Form IT-40 State Form 154

2023

### **Indiana Full-Year Resident Individual Income Tax Return**

Due

Your Social Security Number    Place "X" in box if applying for ITIN		(R22 / 9-23) If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY		<i>,,,,,,</i>				
Your Social Security Number 0.36 4.1 90.82 Spouse's Social Security Number 2.1 5.4 66.45  Place 'X' in box if applying for ITIN Place 'X' in box if applying for ITIN Your first name Initial Last name Suffix HARISH REDDY KANDALA  If filing a joint return, spouse's first name Initial Last name Suffix Suffix HARISH REDDY KANDALA  Present address (number and street or rural route) Place 'X' in box if you are married filing separately.  Present address (number and street or rural route) Place 'X' in box if you are married filing separately.  City State ZIP/Postal code  WESTFIELD IN 460.74  Foreign country 2-character code (see instructions)  Enter below the 2-digit county code numbers (found on the back of Schedule CT-40) for the county where you lived and worked on Jan. 1, 2023.  County where 29 County where Spouse worked Spouse worked Spouse worked Spouse worked Income tax return, Form 1040 or Form 1040-SR, line 11 Federal AGI 873.76, 0.0  Enter amount from Schedule 1, line 7, and enclose Schedule 1 Indiana Add-Backs 2 0.0  Add line 1 and line 2 1 Indiana Peductions 4 0.0  Enter amount from Schedule 2, line 12, and enclose Schedule 2 Indiana Deductions 5. Subtract line 4 from line 3 1 Indiana Exemptions 6 873.76, 0.0  Complete Schedule 3. Enter amount from Schedule 3, line 7, and enclose Schedule 3 Indiana Exemptions 6 1000, 0.0  State adjusted gross income tax: multiply line 7 by 3.15% (0.315) 8 272.1, 0.0  County tax. Enter county tax due from Schedule CT-40 9 0.0  Other taxes. Enter amount from Schedule 4, line 4 (enclose schedule 10 0.0		from to:						
Security Number 036 41 9082 Security Number 421 54 6645  Place "X" in box if applying for ITIN Place "X" in box if applying for ITIN Suffix  Your first name Initial Last name Suffix  KANDALA  If filing a joint return, spouse's first name Initial Last name Suffix  Present address (number and street or rural route)  Place "X" in box if you are married filing separately.  Present address (number and street or rural route)  Place "X" in box if you are married filing separately.  City State ZIP/Postal code  WESTFIELD IN 46074  Foreign country 2-character code (see instructions)  Enter below the 2-digit county code numbers (found on the back of Schedule CT-40) for the county where you lived and worked on Jan. 1, 2023.  County where 29 County where you worked O0 Schedule CT-40) for the county where spouse worked spouse worked spouse worked spouse worked Schedule 1 Federal AGI 1 87376. 00  1. Enter your federal adjusted gross income from your federal income tax return, Form 1040 or Form 1040-SR, line 11 Federal AGI 1 87376. 00  2. Enter amount from Schedule 1, line 7, and enclose Schedule 1 Indiana Add-Backs 2 0.00  3. Add line 1 and line 2 3 87376. 00  4. Enter amount from Schedule 2, line 12, and enclose Schedule 2 Indiana Deductions 4 0.00  5. Subtract line 4 from line 3 5 87376. 00  6. Complete Schedule 3. Enter amount from Schedule 3, line 7, and enclose Schedule 3 Indiana Adjusted Gross income 7 86376. 00  7. Subtract line 6 from line 5 Indiana Adjusted Gross income 7 86376. 00  8. State adjusted gross income tax: multiply line 7 by 3.15% (0315) 8 2721, 00  9. County tax. Enter county tax due from Schedule CT-40 (if answer is less than zero, leave blank) 9 950, 00  10. Other taxes. Enter amount from Schedule 4, line 4 (enclose schedule) 10 0.00		110111	ii airie					
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Vour first name Initial Last name Suffix  HARISH REDDY Initial Last name Suffix  HARISH REDDY Initial Last name Suffix  Present address (number and street or rural route)  3897 SUN VALLEY DR Place "X" in box if you are married filing separately.  City State ZIP/Postade  WESTFIELD IN 46074  Foreign country 2-character code (see instructions)  Enter below the 2-digit county code numbers (found on the back of Schedule CT-40) for the county where you lived and worked on Jan. 1, 2023.  County where 29 County where 300 County where spouse lived spouse worked  1. Enter your federal adjusted gross income from your federal income tax return, Form 1040 or Form 1040-SR, line 11 Federal AGI 87376, 00  2. Enter amount from Schedule 1, line 7, and enclose Schedule 1 Indiana Add-Backs 2 3 87376, 00  3. Add line 1 and line 2 3 87376, 00  4. Enter amount from Schedule 2, line 12, and enclose Schedule 2 Indiana Deductions 4 00  5. Subtract line 4 from line 3 5 87376, 00  6. Complete Schedule 3. Enter amount from Schedule 3, line 7, and enclose Schedule 3 Indiana Adjusted Gross Income 7 86376, 00  7. Subtract line 6 from line 5 Indiana Adjusted Gross Income 7 86376, 00  8. State adjusted gross income tax: multiply line 7 by 3.15% (0315) 8 2721, 00  9. County tax. Enter county tax due from Schedule 4, line 4 (enclose schedule) 10  10. Other taxes. Enter amount from Schedule 4, line 4 (enclose schedule) 10  10. Other taxes. Enter amount from Schedule 4, line 4 (enclose schedule) 10  10. Other taxes. Enter amount from Schedule 4, line 4 (enclose schedule) 10	5	1026     11     0000	6645					
Vour first name  Initial Last name  Suffix  HARISH REDDY  If filling a joint return, spouse's first name  Initial Last name  Suffix  Present address (number and street or rural route)  3897 SUN VALLEY DR  Place "X" in box if you are married filling separately.  City  State  ZIP/Postat code  WESTFIELD  IN 46074  Foreign country 2-character code (see instructions)  Enter below the 2-digit country code numbers (found on the back of Schedule CT-40) for the county where you lived and worked on Jan. 1, 2023.  County where 29 County where 00 Spouse lived  Spouse lived  Round all entries  1. Enter your federal adjusted gross income from your federal income tax return, Form 1040 or Form 1040-SR, line 11  Federal AGI 1 87.376, 0.0  2. Enter amount from Schedule 1, line 7, and enclose Schedule 1 Indiana Add-Backs 2  3. Add line 1 and line 2  4. Enter amount from Schedule 2, line 12, and enclose Schedule 2 Indiana Deductions  5. Subtract line 4 from line 3  6. Complete Schedule 3. Enter amount from Schedule 3, line 7, and enclose Schedule 3 Indiana Adjusted Gross Income  7. Subtract line 6 from line 5  State adjusted gross income tax: multiply line 7 by 3.15% (.0315) 8  State 2721, 0.0  Other taxes. Enter amount from Schedule 4, line 4 (enclose schedule) 10  Other taxes. Enter amount from Schedule 4, line 4 (enclose schedule) 10  Other taxes. Enter amount from Schedule 4, line 4 (enclose schedule) 10  Other taxes. Enter amount from Schedule 4, line 4 (enclose schedule) 10								
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(if answer is less than zero, leave blank)			6					
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11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back Indiana Taxes 11 3671.00	8. 9.	Subtract line 6 from line 5 Indiana Adjusted Gross Income State adjusted gross income tax: multiply line 7 by 3.15% (.0315) (if answer is less than zero, leave blank) 8 2721.0  County tax. Enter county tax due from Schedule CT-40 (if answer is less than zero, leave blank) 9 950.0	7					
	<ul><li>8.</li><li>9.</li><li>10.</li></ul>	Subtract line 6 from line 5 Indiana Adjusted Gross Income State adjusted gross income tax: multiply line 7 by 3.15% (.0315) (if answer is less than zero, leave blank)	7	86376.00				

Sinn	iaturo Date		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Date
	n and date this return after reading the Authorization statements  nature Date	_	oouse's Signature	o enciose So	Date
	Do not send cash. Make your check or money order payable to Indiana Department of Revenue. See instructions if paying with	a cre	dit card.		
26.	Amount Due: Add lines 23, 24 and 25		Amount You Owe	26	632.00
25.	Interest if filed after due date (see instructions)			25	.00
24.	Penalty if filed after due date (see instructions)			24	.00
23.	If line 15 is more than line 14, subtract line 14 from line 15. Add line 20 (see instructions)			23	632.00
	d. Place an "X" in the box if refund will go to an account outside	e the	Jnited States		
	c. Type: Checking Savings Hoosier Works N	ИС			
	b. Account Number				
	a. Routing Number				
22.	Direct Deposit (see instructions)				
21.	Refund: Line 18 minus lines 19d and 20. Note: If less than zero, see li	ine 23 i	nstructions Your Refund	21	.00
	a. Enter Code A if annualizing. Enter Code F if Farmer or Fisher	rman <sub>.</sub>	a		
20.	Penalty for underpayment of estimated tax from Schedule IT-22	210 an	d IT-2210A	20	.00
	Total to be applied to your estimated tax account (a + b + c; car	not b	e more than line 18)	19d	.00
	Indiana adjusted gross income tax to be applied\$	С	.00		
	Spouse's county code county tax to be applied _\$	b	.00		
	Enter your county code county tax to be applied _\$	а	.00		
19.	Amount from line 18 to be applied to your 2024 estimated tax a	ccoun	t (see instructions).		
18.	Subtract line 17 from line 16		Overpayment	18	.00
17.	Enter donations from Schedule IN-DONATE (enclose schedule)	); canr	not be greater than line 16	17	.00
16.	If line 14 is equal to or more than line 15, subtract line 15 from I	ine 14	(if smaller, skip to line 23)	16	.00
15.	Enter amount from line 11		Indiana Taxes	15	3671.00
14.	Add lines 12 and 13		Indiana Credits	14	3039.00
13.	Enter offset credits from Schedule 6, line 8 (enclose schedule)	13	.00		
	Enter credits from Schedule 5, line 13 (enclose schedule)	12	3039.00		

• Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.





## **Schedule 3: Exemptions**

2023

Enclosure Sequence No. **03** 

Name(s) shown on Form IT-40	Your Social	Security	Number	
HARISH REDDY KANDALA	036	41	9082	
Complete and enclose Schedule IN-DEP: Dependent Information and Additional dependents on lines 2 and/or 3 below. Complete and enclose Schedule IN-DEP-A claiming dependents on line 6 below.	-		-	_
Chairming dopondonte on mile o solom.			Round all entri	ies
1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000		1_	10	00.00
Enter the number of dependents listed on Schedule IN-DEP, Box 5 You MUST enclose Schedule IN-DEP.     x \$	1000	2		.00
<ul> <li>3. You may claim an additional exemption for each qualifying dependent child:</li> <li>who is a son, stepson, daughter, stepdaughter, foster child and/or child for v legal guardian;</li> <li>who was under the age of 19 by Dec. 31, 2023; or</li> <li>who is a full-time student who was under the age of 24 by Dec. 31, 2023; ar</li> <li>who you are eligible to claim as a dependent on line 2 above.</li> </ul>	·			
Enter the number of additional dependents listed on Schedule IN-DEP, Box 6. x \$1500		3		.00
4. Place "X" in box(es) below if, by Dec. 31, 2023				
You were age 65 or older and/or blind				
Spouse was 65 or older and/or blind				
Total number of boxes with Xs x \$1000		4		.00
<ul> <li>5. If age 65 or older, enter amount from Form IT-40, line 1.</li> <li>If filing as married filing separately and this amount is less than \$20,000, plathe "You were age 65 or older" box below.</li> <li>For all other filers age 65 or older, if this amount is less than \$40,000, place appropriate box(es) below.</li> </ul>				
You were age 65 or older				
Spouse was 65 or older				
Total number of boxes with Xs x \$500		5		.00
6. Enter the number of additional adopted child exemptions listed on Schedule IN-DEP-A, Box 6 x \$3000 You <b>MUST</b> enclose Schedule IN-DEP-A.		6		.00
7. Add lines 1, 2, 3, 4, 5 and 6. Enter here and on Form IT-40, line 6	otal Exemptions	7	10	00.00

## **Schedule 5: Credits**

Enclosure Sequence No. 04

Name(s) shown on Form IT-40

Your Social Security Number

HARISH REDDY KANDALA		036	41	9082	
				Round all entri	es
Indiana state tax withheld: See instructions	1	30:	39.00		
Indiana county tax withheld: See instructions		2		.00	
Pass Through Entity Tax Credit	3		.00		
4. Estimated tax paid for 2023: include any extension payment made with For	4		.00		
5. Unified tax credit for the elderly	5		.00		
6. Earned income credit: enclose Schedule IN-EIC and enter amount from line	e <b>A-3</b>		6		.00
7. Lake County residential income tax credit			7		.00
Economic development for a growing economy credit. Enter amount from S					
line 19 (enclose schedule)			8		.00
Economic development for a growing economy retention credit. Enter amos Schedule IN-EDGE-R, line 19 (enclose schedule)	9		.00		
Headquarters relocation credit (refundable portion - see instructions)	10		.00		
11. Adoption Credit	11		.00		
12. Reserved for future use			12		.00
13. Add lines 1 through 12. Enter total here and on Form IT-40, line 12	To	tal Credits	13	30:	39.00
Schedule IN-DONA					
Important: The amount on line 2 cannot exceed the		orm IT-40, li	ne 16.		
Donations: List fund name, 3-digit code and amount to be donated (see ins	, 				
a. Enter fund name	code no.		1a		.00
b. Enter fund name	code no.		1b		.00
c. Enter fund name	code no.		1c		.00
2. Add lines 1a through 1c. Enter total here and on Form IT-40, line 17	2		.00		

### Schedule 7 Form IT-40, State Form 54000 (R14 / 9-23)

# **Schedule 7: Additional Required Information**

2023

Enclosure Sequence No. **06** 

Name(s) shown on Form IT-40	Your Social Security Number	
HARISH REDDY KANDALA	036 41 9082	
1. Federal filing information  Are you filing a federal income tax return for 2023? Place "X" in a		1
2. Out-of-state income: Complete if you and/or your spouse (i income from Illinois, Kentucky, Michigan, Ohio, Pennsylvania or V for state where you and/or your spouse worked.		
State where you worked Your income	State where spouse worked Spouse's incom	е
\$ .00	\$	.00
3. Extension of time to file  a. Place "X" in box if you have filed a federal extension of time	to file, Form 4868, or made an online extension payment.	
b. Place "X" in box if you have filed an Indiana extension of tim	e to file, Form IT-9, or made an Indiana extension payment on	line.
<b>4. Farm/Fishing income</b> Place "X" in box if at least two-thirds of your gross income was m Important: If you placed an "X" in the box, you MUST attach Sch		
<ol><li>Schedule IN-40PA filers. If you are eligible to file federal Form Indiana Schedule IN-40PA, enclose Schedule IN-40PA and chec</li></ol>		3
6. Date of death  If any individual listed at the top of the IT-40 died during 2023, of the IT-40 died during 2023, or the IT-40 died during 2023. Sp	enter date of death (MM/DD).  ouse's date of death	
Authorization: Sign Form IT-40 after reading the following st Under penalty of perjury, I have examined this return and all atta plete and correct. I understand that if this is a joint return, any retaxes due under this return. Also, my request for direct deposit of Revenue (DOR) to furnish my financial institution with my routing ensure my refund is properly deposited. I grant permission to DC Social Security number(s) used on this return is correct.	chments and to the best of my knowledge and belief, it is true, fund will be made payable to us jointly and each of us is liable far my refund includes my authorization to the Indiana Departme number, account type and Social Security no	for all nt of umber to
7. Your daytime Your telephone number email	address DDATHVIICHADEDDV104@CMA	
I authorize the Department to discuss my return with my personal representative.	Paid Preparer: Firm's Name (or yours if self-employe	
Yes No If yes, complete the information below.	GLOBAL TAXES LLC	
Personal Representative's Name (please print)	IN-OPT on file with paid preparer if not filing electrons	onically
	PTIN P02082703	
Telephone number	Address 245 ROONEY CT	
Address	City E BRUNSWICK	
City	State NJ ZIP Code 08816	
State ZIP Code	Preparer's signature <u>SYAM PRIYA RAM SAGAR GU</u>	PTA





# County Tax Schedule for Full-Year Indiana Residents

2023

Enclosure Sequence No. **07** 

950

Name(s) shown on Form IT-40 Your Social Security Number 41 9082 HARISH REDDY KANDALA 036 1. Enter the amount from IT-40, line 7. Note: If both you and your spouse lived in the same county on January 1, enter the Column A - Yourself Column B - Spouse's entire amount from Form IT-40, line 7 on line 1A 86376 00 (do not complete Column B). See instructions 1A 2. Enter the county tax rate from the chart on the back of 0110000 this schedule for the county where you lived on Jan. 1, 2023 950 00 3. Multiply line 1 by the rate on line 2 (leave blank if less than zero) 3A 3B 4. Add lines 3A and 3B. Enter the total here. Perry County residents: If you live in Perry County and worked in the Kentucky counties of Breckinridge, Hancock or Meade, you must 950 complete lines 5 and 6. Otherwise, enter the total here and on line 7 below (see instructions) 5. Enter the amount of income that was taxed by certain Kentucky localities (see instructions) 5 6. Multiply line 5 by the rate for Perry County. See County Rate Chart and enter total here 6

7. Enter total of line 4 minus line 6. Enter this amount on line 9 of Form IT-40

Form IT-8879 State Form 53399 (R19 / 9-23)

# Indiana Individual Income Tax DECLARATION OF ELECTRONIC FILING

Do Not Mail This Form To DOR

Income Tax for the Tax Year January 1 - December 31, 2023

Su	ıbmission	ID						]—							_								
First Name and Middle Initial	ı	_ast N	am	e										Your Social Security Number									
HARISH REDDY		KANI	DAI	LA										036 41 9082									
Spouse's First Name and Middle Initial	\$	Spous	e's	Last N	Name	)								Spo	oouse's Social Security Number								
Street Address	City							Sta	ate			ZIP (	Code		С	)a	ytime	Tele	pho	ne N	umbe	r	
3897 SUN VALLEY DR	WESTE	FIEL:	D					I	N			460	74										
Part I. Ta  1. Federal Adjusted Gross Income											on 1.	nex	t pa	ge)		_				0.5	1200		
•																_				8 .	7376	-	
2. Indiana Adjusted Gross Income											2.					_				86	376	_	
3. Total Indiana Tax											3.					_				3	8671		
4. Total State Tax Withheld							<b></b>				4.									3	3039	_	
5. Total County Tax Withheld											5.					_						$\dashv$	
6. Total Indiana Tax Credits			-							. (	6.					_				3	3039		
7. Refund				·····•							7.												
8. Amount You Owe												632											
	Р	art II		Esti	mat	ed	Pay	me	nts			~											
9. Estimated Payments:	Payment	t 1:	A		Amo	unt							Dat	e of V	Vith	ıdr	rawa						
	Payment	t 2:			Amo	unt							Dat	e of \	Vith	ıdr	awa						
	Payment	t 3:		i	Amo	unt						Date of Withdrawa											
Payment 4: Amount Date of With							Vith	Vithdrawal															
	Pa	ırt III.		Elec	tror	nic	Set	tlen	nen	ıt													
10. Type of settlement:	it of Refu	nd																					
☐ Direct Debit o	of Amount	Owe	d	i	Amo	unt							Dat	e of \	Vith	ıdr	awa						
11. Routing number:				^	lote:	The	e firs	t tw	o di	gits	of t	he re	outin	g num	ber	'n	ıust l	e 01	l <b>-</b> 1	12 or	21 - 3	2.	
12. Account number:																		D	0	Not	Ма	ıil	
13. Type of account: $\square$ Checking $\square$ S	Savings	□н	200	sier W	orks/	s Mo	С											1		is F o D	orn	1	
14. Place an "X" in the box if refund will go	to an ac	count	ou	ıtside	the	Uni	ted S	State	es.										11	ט ט	<b>51</b> \		

My request for direct deposit of my refund, direct debit of the amount I owe, or direct debit for estimated payments of the amount I owe, includes my authorization for the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type, and social security number to ensure my refund or payment is properly processed.

#### Part IV. Declaration

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my income tax return. To the best of my knowledge and belief, my 2023 return is true, correct and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the DOR. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the DOR of all information pertaining to my use of the system and software and to the transmission of my return electronically. I also consent to the DOR sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the DOR to disclose to my ERO and/or transmitter the reason(s) for the delay of when the refund was sent. Your PIN: Check one box only ☑ I authorize GLOBAL TAXES LLC to enter my PIN as my signature on my tax year 2023 electronically 0 filed income tax return. ☐ I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete part IV below. Your signature ▶ Date Spouse's PIN: Check one box only ☐ I authorize to enter my PIN 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 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete part IV below. Part V. Practitioner Certification and Authentication - Practitioner PIN Method ONLY ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the tax year 2023 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method.

Date

1030 REV 03/05/24 PRO

ERO's signature ▶