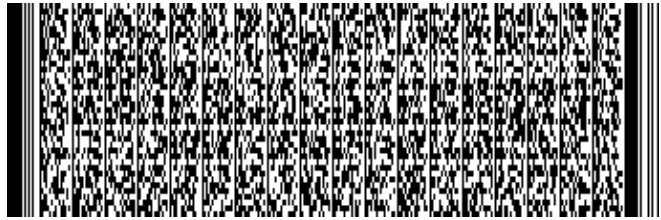




2400411515



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. SUJATA

MI

YOUR SOCIAL SECURITY NUMBER

643-04-2920

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

JARUGULA

SUFFIX

SPOUSE'S FIRST NAME

SIVA RAMA BUCHI

MI

SPOUSE'S SOCIAL SECURITY NUMBER

635-11-5165

LAST NAME

GADDE

SUFFIX

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

CHECK IF ADDRESS HAS CHANGED

2. 517 VERNON ST

DEPARTMENT USE ONLY

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

3. WEST BURLINGTON

STATE

IA

ZIP CODE

52655

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number 4. 3

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. B

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 X 6b. Spouse X 6c. 2

7a. Number of Qualified Dependents* 3 7b. Number of Unborn Dependents 7c. Total Number of Dependents 3

*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
 643-04-2920

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

First Name, MI. SIRI	Last Name GADDE
Social Security Number 807-65-7002	Relationship to You DAUGHTER
First Name, MI. SNEHA	Last Name GADDE
Social Security Number 853-75-7313	Relationship to You DAUGHTER
First Name, MI. SAMAKSH	Last Name GADDE
Social Security Number 812-08-6707	Relationship to You SON
First Name, MI.	Last Name
Social Security Number	Relationship to You

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. 364012
 (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.

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.

11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)..... 11a.
 (See IT-511 Tax Booklet)

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.
Use EITHER Line 11c OR Line 12c (Do not write on both lines)	

12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A.

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.



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Page 3

14a. Enter the number from Line 6c. Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	
14b. Enter the number from Line 7c. Multiply by \$3,000.....	14b.	
14c. Add Lines 14a. and 14b. Enter total	14c.	
15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14).....	15a.	3331
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.	3331
16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet)	16.	60
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.	60
20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)	20.	
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.	60
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.	0

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		<input type="checkbox"/> W-2	G2-A	G2-LP		<input type="checkbox"/> 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) <input type="checkbox"/> SSN				2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN			
202092663											
3. EMPLOYER/PAYER STATE WITHHOLDING ID				3. EMPLOYER/PAYER STATE WITHHOLDING ID				3. EMPLOYER/PAYER STATE WITHHOLDING ID			
23332090C											
4. GA WAGES / INCOME				4. GA WAGES / INCOME				4. GA WAGES / INCOME			
3517											
5. GA TAX WITHHELD				5. GA TAX WITHHELD				5. GA TAX WITHHELD			
75											

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



YOUR SOCIAL SECURITY NUMBER
 643-04-2920

Page 4

(INCOME STATEMENT D)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN**
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

(INCOME STATEMENT E)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN**
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

(INCOME STATEMENT F)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN**
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

23. Georgia Income Tax Withheld on Wages and 1099s	23.	75
<small>(Enter Tax Withheld Only and include W-2s and/or 1099s)</small>		
24. Other Georgia Income Tax Withheld	24.	
<small>(Must include G2-A, G2-FL, G2-LP and/or G2-RP)</small>		
25. Estimated Tax paid for 2023 and Form IT-560	25.	
26. Schedule 2B Refundable Tax Credits	26.	
<small>(Cannot be claimed unless filed electronically)</small>		
27. Total prepayment credits (Add Lines 23, 24, 25 and 26)	27.	75
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.	75
30. Amount to be credited to 2024 ESTIMATED TAX	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.	
<small>(No gift of less than \$1.00)</small>		



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YOUR SOCIAL SECURITY NUMBER

643-04-2920

DO NOT USE LINES 9 THRU 14 OF PAGES 2 AND 3 FORM 500 or 500X

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.

Column A must equal Column B plus Column C.

See IT-511 Tax Booklet for other state(s) tax credits.

FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A)	INCOME NOT TAXABLE TO GEORGIA (COLUMN B)	GEORGIA INCOME (COLUMN C)
1. WAGES, SALARIES, TIPS, etc 378125	1. WAGES, SALARIES, TIPS, etc 374608	1. WAGES, SALARIES, TIPS, etc 3517
2. INTEREST AND DIVIDENDS 276	2. INTEREST AND DIVIDENDS 276	2. INTEREST AND DIVIDENDS 44
3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)
4. OTHER INCOME OR (LOSS) -14389	4. OTHER INCOME OR (LOSS) -14389	4. OTHER INCOME OR (LOSS) 0
5. TOTAL INCOME: TOTAL LINES 1 THRU 4 364012	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 360495	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 3561
6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040 0	6. TOTAL ADJUSTMENTS FROM FORM 1040
7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1
8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 364012	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 360495	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 3561
9. RATIO: Divide Line 8, Column C by Line 8, Column A enter percentage or check the box for Time Ratio. (% cannot be negative and cannot exceed 100%)	9. 0.98	9. %
10a. Itemized or Standard Deduction <input checked="" type="checkbox"/> or Georgia Itemized (See IT-511 Tax Booklet)	10a. 7100	10a. 7100
10b. Additional Standard Deduction Self: 65 or over? Blind? Spouse: 65 or over? Blind? Total X 1,300=	10b.	10b.
11. Personal Exemptions from Form 500 or Form 500X (See IT-511 Tax Booklet)		
11a. Enter the number on Line 6c from Form 500 or Form 500X 2 multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C.....	11a.	7400
11b. Enter the number on Line 7c from Form 500 or Form 500X 3 multiply by \$3,000 ..	11b.	9000
12. Total Deductions and Exemptions: Add Lines 10a, 10b, 11a, and 11b	12.	23500
13. *Multiply Line 12 by Ratio on Line 9 and enter result.....	13.	230
14. Income before GA NOL: Subtract Line 13 from Line 8, Column C Enter here and on Line 15a, Page 3 of Form 500 or Form 500X.....	14.	3331



2408111517

643-04-2920

YOUR SOCIAL SECURITY NUMBER

– Include with Form 500 or 500X, if this schedule is applicable. –

Child and Dependent Care Expense Credit - Tax Credit 202

O.C.G.A. § 48-7-29.10 provides taxpayers with a credit for qualified child & dependent care expenses. The credit is a percentage of the credit claimed and allowed under Internal Revenue Code § 21 and claimed by the taxpayer on the taxpayer's Federal income tax return. This credit cannot be carried forward. The credit is computed as follows:

1. Amount of child & dependent care expense <u>credit</u> claimed on Federal Form 1040.	1.	600
2. Georgia allowable rate	2.	30%
3. Allowable Child & Dependent Care Expense Credit (Line 1 x .30).....	3.	180
4. Credit used this tax year (enter here and include on IND-CR Summary Worksheet Line 2).....	4.	60

For calendar year 2023 or tax year beginning _____, 2023, ending _____, 20 _____

Your first name, middle initial, and last name: SUJATA JARUGULA Your Social Security Number: 643-04-2920
 Spouse's first name, middle initial and last name: SIVA RAMA BUCHI GADDE Spouse's Social Security Number: 635-11-5165
 Home address, City, State, ZIP: 517 VERNON ST WEST BURLINGTON IA 52655

Part I Tax Return Information

1. Federal total income (IA 1040, line 1).....	1.	<u>364,012</u>
2. Total Tax (IA 1040, line 7).....	2.	<u>19,592</u>
3. Iowa Income Tax Withheld (IA 1040, line 28).....	3.	<u>21,210</u>
4. Amount to be Refunded (IA 1040, line 32).....	4.	<u>1,819</u>
5. Total Amount Due (IA 1040, line 37).....	5.	_____

Part II Declaration of Taxpayer (Be sure to keep a copy of the tax return.)

6. I do not want direct deposit or direct debit.
7. I consent that my refund be directly deposited as designated below. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- I authorize the Iowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated below for payment of my individual Iowa taxes owed on this return, and the financial institution to debit the entry to this account on _____ (the payment/settlement date). I also authorize the financial institution involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. This authorization is to remain in full force and effect until I notify IDR to terminate the authorization. To cancel a payment, I must contact IDR at 515-281-3114 or idreft@iowa.gov. Payment cancellation requests must be received no later than five business days prior to the payment/settlement date. Note: This electronic withdrawal from your bank account will be identified with the ACH Company ID 4426004574. If you currently have a debit block on this account, contact your financial institution to request that they allow a withdrawal from your bank account by this ACH Company ID.

Name of financial institution: LAKE MICHIGAN CREDIT UNION

Routing Number

2	7	2	4	8	0	6	7	8
---	---	---	---	---	---	---	---	---

 The first two digits must be 01 through 12 or 21 through 32.

Account Number

1	0	1	0	1	2	9	1	0	4	8	8						
---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

Type of Account: Savings Checking

Will this payment come from an account outside the United States? Yes No

Under penalties of perjury, I declare that I have examined the information on my electronic individual income tax return, including any schedules, attachments, and statements for tax year ending December 31, 2023 and certify to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I consent that my return, including accompanying schedules, attachments, and statements be sent to the Iowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by my Electronic Return Originator (ERO). In addition, by using software to prepare and transmit my return electronically, I consent to the disclosure to IDR of all information pertaining to the transmission of my tax return electronically. I authorize IDR to inform my ERO and/or transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize IDR to identify the reasons for rejection so that the return can be corrected and retransmitted. If I have filed a balance due return, I understand that if IDR does not receive full and timely payment of my tax liability I will remain liable for the tax liability and all applicable penalties and interest. I consent that my refund be directly deposited as designated in Part II and declare that the information shown in Part II is correct. If the processing of my return, refund, or direct debit is delayed, I authorize IDR to disclose to my ERO and/or transmitter the reason(s) for the delay or the date the refund was sent. I understand that this declaration with required attachments must be forwarded upon request to IDR.

Your Signature Date _____ Spouse Signature - If a joint return, both must sign. Date _____

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that entries on form IA 8453-IND are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. I have obtained the taxpayer's signature before submitting this return to the IRS. I have provided the taxpayer with a copy of all forms and information to be filed with IDR and have followed all other requirements described in the Iowa Modernized e-File (MeF) Information for e-File Providers publication. I understand that the original form IA 8453-IND should not be sent to IDR, but must be retained by the ERO for a period of three years from the due date of the return or the filing date, whichever is later, to which the IA 8453-IND relates was filed. I will make a copy available to IDR upon request. If I am a paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I have based this declaration on all information available to me.

ERO Signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO PTIN
Firm's name (or yours if self-employed) Address, City, State, ZIP	<u>GLOBAL TAXES LLC</u> <u>245 ROONEY CT E BRUNSWICK NJ 08816</u>			FEIN <u>84-3171965</u> Phone Number (678) <u>965-9522</u>
Paid Preparer Signature	Date	Check if self-employed <input type="checkbox"/>	Preparer PTIN	
<u>SYAM PRIYA RAM SAGAR GUPTA</u>	<u>04/12/2024</u>		<u>P02082703</u>	
Firm's name (or yours if self-employed) Address, City, State, ZIP	<u>GLOBAL TAXES LLC</u> <u>245 ROONEY CT E BRUNSWICK NJ 08816</u>			FEIN <u>84-3171965</u> Phone Number (678) <u>965-9522</u>

Step 1: You must fill in your Social Security Number (SSN)

For fiscal or short year filers
 ▶ to ▶
M M D D Y Y Y Y M M D D Y Y Y Y

Check the box if this is an amended return ▶

Last Name	First Name	MI	Social Security Number (SSN)
▶ JARUGULA	▶ SUJATA	▶	▶ 6 4 3 0 4 2 9 2 0
Spouse's Last Name	Spouse's First Name	MI	Spouse's Social Security Number (SSN)
▶ GADDE	▶ SIVA RAMA BUCHI	▶	▶ 6 3 5 1 1 5 1 6 5

Current mailing address (number, street, apartment, lot, or suite number) or PO Box
 ▶ 517 VERNON ST

City	State	ZIP
▶ WEST BURLINGTON	▶ I A	▶ 5 2 6 5 5

County No.	School District No.
▶ 2 9	▶ 6 9 3 7

Use Residence as of 12/31/23:

Step 2: Filing status from federal 1040. Mark one box only

- ▶ 1. Single: Were you claimed on another person's Iowa return?
- ▶ 2. Married filing jointly
- ▶ 3. Married filing separately. Enter your spouse's information above. Spouse's net income:
- ▶ 4. Head of household. Enter qualifying person's information on Page 2
- ▶ 5. Qualifying surviving spouse with dependent child. Enter dependent's information on Page 2.

Yes	No
▶ <input type="checkbox"/>	▶ <input type="checkbox"/>
▶ 3	00

Step 3: Exemptions

- a. Personal Credit: Enter 1 (enter 2 if filing status 2 or 4)
- b. Enter 1 for each taxpayer 65 or older and/or 1 for each taxpayer who is blind
- Check if:** You are 65 or older ▶ You are blind ▶ Spouse is 65 or older ▶ Spouse is blind ▶
- c. Dependents: Enter 1 for each dependent. List dependents below
- d. Total. Add lines a, b and c

Enter Dollars and Cents

▶ 2 x \$40 =	▶ 80 00
▶ x \$20 =	▶ 00
▶ 3 x \$40 =	▶ 120 00
▶	▶ 200 00



Taxpayer's Name
S JARUGULA & S GADDE

Taxpayer's SSN
6 4 3 0 4 2 9 2 0

Dependent's first name	Dependent's last name	Dependent's SSN	Relationship to you
▶ SIRI	▶ GADDE	▶ 8 0 7 6 5 7 0 0 2	▶ DAUGHTER
▶ SNEHA	▶ GADDE	▶ 8 5 3 7 5 7 3 1 3	▶ DAUGHTER
▶ SAMAKSH	▶ GADDE	▶ 8 1 2 0 8 6 7 0 7	▶ SON

Step 4: Iowa Taxable Income

- 1. Federal total income.....
- 2. Federal taxable income.....
- 3. Net Iowa modifications from IA 1040 Schedule 1, line 22.....
- 4. Iowa taxable income. Add lines 2 and 3.....

Enter Dollars and Cents

▶ 1	364,012 00
▶ 2	336,312 00
▶ 3	7,366 00
▶ 4	343,678 00

Step 5: Tax, Nonrefundable Credits, and Checkoff contributions

Check if using alternate tax (line 5), tax reduction calculation (line 12), or low-income exemption

- 5. Iowa Tax from tax rate schedule or alternate tax.....
- 6. Iowa lump-sum tax. See instructions.....
- 7. Total Tax. Add lines 5 and 6.....
- 8. Total exemption credit amount from Step 3.....
- 9. Tuition and textbook credit for dependents K-12.....
- 10. Volunteer firefighter/EMS/reserve peace officer credit.....
- 11. Total Credits. Add lines 8, 9, and 10.....
- 12. BALANCE. Subtract line 11 from line 7. If less than zero, enter zero.....
- 13. Nonresident or part-year resident credit. Include IA 126.....
- 14. BALANCE. Subtract line 13 from line 12.....
- 15. Out-of-State tax credit. Include IA 130.....
- 16. BALANCE. Subtract line 15 from line 14.....
- 17. Other nonrefundable Iowa credits. Include IA 148.....
- 18. BALANCE. Subtract line 17 from line 16.....
- 19. School district surtax or EMS surtax. Multiply line 18 by the percentage from table.....
- 20. Total state tax and local surtax.....
- 21. Contributions will reduce your refund or add to the amount you owe.

▶ 5	19,592 00
▶ 6	00
▶ 7	19,592 00
▶ 8	200 00
▶ 9	00
▶ 10	00
▶ 11	200 00
▶ 12	19,392 00
▶ 13	00
▶ 14	19,392 00
▶ 15	1 00
▶ 16	19,391 00
▶ 17	00
▶ 18	19,391 00
▶ 19	0 00
▶ 20	19,391 00

Fish/Wildlife State Fair Firefighters/Veterans Child Abuse Prevention

▶ 21	00
▶ 22	19,391 00

22. TOTAL STATE TAX, LOCAL TAX, AND CONTRIBUTIONS. Add lines 20 and 21.....



Taxpayer's Name

S JARUGULA & S GADDE

Taxpayer's SSN

6 4 3 0 4 2 9 2 0

Step 6: Refundable Credits and Payments

Enter Dollars and Cents

- 23. Iowa Fuel Tax Credit. Include IA 4136 Iowa Fuel Tax Credit
- 24. Check one: Child and Dependent Care Credit OR
Early Childhood Development Credit
- 25. Iowa Earned Income Tax Credit
- 26. Other refundable credits. Include IA 148
- 27. Composite and PTET credit. Include IA Schedule CC
- 28. Iowa income tax withheld
- 29. Estimated and other payments made for tax year 2023
- 30. TOTAL. Add lines 23 through 29

▶ 23		00
▶ 24		00
▶ 25		00
▶ 26		00
▶ 27		00
▶ 28	21,210	00
▶ 29		00
▶ 30	21,210	00

Step 7: Refund

- 31. If line 30 is more than line 22, subtract line 22 from line 30; otherwise, go to line 34
- 32. Amount of line 31 to be REFUNDED
 - a. Routing Number ▶ 2 7 2 4 8 0 6 7 8
 - b. Account Number ▶ 1 0 1 0 1 2 9 1 0 4 8 8
- 33. Amount of line 31 to be applied to your 2024 estimated tax

▶ 31	1,819	00
▶ 32	1,819	00

- c. Account Type Checking Savings

▶ 33		00
------	--	----

Step 8: Amount due

- 34. If line 30 is less than line 22, subtract line 30 from line 22
- 35. Penalty for underpayment of estimated tax from IA 2210, IA 2210S, or IA 2210F.
Check if annualized income (IA 2210AI) or farmer/fisher (IA 2210F) method used
- 36. Penalty and Interest

36a. Penalty		00
36b. Interest		00

 Enter total here
- 37. TOTAL AMOUNT DUE. ADD lines 34, 35, and 36

▶ 34		00
▶ 35		00
▶ 36		00
▶ 37		00



Taxpayer's Name

S JARUGULA & S GADDE

Taxpayer's SSN

6 4 3 0 4 2 9 2 0

IA 1040 Schedule 1

Enter Dollars and Cents

Iowa Modifications to Federal Total Income

A Additions

B Subtractions

1. Interest	▶ 1	00	▶	00
2. Dividends	▶ 2	00	▶	00
3. RESERVED FOR FUTURE USE	▶ 3		▶	
4. RESERVED FOR FUTURE USE	▶ 4		▶	
5. Social Security Benefits	▶ 5		▶	00
6. Active Duty Military Pay	▶ 6		▶	00
7. IRA/Pension/Railroad Retirement Income	▶ 7		▶	00
8. Railroad Unemployment Income	▶ 8		▶	00
9. Bonus Depreciation/Section 179 expenses	▶ 9	00	▶	00
10. Federal Net Operating Loss prior to 1/1/23. Include IA 124	▶ 10	00	▶	
11. Other Income	▶ 11	00	▶	00
12. Total modifications to federal total income. Add lines 1 through 11	▶ 12	00	▶	00
13. Net modifications to federal total income. Subtract line 12 column B from A	▶ 13		▶	00

Iowa Modifications to Federal Taxable Income

14. Federal income tax refund or overpayment received in 2023 ..	▶ 14	7,366 00	▶	
15. Health insurance deduction. See instructions	▶ 15		▶	00
16. Capital Gains Deduction. Include IA 100	▶ 16		▶	00
17. Iowa Net Operating Loss prior to 1/1/23. Include IA 124	▶ 17		▶	00
18. Federal tax paid for prior years	▶ 18		▶	0 00
19. Other Adjustments	▶ 19	00	▶	00
20. Total modifications to federal taxable income. Add lines 14 through 19	▶ 20	7,366 00	▶	0 00
21. Net modifications to federal taxable income. Subtract line 20 column B from A	▶ 21		▶	7,366 00
22. Net Iowa Modifications. Add lines 13 and 21. Enter here and IA 1040, line 3	▶ 22		▶	7,366 00



Taxpayer's Name

S JARUGULA & S GADDE

Taxpayer's SSN

6 4 3 0 4 2 9 2 0

Third Party Disclosure Designee. Do you want to allow an individual to discuss this return with the Department? See instructions.

Designee's Name

Mailing address

City State ZIP

Email

ID Number (optional)

Designee's phone number

Step 9: I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this return, and, to the best of my knowledge and belief, it is true, correct, and complete. Paper-filed returns must be signed by hand or via a digital signature with a digital certificate. Stamped or typed signatures are not accepted.

Sign Here Your Signature Date

Check if deceased:

Sign Here Spouse's Signature Date

Check if deceased:

Taxpayer's phone number Taxpayer's email address

Your Driver License or State Issued ID number Spouse's Driver License or State Issued ID number

Paid Preparer Use Preparer's Signature Date

Preparer's PTIN, STIN, or SSN Firm's FEIN Preparer's phone number

This return is due April 30, 2024. Sign, enclose W-2s, and verify SSNs MAILING ADDRESS: Iowa Income Tax Document Processing PO BOX 9187, Des Moines IA 50306-9187 Make checks payable to Iowa Department of Revenue



Name
▶ S JARUGULA & S GADDE

Social Security Number (SSN)
▶ 6 4 3 0 4 2 9 2 0

Name of state or other jurisdiction that taxed income also taxed by Iowa:
▶ GA

Part I: Iowa Source Income Taxed by Another State or Jurisdiction

**Other Jurisdiction
Enter Dollars and Cents**

1. Wages, salaries, tips, etc. See instructions regarding IA/IL Reciprocal Agreement.....	▶ 1	3,517	00
2. Taxable interest income.....	▶ 2	44	00
3. Ordinary dividend income.....	▶ 3	0	00
4. Taxable alimony received.....	▶ 4		00
5. Business income or (loss).....	▶ 5		00
6. Capital gain or (loss).....	▶ 6	0	00
7. Other gains or (losses).....	▶ 7		00
8. Rents, royalties, partnerships, estates, etc.	▶ 8	0	00
9. Farm income or (loss).....	▶ 9		00
10. Unemployment compensation.....	▶ 10		00
11. Gambling winnings.....	▶ 11		00
12. Other income, bonus depreciation, and section 179 adjustment.....	▶ 12	0	00
13. Iowa gross income taxed by another jurisdiction. Add lines 1-12.....	▶ 13	3,561	00

Part II: Calculation of Credit

14. Federal total income from IA 1040, line 1.....	▶ 14	364,012	00
15. Iowa modifications to federal total income from IA Schedule 1, line 13.....	▶ 15		00
16. Total Iowa income. Add lines 14 and 15.....	▶ 16	364,012	00
17. Divide line 13 by line 16 and enter the percentage rounded to the nearest ten-thousandth of a percent (e.g. 12.3456%). Do not exceed 100.0%.....	▶ 17	0.9783	%
18. Amount from IA 1040, line 14.....	▶ 18	19,392	00
19. Multiply line 18 by the percentage on line 17.....	▶ 19	190	00
20. Enter the income tax imposed by the other state or jurisdiction and paid by you on income included on line 13. (see expanded instructions).....	▶ 20	1	00
21. Enter the income tax imposed by the other state or jurisdiction and paid by your pass-through entity or mutual fund on income included on line 13 (see expanded instructions).....	▶ 21		00
22. Enter the sum of lines 20 and 21.....	▶ 22	1	00



Name

S JARUGULA & S GADDE

SSN

6 4 3 0 4 2 9 2 0

Full-Year Residents (part-year residents skip)

23. Enter the smaller of lines 19 or 22 and enter this amount on IA 1040, line 15. This is your Out-of-State Tax Credit

Part-Year Residents

24. Enter the total amount of gross income taxed by the other state or jurisdiction

25. Divide line 13 by line 24 and round to the nearest ten-thousandth of a percent (e.g. 12.3456%). Do not exceed 100.0%

26. Multiply line 22 by the percentage on line 25

27. Enter the smaller of lines 19 or 26 and enter this amount on IA 1040, line 15. This is your Out-of-State Tax Credit

Enter Dollars and Cents

Table with 2 columns: Line Number, Amount. Row 23: 1 00. Row 24: 00. Row 25: %. Row 26: 00. Row 27: 00.

Include this form with your return.

