

# Form M-8453 Individual Income Tax Declaration for Electronic Filing

| 2023          |
|---------------|
| Massachusetts |
| Department of |
| Revenue       |

 $\alpha \alpha \alpha \alpha$ 

|  |  |   | 3   |   |
|--|--|---|---|---|
| Please print or type. Privacy Act Notice available   | e upon request. For  | the year January  | / 1-December 31, 2023.  |   |
| Your first name and initial  | Last name  |   | Your Social Security number   | oer   |
| SAI HARSHA CHINTAPALLI   |  |   | 686461285   |   |
| If a joint return, spouse's first name and initial   | Last   | name  | Spouse's Social Security  | number  |
| Present street address (and apartment number)  |  |   |   |   |
| 1874 MARSH WREN CT   |  |   |   |   |
| City/Town/Post Office  | State  | Zip   | Filing status: Single   | Married filing jointly  |
| OCOEE  | FL   | 34761   | O Married filing separately   | y O Head of household   |
| <ol> <li>Total 5.0% income (from Form 1, line 10, or Form 1, line 32, Income tax after credits (from Form 1, line 32, Massachusetts use tax (from Form 1, line 34, Massachusetts income tax withheld (from Form 5 Refund amount (from Form 1, line 53, or Form 6 Tax due (from Form 1, line 54, or Form 1-NR/F</li> </ol>  | or Form 1-NR/PY, line or Form 1-NR/PY, line or 1, line 38, or Form 1-NR/PY, line 57)   | e 36)   |   | 5899<br>276<br>775<br>499   |
| Part 2. Declaration and Signature Under pains and penalties of perjury, I declare that Return Originator and that the amounts above agre this information is true, correct and complete. I cons sent to the Massachusetts Department of Revenue the transmitter when my electronic return has been the return can be corrected and re-transmitted. If I h my tax liability, I will remain liable for the tax liability | I have reviewed the ir<br>e with the amounts sl<br>ent that my return, in<br>by my Electronic Ret<br>accepted. In the ever<br>lave filed a balance d | hown on my 2023<br>cluding this decla<br>urn Originator. I a<br>ht that it is rejected<br>ue return, I under<br>nalties and interes | Massachusetts return. To the best of my ration and accompanying schedules, for uthorize DOR to inform my Electronic Red, I authorize DOR to identify the reason stand that if DOR does not receive full a st. | y knowledge and belief<br>rms and statements be<br>eturn Originator and/or<br>s for rejection so that<br>nd timely payment of |
| Your signature   |  | Date  | Spouse's sig  | gnature Date  |
|  |  |   |   |   |

#### Part 3. Declaration and Signature of Electronic Return Originator (ERO)

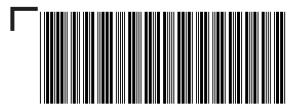
I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

| ERO's signature and SSN or PTIN       |                | Date        | EIN    |       | O Fill in if      |
|---------------------------------------|----------------|-------------|--------|-------|-------------------|
|                                       |                | 03142024    | 843171 | 965   | self-employed     |
| Firm name (or yours, if self-employed | d) and address | City/Town   | State  | Zip   | O Fill in if also |
| GLOBAL TAXES LLC                      | 245 ROONEY CT  | E BRUNSWICK | NJ     | 08816 | paid preparer     |

#### Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

| Paid preparer's signature and SSN or PTIN          | Date        | EIN    |       | O Fill in if  |
|--|-------------|--------|-------|---------------|
| P02082703  | 03142024    | 843171 | 965   | self-employed |
| Firm name (or yours, if self-employed) and address | City/Town   | State  | Zip   |               |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM 245 ROONEY CT    | E BRUNSWICK | NJ     | 08816 |               |





#### **2023 Form 1-NR/PY**

MA23006011555

Massachusetts Nonresident/Part-Year Resident Income Tax Return

For the year January 1-December 31, 2023 or other taxable Year beginning

686461285 SAI HARSHA CHINTAPALLI

1874 MARSH WREN CT OCOEE FL 34761

Fill in if: Amended return Other jurisdiction change 

Enter date of change Federal amendment Amended return due to IRS BBA Partnership Audit

State Election Campaign Fund: \$1 You \$1 Spouse TOTAL Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula You Spouse

You Spouse Taxpayer deceased Fill in if under age 18 You Spouse Fill in if name change You Spouse

Check one: X Nonresident Filing as both nonresident and part-year resident

Part-year resident Nonresident composite Fill in if noncustodial parent a. Total federal income 73834 Fill in if filing Schedule TDS

b. Federal adjusted gross income 73834 Fill in if filing Schedule FCI Fill in if reporting crypto currency

1. Filing status (select one only): X Single

Married filing jointly Married filing separate return NRA

Head of household You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents. Enter dates as Massachusetts resident: From

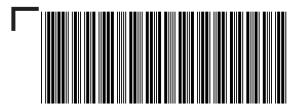
3. Total days as Massachusetts resident  $\div 365 = .$ 

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature Date Spouse's signature Date

617-580-7383

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST





MA23006021555 Massachusetts Nonresident/ Part-Year Resident Income Tax Return 686461285

| 4.   | Exemptions:                          |               |                            |               |                |                       |             |                     |
|------|--------------------------------------|---------------|----------------------------|---------------|----------------|-----------------------|-------------|---------------------|
|      | a. Personal exemptions               |               |                            |               |                |                       | 4a          | 4400                |
|      | b. Number of dependents. (Do not     | include yours | self or your spouse.)      | Enter numbe   | r              | ×\$1,000              | = 4b        |                     |
|      | c. Age 65 or over before 2024        | You +         | Spouse =                   |               |                | × \$700               | = 4c        |                     |
|      | d. Blindness                         | You +         | Spouse =                   |               |                | × \$2,200             | = 4d        |                     |
|      | e. Medical/dental                    |               |                            |               |                |                       | 4e          |                     |
|      | f. Adoption                          |               |                            |               |                |                       | 4f          |                     |
|      | g. Total exemptions. Add items 4a t  | through 4f. E | nter here and on line      | 22a           |                |                       | 4g          | 4400                |
| 5.   | Wages, salaries, tips                |               |                            |               |                |                       | 5           | 15900               |
| 6.   | Taxable pensions and annuities       |               |                            |               |                |                       | 6           |                     |
| 7.   | Mass. bank interest: a.              |               | <ul><li>b. exemp</li></ul> | otion         |                |                       | = 7         |                     |
| 8.   | Business/profession income/loss a    | l.            |                            | + b. Farmir   | ng income/loss | S                     |             |                     |
|      |                                      |               |                            |               |                |                       | = 8         |                     |
| 9.   | Rental, royalty and REMIC, partner   | ship, S corp. | , trust income/loss        |               |                |                       | 9           | -10001              |
| 10a. | Unemployment                         |               |                            |               |                |                       | 10a         |                     |
| 10b. | Mass. lottery winnings               |               |                            |               |                |                       | 10b         |                     |
| 11.  | Other income                         |               |                            |               |                |                       | 11          |                     |
| 12.  | TOTAL 5.0% INCOME                    |               |                            |               |                |                       | 12          | 5899                |
| 13.  | NONRESIDENT APPORTIONMEN             |               |                            |               |                |                       |             |                     |
|      | exact amount of your Mass. source    | income. Onl   | y use when income          | from employn  | nent/business  | is earned both inside | and outside | Mass. and the exact |
|      | Mass. amount is not known. Basis:    |               | working days               | miles         | sales          | other:                |             |                     |
|      | Working days (or other basis) outsi  | de Massachı   | usetts                     |               |                |                       | 13a         |                     |
|      | Working days (or other basis) inside | e Massachus   | setts                      |               |                |                       | 13b         |                     |
|      | Total working days                   |               |                            |               |                |                       | 13c         |                     |
|      | Nonworking days (holidays, weeker    | nds, etc.)    |                            |               |                |                       | 13d         |                     |
|      | Massachusetts ratio                  |               |                            |               |                |                       | 13e         |                     |
|      | Total income being apportioned. Yo   | u cannot app  | oortion Massachuset        | ts wages as s | shown on Forn  | n W-2                 | 13f         |                     |
|      | Massachusetts income                 |               |                            |               |                |                       | 13g         |                     |

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1





MA23006031555 Massachusetts Nonresident/ Part-Year Resident Income Tax Return

| SI   | AI HARSHA   | CHINTAPALLI   | 686461285  |   |                              |
|--|---|---|--|---|------------------------------|
| 14.  | NONRESIDENT DEDUCTION A   | ND EXEMPTION RATIO  |  |   |                              |
|  | a. Total 5.0% income  |   |  | 14a   | 5899                         |
|  | b. Interest income  |   |  | 14b   |                              |
|  | c. Total capital gain income  |   |  | 14c   |                              |
|  | d. Total income this return   |   |  | 14d   | 5899                         |
|  | e. Non-Massachusetts source inc   | come. Not less than "0"   |  | 14e   | 67935                        |
|  | f. Total income   |   |  | 14f   | 73834                        |
|  | g. Deduction and exemption ratio  |   |  | 14g   | 0.0799                       |
| 15a.   | Amount paid to Soc. Sec. Medica   | re, R.R., U.S. or Mass. Retirement  |  | 15a   |                              |
| 15b.   | Amount your spouse paid to Soc.   | Sec., Medicare, R.R., U.S. or Mass. F   | letirement   | 15b   |                              |
| 16.  | Reserved for future use   |   |  | 16  |                              |
| 17.  | Reserved for future use   |   |  | 17  |                              |
| 10   | Rental deduction. a.  |   |  | ÷ 2 =18   |                              |
| 10.  |   | Byou did not have a family home or an   | / dwelling outside Massachusetts to wh                                 |   | sustomarily returned or      |
|  | Nonresidents, fill in if during 2023  |   | dwelling outside Massachusetts to wh                                   |   | customarily returned or      |
|  | Nonresidents, fill in if during 2023 intend to return in the future Other deductions from Schedule  | Y, line 19  | dwelling outside Massachusetts to wh                                   | nich you generally or c                         | customarily returned or      |
| 19.  | Nonresidents, fill in if during 2023 intend to return in the future Other deductions from Schedule <b>Total deductions</b> . Add lines 15 tl  | Y, line 19  |  | nich you generally or c                         | customarily returned or 5899 |
| 19.<br>20.   | Nonresidents, fill in if during 2023 intend to return in the future Other deductions from Schedule <b>Total deductions</b> . Add lines 15 tl  | Y, line 19<br>hrough 19   |  | nich you generally or c<br>19<br>20             |                              |
| 19.<br>20.<br>21.                                    | Nonresidents, fill in if during 2023 intend to return in the future Other deductions from Schedule Total deductions. Add lines 15 tl 5.0% INCOME AFTER DEDUCT Exemption amount. a.  | Y, line 19<br>hrough 19<br>IONS. Subtract line 20 from line 12. <b>N</b>  | ot less than "0"   | nich you generally or o<br>19<br>20<br>21       | 5899                         |
| 19.<br>20.<br>21.<br>22.                             | Nonresidents, fill in if during 2023 intend to return in the future Other deductions from Schedule Total deductions. Add lines 15 tl 5.0% INCOME AFTER DEDUCT Exemption amount. a.  | Y, line 19<br>hrough 19<br>IONS. Subtract line 20 from line 12. N<br>4400<br>IONS. Subtract line 22 from line 21. N   | ot less than "0"   | nich you generally or o<br>19<br>20<br>21<br>22 | 5899<br>352                  |
| 19.<br>20.<br>21.<br>22.<br>23.                      | Nonresidents, fill in if during 2023 intend to return in the future Other deductions from Schedule Total deductions. Add lines 15 th 5.0% INCOME AFTER DEDUCT Exemption amount. a. 5.0% INCOME AFTER EXEMPT   | Y, line 19 hrough 19 IONS. Subtract line 20 from line 12. N 4400 IONS. Subtract line 22 from line 21. No  | ot less than "0"   | 19<br>20<br>21<br>22<br>23                      | 5899<br>352                  |
| 19.<br>20.<br>21.<br>22.<br>23.<br>24.               | Nonresidents, fill in if during 2023 intend to return in the future Other deductions from Schedule Total deductions. Add lines 15 tl 5.0% INCOME AFTER DEDUCT Exemption amount. a. 5.0% INCOME AFTER EXEMPTINTEREST AND DIVIDEND INCOME TOTAL TAXABLE 5.0% INCOME   | Y, line 19 hrough 19 IONS. Subtract line 20 from line 12. N 4400 IONS. Subtract line 22 from line 21. No  | ot less than "0"<br>ot less than "0"                                   | 19<br>20<br>21<br>22<br>23<br>24                | 5899<br>352<br>5547          |
| 19.<br>20.<br>21.<br>22.<br>23.<br>24.<br>25.<br>26. | Nonresidents, fill in if during 2023 intend to return in the future Other deductions from Schedule Total deductions. Add lines 15 tl 5.0% INCOME AFTER DEDUCT Exemption amount. a. 5.0% INCOME AFTER EXEMPTI INTEREST AND DIVIDEND INCOME TAX ON 5.0% INCOME. Note: If amount in Schedule D, line 21 by                               | Y, line 19 hrough 19 IONS. Subtract line 20 from line 12. N 4400 IONS. Subtract line 22 from line 21. N OME Add lines 23 and 24 choosing the optional 5.85% tax rate,   | ot less than "0"<br>ot less than "0"                                   | 19<br>20<br>21<br>22<br>23<br>24                | 5899<br>352<br>5547          |
| 19.<br>20.<br>21.<br>22.<br>23.<br>24.<br>25.<br>26. | Nonresidents, fill in if during 2023 intend to return in the future Other deductions from Schedule Total deductions. Add lines 15 tl 5.0% INCOME AFTER DEDUCT Exemption amount. a. 5.0% INCOME AFTER EXEMPT INTEREST AND DIVIDEND INCOME TAX ON 5.0% INCOME. Note: If   | Y, line 19 hrough 19 IONS. Subtract line 20 from line 12. N 4400 IONS. Subtract line 22 from line 21. N OME Add lines 23 and 24 choosing the optional 5.85% tax rate, .0585 Not less than "0."                        | ot less than "0"<br>ot less than "0"                                   | 19<br>20<br>21<br>22<br>23<br>24<br>25          | 5899<br>352<br>5547<br>5547  |
| 19.<br>20.<br>21.<br>22.<br>23.<br>24.<br>25.<br>26. | Nonresidents, fill in if during 2023 intend to return in the future Other deductions from Schedule Total deductions. Add lines 15 tl 5.0% INCOME AFTER DEDUCT Exemption amount. a. 5.0% INCOME AFTER EXEMPTINTEREST AND DIVIDEND INCOMETAX ON 5.0% INCOME. Note: If amount in Schedule D, line 21 by INCOME FROM SCHEDULE B. It a.    | Y, line 19 hrough 19 IONS. Subtract line 20 from line 12. N $4400$ IONS. Subtract line 22 from line 21. N OME  Add lines 23 and 24 choosing the optional 5.85% tax rate, .0585 Not less than "0." $\times .085 = 27a$ | ot less than "0"<br>ot less than "0"                                   | 19<br>20<br>21<br>22<br>23<br>24<br>25          | 5899<br>352<br>5547<br>5547  |
| 19.<br>20.<br>21.<br>22.<br>23.<br>24.<br>25.<br>26. | Nonresidents, fill in if during 2023 intend to return in the future Other deductions from Schedule Total deductions. Add lines 15 tl 5.0% INCOME AFTER DEDUCT Exemption amount. a. 5.0% INCOME AFTER EXEMPTINTEREST AND DIVIDEND INCOMETAX ON 5.0% INCOME. Note: If amount in Schedule D, line 21 by INCOME FROM SCHEDULE B. I. a. b. | Y, line 19 hrough 19 IONS. Subtract line 20 from line 12. N 4400 IONS. Subtract line 22 from line 21. N OME Add lines 23 and 24 choosing the optional 5.85% tax rate, .0585 Not less than "0."                        | ot less than "0" ot less than "0" fill in and multiply line 25 and the | 19<br>20<br>21<br>22<br>23<br>24<br>25          | 5899<br>352<br>5547<br>5547  |

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1





MA23006041555 Massachusetts Nonresident/ Part-Year Resident Income Tax Return 686461285

| 28.        | TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filir         | ng Schedule D-IS           | 28                |     |
|------------|---|----------------------------|-------------------|-----|
|            | Fill in if any excess exemptions were used in calculating lines 24, 27 or 2 | 28                         |                   |     |
| 29.        | Credit recapture amount (from Credit Recapture Schedule)                    |                            | 29                |     |
| 30.        | Additional tax on installment sale  |                            | 30                |     |
| 31.<br>32. | If you qualify for No Tax Status, fill in and enter "0" on line 32          |                            |                   |     |
| UZ.        | a. Income tax. Add lines 26 through 30                                      | 32a                        | 276               |     |
|            | b. 4% Surtax. (from Schedule 4% Surtax, line 7)                             | 32b                        | 276               |     |
|            | c. If line 32b is greater than 0, enter the amount of Massachusetts         | 320                        |                   |     |
|            | income tax paid on your behalf on a Form MA NRCR, Nonresident               |                            |                   |     |
|            | Composite Return. Otherwise, enter 0  | 32c                        |                   |     |
|            | Total tax. Subtract line 32c from the total of lines 32a and 32b            | 020                        | 32                | 276 |
| 33.        | Limited Income Credit   |                            | 33                | 270 |
| 34.        | Income tax due to another state or jurisdiction                             |                            | 34                |     |
| 35.        | Other credits (from Credit Manager Schedule)                                |                            | 35                |     |
| 36.        | INCOME TAX AFTER CREDITS. Subtract the total of lines 33 through 3          | 35 from line 32 Not le     |                   | 276 |
| 37.        | Voluntary Contributions   | 00 110111 11110 02. 1101 1 | 555 man 5         | 270 |
| • • • •    | a. Endangered Wildlife Conservation   |                            | 37a               |     |
|            | b. Organ Transplant Fund  |                            | 37b               |     |
|            | c. Massachusetts Public Health HIV and Hepatitis Fund                       |                            | 37c               |     |
|            | d. Massachusetts U.S. Olympic Fund  |                            | 37d               |     |
|            | e. Massachusetts Military Family Relief Fund                                |                            | 37e               |     |
|            | f. Homeless Animal Prevention and Care                                      |                            | 37f               |     |
|            | Total. Add lines 37a through 37f  |                            | 37                |     |
| 38.        | Use tax due on Internet, mail order and other out-of-state purchases        |                            | 38                |     |
| 39.        | Health care penalty a. You + b. Spouse                                      |                            | 39                |     |
| 40.        | Amended return only. Overpayment from original return                       |                            | 40                |     |
| 41.        | INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TO                      | AX. Add lines 36 thro      | ough 40 <b>41</b> | 276 |
| 42.        | a. Massachusetts income tax withheld from Form(s) W-2                       | 42a                        | 775               |     |
|            | b. Massachusetts income tax withheld from Form(s) 1099                      | 42b                        |                   |     |
|            | c. Massachusetts income tax withheld from other forms                       | 42c                        |                   |     |
|            | Total. Add lines 42a through 42c  |                            | 42                | 775 |
|            |   |                            |                   |     |

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1





MA23006051555
Massachusetts Nonresident/
Part-Year Resident Income Tax Return
686461285

| 43.                                     | 2022 overpayment applied to your 2023 estimated tax                     |                          |                       | 43                     |                     |
|---|---|--------------------------|-----------------------|------------------------|---------------------|
| 44.                                     | 2023 Massachusetts estimated tax payments                               |                          |                       | 44                     |                     |
| 45.                                     | Payments made with extension  |                          |                       | 45                     |                     |
| 46.                                     | Amended return only. Payments made with original return. No             | ot less than "0"         |                       | 46                     |                     |
| 47.                                     | Earned Income Credit. a. Number of qualifying children                  | b. Amount from U.S.      | return ×              | .40 = c.               |                     |
|   | Part-year residents, multiply line 47c by line 3                        |                          |                       | 47                     |                     |
|   | Note: You cannot claim the Earned Income Credit if your filing s        | status is married filing | separately unless yo  | ou qualify             |                     |
|   | for an exception (see instructions). Fill in if you qualify for this ex | xception                 |                       |                        |                     |
| 48.                                     | Senior Circuit Breaker Credit   |                          |                       | 48                     |                     |
| 49.                                     | Reserved for future use   |                          |                       | 49                     |                     |
| 50.                                     | Child and Family Tax Credit   |                          |                       |                        |                     |
|   | a. ×\$310 = b.  | Part year rasider        | nts multiply line 50b | ov line 3 = <b>50</b>  |                     |
| 51.                                     | Other Refundable Credits  | rait-yeai iesiuei        | its multiply line 500 | 51                     |                     |
| 52.                                     | Total Refundable Credits. Add lines 47 through 51                       |                          |                       | 52                     |                     |
| 53.                                     | Excess Paid Family Leave Withholding                                    |                          |                       | 53                     |                     |
|   | <b>TOTAL.</b> Add lines 42 through 46 and lines 52 and 53               |                          |                       | 54                     | 775                 |
| 55.                                     | Overpayment. Subtract line 41 from line 54                              |                          |                       | 55                     | 499                 |
| 56.                                     |   | ated tax                 |                       | 56                     | 100                 |
| 57.                                     |   |                          | oston, MA 02204       | 57                     | 499                 |
| • |   | 20.1, 1 0 20.1 1000, 21  |                       | •                      | 100                 |
|   | Direct deposit of refund. Type of account X checking                    | •                        |                       |                        |                     |
|   | savings   |                          |                       |                        |                     |
| F                                       | ITN# 063107513 account# 11956495  | 593                      |                       |                        |                     |
| 58.                                     | Tax due. Pay online at www.mass.gov/dor/payonline. Mail to              | o Mass DOR PO Box        | 7003 Boston MA        | 02204 58               |                     |
| •••                                     | Interest Penalty  | M-2210 amt.              |                       |                        | EX enclose          |
|   |   |                          |                       |                        | Form M-2210         |
|   |   |                          |                       |                        |                     |
| May 1                                   | ne Department of Revenue discuss this return with the preparer          | shown here?              | Yes                   |                        |                     |
| I do r                                  | ot want preparer to file my return electronically                       |                          | (this may delay you   | r refund)              | Paid preparer's     |
| Print                                   | paid preparer's name  |                          | Date                  | Check if self-employed |                     |
| SYA                                     | M PRIYA RAM SAGAR GUPTA TALLA   | M                        | 03142024              |                        | P02082703           |
| Paid                                    | oreparer's signature  |                          | Paid preparer's pho   |                        | Paid preparer's EIN |
|   |   |                          | 678-965-9             | 522                    | 84-3171965          |

 ${\tt SYAM \ PRIYA \ RAM \ SAGAR \ } \textbf{BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1}$ 





**2023 Schedule INC** MA23INC011555

SAI HARSHA CHINTAPALLI 686461285

#### Form W-2 and 1099 Information

A. FEDERAL ID NUMBER B. STATE TAX WITHHELD C. STATE WAGES/INCOME D. TAXPAYER SS WITHHELD E. SPOUSE SS WITHHELD F. SOURCE OF WITHHOLDING

822450870 775 15900 W2

TOTALS 775 15900





#### 2023 Schedule NTS-L-NRPY

MA23021011555 No Tax Status and Limited Income Credit 686461285

#### Schedule NTS-L-NRPY. No Tax Status and Limited Income Credit

| 1.  | Total 5.0% income   | 1                  | 5899             |
|-----|---|--------------------|------------------|
| 2.  | Adjustments to income   | 2                  |                  |
| 3.  | Adjusted 5.0% income. Subtract line 2 from line 1. Do not enter if less than "0"  | 3                  | 5899             |
| 4.  | Interest exemption used   | 4                  |                  |
| 5.  | Adjusted gross interest, dividends and certain capital gains  | 5                  |                  |
| 6.  | Long-term capital gain  | 6                  |                  |
| 7.  | Additional income/loss while a nonresident/part-year resident   | 7                  | 67935            |
| 8.  | Total income. Combine lines 3 through 7   | 8                  | 73834            |
| 9.  | Additional adjustments to income while a nonresident/part-year resident   | 9                  |                  |
| 10. | Massachusetts Adjusted Gross Income (AGI)   | 10                 | 73834            |
|     | If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status                            |                    |                  |
| 11. | If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and     |                    |                  |
|     | add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b        | )                  |                  |
|     | by \$1,000 and add \$14,400 to that amount  | 11                 |                  |
| 12. | If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependent | ents (from Form 1  | -NR/PY, line 4b) |
|     | by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1        | -NR/PY, line 4b) I | by \$1,750       |
|     | and add \$25,200 to that amount   | 12                 |                  |
| 13. | No Tax Status threshold   | 13                 |                  |
| 14. | Income for Limited Income Credit  | 14                 |                  |
| 15. | Tax before adjustments  | 15                 |                  |
| 16. | Tax for Limited Income Credit   | 16                 |                  |
| 17. | Limited Income Credit   | 17                 |                  |





2023 Schedule E MA23013041555

686461285 SAI HARSHA CHINTAPALLI

#### **Income or Loss from Real Estate and Royalties**

|      | ,   |    |        |
|------|---|----|--------|
| Inco | ome   |    |        |
| 1.   | Rents received  | 1  | 487    |
| 2.   | Royalties received  | 2  |        |
| Exp  | enses   |    |        |
| 3.   | Advertising   | 3  |        |
| 4.   | Auto and travel   | 4  |        |
| 5.   | Cleaning and maintenance  | 5  | 1346   |
| 6.   | Commissions   | 6  |        |
| 7.   | Insurance   | 7  |        |
| 8.   | Legal and other professional fees   | 8  |        |
| 9.   | Management fees   | 9  | 917    |
| 10.  | Mortgage interest paid to banks, etc.                                       | 10 |        |
| 11.  | Other interest  | 11 |        |
| 12.  | Repairs   | 12 | 1329   |
| 13.  | Supplies  | 13 | 1563   |
| 14.  | Taxes   | 14 |        |
| 15.  | Utilities   | 15 | 2013   |
| 16.  | Other expenses  | 16 |        |
| 17.  | Add lines 3 through 16  | 17 | 7168   |
| 18.  | Depreciation expense or depletion   | 18 | 3320   |
| 19.  | Total expenses. Add lines 17 and 18   | 19 | 10488  |
| 20.  | Income or loss from rental real estate or royalty properties                | 20 | -10001 |
| 21.  | Deductible rental real estate loss  | 21 | -10001 |
| 22.  | Income. Enter positive amounts shown on line 20                             | 22 |        |
| 23.  | Losses. Add royalty losses from line 20 and real estate losses from line 21 | 23 | -10001 |
| 24.  | Rental real estate and royalty income or loss                               | 24 | -10001 |





# 2023 Schedule E, pg. 2

MA23013051555

686461285

| nco | ome or Loss from Partnerships and S Corporations   |    |
|-----|--|----|
|     | Passive loss allowed   | 25 |
| 26. | Passive income   | 26 |
| 27. | Non-passive loss   | 27 |
| 28. | Section 179 expense deduction  | 28 |
| 29. | Non-passive income   | 29 |
| 30. | Combine lines 26 and 29  | 30 |
| 31. | Combine lines 25, 27 and 28  | 31 |
| 32. | Partnership and S corporation income or loss. Combine lines 30 and 31  | 32 |
| 33. | Interest (other than MA banks) and dividends if included in line 32  | 33 |
| 34. | Interest from Massachusetts banks if included in line 32   | 34 |
| 35. | Total income or loss from partnerships and S corporations  | 35 |
| 36. | Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year |    |
|     | disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses     |    |
| nco | ome or Loss from Estates and Trusts  |    |
| 37. | Passive deduction or loss allowed  | 37 |
| 38. | Passive income   | 38 |
| 39. | Non-passive deduction or loss  | 39 |
| 40. | Non-passive other income   | 40 |
| 41. | Add lines 38 and 40  | 41 |
| 42. | Add lines 37 and 39  | 42 |
| 43. | Estate and trust income or loss. Combine lines 41 and 42   | 43 |
| 44. | Estate or non-grantor-type trust income  | 44 |
| 45. | Grantor-type trust and non-Massachusetts estate and trust income   | 45 |
| 46. | Interest and dividends if included in line 45  | 46 |
|     | Adjustments to 5.0% income   | 47 |
|     | Subtotal. Combine lines 46 and 47  | 48 |
| 49. | Income or loss from grantor type and non-Mass estates and trusts   | 49 |
|     | ome or Loss from REMICs  |    |
|     | Excess inclusion   | 50 |
| 51. | Taxable income or loss   | 51 |
| 52. | Income   | 52 |
| 53. | Combine lines 51 and 52  | 53 |





# 2023 Schedule E, pg. 3

MA23013061555

686461285

#### **Farm Income**

| 54. Net farm rental income or loss                             | 54       |    |
|--|----------|----|
| Summary  |          |    |
| <b>55.</b> Income or loss. Combine lines 24, 35, 49, 53 and 54 | 55 -1000 | )1 |
| 56. Massachusetts differences Enclose statements               | 56       |    |
| 57. Abandoned building renovation deduction                    | 57       |    |
| <b>58.</b> Total income or loss. Combine lines 55 through 57   | 58 -1000 | 1( |





#### 2023 Schedule E-1 MA23013011555

SAI HARSHA

CHINTAPALLI

686461285

2-27-33/1, MINDI

MINDI

Income

VISAKHAPATNAM

Check one: X Real estate Royalty X Rental property used for short-term rentals

#### **Income or Loss from Real Estate and Royalties**

| 1. Rents received     | 1 | 487 |
|-----------------------|---|-----|
| 2. Royalties received | 2 |     |
| Expenses              |   |     |
| 3. Advertising        | 3 |     |

| 3.  | Advertising   | 3  |        |
|-----|---|----|--------|
| 4.  | Auto and travel   | 4  |        |
| 5.  | Cleaning and maintenance  | 5  | 1346   |
| 6.  | Commissions   | 6  |        |
| 7.  | Insurance   | 7  |        |
| 8.  | Legal and other professional fees   | 8  |        |
| 9.  | Management fees   | 9  | 917    |
| 10. | Mortgage interest paid to banks, etc  | 10 |        |
| 11. | Other interest  | 11 |        |
| 12. | Repairs   | 12 | 1329   |
| 13. | Supplies  | 13 | 1563   |
| 14. | Taxes   | 14 |        |
| 15. | Utilities   | 15 | 2013   |
| 16. | Other expenses  | 16 |        |
| 17. | Add lines 3 through 16  | 17 | 7168   |
| 18. | Depreciation expense or depletion   | 18 | 3320   |
| 19. | Total expenses. Add lines 17 and 18   | 19 | 10488  |
| 20. | Income or loss from rental real estate or royalty properties                      | 20 | -10001 |
| 21. | Deductible rental real estate loss  | 21 | -10001 |
| 22. | Income. Enter positive amounts shown on line 20                                   | 22 |        |
| 23. | Losses. Enter royalty losses from line 20 or rental real estate loss from line 21 | 23 | -10001 |

**24.** Rental real estate and royalty income or loss 25. Check if this rental property was used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value

-10001