

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

Your first name and middle initial SRAVANTHI Last name PEDDI Your social security number 722 02 3855

If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 5151 HIGHLAND ROAD Apt. no. 262 Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. BATON ROUGE State LA ZIP code 70808 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

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

Filing Status [X] Single [ ] Head of household (HOH) [ ] Married filing jointly (even if only one had income) [ ] 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 person is a child but not your dependent:

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

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

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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes rows for dependents and checkboxes for more than four dependents.

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

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

Table with columns 7-15. Rows include Capital gain or (loss), Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income, Adjustments to income from Schedule 1, line 26, Subtract line 10 from line 9. This is your adjusted gross income, Standard deduction or itemized deductions (from Schedule A), Qualified business income deduction from Form 8995 or Form 8995-A, Add lines 12 and 13, Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income.

Attach Sch. B if required.

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

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

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

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	28.
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	28.
Direct deposit? See instructions.	<b>b</b>	Routing number 065400137 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number 885353125		
	<b>36</b>	Amount of line 34 you want <b>applied to your 2024 estimated tax</b>	<b>36</b>	

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

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

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

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

Your signature	Date	Your occupation STUDENT	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (469) 590-5656	Email address PEDDISRAVANTHIREDDY@GMAIL.COM		

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/14/2024	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Phone no. (678) 965-9522
Firm's EIN				84-3171965



Your first name and initial SRAVANTHI PEDDI	Last name	Your Social Security Number 1 7 2 2 0 2 3 8 5 5	2023
Spouse's first name and initial	Last name	Spouse's Social Security Number 2	
Present home address (number and street including apartment number or rural route) 5151 HIGHLAND ROAD #262		Daytime Telephone Number 4 6 9 5 9 0 5 6 5 6	
City, town, or post office BATON ROUGE		State ZIP LA 70808	

**Part A Tax Return Information**

Balance Due    ,    ,    .   Refund Due    ,    ,    .

**Part B Direct Deposit of Refund (Optional)  or Direct Debit (Optional)**

Routing Number The first 2 digits of the routing number must be 01 through 12 or 21 through 32.

**Direct Debit Payment**

,    ,    .

**Account Number**

**Withdrawal Date**

Type of Account:  Checking  Savings  
(Check one.)

Full Payment  Partial Payment   
 Payment made/will be made by credit card.

**PART C Declaration of Taxpayer**

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- I consent that my refund be directly deposited as designated in Part B, and declare that the information shown in Part B is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- I do not want direct deposit of my refund, am a first-time filer with Louisiana, or am not receiving a refund. I understand that by not having my refund direct deposited I will receive my refund by paper check.
- I authorize the Louisiana Department of Revenue and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in Part B for payment of my state taxes owed on this return. I also authorize the financial institutions involved in processing the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I understand that if I have filed a balance due return and if the Louisiana Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

I declare that I have examined my state income tax return prepared for electronic transmission to the State of Louisiana and, to the best of my knowledge and belief, it is true and complete.

Please sign here. \_\_\_\_\_  
Your signature Date Spouse's signature (if joint return) Date

**Part D Declaration and Signature of Electronic Return Originator (ERO) and Paid Preparer**

I declare that I have reviewed the above taxpayer's return and that the entries on the return are complete and correctly represented to the best of my knowledge based on the information submitted/furnished by the taxpayer. I also declare that I have complied with all of the requirements of the Louisiana Department of Revenue and in the Louisiana Handbook for Electronic Filers.

Please sign here. \_\_\_\_\_  
Preparer's signature Social Security Number or ID Number Date Telephone

Mark box if also ERO. \_\_\_\_\_  
Electronic Return Originator's signature Social Security Number or ID Number Date Telephone

**This form is to be maintained by ERO. Do not submit to LDR.**

Name Change

# 2023 LOUISIANA RESIDENT - 2D

Decedent Filing

SRAVANTHI PEDDI

Your SSN

722023855

Spouse Decedent

Spouse's SSN

Address Change

5151 HIGHLAND ROAD APT 262

Amended Return

BATON ROUGE LA 70808

Telephone

4695905656

NOL Carryback

07121998  
Your Date of Birth

Spouse's Date of Birth

**FILING STATUS:** Enter the appropriate number in the filing status box. It must agree with your federal return.

- 1 Enter a "1" in box if **single**.
- Enter a "2" in box if **married filing jointly**.
- Enter a "3" in box if **married filing separately**.
- Enter a "4" in box if **head of household**.  
If the qualifying person is not your dependent, enter name here.
- Enter a "5" in box if **qualifying surviving spouse**.  
If the qualifying person is not your dependent, enter name here.

### 6 EXEMPTIONS:

6A	<input checked="" type="checkbox"/> Yourself	65 or older	Blind	Qualifying Surviving Spouse	Total of 6A & 6B	1
6B	<input type="checkbox"/> Spouse	65 or older	Blind			

**6C DEPENDENTS** – Enter dependent information below. If you have more than 6 dependents, attach a statement to your return with the required information. Enter the number of dependents claimed on Federal Form 1040 or 1040-SR here.

**6C** 0

First Name	Last Name	Social Security Number	Relationship to you	Birth Date (mm/dd/yyyy)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### IMPORTANT!

All four (4) pages of this return **MUST** be mailed in together along with your W-2s and completed schedules. Please paperclip. **Do not staple.**

**6D EXEMPTIONS** – Total of 6A, 6B, and 6C. **6D** 1

**6E DEPENDENTS FOR CERTAIN ADOPTIONS 6E DEDUCTION** – Enter the number of dependents included on Line 6C for whom you are claiming the Deduction for Certain Adoptions. Enter name here. **6E** 0

**6F TOTAL EXEMPTIONS** – Subtract Line 6E from Line 6D. **6F** 1

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FOR OFFICE USE ONLY	
Field Flag	

**62450**

If you are not required to file a federal return, indicate wages here.

Mark this box and enter zero "0" on Line 12

7	FEDERAL ADJUSTED GROSS INCOME – If your Federal Adjusted Gross Income is less than zero, enter "0".	From Louisiana Schedule E, attached	7	7200
8A	FEDERAL ITEMIZED DEDUCTIONS		8A	0
8B	FEDERAL ITEMIZED DEDUCTION FOR MEDICAL AND DENTAL EXPENSES		8B	0
8C	FEDERAL STANDARD DEDUCTION		8C	0
8D	EXCESS FEDERAL ITEMIZED DEDUCTIONS – Subtract Line 8C from Line 8B.		8D	0
9	YOUR LOUISIANA TAX TABLE INCOME – Subtract Line 8D from Line 7. If less than zero, enter '0'. Use this figure to find your tax in the tax tables.		9	7200
10	YOUR LOUISIANA INCOME TAX – Enter the amount from the tax table that corresponds with your filing status.		10	49
11	NONREFUNDABLE PRIORITY 1 CREDITS – From Schedule C, Line 6 .		11	0
12	TAX LIABILITY AFTER NONREFUNDABLE PRIORITY 1 CREDITS – Subtract Line 11 from Line 10. If the result is less than zero, or you are not required to file a federal return, enter zero "0".		12	49
13	<b>2023 LOUISIANA REFUNDABLE CHILD CARE CREDIT – Your Federal Adjusted Gross Income must be EQUAL TO OR LESS THAN \$25,000 to claim the credit on this line. See the instructions and the Refundable Child Care Credit Worksheet.</b>		13	0
13A	Enter the qualified expense amount from the Refundable Child Care Credit Worksheet, Line 3.		13A	0
13B	Enter the amount from the Refundable Child Care Credit Worksheet, Line 6.		13B	0
14	<b>2023 LOUISIANA REFUNDABLE SCHOOL READINESS CREDIT – Your federal Adjusted Gross Income must be EQUAL TO OR LESS THAN \$25,000 to claim the credit on this line. See the Refundable School Readiness Credit Worksheet.</b>		14	0
	5   0   4   0   3   0   2   0			
15	EARNED INCOME CREDIT – See Louisiana Earned Income Credit (LA EIC) worksheet, Line 3.		15	0
16	OTHER REFUNDABLE PRIORITY 2 CREDITS – From Schedule F, Line 9.		16	0
17	TOTAL REFUNDABLE PRIORITY 2 CREDITS – Add lines 13, and 14 through 16. Do not include amounts on Lines 13A and 13B.		17	0
18	TAX LIABILITY AFTER REFUNDABLE PRIORITY 2 CREDITS		18	49
19	OVERPAYMENT AFTER REFUNDABLE PRIORITY 2 CREDITS		19	0
20	NONREFUNDABLE PRIORITY 3 CREDITS – From Schedule J, Line 16.		20	0
21	ADJUSTED LOUISIANA INCOME TAX- Subtract Line 20 from Line 18.		21	49



22A	CONSUMER USE TAX – You must mark one of these boxes.	<input checked="" type="checkbox"/> No use tax due.	22A	0
		Amount from the Consumer Use Tax Worksheet.		
22B	ELECTRIC AND HYBRID VEHICLE ROAD USAGE FEE	<input checked="" type="checkbox"/> No usage fee due.	22B	0
		Amount from Form R-19000A.		
23	TOTAL INCOME TAX, CONSUMER USE TAX, AND ELECTRIC AND HYBRID VEHICLE ROAD USAGE FEE – Add Lines 21, 22A and 22B.		23	49
24	OVERPAYMENT OF REFUNDABLE PRIORITY 2 CREDITS – Enter the amount from Line 19.		24	0
25	REFUNDABLE PRIORITY 4 CREDITS – From Schedule I, Line 6.		25	0

**PAYMENTS**

26	AMOUNT OF LOUISIANA TAX WITHHELD FOR 2023 – Attach Forms W-2 and 1099.		26	140
27	AMOUNT OF CREDIT CARRIED FORWARD FROM 2022		27	0
28	AMOUNT OF ESTIMATED PAYMENTS MADE FOR 2023		28	0
29	AMOUNT OF EXTENSION PAYMENT		29	0
30	TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS – Add Lines 24 through 29.		30	140
31	OVERPAYMENT – If Line 30 is greater than Line 23, subtract Line 23 from Line 30. Your overpayment may be reduced by the Underpayment of Estimated Tax Penalty. Otherwise, go to Line 38.		31	91
32	UNDERPAYMENT PENALTY – See the instructions for Underpayment Penalty and Form R-210R. If you are a farmer, check the box.		32	0
33	ADJUSTED OVERPAYMENT – If Line 31 is greater than Line 32, subtract Line 32 from Line 31, and enter on Line 33. If Line 32 is greater than Line 31, subtract Line 31 from Line 32, and enter the balance on Line 38.		33	91
34	TOTAL DONATIONS – From Schedule D, Line 22.		34	0

**REFUND DUE**

35	SUBTOTAL – Subtract Line 34 from Line 33. This amount of overpayment is available for credit or refund.		35	91
36	AMOUNT OF LINE 35 TO BE CREDITED TO 2024 INCOME TAX	<b>CREDIT</b>	36	0
	AMOUNT TO BE REFUNDED – Subtract Line 36 from Line 35. If mailing to LDR, use the address on the bottom of page 4.			
37	Enter a "2" in box if you want to receive your refund by paper check.	<b>REFUND</b> 3	37	91
	Enter a "3" in box if you want to receive your refund by direct deposit. Complete information below. If information is unreadable, you are filing for the first time, or if you do not make a refund selection, you will receive your refund by paper check.			

**DIRECT DEPOSIT INFORMATION**

Type: Checking  Savings  Will this refund be forwarded to a financial institution located outside the United States? Yes  No

Routing Number 065400137 Account Number 885353125



Enter the first 4 letters of your last name in these boxes.  
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PEDD

62452

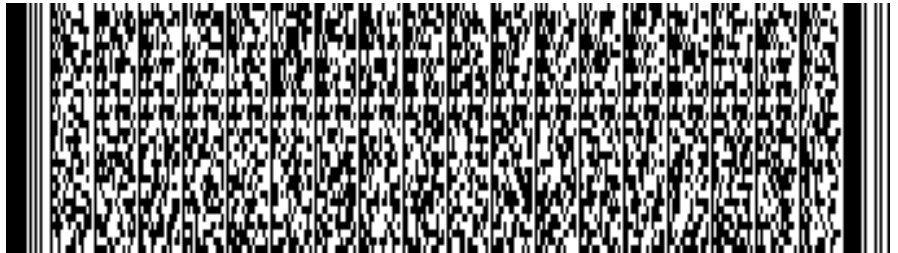
**AMOUNTS DUE LOUISIANA**

38	AMOUNT YOU OWE – If Line 23 is greater than Line 30, subtract Line 30 from Line 23.	38	0	
39	ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND	39	0	
40	ADDITIONAL DONATION TO THE COASTAL PROTECTION AND RESTORATION FUND	40	0	
41	ADDITIONAL DONATION TO LOUISIANA FOOD BANK ASSOCIATION	41	0	
42	INTEREST – From the Interest Calculation Worksheet, Line 5.	42	0	
43	DELINQUENT FILING PENALTY – From the Delinquent Filing Penalty Calculation Worksheet, Line 3.	43	0	
44	DELINQUENT PAYMENT PENALTY – From Delinquent Payment Penalty Calculation Worksheet, Line 7.	44	0	
45	UNDERPAYMENT PENALTY – See the instructions from Underpayment Penalty and Form R-210R. If you are a farmer, check the box.	45	0	
46	BALANCE DUE LOUISIANA – Add Lines 38 through 45. If mailing to LDR, use address below. For electronic payment options, see instructions.	<b>PAY THIS AMOUNT.</b>	46	0

**DO NOT SEND CASH.**

**IMPORTANT!**

All four (4) pages of this return MUST be mailed in together along with your W-2s and completed schedules. Please paperclip.  
**Do not staple.**



Status 010

Contribution and Donation 0000

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. If I made a contribution to a START Savings Program, I consent that my Social Security Number may be given to the Louisiana Office of Student Financial Assistance to properly identify the START Savings Program account holder. If married filing jointly, both Social Security Numbers may be submitted. I understand that by submitting this form I authorize the disbursement of individual income tax refunds through the method as described on Line 37.

Your Signature	Date (mm/dd/yyyy)	Spouse's Signature (If filing jointly, both must sign.)	Date (mm/dd/yyyy)
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<b>PAID PREPARER USE ONLY</b>	Print/Type Preparer's Name	Preparer's Signature	Date (mm/dd/yyyy)	Check <input type="checkbox"/> if Self-employed
	Firm's Name ▶	GLOBAL TAXES LLC	Firm's FEIN ▶	84-3171965
	Firm's Address ▶	245 ROONEY CT E BRUNSWICKNJ 08816	Telephone ▶	678-965-9522

Name  
PEDD

**Individual Income Tax Return**  
**Calendar year return due 5/15/24**

Mail to: Department of Revenue  
PO BOX 3440  
BATON ROUGE LA 70821-3440

P02082703

PTIN, FEIN, or LDR  
Account Number  
of Paid Preparer

For Office  
Use Only.

