

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 VENKATA KARTHIKEYA Last name MANDURI Your social security number 656 97 2528

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. 2722 ASHLEIGH LN Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. ALPHARETTA State GA ZIP code 30004 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 'Dependents (see instructions):' header.

Income table with columns 1a-1z and 1a-1z. Rows include: Total amount from Form(s) W-2, box 1 (77,832); Household employee wages; Tip income; Medicaid waiver payments; Taxable dependent care benefits; Employer-provided adoption benefits; Wages from Form 8919, line 6; Other earned income (0); Nontaxable combat pay election (1i); Add lines 1a through 1h (77,832).

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. Rows include: Tax-exempt interest (2a); Qualified dividends (3a, 23); IRA distributions (4a); Pensions and annuities (5a); Social security benefits (6a); Taxable interest (2b, 6); Ordinary dividends (3b, 23); Taxable amount (4b, 5b, 6b).

Table with columns 7-15. Rows include: Capital gain or (loss) (7, 1,087); Additional income from Schedule 1, line 10 (8, -11,201); Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income (9, 67,747); Adjustments to income from Schedule 1, line 26 (10); Subtract line 10 from line 9. This is your adjusted gross income (11, 67,747); Standard deduction or itemized deductions (from Schedule A) (12, 13,850); Qualified business income deduction from Form 8995 or Form 8995-A (13); Add lines 12 and 13 (14, 13,850); Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income (15, 53,897).

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.

Table with 2 columns: Line number and Amount. Rows 16-24 under 'Tax and Credits' section. Total tax amount is 7,160.

Table with 2 columns: Line number and Amount. Rows 25-33 under 'Payments' section. Total payments amount is 10,913.

Table with 2 columns: Line number and Amount. Rows 34-36 under 'Refund' section. Amount of refund is 3,753.

Table with 2 columns: Line number and Amount. Rows 37-38 under 'Amount You Owe' section. Amount owed is 3,753.

Third Party Designee section. Includes checkboxes for 'Yes' and 'No' to allow another person to discuss the return with the IRS.

Sign Here section. Includes declaration of preparer and signature lines for the preparer and spouse. Occupation listed as SOFTWARE ENGINEER.

Paid Preparer Use Only section. Includes fields for preparer's name, signature, date, PTIN, firm's name, address, and phone number.

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

VENKATA KARTHIKEYA MANDURI

Your social security number

656-97-2528

**Part I Additional Income**

|           |                                                                                                                                                     |               |           |          |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------|----------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .                                                                      |               | <b>1</b>  |          |
| <b>2a</b> | Alimony received . . . . .                                                                                                                          |               | <b>2a</b> |          |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____                                                                          |               |           |          |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .                                                                                              |               | <b>3</b>  |          |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .                                                                                                 |               | <b>4</b>  |          |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .                                               |               | <b>5</b>  | -11,201. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .                                                                                                  |               | <b>6</b>  |          |
| <b>7</b>  | Unemployment compensation . . . . .                                                                                                                 |               | <b>7</b>  |          |
| <b>8</b>  | Other income:                                                                                                                                       |               |           |          |
| <b>a</b>  | Net operating loss . . . . .                                                                                                                        | <b>8a</b> ( ) |           |          |
| <b>b</b>  | Gambling . . . . .                                                                                                                                  | <b>8b</b>     |           |          |
| <b>c</b>  | Cancellation of debt . . . . .                                                                                                                      | <b>8c</b>     |           |          |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .                                                                                            | <b>8d</b> ( ) |           |          |
| <b>e</b>  | Income from Form 8853 . . . . .                                                                                                                     | <b>8e</b>     |           |          |
| <b>f</b>  | Income from Form 8889 . . . . .                                                                                                                     | <b>8f</b>     |           |          |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .                                                                                                           | <b>8g</b>     |           |          |
| <b>h</b>  | Jury duty pay . . . . .                                                                                                                             | <b>8h</b>     |           |          |
| <b>i</b>  | Prizes and awards . . . . .                                                                                                                         | <b>8i</b>     |           |          |
| <b>j</b>  | Activity not engaged in for profit income . . . . .                                                                                                 | <b>8j</b>     |           |          |
| <b>k</b>  | Stock options . . . . .                                                                                                                             | <b>8k</b>     |           |          |
| <b>l</b>  | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . . | <b>8l</b>     |           |          |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .                                                                     | <b>8m</b>     |           |          |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .                                                                                               | <b>8n</b>     |           |          |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .                                                                                              | <b>8o</b>     |           |          |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .                                                                                            | <b>8p</b>     |           |          |
| <b>q</b>  | Taxable distributions from an ABL account (see instructions) . . . . .                                                                              | <b>8q</b>     |           |          |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .                                                                                | <b>8r</b>     |           |          |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .                                                        | <b>8s</b> ( ) |           |          |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b>     |           |          |
| <b>u</b>  | Wages earned while incarcerated . . . . .                                                                                                           | <b>8u</b>     |           |          |
| <b>z</b>  | Other income. List type and amount: _____                                                                                                           | <b>8z</b>     |           |          |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .                                                                                               |               | <b>9</b>  |          |
| <b>10</b> | Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .         |               | <b>10</b> | -11,201. |

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2023

**Part II Adjustments to Income**

|            |                                                                                                                                                                      |            |            |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|
| <b>11</b>  | Educator expenses . . . . .                                                                                                                                          |            | <b>11</b>  |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .                                          |            | <b>12</b>  |
| <b>13</b>  | Health savings account deduction. Attach Form 8889 . . . . .                                                                                                         |            | <b>13</b>  |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .                                                                                          |            | <b>14</b>  |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .                                                                                                 |            | <b>15</b>  |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .                                                                                                             |            | <b>16</b>  |
| <b>17</b>  | Self-employed health insurance deduction . . . . .                                                                                                                   |            | <b>17</b>  |
| <b>18</b>  | Penalty on early withdrawal of savings . . . . .                                                                                                                     |            | <b>18</b>  |
| <b>19a</b> | Alimony paid . . . . .                                                                                                                                               |            | <b>19a</b> |
| <b>b</b>   | Recipient's SSN . . . . .                                                                                                                                            |            |            |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions): _____                                                                                           |            |            |
| <b>20</b>  | IRA deduction . . . . .                                                                                                                                              |            | <b>20</b>  |
| <b>21</b>  | Student loan interest deduction . . . . .                                                                                                                            |            | <b>21</b>  |
| <b>22</b>  | Reserved for future use . . . . .                                                                                                                                    |            | <b>22</b>  |
| <b>23</b>  | Archer MSA deduction . . . . .                                                                                                                                       |            | <b>23</b>  |
| <b>24</b>  | Other adjustments:                                                                                                                                                   |            |            |
| <b>a</b>   | Jury duty pay (see instructions) . . . . .                                                                                                                           | <b>24a</b> |            |
| <b>b</b>   | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .                                       | <b>24b</b> |            |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .                                                   | <b>24c</b> |            |
| <b>d</b>   | Reforestation amortization and expenses . . . . .                                                                                                                    | <b>24d</b> |            |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .                                                                                | <b>24e</b> |            |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans . . . . .                                                                                                       | <b>24f</b> |            |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans . . . . .                                                                                                 | <b>24g</b> |            |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .                                              | <b>24h</b> |            |
| <b>i</b>   | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . . | <b>24i</b> |            |
| <b>j</b>   | Housing deduction from Form 2555 . . . . .                                                                                                                           | <b>24j</b> |            |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .                                                                                  | <b>24k</b> |            |
| <b>z</b>   | Other adjustments. List type and amount: _____                                                                                                                       | <b>24z</b> |            |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z . . . . .                                                                                                         |            | <b>25</b>  |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 . . . . .                    |            | <b>26</b>  |

**SCHEDULE D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2023**

Department of the Treasury  
Internal Revenue Service

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.  
Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.

Attachment  
Sequence No. **12**

Name(s) shown on return

VENKATA KARTHIKEYA MANDURI

Your social security number

656-97-2528

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

|                                                                                                                                                                                                                                                                                            | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . |                                  |                                 |                                                                                           |                                                                                                           |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .                                                                                                                                                                                         | 70,340.                          | 73,766.                         | 4,513.                                                                                    | 1,087.                                                                                                    |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .                                                                                                                                                                                          | 0.                               | 0.                              |                                                                                           | 0.                                                                                                        |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .                                                                                                                                                                                          |                                  |                                 |                                                                                           |                                                                                                           |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .                                                                                                                                                                            |                                  |                                 |                                                                                           | <b>4</b>                                                                                                  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .                                                                                                                                                               |                                  |                                 |                                                                                           | <b>5</b>                                                                                                  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .                                                                                                                            |                                  |                                 |                                                                                           | <b>6</b> ( )                                                                                              |
| <b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .                                                                          |                                  |                                 |                                                                                           | <b>7</b> 1,087.                                                                                           |

**Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

|                                                                                                                                                                                                                                                                                           | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . |                                  |                                 |                                                                                            |                                                                                                           |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .                                                                                                                                                                                        |                                  |                                 |                                                                                            |                                                                                                           |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .                                                                                                                                                                                         |                                  |                                 |                                                                                            |                                                                                                           |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .                                                                                                                                                                                        |                                  |                                 |                                                                                            |                                                                                                           |
| <b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .                                                                                                                                    |                                  |                                 |                                                                                            | <b>11</b>                                                                                                 |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .                                                                                                                                                              |                                  |                                 |                                                                                            | <b>12</b>                                                                                                 |
| <b>13</b> Capital gain distributions. See the instructions . . . . .                                                                                                                                                                                                                      |                                  |                                 |                                                                                            | <b>13</b>                                                                                                 |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .                                                                                                                          |                                  |                                 |                                                                                            | <b>14</b> ( )                                                                                             |
| <b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .                                                                                                                                                     |                                  |                                 |                                                                                            | <b>15</b>                                                                                                 |

**Part III Summary**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------|
| <p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul> | <b>16</b>     | 1,087. |
| <p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input checked="" type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>                                                                                                                                                                                                                                                                                                                         |               |        |
| <p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . .</p>                                                                                                                                                                                                                                                                                                                                                                     | <b>18</b>     |        |
| <p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . .</p>                                                                                                                                                                                                                                                                                                                                                   | <b>19</b>     |        |
| <p><b>20</b> Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>                                                                               |               |        |
| <p><b>21</b> If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>                                                                                                                                                           | <b>21</b> ( ) |        |
| <p><b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.</p> <p><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>                                                                                                                                                                        |               |        |



**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form8949) for instructions and the latest information.

|                                                       |                                                                         |
|-------------------------------------------------------|-------------------------------------------------------------------------|
| Name(s) shown on return<br>VENKATA KARTHIKEYA MANDURI | Social security number or taxpayer identification number<br>656-97-2528 |
|-------------------------------------------------------|-------------------------------------------------------------------------|

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.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

| 1                                                                                                                                                                                                                                                                                                               | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.) | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions. | Adjustment, if any, to gain or loss<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br><b>Gain or (loss)</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g). |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------|----------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                 |                                                              |                                         |                                                    |                                                        |                                                                                                                          | (f)<br>Code(s) from<br>instructions                                                                                                                  | (g)<br>Amount of<br>adjustment |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                 | Robinhood Crypto LLC                                         | 01/01/23                                | 12/31/23                                           | 0.                                                     | 0.                                                                                                                       |                                                                                                                                                      |                                | 0.                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                 |                                                              |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                      |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                 |                                                              |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                      |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                 |                                                              |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                      |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                 |                                                              |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                      |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                 |                                                              |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                      |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                 |                                                              |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                      |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                 |                                                              |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                      |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                 |                                                              |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                      |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                 |                                                              |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                      |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                 |                                                              |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                      |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                 |                                                              |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                      |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                 |                                                              |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                      |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                 |                                                              |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                      |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                 |                                                              |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                      |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                 |                                                              |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                      |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                 |                                                              |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                      |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                 |                                                              |                                         |                                                    |                                                        |                                                                                                                          |                                                                                                                                                      |                                |                                                                                                                      |
| <b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked). |                                                              |                                         |                                                    | 0.                                                     | 0.                                                                                                                       |                                                                                                                                                      |                                | 0.                                                                                                                   |

**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.



**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

**2023**  
Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

VENKATA KARTHIKEYA MANDURI

Your social security number

656-97-2528

**Part I Income or Loss From Rental Real Estate and Royalties**

**Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

**1a** Physical address of each property (street, city, state, ZIP code)

**A** 4/45, BUDAMPADU GUNTUR ANDHRA PRADESH IN 50017

**B**  
**C**

| 1b Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days |   | Personal Use Days | QJV                      |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---|-------------------|--------------------------|
|                                       |                                                                                                                                                                                                                          | A                | B | C                 |                          |
| <b>A</b> 3                            |                                                                                                                                                                                                                          | 365              |   | 0                 | <input type="checkbox"/> |
| <b>B</b>                              |                                                                                                                                                                                                                          |                  |   |                   | <input type="checkbox"/> |
| <b>C</b>                              |                                                                                                                                                                                                                          |                  |   |                   | <input type="checkbox"/> |

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental  
 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe) \_\_\_\_\_

| Income:                                                                                                                                                                                                                                                                                                                   | Properties:           |   |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---|---|
|                                                                                                                                                                                                                                                                                                                           | A                     | B | C |
| <b>3</b> Rents received . . . . .                                                                                                                                                                                                                                                                                         | <b>3</b> 580.         |   |   |
| <b>4</b> Royalties received . . . . .                                                                                                                                                                                                                                                                                     | <b>4</b>              |   |   |
| <b>Expenses:</b>                                                                                                                                                                                                                                                                                                          |                       |   |   |
| <b>5</b> Advertising . . . . .                                                                                                                                                                                                                                                                                            | <b>5</b>              |   |   |
| <b>6</b> Auto and travel (see instructions) . . . . .                                                                                                                                                                                                                                                                     | <b>6</b>              |   |   |
| <b>7</b> Cleaning and maintenance . . . . .                                                                                                                                                                                                                                                                               | <b>7</b> 830.         |   |   |
| <b>8</b> Commissions . . . . .                                                                                                                                                                                                                                                                                            | <b>8</b>              |   |   |
| <b>9</b> Insurance . . . . .                                                                                                                                                                                                                                                                                              | <b>9</b>              |   |   |
| <b>10</b> Legal and other professional fees . . . . .                                                                                                                                                                                                                                                                     | <b>10</b>             |   |   |
| <b>11</b> Management fees . . . . .                                                                                                                                                                                                                                                                                       | <b>11</b> 1,845.      |   |   |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions)                                                                                                                                                                                                                                                        | <b>12</b>             |   |   |
| <b>13</b> Other interest . . . . .                                                                                                                                                                                                                                                                                        | <b>13</b>             |   |   |
| <b>14</b> Repairs . . . . .                                                                                                                                                                                                                                                                                               | <b>14</b> 3,341.      |   |   |
| <b>15</b> Supplies . . . . .                                                                                                                                                                                                                                                                                              | <b>15</b> 3,920.      |   |   |
| <b>16</b> Taxes . . . . .                                                                                                                                                                                                                                                                                                 | <b>16</b>             |   |   |
| <b>17</b> Utilities . . . . .                                                                                                                                                                                                                                                                                             | <b>17</b> 1,845.      |   |   |
| <b>18</b> Depreciation expense or depletion . . . . .                                                                                                                                                                                                                                                                     | <b>18</b>             |   |   |
| <b>19</b> Other (list) _____                                                                                                                                                                                                                                                                                              | <b>19</b>             |   |   |
| <b>20</b> Total expenses. Add lines 5 through 19 . . . . .                                                                                                                                                                                                                                                                | <b>20</b> 11,781.     |   |   |
| <b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .                                                                                                                                                      | <b>21</b> -11,201.    |   |   |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .                                                                                                                                                                                                   | <b>22</b> ( 11,201. ) |   |   |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .                                                                                                                                                                                                                                    | <b>23a</b> 580.       |   |   |
| <b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .                                                                                                                                                                                                                                     | <b>23b</b>            |   |   |
| <b>c</b> Total of all amounts reported on line 12 for all properties . . . . .                                                                                                                                                                                                                                            | <b>23c</b>            |   |   |
| <b>d</b> Total of all amounts reported on line 18 for all properties . . . . .                                                                                                                                                                                                                                            | <b>23d</b>            |   |   |
| <b>e</b> Total of all amounts reported on line 20 for all properties . . . . .                                                                                                                                                                                                                                            | <b>23e</b> 11,781.    |   |   |
| <b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .                                                                                                                                                                                                                | <b>24</b>             |   |   |
| <b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here                                                                                                                                                                                              | <b>25</b> ( 11,201. ) |   |   |
| <b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . | <b>26</b> -11,201.    |   |   |

For Paperwork Reduction Act Notice, see the separate instructions.

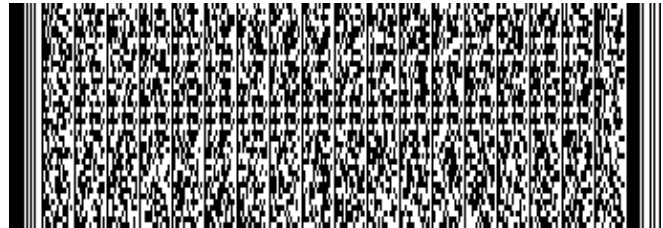
NPA

-11,201.

Schedule E (Form 1040) 2023



2400411515



Georgia Form **500** (Rev. 08/30/23)

Individual Income Tax Return

Georgia Department of Revenue

**2023** (Approved software version)

Page **1**

Fiscal Year  
Beginning

STATE  
ISSUED

Fiscal Year  
Ending

YOUR DRIVER'S  
LICENSE/STATE ID

YOUR FIRST NAME

1. VENKATA KARTHIKE

MI

YOUR SOCIAL SECURITY NUMBER

656-97-2528

LAST NAME (For Name Change See IT-511 Tax Booklet)

MANDURI

SUFFIX

SPOUSE'S FIRST NAME

MI

SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number)

CHECK IF ADDRESS HAS CHANGED

2. 2722 ASHLEIGH LN

CITY (Please insert a space if the city has multiple names)

3. ALPHARETTA

STATE

GA

ZIP CODE

30004

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number ..... **4. 1**

Residency Status

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT

TO

3. NONRESIDENT

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... **5. A**

Filing Status

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Surviving Spouse

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself  6b. Spouse 6c. **1**

7a. Number of Qualified Dependents\*

7b. Number of Unborn Dependents

7c. Total Number of Dependents

\*Enter details on Line 7d., and DO NOT include yourself, spouse and/or your unborn dependents. See IT-511 Tax Booklet.

**All Pages (1-5) are required for processing**

REV 01/29/24 PRO



2400411525

**YOUR SOCIAL SECURITY NUMBER**  
 656-97-2528

**7d. Qualified Dependents. (If you have more than 4 dependents, attach a list of additional dependents).**

|                               |                            |
|-------------------------------|----------------------------|
| <b>First Name, MI.</b>        | <b>Last Name</b>           |
| <b>Social Security Number</b> | <b>Relationship to You</b> |
| <b>First Name, MI.</b>        | <b>Last Name</b>           |
| <b>Social Security Number</b> | <b>Relationship to You</b> |
| <b>First Name, MI.</b>        | <b>Last Name</b>           |
| <b>Social Security Number</b> | <b>Relationship to You</b> |
| <b>First Name, MI.</b>        | <b>Last Name</b>           |
| <b>Social Security Number</b> | <b>Relationship to You</b> |

**INCOME COMPUTATIONS**

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

|                                                                                                                                                                                                                   |      |       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|
| 8. Federal adjusted gross income (From Federal Form 1040).....                                                                                                                                                    | 8.   | 67747 |
| <b>(Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.</b> |      |       |
| 9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) .....                                                                                                                                            | 9.   |       |
| 10. Georgia adjusted gross income (Net total of Line 8 and Line 9).....                                                                                                                                           | 10.  | 67747 |
| 11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION).....                                                                                                                                               | 11a. | 5400  |
| <b>(See IT-511 Tax Booklet)</b>                                                                                                                                                                                   |      |       |
| b. Self: 65 or over?      Blind?      Total      x 1,300=.....                                                                                                                                                    | 11b. |       |
| Spouse: 65 or over?      Blind?                                                                                                                                                                                   |      |       |
| c. Total Standard Deduction (Line 11a + Line 11b).....                                                                                                                                                            | 11c. | 5400  |
| <b>Use EITHER Line 11c OR Line 12c (Do not write on both lines)</b>                                                                                                                                               |      |       |
| 12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, <b>you must include Federal Schedule A.</b>                                                               |      |       |
| a. Federal Itemized Deductions (Schedule A- Form 1040).....                                                                                                                                                       | 12a. |       |
| b. Less adjustments: (See IT-511 Tax Booklet) .....                                                                                                                                                               | 12b. |       |
| c. Georgia Total Itemized Deductions.....                                                                                                                                                                         | 12c. |       |
| 13. Subtract either Line 11c or Line 12c from Line 10; enter balance.....                                                                                                                                         | 13.  | 62347 |



2400411535

**YOUR SOCIAL SECURITY NUMBER**  
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**Page 3**

|                                                                                                                                                      |      |       |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|
| 14a. Enter the number from Line 6c. 1 Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C                   | 14a. | 2700  |
| 14b. Enter the number from Line 7c. Multiply by \$3,000.....                                                                                         | 14b. |       |
| 14c. Add Lines 14a. and 14b. Enter total .....                                                                                                       | 14c. | 2700  |
| 15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14).....                                                                        | 15a. | 59647 |
| 15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information)..... | 15b. |       |
| 15c. Georgia Taxable Income (Line 15a less Line 15b).....                                                                                            | 15c. | 59647 |
| 16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet) .....                                                                                      | 16.  | 3257  |
| 17. Low Income Credit 17a. 17b. ....                                                                                                                 | 17c. |       |
| 18. Other State(s) Tax Credit (Include a copy of the other state(s) return) .....                                                                    | 18.  |       |
| 19. Credits used from IND-CR Summary Worksheet .....                                                                                                 | 19.  |       |
| 20. <b>Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)</b>                                                     | 20.  |       |
| 21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 .....                                                                              | 21.  | 0     |
| 22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero .....                                                                       | 22.  | 3257  |

**INCOME STATEMENT DETAILS** Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11**, or for **Form G2-FL enter zero**.

| (INCOME STATEMENT A)                                                               |       |       |  | (INCOME STATEMENT B)                           |       |       |  | (INCOME STATEMENT C)                           |       |       |  |
|------------------------------------------------------------------------------------|-------|-------|--|------------------------------------------------|-------|-------|--|------------------------------------------------|-------|-------|--|
| 1. WITHHOLDING TYPE:                                                               |       |       |  | 1. WITHHOLDING TYPE:                           |       |       |  | 1. WITHHOLDING TYPE:                           |       |       |  |
| <input checked="" type="checkbox"/> W-2                                            | G2-A  | G2-LP |  | W-2                                            | G2-A  | G2-LP |  | W-2                                            | G2-A  | G2-LP |  |
| 1099                                                                               | G2-FL | G2-RP |  | 1099                                           | G2-FL | G2-RP |  | 1099                                           | G2-FL | G2-RP |  |
| 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input checked="" type="checkbox"/> SSN |       |       |  | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN |       |       |  | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN |       |       |  |
| 582137105                                                                          |       |       |  |                                                |       |       |  |                                                |       |       |  |
| 3. EMPLOYER/PAYER STATE WITHHOLDING ID                                             |       |       |  | 3. EMPLOYER/PAYER STATE WITHHOLDING ID         |       |       |  | 3. EMPLOYER/PAYER STATE WITHHOLDING ID         |       |       |  |
| 2370071BX                                                                          |       |       |  |                                                |       |       |  |                                                |       |       |  |
| 4. GA WAGES / INCOME                                                               |       |       |  | 4. GA WAGES / INCOME                           |       |       |  | 4. GA WAGES / INCOME                           |       |       |  |
| 77832                                                                              |       |       |  |                                                |       |       |  |                                                |       |       |  |
| 5. GA TAX WITHHELD                                                                 |       |       |  | 5. GA TAX WITHHELD                             |       |       |  | 5. GA TAX WITHHELD                             |       |       |  |
| 4075                                                                               |       |       |  |                                                |       |       |  |                                                |       |       |  |

**PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.**  
**All Pages (1-5) are required for processing**



**YOUR SOCIAL SECURITY NUMBER**  
 656-97-2528

**Page 4**

| <b>(INCOME STATEMENT D)</b>                         |                                                                                       |       | <b>(INCOME STATEMENT E)</b>                         |       |       | <b>(INCOME STATEMENT F)</b>                         |       |       |
|-----------------------------------------------------|---------------------------------------------------------------------------------------|-------|-----------------------------------------------------|-------|-------|-----------------------------------------------------|-------|-------|
| 1. WITHHOLDING TYPE:                                |                                                                                       |       | 1. WITHHOLDING TYPE:                                |       |       | 1. WITHHOLDING TYPE:                                |       |       |
| W-2                                                 | G2-A                                                                                  | G2-LP | W-2                                                 | G2-A  | G2-LP | W-2                                                 | G2-A  | G2-LP |
| 1099                                                | G2-FL                                                                                 | G2-RP | 1099                                                | G2-FL | G2-RP | 1099                                                | G2-FL | G2-RP |
| 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)      SSN |                                                                                       |       | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)      SSN |       |       | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)      SSN |       |       |
| 3. EMPLOYER/PAYER STATE WITHHOLDING ID              |                                                                                       |       | 3. EMPLOYER/PAYER STATE WITHHOLDING ID              |       |       | 3. EMPLOYER/PAYER STATE WITHHOLDING ID              |       |       |
| 4. GA WAGES / INCOME                                |                                                                                       |       | 4. GA WAGES / INCOME                                |       |       | 4. GA WAGES / INCOME                                |       |       |
| 5. GA TAX WITHHELD                                  |                                                                                       |       | 5. GA TAX WITHHELD                                  |       |       | 5. GA TAX WITHHELD                                  |       |       |
| 23.                                                 | <b>Georgia Income Tax Withheld on Wages and 1099s</b> .....                           | 23.   |                                                     |       |       |                                                     |       | 4075  |
|                                                     | (Enter Tax Withheld Only and include W-2s and/or 1099s)                               |       |                                                     |       |       |                                                     |       |       |
| 24.                                                 | <b>Other Georgia Income Tax Withheld</b> .....                                        | 24.   |                                                     |       |       |                                                     |       |       |
|                                                     | (Must include G2-A, G2-FL, G2-LP and/or G2-RP)                                        |       |                                                     |       |       |                                                     |       |       |
| 25.                                                 | Estimated Tax paid for 2023 and Form IT-560 .....                                     | 25.   |                                                     |       |       |                                                     |       |       |
| 26.                                                 | Schedule 2B Refundable Tax Credits.....                                               | 26.   |                                                     |       |       |                                                     |       |       |
|                                                     | (Cannot be claimed unless filed electronically)                                       |       |                                                     |       |       |                                                     |       |       |
| 27.                                                 | Total prepayment credits (Add Lines 23, 24, 25 and 26).....                           | 27.   |                                                     |       |       |                                                     |       | 4075  |
| 28.                                                 | If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due.....  | 28.   |                                                     |       |       |                                                     |       |       |
| 29.                                                 | If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment ..... | 29.   |                                                     |       |       |                                                     |       | 818   |
| 30.                                                 | <b>Amount to be credited to 2024 ESTIMATED TAX</b> .....                              | 30.   |                                                     |       |       |                                                     |       | 0     |
| 31.                                                 | Georgia Wildlife Conservation Fund (No gift of less than \$1.00).....                 | 31.   |                                                     |       |       |                                                     |       |       |
| 32.                                                 | Georgia Fund for Children and Elderly (No gift of less than \$1.00).....              | 32.   |                                                     |       |       |                                                     |       |       |
| 33.                                                 | Georgia Cancer Research Fund (No gift of less than \$1.00) .....                      | 33.   |                                                     |       |       |                                                     |       |       |
| 34.                                                 | Georgia Land Conservation Program (No gift of less than \$1.00).....                  | 34.   |                                                     |       |       |                                                     |       |       |
| 35.                                                 | Georgia National Guard Foundation (No gift of less than \$1.00) .....                 | 35.   |                                                     |       |       |                                                     |       |       |
| 36.                                                 | Dog & Cat Sterilization Fund (No gift of less than \$1.00).....                       | 36.   |                                                     |       |       |                                                     |       |       |
| 37.                                                 | Saving the Cure Fund (No gift of less than \$1.00).....                               | 37.   |                                                     |       |       |                                                     |       |       |
| 38.                                                 | Realizing Educational Achievement Can Happen (REACH) Program .....                    | 38.   |                                                     |       |       |                                                     |       |       |
|                                                     | (No gift of less than \$1.00)                                                         |       |                                                     |       |       |                                                     |       |       |



**YOUR SOCIAL SECURITY NUMBER**  
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- 39. Public Safety Memorial Grant (No gift of less than \$1.00)..... 39.
- 40. Disabled Veterans' Scholarship Fund (No gift of less than \$1.00)..... 40.
- 41. Form 500 UET (Estimated tax penalty) 500 UET exception attached..... 41.
- 42. Penalty: Late Payment and/or Late Filing..... 42.
- 43. Interest ..... 43.
- 44. (If you owe) Add Lines 28, 31 through 43 ..... 44.

**MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE,  
Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,  
PO BOX 740399 ATLANTA, GA 30374-0399**

45. (If you are due a refund) Subtract the sum of Lines 30 thru 43 from Line 29  
**THIS IS YOUR REFUND**..... 45. **818**  
Refund Due Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,  
PO BOX 740380 ATLANTA, GA 30374-0380

**If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.**

45a. Direct Deposit (U.S. Accounts Only) Type: Checking  Savings

Routing Number 011400495 Account Number 388005993038

**Mail pages 1-5 and any applicable schedules, forms, documentation. DO NOT staple pages.**

I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge.

Taxpayer's Signature (Check box if deceased)

Spouse's Signature (Check box if deceased)

Taxpayer's Date of Death

Spouse's Date of Death

Taxpayer's Signature Date

Taxpayer's Phone Number  
603-471-9994

Spouse's Signature Date

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's E-mail Address

I authorize DOR to discuss this return with the named preparer.

SYAM PRIYA RAM SAGAR GUPTA TALLAM

Preparer's Phone Number  
678-965-9522

Signature of Preparer  
Name of Preparer Other Than Taxpayer  
SYAM PRIYA RAM SAGAR GUPT

Preparer's FEIN  
84-3171965

Preparer's Firm Name  
GLOBAL TAXES LLC

Preparer's SSN/PTIN/SIDN  
P02082703