subtra select one method a 6a.)	1) and 1) and and the 26a. 26b.	20.)	19. ▶ 20. 21. ▶ 22. 23. ▶ 24. 25. 	27184 258114
19. 20. 21. 50B 22. 23. 24. 25. 25. 26.	Other (Enter code letter(s) from Instruction 12.)	d lines 17 (Column	1) and act line and che 26a. 26b. 26c.	20.)	19. ▶ 20. 21. ▶ 22. 23. ▶ 24. 25. 	27184 258114
19. 20. 21. 50B 22. 23. 24. 25. DED 26.	Other (Enter code letter(s) from Instruction 12.)	d lines 17 (Column	1) and 1) and and che 26a. 26b. 26c. 26d.	20.)	19. ▶ 20. 21. ▶ 22. 23. ▶ 24. 25. DOX.) 00 00 00 00 00	27184 258114
9. 20. 21. 22. 23. 24. 25. DED	Other (Enter code letter(s) from Instruction 12.)	d lines 17 (Column d lines 17 (Column land income. (Subtra- celect one method a 6a.) $\downarrow$ $\downarrow$ $\downarrow$ $\downarrow$ $\downarrow$ $\downarrow$ $\downarrow$ $\downarrow$ $\downarrow$ $\downarrow$	1) and 1) and act line and che 26a. 26b. 26c. 26c. 26d. n worksl	20.)	19. ▶ 20. 21. ▶ 22. 23. ▶ 24. 25. 	27184 258114 258114 258114
9. 20. 21. 22. 23. 24. 25. 25. 26.	Other (Enter code letter(s) from Instruction 12.)	d lines 17 (Column d lines 17 (Column land income. (Subtra- celect one method a 6a.) $\blacktriangleright$ ad d.) X lule A)	1) and 1) and act line and che 26a. 26b. 26b. 26c. 26d. n worksl	20.)	19. ▶ 20. 21. ▶ 22. 23. ▶ 24. 25. 	27184 258114 258114 258114 32194
9. 0. 11. 208 22. 33. 44. 25. DED 66.	Other (Enter code letter(s) from Instruction 12.)	d lines 17 (Column d lines 17 (Column land income. (Subtra- celect one method a 6a.) $\downarrow$ $\square$ hd d.) $\blacksquare$ $\square$ $\square$ $\square$ $\square$ $\square$ $\square$ $\square$ $\square$ $\square$ $\square$	1) and 1) and act line and che 26a. 26b. 26c. 26c. 26d. n worksl 	20.)	19. ▶ 20. 21. ▶ 22. 23. ▶ 24. 25. 	27184 258114 258114 258114 258114 225920 0
9. 0. 1. UB 2. 3. 4. 5. DED 6. 7.	Other (Enter code letter(s) from Instruction 12.)	d lines 17 (Column d lines 17 (Column eland income. (Subtra- select one method a 6a.) $\square$ d d.) $\square$ lule A) $\square$ $\square$ $\square$ $\square$ $\square$ $\square$ $\square$ $\square$ $\square$ $\square$	1) and 1) and and che 26a. 26b. 26b. 26c. 26d. n worksl	20.)	19. ▶ 20. 21. ▶ 22. 23. ▶ 24. 25. 	27184 258114 258114 258114 258114 225910 0 1.000000
9. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29.	Other (Enter code letter(s) from Instruction 12.)	d lines 17 (Column d lines 17 (Column land income. (Subtra- select one method a 6a.) $\downarrow$ $\downarrow$ $\downarrow$ $\downarrow$ $\downarrow$ $\downarrow$ $\downarrow$ $\downarrow$ $\downarrow$ $\downarrow$	1) and 1) and and cha 26a. 26b. 26c. 26d. n worksl 	20.)	19. ▶ 20. 21. ▶ 22. 23. ▶ 24. 25. DOX.) 00 00 00 00 00 00 00 27. 28. 29. 30.	27184 258114 258114 258114 258114 225910 0 1.000000
9. 20. 21. 23. 24. 25. 25. 25. 26. 27. 28. 29. 20. 21. 29. 20. 21. 29. 20. 21. 29. 20. 21. 29. 20. 21. 29. 20. 21. 29. 20. 20. 20. 20. 20. 20. 20. 20. 20. 20	Other (Enter code letter(s) from Instruction 12.)	d lines 17 (Column d lines 17 (Column land income. (Subtra- celect one method a 6a.) $\downarrow$ $\downarrow$ $\downarrow$ $\downarrow$ $\downarrow$ $\downarrow$ $\downarrow$ $\downarrow$ $\downarrow$ $\downarrow$	1) and 1) and act line and che 26a. 26b. 26c. 2	20.)	19. ▶ 20. 21. ▶ 22. 23. ▶ 24. 25. DOX.) 00 00 00 00 00 00 00 27. 28. 29. 30.	27184 258114 258114 258114 258114 225920 0 1.000000 0
9. 20. 21. 22. 23. 24. 25. 25. 25. 26. 27. 28. 29. 20. 21. 20. 21. 23. 24. 25. 26. 27. 28. 29. 20. 21. 21. 21. 21. 21. 22. 23. 24. 25. 25. 26. 27. 27. 27. 27. 27. 27. 27. 27. 27. 27	Other (Enter code letter(s) from Instruction 12.)	d lines 17 (Column d lines 17 (Column land income. (Subtra- celect one method a 6a.) $\downarrow$ $\downarrow$ $\downarrow$ $\downarrow$ $\downarrow$ $\downarrow$ $\downarrow$ $\downarrow$ $\downarrow$ $\downarrow$	26b. 26d. 26d. 26d. 26d. 26d.	20.)	19. ▶ 20. 21. ▶ 22. 23. ▶ 24. 25. 	27184 258114 258114 258114 258114 225920 0 1.000000 0 225920
9. 30. 31. 32. 33. 34. 35. 35. 36. 37. 38. 39. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 30. 31. 32. 33. 34. 35. 36. 37. 37. 37. 37. 37. 37. 37. 37	Other (Enter code letter(s) from Instruction 12.)	d lines 17 (Column         d lines 17 (Column         land income. (Subtration         relect one method a         6a.)         md d.)         X         lule A)         1, 000000 (from         Instruction 10         on Form 505NR.         CORE CONTINUING         5NR.)	1) and 1) and act line and che 26a. 26b. 26c. 26d. aworksl 	20.)	19. ▶ 20. 21. ▶ 22. 23. ▶ 24. 25. 	27184 258114 258114 258114 258114 225920 0 1.000000 0 225920 4330
9. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. MAR 22.	Other (Enter code letter(s) from Instruction 12.)	d lines 17 (Column         d lines 17 (Column         land income. (Subtration         select one method a         6a.)         md d.)         X         lule A)         1, 000000 (from         Instruction 10         on Form 505NR.         FORE CONTINUING         5NR.)         Form 505NR.)	1) and 1) and 1) and act line and che 26a. 26b. 26b. 26c. 26d. n worksl 	20.)	19. ▶ 20. 21. ▶ 22. 23. ▶ 24. 25. DOX.) 00 00 00 00 00 00 00 00 00 0	27184 258114 258114 258114 2258114 225920 0 1.000000 0 225920 0 225920 4330 2002
19. 20. 21. 3UB 22. 23. 24. 25. DED 26. 27. 28. 29. 30. 31. MAR 32.	Other (Enter code letter(s) from Instruction 12.)	d lines 17 (Column d lin	1) and 1) and 1) and act line and che 26a. 26b. 26c. 26d. 26d. 1000000000000000000000000000000000000	20.)	19. ▶ 20. 21. ▶ 22. 23. ▶ 24. 25. 	27184 258114 258114 258114 2258114 225920 0 1.000000 1.000000 0 225920 0 1.000000 1.000000 0 225920 4330 2002



### NONRESIDENT INCOME TAX RETURN



2023 Page 3

Name MANOJ K KONDAM & SWAPNA KOLMI SSN 149153349

Name MANUJ K KUNDAM & SWAPNA KULMI SSN					
34. Other income tax credits for individuals from Part AA					00
<b>35.</b> Business tax credits					
36. Total credits (Add lines 33 through 35.)					00
37. Maryland tax after credits (Subtract line 36 from line					00
38. Contribution to Chesapeake Bay and Endangered Spe				00	
39. Contribution to Developmental Disabilities Services and				00	
40. Contribution to Maryland Cancer Fund (See Instruction				00	
41. Contribution to Fair Campaign Financing Fund (See In	nstruction 21.) .	· · · · · · · · · · · · · · · • 41		00	
42. Total Maryland income tax and contributions (Ad	dd lines 37 throu	ugh 41.)	· · · .42		00
43. Total Maryland tax withheld (Enter total from your V	V-2 and 1099 f	orms and attach if MD tax is withhe	ld.)▶ 43.	6655	•
44. 2023 estimated tax payments, amount applied from	•				
Form MW506NRS					
45. Nonresident tax paid by pass-through entities (Attac	h Maryland So	hedule K-1 (510/511))	▶ 45		•
46. Refundable income tax credits from Part CC, line 10	of Form 502CR	(Attach Form 502CR. See Instruction	22.) . <b>46.</b> _		•
47. Total payments and credits (Add lines 43 through 46	.)		47	6655	•
48. Balance due (If line 42 is more than line 47, subtract	line 47 from lir	ne 42.)	▶ 48		•
49. Overpayment (If line 42 is less than line 47, subtract	line 42 from lir	ne 47.)	▶ 49	323	•
50. Amount of overpayment TO BE APPLIED TO 2024	ESTIMATED TA	<b>x</b>	▶ 50.		•
51. Amount of overpayment TO BE REFUNDED TO YOU	(Subtract line 5	50 from line 49.) See line 54 REFUI	ND ▶ 51.	323	•
52. Interest charges from Form 502UP or	for late filing _	(See Instruction 23.) Tota	I.►52		•
Check here if you are attaching Form 502	JP.				
53. TOTAL AMOUNT DUE (Add line 48 and line 52.) IF	\$1 OR MORE,	PAY IN FULL WITH THIS RETURN.			
Include Form PV			▶ 53.		
<b>54a.</b> Type of account: $\blacktriangleright$ X Checking Savings 002912102670		<ul> <li>Routing Number (9-digits)</li> </ul>	081904	808	
54c. Account Number ►	540	d. Name(s)as it appears	on the bank a	account	
Check here if you authorize your preparer to discuss electronically. Check here ► if you agree to receive yo perjury, I declare that I have examined this return, including correct and complete. If prepared by a person other than taxp	ur 1099G Income accompanying sc	e Tax Refund statement electronically (See hedules and statements and to the best of	Instruction 2 my knowled	25). Under penalties ge and belief it is tru	
Your signature	Date	Spouse's signature		Date	
0005100050					
► 2035129258	-	VENKATA SAI PAVAN KUMA			
Taxpayer(s) daytime phone number		Signature of Preparer other than taxpaye	r (Requirea i	by Law)	
245 ROONEY CT		GLOBAL TAXES LLC			
Street address of Preparer/Firm		Printed name of the Preparer/Firm's name	e		
E BRUNSWICK NJ 08816		6789659522	▶ P024	70833	
City, State, ZIP Code + 4		Telephone number of Preparer	-	r's PTIN (Required by	law)
		F	CODE NU	MBERS (3 digits per l	ine)



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

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

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

MARYLAND FORM **505NR**  **NONRESIDENT INCOME TAX** CALCULATION ATTACH TO YOUR TAX RETURN



2023

MAN First Na		MI	KONDAM Last Name		149153349 Social Security Number
<b></b>					
	PNA e's First Name	MI	KOLMI Spouse's Last Name		888435486 Spouse's Social Security Nun
			5NR Instructions appearing on page 5NR Instructions appearing in Instruc		orm 515 Instructio
PAR	TI – CALCULATION OF TAX V	VITHOU	T ALLOWING CERTAIN MODIFICATI	ONS	
1.	Enter Taxable net income from For	orm 505,	line 31 (or Form 515, line 32)	1.	
2.	Enter tax from Tax Table or Com	outation \	Norksheet Schedules I or II. Continue to	Part II 2.	10998 (
PAR	TII – CALCULATION OF MAR	YLAND	ГАХ		
3.	Enter your federal adjusted gross				
За.	Earned Income (See instructions.	)	▶ 3a	232435 00	
4.	Enter your federal adjusted gross	income	olus additions from Form 505 (or 515) lir	ne 21 4.	258114 (
5.	Enter the Taxable Military Income	e of a Nor	resident from line 22 of Form 505	5.	(
6а.	Enter your subtractions from line	23 of For	m 505 or Form 515	6a.	(
6b.	Enter non-Maryland income from	Form 50	5 (or 515) not included on lines 5		
	or 6a of this form (See instruction	ns.)		►6b.	154748 (
7.	Add lines 5 through 6b			7.	154748
8.	Maryland Adjusted Gross Income.	Subtract	line 7 from line 4	8.	103366
	If you are using the standard	deductio	n, recalculate the standard		
	deduction based on the incom	e on line	8 and enter on line 8a8a.	0 0	
9.			ine 3. The factor cannot exceed 1.00000		
	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 d	eduction,	multiply the standard		
	deduction on line 8a by line 9 d	of this for	m and enter on line 10a 10a.	0 0	
	If you are itemizing your deduc				
	Form 505, line 26d, by line 9 o	f this forr	n and enter on line 10b 10b.	14410 00	
	Form 515 Users, see Instruc				
11.	Net income (Subtract line 10a or	10b from	line 8.)	11.	88956
12.	Exemption amount. Multiply the t	otal exen	ption amount on Form 505, line 28		
			•		0 (
13.	-		e 12 from line 11.)		
			prm		
			nount on line 13 on this form by line 1.		
			0 or less, the factor is 0		393750
16.			Enter this amount on Form 505, line 32a		•
			· · · · · · · · · · · · · · · · · · ·		4330 (
17.			this form by 0.0225. Enter this amount		
			ss, enter 0		2002

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	0.0	)



**Dependents' Information** (Attach to Forms 502, 505 or 515.)



1491533		8884354				
Your Social S	Security Number	Spouse's So	cial Security Number			
MANOJ			К			
Your First Na	ame		MI			
KONDAM						
Your Last Na	ame					
SWAPNA						
Spouse's Fire	st Name		MI			
KOLMI						
Spouse's Las	st Name					
Summary	v					
3. Total d	ependent exemptio	ns (Add lines	1 and 2 and enter	the total her	re and on line	(C) of the
Depende	nts (If a dependen	t listed below	is age 65 or over,	check both	4 and 5.)	
First	t Name	MI	Last Name			<b>N</b>
▶ 1. KR	ITHIE	<b>&gt;</b>	KONDAM			Check here if this dependent
	ial Security Number	Relationship		Regular	65 or over	does not have health care coverage
▶ 2. 04	6131260	3. DAUGHTE		4. <u>X</u>	5	DOB (MM/DD/YYYY)
First	t Name	MI	Last Name			
▶ 1. SH	RITHA		KONDAM			Check here I if this dependent
	ial Security Number	Relationship		Regular	65 or over	does not have health care coverage
▶ 2. 69	1286511	3. DAUGHTE	lR	4. X	5	DOB (MM/DD/YYYY)
Fired	t Nama	MT	Last Name			
► 1.	t Name	MI	Last Name			Check here 🕨 📄 if this dependent
Soc	ial Security Number	Relationship		Regular	65 or over	does not have health care coverage
2.		3.		4.	5	DOB (MM/DD/YYYY)
	t Name	MI	Last Name			
▶ 1.						Check here If this dependent does not have health care coverage
	ial Security Number	Relationship		Regular 4	65 or over	DOB (MM/DD/YYYY)
2.		3		4	5	
First	t Name	MI	Last Name			
▶ 1.	-					Check here 🕨 📄 if this dependent
Soc	ial Security Number	Relationship		Regular	65 or over	does not have health care coverage
▶ 2		3.		4	5	DOB (MM/DD/YYYY)
First	t Name	MI	Last Name			Check here  if this dependent
r —	ial Coourity Number	Deletionati		Desular	65 or	does not have health care coverage
	ial Security Number	Relationship 3.		Regular 4.	65 or over 5	DOB (MM/DD/YYYY)
2.						



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. Α

E	MAN( SWA) 364 NAP 3 Fili 2 Ch	11. 医心下的 医白色 医白色的 医白色的 医白色的 医白色的 医白色的 医白色的 医白色的	ns. 🗌 You 🔲 S	pouse	
					le dollars only)
	5te 1 2 3 4	<b>2: Income</b> Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. Federally tax-exempt interest and dividend income from your federal Form 1040 or 104 Other additions. <b>Attach</b> Schedule M. <b>Total income</b> . Add Lines 1 through 3.	0-SR, Line 2a.	1 2 3 4	230,930.00 .00 230,930.00
T	Ste	3: Base Income			
•	5	Social Security benefits and certain retirement plan income received if included n Line 1. <b>Attach</b> Page 1 of federal return.	5	.00	
her	6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.	6	.00	
ns l	7	Other subtractions. <b>Attach</b> Schedule M.	7	.00	
orn	8	Add Lines 5, 6, and 7. This is the total of your subtractions.		8	.00
66	9	Illinois base income. Subtract Line 8 from Line 4.		9	230,930.00
Staple W-2 and 1099 forms here		4: Exemptions - See instructions for income limitations a Enter the exemption amount for yourself and your spouse. See instructions. b Check if 65 or older: ☐ You + ☐ Spouse # of checkboxes X \$1,000 = c Check if legally blind: ☐ You + ☐ Spouse # of checkboxes X \$1,000 = d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC. Exemption allowance. Add Lines 10a through 10d.	c	<u>.00</u> .00	9,700 <u>.00</u>
S	Ste	5: Net Income and Tax			
	11	Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255. Income tax. Add Lines 12 and 13. Cannot be less than zero.	. <b>Attach</b> Schedule N	IR. <b>11</b> 12 13 14	221,230.00 10,951.00 .00 10,951.00
04(	Ste	6: Tax After Nonrefundable Credits			
Staple your check and IL-1040-V	15 16 17 18 19	Income tax paid to another state while an Illinois resident. <b>Attach</b> Schedule CR. Property tax, K-12 education expense, and volunteer emergency worker credit amount from Schedule ICR. <b>Attach</b> Schedule ICR. Credit amount from Schedule 1299-C. <b>Attach</b> Schedule 1299-C. Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amoun <b>Tax after nonrefundable credits.</b> Subtract Line 18 from Line 14.	16 17	3.00 .00 .00 <b>18</b> <b>19</b>	5,213.00 5,738.00
ur	Ste	7: Other Taxes			
<ul> <li>Staple yc</li> </ul>	20 21 22 23	Household employment tax. See instructions. Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or L n the instructions. <b>Do not</b> leave blank. Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licer <b>Total Tax</b> . Add Lines 19, 20, 21, and 22.		20 21 22 23	.00 0.00 .00 5,738.00
		-1040 Front (R-12/23) Printed y authority of the state of Illinois. Iectronic only, one copy. This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.			





<b>24</b> Total tax from Page 1, Line 23.		<b>24</b> 5,738.00					
Step 8: Payments and Refundable Credit							
25 Illinois Income Tax withheld. Attach Schedule IL-WIT.	<b>25</b> <u>7,087</u>	.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					
<b>28</b> Pass-through entity tax credit. <b>Attach</b> 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	2. <b>29</b> .	.00					
30 Total payments and refundable credit. Add Lines 25 through 29.		<b>30</b> 7,087.00					
Step 9: Total							
<b>31</b> If Line 30 is greater than Line 24, subtract Line 24 from Line 30.		<b>31</b> 1,349.00					
<b>32</b> 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							
<b>33</b> 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>b</b> Check if you or your spouse are 65 or older and permanently living in a nursing	g home.						
c Check if your income was not received evenly during the year and you annuali	-	n IL-2210.					
Attach Form IL-2210.							
Allach Folli IL-2210.							
	n the previous tax year.						
<ul> <li>d Check if you were not required to file an Illinois Individual Income Tax return in</li> <li>34 Voluntary charitable donations. Attach Schedule G.</li> </ul>		.00					
d 🔲 Check if you were not required to file an Illinois Individual Income Tax return in		.00 <b>35</b> 0					
<ul> <li>d Check if you were not required to file an Illinois Individual Income Tax return in</li> <li>34 Voluntary charitable donations. Attach Schedule G.</li> <li>35 Total penalty and donations. Add Lines 33 and 34.</li> </ul>							
<ul> <li>d Check if you were not required to file an Illinois Individual Income Tax return in</li> <li>34 Voluntary charitable donations. Attach Schedule G.</li> <li>35 Total penalty and donations. Add Lines 33 and 34.</li> <li>Step 11: Refund or Amount you owe</li> </ul>	34						
<ul> <li>d Check if you were not required to file an Illinois Individual Income Tax return in</li> <li>34 Voluntary charitable donations. Attach Schedule G.</li> <li>35 Total penalty and donations. Add Lines 33 and 34.</li> <li>Step 11: Refund or Amount you owe</li> <li>36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract</li> </ul>	34	<b>35</b> 0					
<ul> <li>d ☐ Check if you were not required to file an Illinois Individual Income Tax return in Voluntary charitable donations. Attach Schedule G.</li> <li>35 Total penalty and donations. Add Lines 33 and 34.</li> <li>Step 11: Refund or Amount you owe</li> <li>36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract This is your overpayment.</li> </ul>	34 Line 35 from Line 31.	<b>35</b> 00 <b>36</b> _1,349.00					
<ul> <li>d ☐ Check if you were not required to file an Illinois Individual Income Tax return in Voluntary charitable donations. Attach Schedule G.</li> <li>35 Total penalty and donations. Add Lines 33 and 34.</li> <li>Step 11: Refund or Amount you owe</li> <li>36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract This is your overpayment.</li> <li>37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instant.</li> </ul>	34 Line 35 from Line 31.	<b>35</b> 00 <b>36</b> , 349.00					
<ul> <li>d ☐ Check if you were not required to file an Illinois Individual Income Tax return in Voluntary charitable donations. Attach Schedule G.</li> <li>35 Total penalty and donations. Add Lines 33 and 34.</li> <li>Step 11: Refund or Amount you owe</li> <li>36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract This is your overpayment.</li> <li>37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See inst</li> <li>38 I choose to receive my refund by</li> </ul>	34 Line 35 from Line 31.	<b>35</b> 00 <b>36</b> _1,349.00					
<ul> <li>d ☐ Check if you were not required to file an Illinois Individual Income Tax return in 34 Voluntary charitable donations. Attach Schedule G.</li> <li>35 Total penalty and donations. Add Lines 33 and 34.</li> <li>Step 11: Refund or Amount you owe</li> <li>36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract This is your overpayment.</li> <li>37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See inst</li> <li>38 I choose to receive my refund by a ⊠ direct deposit - Complete the information below if you check this box.</li> </ul>	34 Line 35 from Line 31. tructions.	<b>35</b> 00 <b>36</b> 1,349.00 <b>37</b> 1,349.00					
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<ul> <li>d ☐ Check if you were not required to file an Illinois Individual Income Tax return in Voluntary charitable donations. Attach Schedule G.</li> <li>35 Total penalty and donations. Add Lines 33 and 34.</li> <li>Step 11: Refund or Amount you owe</li> <li>36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract This is your overpayment.</li> <li>37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See inst</li> <li>38 I choose to receive my refund by</li> <li>a ☑ direct deposit - Complete the information below if you check this box.</li> <li>You may also contribute to college savings funds here. See instructions!</li> <li>b ☐ paper check.</li> </ul>	34 Line 35 from Line 31. tructions. X Checking or 6 7 0 on Line 31, and this amo	35 .00 36 1,349.00 37 1,349.00 Savings 39 .00					
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### 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.

Sign	Your signature Date		Date (mm/dd/yyyy)	) Spouse's signature		Date (mm/dd/yyyy)		Daytime phone number	
Here								(203) 512-9258	
	Print/Type paid preparer's name		Paid preparer's signature		Date (mm/dd/yyyy	')	Check if	Paid Preparer's PTIN	
Paid	VENKATA SAI PAVAN KUMAR DUDIPALLI			VENKATA SAI			self-employed	P02470833	
Preparer Use Only	Firm's name GLOBAL TAXES LLC				Firm's FEIN	•	88214548	7	
	Firm's address	245 ROO	NEY CT E	BRUNSWIC	KNJ 08816	Firm's phone		(678) 965	5-9522
Third	Designee's name (pl	ease print)			Designee's phone nur	nber		Check if th	e Department may
Party								eturn with the third	
Designee		( )			( )			party designee shown in this step.	

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

AP\_\_\_\_\_

RR DC IR ID



## Illinois Department of Revenue

# 2023 Schedule IL-E/EIC Illinois Exemption and Earned Income Tax Credit

amount is figured.

Attach to your Form IL-1040

## 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).

## Step 1: Provide the following information

MANOJ K KONDAM & SWAPNA KOLMI

Your name as shown on your Form IL-1040

penalties.	-	-	-	

\_ 3

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

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

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

and 2 of your federal Form 1040 or 1040-SR to this schedule.

IL Attachment No. 30

<u>1</u> <u>4</u> <u>9</u> <u>1</u> <u>5</u> 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.

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
KRITHIE	KONDAM	046-13-1260	Daughter	01/12/2009				
SHRITHA	KONDAM	691-28-6511	Daughter	06/22/2012				

**1** Multiply the total number of dependents you are claiming by \$2,425. <u>2</u> X \$2,425.

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

4,850.00

## Continue to Page 2 to calculate Illinois Earned Income Tax Credit



1



## 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 na	me 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	
	Enter your busines	alaries and tips from your fede s income or (loss) from you <b>nount on Line 2, you mus</b>	ır federal Form 1040	or 1040-SR, Sc		1 2			.00
	<ul> <li>2a Does your occupation require a city, state, or county issued professional license, registration, or certification?</li> <li>2a Yes No</li> <li>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.</li> <li>3 .00</li> </ul>								
	married filing jointl	amount on Line 3, enter you / federal return. oyee box marked on your W-		·	rom your	3a 4			
		your Illinois El				•	100		
6	for the Illinois EITC Page 3 before con Enter the amount of Line 27, <b>or</b> the am	e federal EITC, go to Line 6 c, check this box and <b>comp</b> tinuing to Line 6. See instru of federal Earned Income Ta bount from the Illinois Expan t on Line 6 by 20% (0.2).	lete the Illinois Expa ctions to find out if y ax Credit from your fo	nded EITC Wor ou qualify. ederal Form 104	ksheet on	ialify 5 6 7			.00
8	Illinois residents Nonresidents and	Enter 1.0. I <b>part-year residents:</b> Ente	er the decimal from S	Schedule NR, Li	ne 48.	8	•		
9		he decimal on Line 8. This nere and on your Form IL-1	•	<b>)</b> .		<b>→</b> 9			.00



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

Ра	rt 1 Your Earned Incom	1e - See instructions.			
1	Enter the amount from fed	leral Form 1040 or 1040-SR, Line	e 1z.	<b>•</b> 1	
2	Enter the amount from Lin	e 1 that is from medicaid waiver	payments that you don't		
		ed income (federal Form 1040 or	1040-SR, Line 1d).	◆2 <u> </u>	
-	Subtract Line 2 from Line	3			
4	Enter all of your nontaxable	<b>.</b>			
5	elect to include it in earned Add Lines 3 and 4 and ent	▼4			
•		E, go to Line 15. Otherwise, contin		5	
6	Enter the amount from fed	leral Schedule SE, Part I, Line 3.		<b>•</b> 6	
7	Enter the amount from fed	leral Schedule SE, Part I, Line 4b	and Line 5a.	<b>•</b> 7	
8	Add Lines 6 and 7 and ent	ter the result.		8	
9	Enter the amount from fed	leral Schedule SE, Part I, Line 13	i.		
10	Subtract Line 9 from Line	8 and enter the result.		10	
11	•	r (loss) from federal Schedule F,			
		edule K-1 (federal Form 1065), Bo		▼ 11	
12		s) from federal Schedule C, Line eral Form 1065), Box 14, Code A		• 12	
12	· ·	,	are filing as a statutory employee.		
	Add Lines 10, 11, 12, and		are ming as a statutory employee.		
			enter the amount from Line 5. If the total is	14	
	zero or negative, enter "0"			15	
16	Is the amount on Line 15 e	equal to or less than the amount i	n Table 1 (below) for your filing status		
	and number of qualifying o			◆ 16 Ye	s 🗌 No 🗌
	if yes, continue to Part 2.	If No, STOP; you do not qualify	tor the illinois FIIC		
	Та				
		ble 1 Federal EITC Income Lim	its		
	Ta Qualifying Children Claimed	ble 1 Federal EITC Income Lim Filing as Single, Head of			
	Qualifying Children	ble 1 Federal EITC Income Lim	its		
	Qualifying Children Claimed	ble 1 Federal EITC Income Lim Filing as Single, Head of Household, or Widowed	its Filing as Married Filing Jointly		
	Qualifying Children Claimed Zero	ble 1 Federal EITC Income Lim Filing as Single, Head of Household, or Widowed \$17,640	its Filing as Married Filing Jointly \$24,210		
	Qualifying Children Claimed Zero One	ble 1 Federal EITC Income Lim Filing as Single, Head of Household, or Widowed \$17,640 \$46,560	its Filing as Married Filing Jointly \$24,210 \$53,120		
	Qualifying Children Claimed Zero One Two Three	ble 1 Federal EITC Income Lim Filing as Single, Head of Household, or Widowed \$17,640 \$46,560 \$52,918 \$56,838	its Filing as Married Filing Jointly \$24,210 \$53,120 \$59,478		
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17 18 19 20 21	Qualifying Children Claimed         Zero         One         Two         Three         rt 2 Your Federal EITC         Enter your total earned ind         Look up the amount on Lin         to find the credit amount. If         number of qualifying children         Enter the amount from fed         Are the amounts on Lines         If Yes, skip Lines 21 and 2         If you have:         No qualifying children, is         1 or more qualifying children, is         1 or more qualifying children, is         1 Line 21 is Yes, leave Lines	ble 1 Federal EITC Income Lim Filing as Single, Head of Household, or Widowed \$17,640 \$46,560 \$52,918 \$56,838 Calculation come from Part 1, Line 15. the 17 in the federal Form 1040 In Be sure you use the correct column ren. Enter the credit amount here leral Form 1040 or 1040-SR, Line 17 and 19 the same? 22, and enter the amount from Line the amount on Line 19 less than dren, is the amount on Line 19 less the amount on Line 19 less than dren, is the amount on Line 19 less than the 22 blank and enter the amount	its Filing as Married Filing Jointly \$24,210 \$53,120 \$59,478 \$63,398 structions for Line 27, EIC Table, nn for your filing status and the correct 11 (AGI). the 18 on Line 23. If No, go to Line 21. \$9,800 (\$16,370 if married filing jointly)? ss than \$21,560 (\$28,120 if married filing t from Line 18 on Line 23. If Line 21 is No	<ul> <li>18</li> <li>19</li> <li>20 Ye</li> <li>21 Ye</li> </ul>	s 🗌 No 🗍
17 18 19 20 21	Qualifying Children Claimed         Zero         One         Two         Three         rt 2 Your Federal EITC         Enter your total earned ind         Look up the amount on Lin         to find the credit amount. If         number of qualifying children         Enter the amount from fed         Are the amounts on Lines         If Yes, skip Lines 21 and 2         If you have:         • No qualifying children, is         • 1 or more qualifying children, is	ble 1 Federal EITC Income Lim Filing as Single, Head of Household, or Widowed \$17,640 \$46,560 \$52,918 \$56,838 Calculation come from Part 1, Line 15. the 17 in the federal Form 1040 In Be sure you use the correct column ren. Enter the credit amount here leral Form 1040 or 1040-SR, Line 17 and 19 the same? 22, and enter the amount from Line the amount on Line 19 less than dren, is the amount on Line 19 less the amount on Line 19 less than dren, is the amount on Line 19 less the amount on Line 19 less than dren, is the amount on Line 19 less the 22 blank and enter the amount e 19 in the federal Form 1040 Inse	its Filing as Married Filing Jointly \$24,210 \$53,120 \$59,478 \$63,398 structions for Line 27, EIC Table, nn for your filing status and the correct 11 (AGI). the 18 on Line 23. If No, go to Line 21. \$9,800 (\$16,370 if married filing jointly)? ss than \$21,560 (\$28,120 if married filing t from Line 18 on Line 23. If Line 21 is No structions for Line 27, EIC Table, to find the	<ul> <li>18</li> <li>19</li> <li>20 Ye</li> <li>21 Ye</li> </ul>	s 🗌 No 🗍
17 18 19 20 21	Qualifying Children Claimed         Zero         One         Two         Three         Tr 2 Your Federal EITC         Enter your total earned incomponent in the credit amount on Line to find the credit amount. If number of qualifying childer Enter the amounts on Lines If Yes, skip Lines 21 and 22         If you have:       •         •       No qualifying children, is         •       1 or more qualifying children, is	ble 1 Federal EITC Income Lim Filing as Single, Head of Household, or Widowed \$17,640 \$46,560 \$52,918 \$56,838 Calculation come from Part 1, Line 15. the 17 in the federal Form 1040 In Be sure you use the correct column ren. Enter the credit amount here leral Form 1040 or 1040-SR, Line 17 and 19 the same? 22, and enter the amount from Line the amount on Line 19 less than dren, is the amount on Line 19 less the amount on Line 19 less than dren, is the amount on Line 19 less the amount on Line 19 less than dren, is the amount on Line 19 less the amount on Line 19 less than dren, is the amount on Line 19 less the amount	its Filing as Married Filing Jointly \$24,210 \$53,120 \$59,478 \$63,398 structions for Line 27, EIC Table, nn for your filing status and the correct 11 (AGI). the 18 on Line 23. If No, go to Line 21. \$9,800 (\$16,370 if married filing jointly)? ss than \$21,560 (\$28,120 if married filing t from Line 18 on Line 23. If Line 21 is No	<ul> <li>◆ 18</li> <li>◆ 18</li> <li>◆ 20 Ye</li> <li>◆ 21 Ye</li> </ul>	s 🗌 No 🗍
17 18 19 20 21 22	Qualifying Children Claimed         Zero         One         Two         Three         Tr 2 Your Federal EITC         Enter your total earned incomponent of the credit amount on Ling to find the credit amount. If number of qualifying childs         Enter the amount on Ling to find the credit amount. If number of qualifying childs         Enter the amount from fed         Are the amounts on Lines If Yes, skip Lines 21 and 2         If you have:         • No qualifying children, is         • 1 or more qualifying children, is	ble 1 Federal EITC Income Lim Filing as Single, Head of Household, or Widowed \$17,640 \$46,560 \$52,918 \$56,838 Calculation come from Part 1, Line 15. the 17 in the federal Form 1040 In Be sure you use the correct columing ren. Enter the credit amount here leral Form 1040 or 1040-SR, Line 17 and 19 the same? 22, and enter the amount from Line the amount on Line 19 less than dren, is the amount on Line 19 less the amount on Line 19 less than dren, is the amount on Line 19 less the amount on Line 19 less than dren, is the amount on Line 19 less the amount on Line 19	its Filing as Married Filing Jointly \$24,210 \$53,120 \$59,478 \$63,398 structions for Line 27, EIC Table, nn for your filing status and the correct 11 (AGI). the 18 on Line 23. If No, go to Line 21. \$9,800 (\$16,370 if married filing jointly)? ss than \$21,560 (\$28,120 if married filing t from Line 18 on Line 23. If Line 21 is No structions for Line 27, EIC Table, to find the	<ul> <li>18</li> <li>19</li> <li>20 Ye</li> <li>21 Ye</li> </ul>	s 🗌 No 🗍



#### **Illinois Department of Revenue Credit for Tax Paid** 2023 Schedule CR to Other States

## Read this information first

Attach to your Form IL-1040

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

4 9 \_ 1 \_ 5 \_ 3 \_ 3 \_ 4 \_ 9 1 Your Social Security number

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

s	гор	<b>Illinois residents:</b> 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.		Column A	Column B
		<b>Part-year residents:</b> In Column A of each line, enter the amounts as reported on the equivalent line of your Schedule NR, Column B.		Total	Non-Illinois Portion
Rea	nd th	e instructions before completing this step.		(Whole dollars only)	(Whole dollars only)
	1	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z)	1_	251,503.00	103,366.00
	2	Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	2	.00	.00
	3	Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	3 _	.00	.00
	4	Taxable refunds, credits, or offsets of state and local income taxes			
		(federal Form 1040 or 1040-SR, Schedule 1, Line 1)	4	.00	
	5	Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	5_	.00	
	6	Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	6 _	.00	.00
6	7	Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	7_	.00	.00
Income	8	Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	8 _	.00	.00
8	9	Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	9_	.00	
2	10	Pensions and annuities (federal Forms 1040 or 1040-SR, Line 5b)	10	.00	
	11	Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
		(federal Form 1040 or 1040-SR, Schedule 1, Line 5)	_	-26,543.00	0.00
	12	Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	12	.00	.00
	13	Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	13 _	.00	.00
	14	Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	14 _	.00	
	15	Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Lin	e 9)		
		Identify each item. Nonemployee compensation from 1099-NEC	15 _	6,611.00	6,611.00
	16	Add Columns A and B, Lines 1 through 15.	16 _	231,571.00	109,977.00

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.



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

# **Step 3: Figure your Illinois additions and subtractions** *In Column A, enter the total amounts from your Form IL-1040. You must read*

		nn A, enter the total amounts from your Form IL-1040. You must read ructions for Column B to properly complete this step.	Form	olumn A IL-1040 Total nole dollars only)	Column B Non-Illinois Portion (Whole dollars only)
ustments	35	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Columns A and B, Lines 33, 34, and 35.	34 35 36	.00 .00 230,930.00	.00 .00 109,977.00
Adj		Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your federal Form 1040 or 1040-SR,	37	.00	.00
Illinois		Schedule 1, Line 1. (Form IL-1040, Line 6)	38	.00	
l≞		Other subtractions (Form IL-1040, Line 7)	39	.00	.00
=		Add Columns A and B, Lines 37 through 39.	40	.00	.00
	41	Subtract Columns A and B, Line 40 from Line 36. If Line 40 is larger than Line 36, enter zero.	41	230,930.00	109,977.00

Continue to Page 3 👄



#### Column A Column B Decimal 42 Enter the amount from Line 41, Column A and Column B. 42 230,930.00 109,977.00 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 **43** <u>0</u> <u>476</u> Column A, Line 42, enter 1.000. Enter this amount on Step 6, Line 53. Step 5: Part-year residents only (Full year residents, go to Step 6.) 44 \_\_\_\_\_\_.00 44 Enter the base income from your Form IL-1040, Line 9. Part-Year Only 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 \_\_\_\_\_ 47 Multiply Line 45 by Line 46. .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 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. Paid to Other States Kentucky Michigan Wisconsin lowa 51 Enter the total amount of income tax paid to other states on Illinois base income (see instructions). Include only: 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 51 6,332.00 required to be filed. 52 Illinois Residents: Enter your Illinois tax due from Form IL-1040, Line 12. Тах **52** 10,951.00 Part-year Residents: Enter the amount from Step 5, Line 49. **Credit for 53** \_\_\_\_\_0 \_ 476 53 Enter the decimal amount from Step 4, Line 43 here. 5,213.00 54 Multiply Line 52 by Line 53. 55 Compare the amounts on Lines 51 and 54. Enter the lesser amount here and on 55 5,213.00 Form IL-1040, Line 15. This is your tax credit.



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.

Step 4: Figure your Schedule CR decimal



Illinois Department of Revenue

# 2023 Schedule IL-WIT Illinois Income Tax Withheld

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

Use the reference for Column A shown in the chart below.								
Form Type	Letter Code for Column A	Form Type	Letter Code for Column A					
W-2	W	1099-DIV	D					
W-2G	WG	1099-INT	I					
1099-R	R	1042-S	S					
1099-G	G	1099-B	В					
1099-MISC	М	1099-K	K					
1099-OID	0	1099-NEC	N					

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

MANOJ K KONDAM			14			3	3	3 4	<u>1 9</u>		
Your name as shown on Form IL-1040			Your Social Security number								
Column A Form type	Column B Employer/Payer Identification Number	C Federal Wa Distribution		Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.							
1 <u> </u>	36-1264810 000 9	\$	136,937 <b>.00</b>	\$	136,	937 <b>.00</b>	\$_	б	<u>,533<b>.00</b></u>		
2		\$	•00	\$		•00	\$_		•00		
3		\$	• <u>00</u>	\$		•00	\$_		•00		
4		\$	•00	\$		•00	\$_		•00		
5		\$	•00	\$		•00	\$_		<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			<u> </u>		4 3 – 5 rity number	4	86		
Column A Form type	Column B Employer/Payer Identification Number	Federal Wa	Column C ges, Winnings, Gross s, Compensation, etc.	Illinois Wa	Column D ages, Winnings, Gross ns, Compensation, etc		Column E Illinois Income Tax Withheld		
6 <u>W</u>	86-1827567	\$	11,200 <b>.00</b>	\$	11,200 <b>.00</b>	\$	554 <b>.00</b>		
7		\$	•00	\$	•00	\$	• <u>00</u>		
8		\$	•00	\$	•00	\$	• <u>00</u>		
9		\$	•00	\$	•00	\$	• <u>00</u>		
10		\$	•00	\$	•00	\$	• <u>00</u>		

### Step 3: Total Illinois withholding

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

**11 \$** 7,087**.00** 

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

Illinois Department of R	evenue		
2023 IL-8453 Illino (Do not mail Form IL-8453 to		ncome Tax Elec	tronic Filing Declaration
Step 1: Provide taxpayer information MANOJ K SWAPNA KO First name and middle initial Spouse's first name	DLMI KONDA me (and last name if different		<u>1 4 9 – 1 5 – 3 3 4 9</u> Social Security number
Print 3644 SARGENT DR			8 8 8 _ 4 3 _ 5 4 8 6
type Mailing address			Spouse's Social Security number
NAPERVILLE	IL	60564	(203) 512-9258
City	State	ZIP	Daytime phone number
Step 2: Complete information from tax	c return	Choose one: 🗙 I	L-1040 🗍 IL-1040-X
1 Net income from Form IL-1040 or IL-1040			<b>1</b> <u>221,230</u> <b>0</b>
2 Tax from Form IL-1040 or IL-1040-X, Line	e 14		<b>2</b> <u>10,951</u> ] <u>00</u>
3 Illinois Income Tax withheld from Form IL	1040 or IL-1040-X, Li	ne 25 only (enter "0" if no	
4 Overpayment from Form IL-1040, Line 30			41,349 00
5 Total amount due from Form IL-1040, Lin			51_00_
6 Filing status: Single X Married fili	ng jointly Married	filing separately Wide	owed Head of household
within the United States or those not funded by <b>7</b> Routing no. (RN): 0 8 1 9 0	ns. IDOR will only perfo y international funds. E 4 8 0 8	orm direct transactions (e.g.	be accepted and refunds will be via paper check.
8 Account no. (AN): 0 0 2 9 1	2 1 0 2 6	7 0	
9 Type of account: <u>×</u> Checking	Savings		
<b>10</b> Date the payment is to be electronically v	withdrawn:		
<b>11</b> Electronic funds withdrawal amount:			
12 Name on account:			
Step 4: Taxpayer declaration and signa	iture (Sign only aπe	er completing Step 2 an	id, if applicable, Step 3.)
I consent that my refund may be direct correct. If I have filed a joint return, the			e the information on Lines 7 through 9 is use as an agent to receive the refund.
I authorize the Illinois Department of F withdrawal as designated in the electro financial institutions involved in the pro necessary to answer inquiries and res	onic portion of my 2023 ocessing of an electror	Illinois Original or Amendeonic overpayment of taxes to	d Individual Income Tax return. I authorize the
I do not want direct deposit of my refu	ind, or an electronic fu	nds withdrawal (direct debi	it) of my balance due.
Under penalties of perjury, I declare the informa return originator (ERO) are identical. To the best and accompanying information may be sent to I been accepted or rejected. If rejected, I authorized	t of my knowledge, my i DOR by my ERO. I auth	return is true, correct, and co horize IDOR to inform my El	omplete. I consent that my return, this declaration, RO and/or the transmitter when my return has
Sign here Your signature	Date	Spouse's signature (if	joint return, <b>both</b> must sign) Date
Step 5: Electronic return originator (El			
	s electronic Form IL-10 of this program and de	40 or IL-1040-X, the inform clare, under penalties of p	nation on this Form IL-8453, and accompanying
			Check if paid preparer: 🔀 (See instructions.)
ERO's signature		Date	
ERO GLOBAL TAXES LLC Firm's name or your name if self-employed			$\frac{P}{Y_{our}} \frac{0}{PTIN} \frac{2}{2} \frac{4}{4} \frac{7}{7} \frac{0}{2} \frac{8}{8} \frac{3}{3} \frac{3}{3}$
use only 245 ROONEY CT			8 8 - 2 1 4 5 4 8 7

	8	8	_	2	1	4	5	4	8	7	
	Fede	ral e	mploy	/er ide	ntifica	ation r	numbe	er (FE	IN)		
8816	(67	8)	96	5-9	522						

Daytime phone number

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

NJ

State

only

Mailing address E BRUNSWICK

City

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.

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