Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)				
Taxpayer's name	Social security	y number		
SAI NITHIN REDDY MANNEPULI	269-27-	8094		
Spouse's name	Spouse's soci		number	
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter	NOOR VOLL OF	ro qutho	rizina \	
Enter whole dollars only on lines 1 through 5.	year you ar	e autrio	rizirig.)	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1 Adjusted gross income		1	130,	692.
2 Total tax		2		421.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		991.
4 Amount you want refunded to you		4		570.
5 Amount you owe		5		<i>310.</i>
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k	кеер а сору	of you	r return	1)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejet for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indipayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requipments and supplies the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) I ar Electronic Eunde Withdrawal Consent.	e are the amo itter, or electro ection of the tra S. Treasury ar cated in the ta an to debit the the authoriza jests must be processing of ayment. I furth	unts from nic return ansmission of its designated its designated x preparated entry to the tion. To re- received the electroner ackno	the inco originaton, (b) the gnated Fi tion softwais account evoke (ca no later onic payr wledge th	me tax r (ERO) reason nancial vare for nt. This ncel) a than 2 nent of nat the
Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only				
▼ I authorize GLOBAL TAXES LLC to enter or generate in the state of the st	my PIN 7	8 0 9	9 4 ,	as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ente	er five digit i't enter all	s, but	ao my
I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.	od. The ERO	must co		
Your signature ▶ Date ▶	03/05/20	24		
Spouse's PIN: check one box only				
I authorize to enter or generate	my PIN			as my
ERO firm name	- —	er five digit		ao iiiy
signature on the income tax return (original or amended) I am now authorizing.		't enter all		
I will enter my PIN as my signature on the income tax return (original or amended) I am nor if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.				
Spouse's signature ▶ Date ▶				
Practitioner PIN Method Returns Only—continue below				
Part III Certification and Authentication — Practitioner PIN Method Only				
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 6	5 0 8	2 7	1
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income ta authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subm	itting this retu	rn in acco	rdanće w	
requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Ir	iuiviauai incom	ie Tax Het	urns.	
ERO's signature ▶ Date ▶				
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To D	o So			

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



£1040		artment of the Treasury-Internal Revenue Servi		rn 202	23	OMB No. 1545-	-0074	IRS Use	Only—	Do not w	rite or stap	ple in this space	÷.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023,	ending	<u>'</u>		, 20		See sep	oarate ii	nstructions.	
Your first name	and m	iddle initial	Last nam	ne					,	Your so	cial sec	urity number	_
SAI NIT	HIN :	REDDY	MANNE	EPULI						269	27	8094	
		s first name and middle initial	Last nam						5	Spouse'		security numl	bei
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ns.			A	pt. no.	٠,	Preside	ntial Ele	ction Campai	ian
300 N S								011				ou, or your	
		ce. If you have a foreign address, also co	mplete sp	aces below.	Sta	ite	ZIP cc				0,	ointly, want \$	
CHICAGO					II	_	606	54		•		nd. Checking not change	а
Foreign countr	y name		Fo	oreign province/sta	te/coun	ty	Foreig	n postal co			or refu	nd.	ıse
Filing Status Check only one box.	If y	Single Married filing jointly (even if only or Married filing separately (MFS) you checked the MFS box, enter the lalifying person is a child but not you	name of ur depend	your spouse. If			surviv	ing spou SS box, e	ise (C	the chi	Id's nar	ne if the	-
Digital Assets		ny time during 2023, did you: (a) reconange, or otherwise dispose of a dig		(or a financial in	terest ir	n a digital asse					☐ Ye	es 🗵 No	
Standard Deduction	_	neone can claim:	•			a dependent							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind	Spouse	: Was born	n befo	re Janua	ıry 2,	1959	☐ Is	blind	
Dependent	s (see	instructions):	(2) Social secu	ırity	(3) Relationshi	ip (4)			if qualit	fies for (s	ee instruction	າຣ):	
If more	(1) F	irst name Last name		number		to you		Child ta	ax cre	dit	Credit for	r other depende	nts
than four													
dependents, see instruction	s								<u> </u>			_ <u>_</u>	_
and check here	i —							L	<u> </u>				_
-	1a	Total amount from Form(s) W-2, b	ox 1 (see	instructions)						1a		123,536	_
Income	b	Household employee wages not re	•	•						1b			Ť
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	•	, ,						1c			_
attach Forms	d	Medicaid waiver payments not rep		•						1d			_
W-2G and	e	Taxable dependent care benefits f								1e			_
1099-R if tax was withheld.	f	Employer-provided adoption bene			29 .					1f			_
If you did not	g	Wages from Form 8919, line 6.								1g			_
get a Form	h	Other earned income (see instruct	ions) .							1h		0	_
W-2, see instructions.	i	Nontaxable combat pay election (s	,			1i	1		•	- 24			
	z	Add lines 1a through 1h								1z		123,536	
Attach Sch. B	<u>-</u> 2a	1	2a		ь Т	axable interest				2b		114	
if required.	3a		3a	233.		ordinary divider				3b		233	
	4a		4a			axable amount				4b			_
Standard	5a		5a			axable amount				5b			_
Deduction for— Single or	6a		6a			axable amount				6b			_
Married filing	С	If you elect to use the lump-sum e		ethod, check he					. П				_
separately, \$13,850	7	Capital gain or (loss). Attach Sche		*	•	,			. П	7		6,809	
Married filing jointly or	8	Additional income from Schedule		•	•					8			_
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	-							9		130,692	-
surviving spouse, \$27,700	10	Adjustments to income from Sche		· ·						10		·	_
Head of household,	11	Subtract line 10 from line 9. This is								11		130,692	_
\$20,800	12	Standard deduction or itemized	•	_						12		13,850	
If you checked any box under	13	Qualified business income deduct		,						13			·
Standard Deduction,	14									14	+	13,850	_
see instructions.	15	Subtract line 14 from line 11. If zer						-		15		116 842	

Form 1040 (2023	3)						Page 2
Tax and	16	Tax (see instructions). Check if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌	16	21,421.
Credits	17					17	
	18					18	21,421.
	19	Child tax credit or credit for other depender	nts from Sched	ule 8812		19	
	20	Amount from Schedule 3, line 8				20	
	21	Add lines 19 and 20				21	
	22	Subtract line 21 from line 18. If zero or less,	enter -0			22	21,421.
	23	Other taxes, including self-employment tax,	, from Schedule	e 2, line 21		23	0.
	24	Add lines 22 and 23. This is your total tax				24	21,421.
Payments	25	Federal income tax withheld from:					
	а	Form(s) W-2			25a 22,	991.	
	b	Form(s) 1099			25b		
	С	Other forms (see instructions)			25c		
	d	Add lines 25a through 25c				25d	22,991.
If you have a	26	2023 estimated tax payments and amount a				26	
qualifying child,	27	Earned income credit (EIC)			27		
attach Sch. EIC.	28	Additional child tax credit from Schedule 881		_	28		
	29	American opportunity credit from Form 886	3, line 8		29		
	30	Reserved for future use			30		
	31	Amount from Schedule 3, line 15			31		
	32	Add lines 27, 28, 29, and 31. These are you			indable credits	32	
	33	Add lines 25d, 26, and 32. These are your to				33	22,991.
Refund	34	If line 33 is more than line 24, subtract line 2	24 from line 33.			34	1,570.
	35a	Amount of line 34 you want refunded to yo			•	. 35a	1,570.
Direct deposit?	b	Routing number 0 3 1 1 7 6 1			_	vings	
See instructions.	d	Account number 3 6 1 8 5 4 2					
	36	Amount of line 34 you want applied to your			36		
Amount	37	Subtract line 33 from line 24. This is the am	ount vou owe		1		
You Owe	٠.	For details on how to pay, go to www.irs.go				37	
	38	Estimated tax penalty (see instructions) .			38		
Third Party	Do	you want to allow another person to dis			See		
Designee		tructions				nplete below.	⋈ No
Ü		signee's	Phone			al identification	
	naı		no.		number	· · ·	
Sign		der penalties of perjury, I declare that I have examine ef, they are true, correct, and complete. Declaration					
Here			1		sed on an imormation		
	YO	ir signature	Date	Your occupation			ent you an Identity PIN, enter it here
Joint return?		and thin	03/05/2024	SR BUSINES	S ANALYST	(see inst.)	,
See instructions.	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupati	on	If the IRS se	ent your spouse an
Keep a copy for your records.						Identity Prof (see inst.)	tection PIN, enter it here
your rooordo.						, ,	
		one no. (269)486-0810	Email address	NITHINREDDY.	SAIM@GMAIL.COM		T 01 - 1 11
Paid		parer's name Preparer's signa				PTIN	Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/05/2024 P	02082703	Self-employed
Use Only		n's name GLOBAL TAXES LLC					(678)965-9522
		n's address 245 ROONEY CT E BRU	UNSWICK N	J 08816		Firm's EIN	84-3171965
Go to www.irs.go	ov/Forn	1040 for instructions and the latest information.		BAA	REV 02/23/24 PRO		Form 1040 (2023)

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

	Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to www.irs.gov/ScheduleD for instructions and the latest information.									
Name	(s) shown on return				,	Your so	cial se	curity number		
SA	I NITHIN RED	DY MANNEPULI				269-	27-	8094		
	•	y investment(s) in a qualified opportunity 3349 and see its instructions for additiona	•	•						
Pai	rt I Short-Te	erm Capital Gains and Losses—Ge	nerally Assets I	Held One Year	or Les	s (se	e ins	tructions)		
lines This	below.	ow to figure the amounts to enter on the er to complete if you round off cents to				(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)		
1a	1099-B for which which you have However, if you	ort-term transactions reported on Form hasis was reported to the IRS and for e no adjustments (see instructions), choose to report all these transactions have this line blank and go to line 1b.								
1b	Totals for all tran	sactions reported on Form(s) 8949 with	38,882.	31,707.				7,175.		
2	Totals for all tran	sactions reported on Form(s) 8949 with								
3	Totals for all tran	sactions reported on Form(s) 8949 with								
4	Short-term gain	from Form 6252 and short-term gain or (l	oss) from Forms 4	684, 6781, and 88	324 .		4			
5		gain or (loss) from partnerships,				rom	5			
6	Short-term capit Worksheet in the	al loss carryover. Enter the amount, if an	•	-	-		6	(
7		capital gain or (loss). Combine lines 1a s or losses, go to Part II below. Otherwise					7	7,175.		
Par	tll Long-Te	erm Capital Gains and Losses—Ger	nerally Assets I	Held More Than	One `	Y ear (see i	instructions)		
lines This	below.	ow to figure the amounts to enter on the er to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	to gain Form(s)	(g) ustment or loss 8949, F , columr	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)		
	1099-B for which which you have However, if you on Form 8949, le	g-term transactions reported on Form basis was reported to the IRS and for e no adjustments (see instructions). choose to report all these transactions eave this line blank and go to line 8b.								
8b	Totals for all tran	sactions reported on Form(s) 8949 with	1,171.	1,537.				-366.		
9	Totals for all tran	sactions reported on Form(s) 8949 with								
10	Totals for all tran	sactions reported on Form(s) 8949 with								
11		4797, Part I; long-term gain from Forms I, 6781, and 8824				oss)	11			

12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1

14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

-366.

12

13

14

15

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** 6,809. 16 Combine lines 7 and 15 and enter the result 16 • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . . . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form **8949**

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. 12A

Department of the Treasury Internal Revenue Service Name(s) shown on return

Social security number or taxpayer identification number

269-27-8094

SAI NITHIN REDDY MANNEPULI

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

☐ (B) Short-term transaction:☐ (C) Short-term transaction:				sis wasn't report	ed to the IR	S	,
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an a enter a co	any, to gain or loss amount in column (g), de in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
Apex Clearing	01/01/23	12/31/23	15,779.	10,860.			4,919.
E*TRADE SECURITIES LLC	01/01/23	12/31/23	11,726.	10,399.			1,327.
E*TRADE SECURITIES LLC	01/01/23	12/31/23	11,377.	10,448.			929.
2 Totals. Add the amounts in column negative amounts). Enter each to Schedule D, line 1b (if Box A above above is checked) or line 3 (if Box	tal here and inc e is checked), li i	clude on your ne 2 (if Box B	38.882.	31.707.			7.175.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2023) Attachment Sequence No. **12A** Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side SAI NITHIN REDDY MANNEPULI

Social security number or taxpayer identification number 269-27-8094

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (D) Long-term transa☐ (E) Long-term transa☐ (F) Long-term transa	ctions reported on l	Form(s) 1099)-B showing bas	•		`	?)
1 (a) Description of proper	(b)	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below and see <i>Column</i> (e)	If you enter an enter a c	if any, to gain or loss amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ		disposed of (Mo., day, yr.)	(sales price) (see instructions)	in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
Apex Clearing	01/01/22	12/31/23	1,171.	1,537.			-366.
2 Totals. Add the amounts in negative amounts). Enter ea							
Schedule D. line 8b (if Box I							

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

above is checked), or line 10 (if Box F above is checked) .

1,171.

1,537.

Form **8889**

Health Savings Accounts (HSAs)

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

2023 Attachment Sequence No. 52

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR SAI NITHIN REDDY MANNEPULI

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.

269-27-8094

Befo	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	X Se	lf-only 🗌 Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter	3	3,850.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	3,850.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family		·
	coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6	3,850.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions.	7	0.
8	Add lines 6 and 7	8	3,850.
9	Employer contributions made to your HSAs for 2023		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	500.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	3,350.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	a separate Part II for each spouse.	ırate l	HSAs, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	146	
С	Subtract line 14b from line 14a	14b 14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this	13	
	amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part			
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form		
	1040\ Part II line 17d	24	

We encourage all taxpayers to pay electronically whenever possible.

By paying electronically, you can . . .

- Avoid mailing delays.
- Save a trip to the post office and the price of a stamp.
 - Get immediate confirmation of your payment.

Visit **mytax.illinois.gov** to electronically pay.

If you prefer to pay the amount you owe on your Form IL-1040, Individual Income Tax Return, by mail, complete the IL-1040-V at the bottom of this page and send it, along with your payment, to the address on the voucher.



REV 02/14/24 PRO

(R-12/23) Payment Voucher for Individual Income Tax

269-27-8094 Your Social Security number

Spouse's Social Security number

._____

234.00

Payment amount

SAI NITHIN REDDY MANNEPULI 300 N STATE ST 5011 CHICAGO IL 60654

Make your check payable to and mail to ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD IL 62726-0001

Your payment is due April 15, 2024.

Write your Social Security number(s) on your check.



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.

	-27-8094 1994 NITHIN REDDY		MANNE	PULI					
300	N STATE ST			5011					MACHERINA E III III
CHI	CAGO	IL	60654	COOK					KW KYAKATIIII
0111			ITHINREDDY						
B Fill	ing status: X Single					narately \(\square\) Widow	ed \square Head of	household	
	eck If someone can clair								
D Ch	eck the box if this applie	s to v	ou during 202	o3. □Non	resident - Att	ach Sch NR 🗆 Pa	rt-vear resident -	Attach Sc	h NR
		o to y	54 441119 <u>2</u> 52			2011 00111 1111	rt your rootuont		ole dollars only)
5te	ep 2: Income Federal adjusted gross	incom	o from your fo	odoral Form	1040 or 1040	SD Line 11		1	130,692.00
2	Federally tax-exempt in						0-SR. Line 2a.	2	.00
3	Other additions. Attacl				,		0 0.1,0 _0	3	.00
4	Total income. Add Line	es 1 th	rough 3.					4	130,692.00
Ste	p 3: Base Income								
5	Social Security benefits				come receive	d if included			
) (in Line 1. Attach Page				4040 40	40.00	5	.00	
6	Illinois Income Tax over Schedule 1, Ln. 1.	payme	ent included li	n tederal Fo	rm 1040 or 10	40-SR,	6	.00	
2 7	Other subtractions. Att	ach S	chedule M.				7	.00	
8	Add Lines 5, 6, and 7.			our subtrac	tions.		-	8	.00
5 9	Illinois base income.	Subtra	act Line 8 fror	m Line 4.				9	130,692.00
Ste	p 4: Exemptions - Se	e inst	ructions for ir	ncome limita	ations				
10	a Enter the exemption						a2,4:		
			I ∨ou + I I	Spouso	# of chackh	oxes X \$1,000 =	b	.00	
3	b Check if 65 or older								
3	c Check if legally blind	d: 🗀	You + 🗌	Spouse	# of checkb	oxes X \$1,000 =	С		
	c Check if legally blindd If you are claiming de	d: pende	You + 🗌	Spouse	# of checkb	oxes X \$1,000 =	С	.00	
	c Check if legally blindd If you are claiming de Attach Schedule IL-E	d: [pende :/EIC.	You + nts, enter the	Spouse amount from	# of checkb	oxes X \$1,000 =	С		2,425.00
Ste	c Check if legally blind d If you are claiming de Attach Schedule IL-E Exemption allowance	d: pende /EIC. . Add	You + nts, enter the	Spouse amount from	# of checkb	oxes X \$1,000 =	С	.00	2,425.00
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	c Check if legally blind d If you are claiming de Attach Schedule IL-E Exemption allowance	d: Epende E/EIC. e. Add Tax e. Sul	You + ☐ nts, enter the Lines 10a thr	Spouse amount from ough 10d.	# of checkbn Schedule IL-E	oxes X \$1,000 = E/EIC, Step 2, Line 1.	c	0.00 0.00 10	2,425.00 128,267.00
11	c Check if legally blind d If you are claiming de Attach Schedule IL-E Exemption allowance p 5: Net Income and Residents: Net incom Nonresidents and par Residents: Multiply Lir	d: Epende E/EIC. Add Tax ie. Sul rt-yea	You + ☐ nts, enter the Lines 10a thr btract Line 10 r residents: by 4.95% (.04	Spouse amount from rough 10d. From Line 9 Enter the Illin 195). Canno	# of checkb n Schedule IL-E 9. nois net incom t be less than	oxes X \$1,000 = E/EIC, Step 2, Line 1. The from Schedule NR. Zero.	c	.00 0.00 10	128,267.00
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IL-1040 Front (R-12/23) Printed by authority of the state of Illinois. Electronic 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.



24 Tot	al tax from Page 1, Line 23.					24	6,349.00	
Step 8:	Payments and Refundal	ble Credit						
-	ois Income Tax withheld. Atta		/IT.		25 6	5,115.00		
26 Estir	mated payments from Forms	IL-1040-ES and II	L-505-I,					
inclu	iding any overpayment applie	ed from a prior yea	ar return.		26	.00		
27 Pass	s-through withholding. Attach	Schedule K-1-P o	r K-1-T.		27	.00		
28 Pass	s-through entity tax credit. Att	ach Schedule K-1	-P or K-1-T.		28	.00		
29 Earn	ned Income Credit from Sched	dule IL-E/EIC, Step	4, Line 9. A	ttach Schedule IL-E/EIC	. 29	.00		
30 Tota	I payments and refundable	credit. Add Lines	25 through	29.		30	6,115.00	
Step 9:	Total							
31 If Lin	ne 30 is greater than Line 24, s	ubtract Line 24 fror	m Line 30.			31	.00	
32 If Lin	ne 24 is greater than Line 30, s	ubtract Line 30 from	m Line 24.			32	234.00	
Step 10	: Underpayment of Estir	nated Tax Pena	alty and Do	nations				
33 Late	-payment penalty for underpa	ayment of estimate	ed tax.		33	.00		
а 🗆	Check if at least two-thirds	of your federal gro	ss income is	s from farming.				
b [Check if you or your spouse	e are 65 or older a	nd permane	ntly living in a nursing	g home.			
c [Check if your income was n	ot received evenly	during the	year and you annuali	zed your income	on Form IL-221	0.	
	Attach Form IL-2210.							
	Check if you were not requi			Income Tax return in	=	year.		
	ntary charitable donations. A				34	.00		
	I penalty and donations. Ad		4.			35	.00	
-	: Refund or Amount you							
-	u have an amount on Line 31	and this amount	is greater th	an Line 35, subtract	Line 35 from Line			
	is your overpayment .					36	.00	
37 Amo	ount from Line 36 you want re f	funded to you. Ch	neck one bo	x on Line 38. See inst	ructions.	37	.00	
38 I cho	oose to receive my refund by							
a 🗆	direct deposit - Complete	the information be	low if you ch	neck this box.				
	You may also contribute F	Routing number			Checki	ng or Savin	gs	
	to college savings funds here. See instructions!	Account number						
	Here. See instructions:	ACCOUNT HUMBON						
b	paper check.							
39 Amo	ount to be credited forward. S	ubtract Line 37 fro	om Line 36.	See instructions.		39	.00	
40 If yo	ou have an amount on Line	32 , add Lines 32	and 35. If yo	ou have an amount	on Line 31, and t	his amount		
is les	ss than Line 35, subtract Line	e 31 from Line 35.	If Lines 31	and 32 are blank (ze	ero), enter the an	nount		
from	Line 35. This is the amount	you owe. See ins	structions.			40	234.00	
Stop 12	2: Health Insurance Che	ckhov and Sign	naturo					
-	Check this box and include y	_		IDOR may abore you	ır ingama informa	ation with other I	llinois stato	
	agencies in order to determing							
	agonolog in order to determin	io your onglomey is	or modition	ararroo portonto. Coc			•	
Signatu	ıre - Note: If this is a joint retu	rn, both you and yo	our spouse m	nust sign below.				
Under p	enalties of perjury, I state that	at I have examine	d this returr	, and to the best of r	ny knowledge, it	is true, correct	, and complete.	
Sign	Your signature	Date (mm/dd/yyyy)	Spouse's sig	nature	Date (mm/dd/yyyy)	Daytime phone	number	
Here	Snalithin	03/05/2024				(269) 486	-0810	
	Print/Type paid preparer's name	•	Paid prepare	r's signature	Date (mm/dd/yyyy)		Paid Preparer's PTIN	
Paid	SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/05/2024					self-employed	P02082703	
Preparer	Firm's name	TAXES LLC			Firm's FEIN	843171965	5	
Use Only	Firm's address > 245 RO	ONEY CT	BRUNSWIC	KNJ 08816	Firm's phone	(678) 965	-9522	
Third	Designee's name (please print)		21.01.011		·	1	e Department may	
Party	Designed a phone number					discuss this return with the third		
Designee	ignee () party design					party designed	e shown in this step.	
	Refer to the 202	23 IL-1040 Ins	struction	s for the addre	ss to mail v	our return.		

IL-1040 Back (R-12/23) DR______ AP____ RR DC IR ID ID: 3WM REV 02/14/24 PRO





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)

_	I NITHIN REDI ur name as shown o			8	0 9	_ 4				
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wa	Column C ages, Winnings, Gr ns, Compensation,		Colum s Wages, W outions, Con				
1	W	72-0210640	\$	123,536 <u>•00</u>	\$_	123	,536 .00	\$_	6,	115 .00
2			\$	•00	\$.		<u>•00</u>	\$_		•00
3			\$	•00	\$		<u>•00</u>	\$_		<u>•00</u>
4			\$	•00	\$		<u>•00</u>	\$_		•00
5			\$	•00	\$.		<u>•00</u>	\$_		•00

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

Υοι	ur spouse's name a	as shown on Form IL-1040	Your spouse's Social Security number								
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wages	umn C s, Winnings, Gross Compensation, etc.	Col Illinois Wages Distributions, 0	Column E Illinois Income Tax Withheld					
6			\$	•00	\$	<u>•00</u>	\$	•00			
7			\$	•00	\$	•00	\$	•00			
8			\$	•00	\$	•00	\$	•00			
9			\$	•00	\$	•00	\$	•00			
10			\$	•00	\$	•00	\$	•00			

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 \$ 6,115**.00**

→ Attach all Schedules IL-WIT to your IL-1040. ←





Illinois Department of Revenue

			_						_				
				S	ubmi	ssior	ı ID						

2023 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

- cop	1: Provide taxpayer informatio			
	SAI NITHIN REDDY First name and middle initial Spouse's first	MANNEPI		
Print	300 N STATE ST 5011	t name (and last name if different)	Last name	Social Security Humber
or	Mailing address			Spouse's Social Security number
type	CHICAGO	IL	60654	(269) 486-0810
	City	State	ZIP	Daytime phone number
Cton	•			
•	2: Complete information from		Choose one: [>	⟨ IL-1040
	Net income from Form IL-1040 or IL-1	·		1 128,267 <u>00</u>
	Tax from Form IL-1040 or IL-1040-X, I		- OFI /t "O" :	2 6,349 00 f none) 3 6,115 00
	llinois Income Tax withheld from Form		e 25 only (enter " u " i	4I 00
	Overpayment from Form IL-1040, Line		20	5100
	Total amount due from Form IL-1040, Filing status: X Single Married			
<u> </u>	-illig status. 🔼 Siligle Married		iling separately \	Tidowed Head of flousefiold
within 7 F		d by international funds. Ele		e.g., debit, deposit) with financial institutions located not be accepted and refunds will be via paper check
	Type of account: Checking _		<u> </u>	
	Date the payment is to be electronical			
	Electronic funds withdrawal amount: _			
	Name on account:			
Step	4: Taxpayer declaration and sig	nature (Sign only after	completing Step 2	and, if applicable, Step 3.)
				clare the information on Lines 7 through 9 is spouse as an agent to receive the refund.
	withdrawal as designated in the elec	ctronic portion of my 2023 III processing of an electronic	linois Original or Amer c overpayment of taxe	agent to initiate an ACH electronic funds nded Individual Income Tax return. I authorize the es to receive confidential information
			io paymont.	
X	I do not want direct deposit of my r	efund, or an electronic fund		lebit) of my balance due.
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Unde return and a been	r penalties of perjury, I declare the infor originator (ERO) are identical. To the b ccompanying information may be sent accepted or rejected. If rejected, I author	rmation on my electronic Forr pest of my knowledge, my ret to IDOR by my ERO. I autho	ds withdrawal (direct of m IL-1040 or IL-1040-) turn is true, correct, an orize IDOR to inform m	
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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.

