(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

	3.5.1.2.5 0.5.1.3.5				
Submis	ssion Identification Number (SID)				
Taxpayer	's name	Social securi	ty numl	ber	
SAI	NITHIN REDDY MANNEPULI	269-27	-809	4	
Spouse's	name	Spouse's so			r
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	vear vou a	ıre alı	thorizina	1
	/hole dollars only on lines 1 through 5.	ycai you c	iic au	unonzing	•/
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
	Adjusted gross income		1	130	,692.
	Total tax		2		,421.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		2,991.
4	Amount you want refunded to you		4		,570.
5	Amount you owe		5		
Part I	Taxpayer Declaration and Signature Authorization (Be sure you get and k	еер а сор	y of y	our retu	ırn)
my knoreturn (of to send for any Agent to payment authorize payment business taxes to personal	renalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) will dege and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected and in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate t, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the payment is funderable.	e are the am ter, or electriction of the t S. Treasury a cated in the to n to debit the the authorizests must b processing of ayment. I fur	ounts for the counts of the co	from the in turn original ssion, (b) the designated paration so to this acco To revoke (ved no late lectronic paratick)	come tax ator (ERO) ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the
	ic Funds Withdrawal Consent. yer's PIN: check one box only				
X	l authorize GLOBAL TAXES LLC to enter or generate n	nv PIN $\lfloor 7 \rfloor$	8 (0 9 4	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	ac,
	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.				
Your si	gnature ▶ Date ▶				
Spous	e's PIN: check one box only	_			
	I authorize to enter or generate n	nv PIN			as my
Ш	ERO firm name	_	ter five	digits, but	ao my
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros	
	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.				
Spouse	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part I	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 Don't ent	6 0	8 2 7	1
		2011 1 6111	J. un 20		
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income tax ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subminents of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of Income.	tting this ret	urn in a	accordance	
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)	Check th	ne box	if qualit	fies for (s	see 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 (202	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	Add lines 16 and 17					18	21,421.
	19	Child tax credit or credit for other dependen	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			
	c	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	22,991.
	26	2023 estimated tax payments and amount a					26	, , , , ,
If you have a qualifying child,	27	Earned income credit (EIC)	• •		27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812		_	28			
	29	American opportunity credit from Form 886			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 your					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					34	1,570.
riciana	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			_	Savings		
See instructions.		Account number 3 6 1 8 5 4 2				9-		
	36	Amount of line 34 you want applied to your			36			
Amount	37	Subtract line 33 from line 24. This is the am						
You Owe	0,	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-	cuss this retu	n with the IRS?	See			
Designee		tructions			. 🗌 Yes. Co	mplete b	elow.	⊠ No
		signee's	Phone			nal identifi	cation	
0.	naı		no.	accompanying achor		er (PIN)	o boot	of my knowledge and
Sign		der penalties of perjury, I declare that I have examine ief, they are true, correct, and complete. Declaration						
Here	Υo	ur signature	Date	Your occupation		If the	IRS se	nt you an Identity
	10	ai signature	Duic	Tour occupation				IN, enter it here
Joint return?				SR BUSINES	S ANALYST	(see i	nst.)	
See instructions. Keep a copy for		ouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	on			nt your spouse an
your records.						(see i	-	ection PIN, enter it here
		one no. (269)486-0810	Email address	ארייטדאסקרהע ערייסטאדטייטע	SAIM@GMAIL.CC			
		eparer's name Preparer's signa	1	MITUTNKENNI.	Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA		מווסדם דמו.ו.אש	1	P02082	703	Self-employed
Preparer		m's name GLOBAL TAXES LLC	IGHT DAGAIC	COLITY TABLIAN	03/03/2021			678)965-9522
Use Only		n's address 245 ROONEY CT E BRU	INSWICK N.	J 08816		Firm's		84-3171965
Go to www irs o		21040 for instructions and the latest information	2.0112010 110	BAA	DEV 02/22/24 DBO	1 1 11111	- LII V	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

	tment of the Treasury al Revenue Service	Use Form 8949 to list your tran Go to www.irs.gov/ScheduleD to			Attachment Sequence No. 12			
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	(d) Proceeds (sales price)	(e) Cost (or other basis)	to gain Form(s)	(g) ustment or loss 8949, F	from Part I,	(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 disposed of	(d) Proceeds	(e) Cost or other basis See the Note below	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		(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	01/01/22	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.	rate 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
	c Check if legally blind d If you are claiming de Attach Schedule IL-E Exemption allowance p 5: Net Income and	d: pende /EIC. . Add	You + ☐ nts, enter the Lines 10a thr	Spouse amount from ough 10d.	# of checkb	oxes X \$1,000 =	С	.00	2,425.00
	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
11 12	c Check if legally blind d If you are claiming de Attach Schedule IL-E Exemption allowance p 5: Net Income and Residents: Net income Nonresidents and pai Residents: Multiply Lin Nonresidents and pai	d: pende F/EIC. Add Tax ie. Sul rrt-yea ne 11 l	You + ☐ nts, enter the Lines 10a thr btract Line 10 r residents: by 4.95% (.04 r residents:	Spouse amount from ough 10d. From Line 9 Enter the Illin 195). Canno Enter the tax	# of checkb n Schedule IL-E 9. nois net incon to be less than x from Schedu	oxes X \$1,000 = E/EIC, Step 2, Line 1. The from Schedule NR. Zero.	c		128,267 _{.00} 6,349 _{.00}
11 12 13	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 Lin Nonresidents and par Recapture of investme	d: pende f/EIC. Add Tax ne. Sul rt-yea ne 11 l rt-yea nt tax	You + ☐ nts, enter the Lines 10a thr btract Line 10 r residents: 10 y 4.95% (.04 r residents: 10 credits. Attack	Spouse amount from rough 10d. of from Line (Senter the Illinate). Canno Enter the talling Schedule	# of checkb in Schedule IL-E in Schedule IL-E in Schedule IL-E in Schedule III-E in Schedule in Schedu	oxes X \$1,000 = E/EIC, Step 2, Line 1. The from Schedule NR. Zero.	c	.00 0.00 10 NR.11 12 13	128,267.00 6,349.00 .00
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11 12 13 14 Ste 15	c Check if legally blind d If you are claiming de Attach Schedule IL-E Exemption allowance ep 5: Net Income and Residents: Net income Nonresidents and par Residents: Multiply Lin Nonresidents and par Recapture of investme Income tax. Add Lines ep 6: Tax After Nonre Income tax paid to ano	d: Eppende E/EIC. Add Tax ne. Sul rt-yea ne 11 l rt-yea nt tax 12 ar funda ther s	You + ☐ Ints, enter the Lines 10a thr btract Line 10 residents: by 4.95% (.04 residents: credits. Attach ad 13. Cannot able Credits tate while an	Spouse amount from ough 10d. of from Line Senter the Illinities the less that the less that selections are selected.	# of checkb n Schedule IL-f 9. nois net incom t be less than x from Schedu e 4255. an zero.	ne from Schedule NR. zero. ule NR.	c	.00 0.00 10 NR.11 12 13	128,267.00 6,349.00 .00
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11 12 13 14 Ste 15 16 17 18 19 Ste 19 Ste	c Check if legally blind of If you are claiming de Attach Schedule IL-E Exemption allowance of 5: Net Income and Residents: Net income Nonresidents and particular Nonresidents and Lines Income tax. Add Lines Income tax paid to ano Property tax, K-12 edu from Schedule ICR. At Credit amount from Schedule ICR. At Credit amount from Schedule ICR. At Tax after nonrefundal Property IX. Schedule IC	t: Epende F/EIC. Tax Tax Tax Tay Tay Tay Tay Tay	You + ☐ Ints, enter the Lines 10a thr btract Line 10 residents: by 4.95% (.04 residents: credits. Attact and 13. Cannot able Credits tate while an expense, and Schedule ICR expense, and Expens	Spouse amount from ough 10d. I from Line 9 Enter the Illin 195). Canno Enter the tach Schedulet be less that Illinois resid d volunteer tach Schedulet ach Schedulet the Illinois resid d volunteer tach Schedulet Illinois resid d volunteer t	# of checkben Schedule IL-le 9. nois net income to be less than ax from Schedule 4255. an zero. dent. Attach Semergency we alle 1299-C. lits. Cannot ex	ne from Schedule NR. zero. ule NR. chedule CR. orker credit amount	cd d Attach Schedule 15 16 17	.00 0.00 10 NR.11 12 13 14 .00 .00 .00 18 19	0.00 6,349.00 0,00 6,349.00
11 12 13 14 Ste 15 16 17 18 19 Ste 20	c Check if legally blind of If you are claiming de Attach Schedule IL-E Exemption allowance of 5: Net Income and Residents: Net income Nonresidents and particular Nonresidents and Lines Income tax. Add Lines Income tax paid to ano Property tax, K-12 edu from Schedule ICR. At Credit amount from Schedul	the pender of th	You + ☐ Ints, enter the Lines 10a thr btract Line 10 residents: by 4.95% (.04 residents: credits. Attact and 13. Cannot able Credits tate while an expense, and Schedule ICR e 1299-C. Att is is the total edits. Subtract See instruction	Spouse amount from ough 10d. If from Line Senter the Illing 195). Canno Enter the tach Scheduled to be less that selected wolunteer the selected selected selected to selected the selected selected the selected selected selected the selected sele	# of checkber Schedule IL-form Schedule IL-form Schedule IL-form Schedule 4255. Hent. Attach Semergency was alle 1299-C. lits. Cannot export the schedule 14.	ne from Schedule NR. zero. ule NR. chedule CR. orker credit amount	cd d Attach Schedule 15 16 17 t on Line 14.	.00 0.00 10	128,267.00 6,349.00 .00 6,349.00
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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.



							6 240
	al tax from Page 1, Line 23					24	6,349.00
-	Payments and Refund						
	ois Income Tax withheld. At				25 6	,115 _{.00}	
	mated payments from Form		•				
	iding any overpayment app				26	.00	
	s-through withholding. Attac				27		
	s-through entity tax credit. A				28	.00	
	ned Income Credit from Sch				. 29	.00	
30 Tota	I payments and refundab	le credit. Add Lines	s 25 through	29.		30	6,115.00
Step 9:	Total						
31 If Lin	ne 30 is greater than Line 24	subtract Line 24 fro	m Line 30.			31	.00
32 If Lin	ne 24 is greater than Line 30	subtract Line 30 fro	m Line 24.			32	234.00
Step 10	: Underpayment of Est	imated Tax Pena	alty and Do	nations			
	-payment penalty for under				33	.00	
	Check if at least two-third			from farming.			
_	Check if you or your spou			•	g home.		
_	Check if your income was				-	on Form IL-221	0.
_	Attach Form IL-2210.	·		•	•		
d □	Check if you were not req	uired to file an Illino	is Individual	Income Tax return in	the previous tax	year.	
34 Volu	ntary charitable donations.	Attach Schedule G	ì.		34	.00	
35 Tota	I penalty and donations.	Add Lines 33 and 3	4.			35	.00
Step 11	: Refund or Amount yo	ou owe					
-	u have an amount on Line		is greater tha	an Line 35. subtract l	Line 35 from Line	31.	
-	is your overpayment .	0 : 0.1.0 0.1.0 0.1.10	9	a <u>a</u>		36	.00
	ount from Line 36 you want i	refunded to vou. C	neck one box	on Line 38. See inst	ructions.	37	
	pose to receive my refund b	-					
	direct deposit - Complet	•	low if you ch	ack this hov			
a L			low ii you cii	IECK IIIIS DOX.			
	You may also contribute to college savings funds	Routing number			Checkir	ng or Savir	igs
	here. See instructions!	Account number					
	_						
	paper check.						
39 Amo	ount to be credited forward.	Subtract Line 37 from	om Line 36. S	See instructions.		39	.00
40 If yo	ou have an amount on Lin	e 32 , add Lines 32	and 35. If yo	u have an amount o	on Line 31, and t	nis amount	
is les	ss than Line 35, subtract Li	ne 31 from Line 35.	If Lines 31	and 32 are blank (ze	ero), enter the am	ount	
from	Line 35. This is the amou	nt you owe . See in:	structions.			40	234.00
Stop 12	2: Health Insurance Ch	ockhov and Sign	aaturo				
		•		IDOD may about way	:	ti a .a itla . a tla a .u	Illinois stata
	Check this box and include agencies in order to detern						
	agendes in order to determ	inic your engionity i	or ricaltir irist	dianoc benefits. Occ	IIIStructions for III	ore information	1.
Signatu	ıre - Note: If this is a joint re	turn, both you and v	our spouse m	nust sign below.			
	enalties of perjury, I state t				ny knowledge, it	is true, correct	, and complete.
	, , , , , , , , , , , , , , , , , , ,			,	,		
Sign	Your signature	Date (mm/dd/yyyy)	Spouse's sign	nature	Date (mm/dd/yyyy)	Daytime phone	number
Here						(269) 486	5-0810
	Print/Type paid preparer's na	me	Paid prepare	r's signature	Date (mm/dd/yyyy)	Check if	Paid Preparer's PTIN
Paid				AM SAGAR GUPTA TALLAM	03/05/2024		P02082703
Preparer	SYAM PRIYA RAM SAGAR GUPTA		OTUM LIVITY K	III DEONE GOLIY INTINI			
Use Only	Firm's name GLOBA	AL TAXES LLC			Firm's FEIN	84317196	
	Firm's address > 245 F	(678) 965	-9522				
Third	Designee's name (please prin	nt)		Designee's phone num	nber	_	e Department may
Party				()			eturn with the third
Designee				\ /			e shown in this step.
	Refer to the 20	023 IL-1040 Ins	struction	s for the addre	ss to mail yo	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		Your Social Security number 7 - 8							_ 4		
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wa	Column C ages, Winnings, Gr ns, Compensation,		Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.						
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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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.

