

Illinois Department of Revenue 2023 Form IL-1040 Individual Income Tax Return

or for fiscal year ending \_\_\_\_/\_\_\_

Step 1: Personal Information Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN. Α

| E                               | ANUI<br>VENI<br>372:<br>IND:<br><b>3</b> Fili<br><b>Ch</b> | -65-6048 1992 096-04-0207 1990<br>DEEP PONNOJU<br>KATA SAI NAGA LOH BANGARU<br>3 KEYWORTH WAY<br>IAN LAND SC 297077955<br>PANUD92@GMAIL.COM<br>ing status: Single ⊠ Married filing jointly □ Married filing separately □ Widowed □<br>meck If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. □<br>meck the box if this applies to you during 2023: ⊠ Nonresident - Attach Sch. NR □ Part-year   | ]You 🗌 Si           | oouse                                       | . NR   |
|---------------------------------|--|---|---------------------|---|--|
|                                 | Ste  | p 2: Income   |                     | (Whole                                      | e dollars only)                                |
| _                               | 1<br>2<br>3<br>4   | Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.<br>Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR,<br>Other additions. <b>Attach</b> Schedule M.<br><b>Total income</b> . Add Lines 1 through 3.   | Line 2a.            | 1<br>2<br>3<br>4                            | 184,885 <u>.00</u><br>.00<br>.00<br>184,885.00 |
| T                               |  | p 3: Base Income  |                     |   |  |
| e                               | 5<br>6   | Social Security benefits and certain retirement plan income received if included<br>in Line 1. Attach Page 1 of federal return. 5   |                     | .00   |  |
| her                             | Ū  | Schedule 1, Ln. 1. 6  |                     | .00   |  |
| rms                             | 7<br>8   | Other subtractions. <b>Attach</b> Schedule M. <b>7</b> _ Add Lines 5, 6, and 7. This is the total of your subtractions.   |                     | <u>.00</u><br><b>8</b>                      | .00  |
| ) foi                           | 9  | Illinois base income. Subtract Line 8 from Line 4.  |                     | 8<br>9                                      | 184,885.00                                     |
| Staple W-2 and 1099 forms here  | 10   | b Check if 65 or older:       You + I Spouse       # of checkboxes X \$1,000 = b_         c Check if legally blind:       You + I Spouse       # of checkboxes X \$1,000 = c_         d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1.       d         Attach Schedule IL-E/EIC.       d  |                     | 0.00<br>.00<br>.00<br>0.00<br><b>10</b>     | 4,850.00                                       |
| Sta                             | Sto  | Exemption allowance. Add Lines 10a through 10d.<br>p 5: Net Income and Tax  |                     | 10  | 1,050.00                                       |
|                                 | 11   | Residents: Net income and rax<br>Residents: Net income. Subtract Line 10 from Line 9.<br>Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attack<br>Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.<br>Nonresidents and part-year residents: Enter the tax from Schedule NR.<br>Recapture of investment tax credits. Attach Schedule 4255.<br>Income tax. Add Lines 12 and 13. Cannot be less than zero.   | <b>h</b> Schedule N | R. <b>11</b><br>12<br>13<br>14              | 73,755.00<br>3,651.00<br>.00<br>3,651.00       |
| 104                             |  | p 6: Tax After Nonrefundable Credits  |                     |   |  |
| Staple your check and IL-1040-V | 15<br>16<br>17<br>18<br>19                                 | Income tax paid to another state while an Illinois resident. Attach Schedule CR.       15_         Property tax, K-12 education expense, and volunteer emergency worker credit amount       16_         from Schedule ICR. Attach Schedule ICR.       16_         Credit amount from Schedule 1299-C. Attach Schedule 1299-C.       17_         Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line       16_         Tax after nonrefundable credits. Subtract Line 18 from Line 14.       16_ | ne 14.              | .00<br>.00<br>.00<br><b>18</b><br><b>19</b> | 0 <u>.00</u><br>3,651 <u>.00</u>               |
| 'our                            |  | p 7: Other Taxes  |                     | 20  | 00   |
| le y                            | 20<br>21   | Household employment tax. See instructions.<br>Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table   | le                  | 20  | .00  |
| Stap                            | ~~   | in the instructions. <b>Do not</b> leave blank.   |                     | 21  | 0.00   |
| <b>V</b>                        | 22<br>23   | Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee su <b>Total Tax</b> . Add Lines 19, 20, 21, and 22.   | ircharges.          | 22<br>23                                    | <u>.00</u><br>3,651.00                         |
|                                 |  | IL-1040 Front (R-12/23) Printed         by authority of the state of Illinois.         Electronic only, one copy.    This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.   |                     |   |  |

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this information is required. Failure to provide information could result in a penalty.





| <b>24</b> Total tax from Page 1, Line 2   | 3.   |  |   |   |                                    |  |                   |            |            |   | 24                           | 3,651.00                       |  |  |  |  |  |  |
|---|--|--|---|---|------------------------------------|--|-------------------|------------|------------|---|------------------------------|--------------------------------|--|--|--|--|--|--|
| Step 8: Payments and Refund   | Step 8: Payments and Refundable Credit   |  |   |   |                                    |  |                   |            |            |   |                              |                                |  |  |  |  |  |  |
| 25 Illinois Income Tax withheld. A  | ttach Schedule IL-   | WIT.   |   |   |                                    |  |                   |            | 25_        | 3,74  | 9.00                         |                                |  |  |  |  |  |  |
| 26 Estimated payments from Forms IL-1040-ES and IL-505-I,   |  |  |   |   |                                    |  |                   |            |            |   |                              |                                |  |  |  |  |  |  |
| including any overpayment ap  | including any overpayment applied from a prior year return. 26   |  |   |   |                                    |  |                   |            | .00        |   |                              |                                |  |  |  |  |  |  |
| 27 Pass-through withholding. Atta   | ch Schedule K-1-P  | or K-1-  | T.  |   |                                    |  |                   |            | 27_        |   | .00                          |                                |  |  |  |  |  |  |
| 28 Pass-through entity tax credit.  | Attach Schedule K-   | 1-P or k   | <-1-T                                       |   |                                    |  |                   |            |            |   | .00                          |                                |  |  |  |  |  |  |
| 29 Earned Income Credit from Sch  | nedule IL-E/EIC, Ste   | ep 4, Lir  | ne 9.                                       | Attach  | Sche                               | dule IL  | -E/El             | C.         | 29_        |   | .00                          |                                |  |  |  |  |  |  |
| 30 Total payments and refunda   | ble credit. Add Line   | es 25 th   | roug  | h 29.   |                                    |  |                   |            |            |   | 30                           | 3,749.00                       |  |  |  |  |  |  |
| Step 9: Total   |  |  |   |   |                                    |  |                   |            |            |   |                              |                                |  |  |  |  |  |  |
| <b>31</b> If Line 30 is greater than Line 24  | 4, subtract Line 24 fr   | om Line  | 30.   |   |                                    |  |                   |            |            |   | 31                           | 98.00                          |  |  |  |  |  |  |
| <b>32</b> If Line 24 is greater than Line 30  |  |  |   |   |                                    |  |                   |            |            |   | 32                           | .00                            |  |  |  |  |  |  |
| Step 10: Underpayment of Es   | timated Tax Per  | alty a   | nd D  | onat  | ions                               |  |                   |            |            |   |                              |                                |  |  |  |  |  |  |
| 33 Late-payment penalty for under   |  | -  |   |   |                                    |  |                   |            | 33_        |   | .00                          |                                |  |  |  |  |  |  |
| a 🔲 Check if at least two-third   | ds of your federal g   | ross inc   | ome   | is fror                                       | m far                              | ming.  |                   |            |            |   |                              |                                |  |  |  |  |  |  |
| <b>b</b> 🗍 Check if you or your spo   | use are 65 or older  | and pe   | rman  | ently   | living                             | in a n   | ursir             | ng h       | ome        |   |                              |                                |  |  |  |  |  |  |
| c 🗌 Check if your income was  | s not received even  | ly durin   | g the                                       | year  | and                                | /ou ar   | nnua              | lized      | you        | ir income on Fo   | orm IL-2210.                 |                                |  |  |  |  |  |  |
| Attach Form IL-2210.  |  |  |   |   |                                    |  |                   |            |            |   |                              |                                |  |  |  |  |  |  |
| d 🔲 Check if you were not re  | quired to file an Illin  | ois Indi   | vidua                                       | al Inco                                       | me T                               | ax ret   | urn i             | n the      | e pre      | evious tax year.  |                              |                                |  |  |  |  |  |  |
| 34 Voluntary charitable donations   | . Attach Schedule  | G.   |   |   |                                    |  |                   |            | 34_        |   | .00                          |                                |  |  |  |  |  |  |
| 35 Total penalty and donations.   | Add Lines 33 and   | 34.  |   |   |                                    |  |                   |            |            |   | 35                           | .00                            |  |  |  |  |  |  |
| Step 11: Refund or Amount y   | ou owe   |  |   |   |                                    |  |                   |            |            |   |                              |                                |  |  |  |  |  |  |
| <b>36</b> If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31.  |  |  |   |   |                                    |  |                   |            |            |   |                              |                                |  |  |  |  |  |  |
| 36 If you have an amount on Line  |  | it is grea   | ater t                                      | han L   | ine 3                              | 5, sub   | tract             | t Line     | e 35       | from Line 31.   |                              |                                |  |  |  |  |  |  |
| <b>36</b> If you have an amount on Line This is your <b>overpayment</b> .   |  | it is grea   | ater t                                      | han L   | ine 3                              | 5, sub   | tract             | Line       | e 35       | from Line 31.   | 36                           | 98 <u>.00</u>                  |  |  |  |  |  |  |
|   | 31 and this amour  |  |   |   |                                    |  |                   |            |            |   | 36<br>37                     | 98 <u>.00</u><br>98 <u>.00</u> |  |  |  |  |  |  |
| This is your <b>overpayment</b> .<br><b>37</b> Amount from Line 36 you want   | 31 and this amour  |  |   |   |                                    |  |                   |            |            |   |                              |                                |  |  |  |  |  |  |
| <ul><li>This is your overpayment.</li><li>37 Amount from Line 36 you want</li><li>38 I choose to receive my refund</li></ul>  | a 31 and this amour<br>refunded to you. (  | Check o  | ne b  | ox on   | Line                               | 38. Se   |                   |            |            |   |                              |                                |  |  |  |  |  |  |
| <ul> <li>This is your overpayment.</li> <li>37 Amount from Line 36 you want</li> <li>38 I choose to receive my refund</li> <li>a ⊠ direct deposit - Comple</li> </ul>   | e 31 and this amour<br>refunded to you. (<br>by<br>te the information b  | Check <b>o</b>   | o <b>ne</b> bo<br>you d                     | ox on<br>check                                | Line<br>this t                     | 38. Se<br>oox.   | e in:             |            | tion       | 5.  | 37                           | 98.00                          |  |  |  |  |  |  |
| <ul><li>This is your overpayment.</li><li>37 Amount from Line 36 you want</li><li>38 I choose to receive my refund</li></ul>  | a 31 and this amoun<br>refunded to you. (<br>by<br>te the information b<br>Routing number  | Check o  | o <b>ne</b> bo<br>you d                     | ox on   | Line<br>this t                     | 38. Se   | e in:             |            | tion       |   | 37                           | 98.00                          |  |  |  |  |  |  |
| <ul> <li>This is your overpayment.</li> <li>37 Amount from Line 36 you want</li> <li>38 I choose to receive my refund</li> <li>a ⊠ direct deposit - Comple</li> <li>You may also contribute</li> </ul>  | e 31 and this amour<br>refunded to you. (<br>by<br>te the information b  | Check o  | you o                                       | ox on<br>check                                | Line<br>this t                     | 38. Se<br>oox.   | e ins             | struc      | tion       | 5.  | 37                           | 98.00                          |  |  |  |  |  |  |
| <ul> <li>This is your overpayment.</li> <li>37 Amount from Line 36 you want</li> <li>38 I choose to receive my refund</li> <li>a</li></ul>  | a 31 and this amoun<br>refunded to you. (<br>by<br>te the information b<br>Routing number  | Check o  | you o                                       | ox on<br>check<br>2 0                         | Line<br>this t                     | 38. Se<br>box.<br>3 3  | e ins             | struc      | tion       | s.<br>K Checking or   | 37                           | 98.00                          |  |  |  |  |  |  |
| <ul> <li>This is your overpayment.</li> <li>37 Amount from Line 36 you want</li> <li>38 I choose to receive my refund</li> <li>a ⊠ direct deposit - Comple</li> <li>You may also contribute to college savings funds</li> </ul>   | * 31 and this amoun<br>refunded to you. (<br>by<br>te the information b<br>Routing number<br>Account number  | Check of the low if the low is the low if the low is th | you o<br>1                                  | ox on<br>check<br>2 0<br>0 4                  | Line<br>this k<br>0<br>3           | 38. Se<br>oox.<br>3 3<br>5 3   | e ins<br>9<br>3   | struc      | tion       | s.<br>K Checking or   | 37                           | 98.00                          |  |  |  |  |  |  |
| <ul> <li>This is your overpayment.</li> <li>37 Amount from Line 36 you want</li> <li>38 I choose to receive my refund</li> <li>a  direct deposit - Comple</li> <li>You may also contribute to college savings funds here. See instructions!</li> <li>b  paper check.</li> <li>39 Amount to be credited forward</li> </ul>   | a 31 and this amoun<br><b>refunded to you</b> . (<br>by<br>te the information b<br>Routing number<br>Account number<br>I. Subtract Line 37 f                                       | Check o<br>below if<br>0 2<br>3 8<br>rom Lin   | you o<br>1<br>1<br>1                        | ox on<br>check<br>2 0<br>0 4<br>. See         | Line<br>this t<br>0<br>3<br>instru | <ul> <li>38. Se</li> <li>5</li> <li>3</li> <li>5</li> <li>3</li> <li>actions</li> </ul>  | 9<br>3<br>3       | struc<br>3 | tion:      | S.<br>Checking or   | 37<br>Savings<br>39          | 98.00                          |  |  |  |  |  |  |
| <ul> <li>This is your overpayment.</li> <li>37 Amount from Line 36 you want</li> <li>38 I choose to receive my refund</li> <li>a ⊠ direct deposit - Comple</li> <li>You may also contribute<br/>to college savings funds<br/>here. See instructions!</li> <li>b □ paper check.</li> <li>39 Amount to be credited forward</li> <li>40 If you have an amount on Line</li> </ul> | * 31 and this amoun<br>refunded to you. (<br>by<br>te the information b<br>Routing number<br>Account number<br>I. Subtract Line 37 f<br>ne 32, add Lines 32                        | Check o<br>below if<br>0 2<br>3 8<br>from Lin<br>2 and 35  | you o<br>1<br>1<br>1<br>1<br>5. <b>If y</b> | check<br>2 0<br>0 4<br>. See<br><b>You ha</b> | Line<br>this k<br>0<br>3<br>instru | <ul> <li>38. Se</li> <li>5</li> <li>3</li> <li>5</li> <li>3</li> <li>actions</li> <li>n among the set of the s</li></ul> | 9<br>3<br>3<br>5. | 3<br>3     | tion:<br>8 | <ul> <li>Checking or</li> <li>She solution</li> <li>She solution<!--</td--><td>37<br/>Savings<br/>39<br/>mount</td><td>98.00</td></li></ul> | 37<br>Savings<br>39<br>mount | 98.00                          |  |  |  |  |  |  |
| <ul> <li>This is your overpayment.</li> <li>37 Amount from Line 36 you want</li> <li>38 I choose to receive my refund</li> <li>a  direct deposit - Comple</li> <li>You may also contribute to college savings funds here. See instructions!</li> <li>b  paper check.</li> <li>39 Amount to be credited forward</li> </ul>   | * 31 and this amoun<br>refunded to you. (<br>by<br>te the information b<br>Routing number<br>Account number<br>I. Subtract Line 37 f<br>ne 32, add Lines 32<br>ine 31 from Line 35 | Check o<br>below if<br>0 2<br>3 8<br>rom Lin<br>2 and 35<br>5. If Lin  | you o<br>1<br>1<br>1<br>5. If y<br>es 3     | check<br>2 0<br>0 4<br>. See<br><b>You ha</b> | Line<br>this k<br>0<br>3<br>instru | <ul> <li>38. Se</li> <li>5</li> <li>3</li> <li>5</li> <li>3</li> <li>actions</li> <li>n among the set of the s</li></ul> | 9<br>3<br>3<br>5. | 3<br>3     | tion:<br>8 | <ul> <li>Checking or</li> <li>She solution</li> <li>She solution<!--</td--><td>37<br/>Savings<br/>39<br/>mount</td><td>98.00</td></li></ul> | 37<br>Savings<br>39<br>mount | 98.00                          |  |  |  |  |  |  |

#### Step 12: Health Insurance Checkbox and Signature

41 Check this box and include your email address in Step 1 if IDOR may share your income information with other Illinois state agencies in order to determine your eligibility for health insurance benefits. See instructions for more information.

Signature - Note: If this is a joint return, both you and your spouse must sign below. Under penalties of perjury, I state that I have examined this return, and to the best of my knowledge, it is true, correct, and complete.

| Sign                 | Your signature                  |  | Date (mm/dd/yyyy) | Spouse's sig | Inature          | Date (mm/dd/yyy                 | /)        | Daytime phone  | e number                           |  |
|----------------------|---------------------------------|--|-------------------|--------------|------------------|---------------------------------|-----------|--|------------------------------------|--|
| Here                 |                                 |  |                   |              |                  |                                 |           | (516) 405  | 5-5279                             |  |
|                      | Print/Type paid preparer's name |  |                   | Paid prepare | Date (mm/dd/yyy  | Date (mm/dd/yyyy) Check if Paid |           |  |                                    |  |
| Paid                 | SYAM PRIYA RAM SAGAR GUPTA      |  |                   | SYAM PRIY    | A RAM SAGAR GUP  | TA 04/14/202                    | 4         | self-employed  | P02082703                          |  |
| Preparer<br>Use Only | Firm's name GLOBAL TAXES        |  |                   |              | Firm's FEIN      | •                               | 843171965 |  |                                    |  |
|                      |                                 |  |                   | E BRUNSWIC   | KNJ 08816        | Firm's phone                    |           | (678) 965  | 5-9522                             |  |
| Third                | Designee's name (please print)  |  |                   |              | Designee's phone | number                          |           | Check if the Department may discuss this return with the third |                                    |  |
| Party                |                                 |  |                   |              |                  |                                 |           |  |                                    |  |
| Designee             |                                 |  |                   |              | ( )              |                                 |           |  | party designee shown in this step. |  |

### Refer to the 2023 IL-1040 Instructions for the address to mail your return.

RR DC IR ID



| `              | Illinois Department of Rev  | venue |
|----------------|-----------------------------|-------|
| ļ              | 2023 Schedule               | NR    |
| 2 <sup>1</sup> | Attach to your Form IL-1040 |       |

## **Nonresident and Part-Year Resident Computation of Illinois Tax**

IL Attachment No. 2

|   | A PONNOJU & V BANGARU   | 3 3 4 _ 6 5 _ 6 0 4 8   |
|---|---|---|
| _ | Your name as shown on your Form IL-1040   | Your Social Security number   |
| S | tep 1: Provide the following information  |   |
| 1 | Were you, or your spouse if "married filing jointly," a full-year reside  | nt of Illinois during the tax year?   |
|   | Yes X No If you answered "Yes," STOP y  | ou cannot use this form (see instructions).   |
| 2 | If you, or your spouse if "married filing jointly," were a part-year resi   | dent during the tax year, tell us your residency dates for 2023.  |
|   | a I lived in Illinois from / / 2 3 to / / 2 3<br>Month Day Year Month Day Year  | lived in from/ / 2_3 to/ / 2_3<br>State Month Day Year Month Day Year   |
|   | <b>b</b> My spouse lived in <b>Illinois</b> from/ / <u>2</u> <u>3</u> to/ / <u>2</u><br>Month Day Year Month Day Ye                             |   |
| 3 | If you were a resident of any of the states listed below during the ta<br>was in the military, or if you elected to use your service member spo | x year, if you were in Illinois only to accompany your spouse who<br>ouse's state of residence for tax purposes, check the appropriate box. |
|   | 🗌 Iowa 📄 Kentucky 📄 Michigan  | Wisconsin Military Spouse   |
| 4 | List any state other than Illinois or any states already indicated on L<br>Enter the two-letter abbreviation of that state.                     | ine 2 or 3 above, that you claimed residency for tax purposes in 2023.  |
|   |   |   |

## Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. Attach Schedule NR to your Form IL-1040.

## Step 3: Figure the Illinois portion of your federal adjusted gross income

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

|    |   |      | Federal Total | Illinois Portion |
|----|---|------|---------------|------------------|
| 5  | Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z)                     | 5_   | 184,885.00    | 75,744.00        |
| 6  | Taxable interest (federal Form 1040 or 1040-SR, Line 2b)                                | 6_   | .00           | .00              |
| 7  | Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)                              | 7_   | .00           | .00              |
| 8  | Taxable refunds, credits, or offsets of state and local income taxes                    |      |               |                  |
|    | (federal Form 1040 or 1040-SR, Schedule 1, Line 1)                                      | 8_   | .00           | .00              |
| 9  | Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)                    | 9_   | .00           | .00              |
| 10 | Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)              | 10 _ | .00           | .00              |
| 11 | Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)                             | 11 _ | .00           | .00              |
| 12 | Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)                | 12 _ | .00           | .00              |
| 13 | Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)                       | 13 _ | .00           | .00              |
| 14 | Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)                          | 14 _ | .00           | .00              |
| 15 | Rental real estate, royalties, partnerships, S corporations, trusts, etc.               |      |               |                  |
|    | (federal Form 1040 or 1040-SR, Schedule 1, Line 5)                                      | 15 _ | 0.00          | 0.00             |
| 16 | Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)                  | 16 _ | .00           | .00              |
| 17 | Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)            | 17 _ | .00           | .00              |
| 18 | Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)                | 18 _ | .00           | .00              |
| 19 | Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line S       | 9)   |               |                  |
|    | Include winnings from the Illinois State Lottery as Illinois income in Column B.        | 19 _ | .00           | .00              |
| 20 | Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total in |      | e. 20         | 75,744.00        |
|    | Continue with Step 3 on Page 2  |      |               |                  |

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|      | Schedule NR – Page 2  |                |                           |                              |
|------|---|----------------|---------------------------|------------------------------|
| Step | 3: Continued - Adjustments to Income  |                | Column A<br>Federal Total | Column B<br>Illinois Portion |
| 21   | Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.   |                | 21                        | 75,744.00                    |
| 22   | Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)   | 22             | .00                       | .00                          |
| 23   | Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12) | 23 _           | .00                       | .00                          |
| 24   | Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13   | B) <b>24</b>   | 0.00                      | 0.00                         |
| 25   | Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14)   | 25             | .00                       | .00                          |
| 26   | Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15   | -              |                           | .00                          |
| 27   | Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR,   | -              |                           |                              |
|      | Schedule 1, Line 16)  | -              | .00                       | .00                          |
| 28   | Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17   | 7) <b>28</b> _ | .00                       | .00                          |
| 29   | Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18   | 3) <b>29</b> _ | .00                       | .00                          |
| 30   | Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)   | 30 _           | .00                       | .00                          |
| 31   | IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)   | 31 _           | .00                       | .00                          |
| 32   | Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21  | )32 _          | .00                       | .00                          |
| 33   | RESERVED  | 33             |                           |                              |
| 34   | Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)  | 34 _           | .00                       | .00                          |
| 35   | Other adjustments (see instructions)  | 35 _           | .00                       | .00                          |
| 36   | Add Column B, Lines 22 through 35. This is the Illinois portion of your federal   |                | 00                        | 0.00                         |
| ~-   | adjustments to income.  | ~-             | 36                        | 0.00                         |
| 37   | Enter your adjusted gross income as reported on your Form IL-1040, Line 1.  | 37 _           | 184,885.00                |                              |
| 38   | Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gr   | oss ir         | ncome. <b>38</b>          | 75,744.00                    |

| In Colui<br>the inst | nn A, enter the total amounts from your Form IL-1040. You must read ructions for Column B to properly complete this step.                                   | Column A<br>Form IL-1040 Total | Column B<br>Illinois Portion |                   |
|----------------------|---|--------------------------------|------------------------------|-------------------|
|                      | Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)<br>Other additions (Form IL-1040, Line 3)  | 39<br>40                       | 00                           | <u>.00</u><br>.00 |
|                      | Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income   |                                | <u></u> 41_                  | 75,744.00         |
|                      | Federally taxed Social Security and retirement income (Form IL-1040, Line 5)<br>Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, | 42                             | .00                          | .00               |
|                      | Schedule 1, Line 1. (Form IL-1040, Line 6)  | 43                             | .00                          | .00               |
| 44                   | Other subtractions (Form IL-1040, Line 7)   | 44                             | .00                          | .00               |
| 45                   | Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.   |                                | 45 _                         | .00               |

# Step 5: Figure your Illinois income and tax

| 46 | Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.<br>If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. |               | 46  | 75,744.00 |
|----|---|---------------|---|-----------|
| 47 | Enter the base income from Form IL-1040, Line 9.  | 47            | 184,885.00                                |           |
|    | Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate  |               | , <u>, , , , , , , , , , , , , , , , </u> |           |
|    | decimal. If Line 46 is greater than Line 47, enter 1.000.   | 48            | 0 • 410                                   |           |
| 49 | Enter your exemption allowance from your Form IL-1040, Line 10.   | 49            | 4,850.00                                  |           |
| 50 | Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption   |               |   |           |
|    | allowance.  |               | 50  | 1,989.00  |
| 51 | Subtract Line 50 from Line 46. This is your Illinois net income.  |               |   |           |
|    | Enter the amount here and on your Form IL-1040, Line 11.  | $\rightarrow$ | 51  | 73,755.00 |
| 52 | Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than   | zero.         |   |           |
|    | Enter the amount here and on your Form IL-1040, Line 12.  |               |   |           |
|    | This is your <b>tax.</b>  | $\rightarrow$ | 52  | 3,651.00  |



Illinois Department of Revenue

# 2023 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. IL Attachment No. 31

| Use the reference for Column A shown in the chart below. |                             |           |                             |  |  |  |  |  |  |  |
|--|-----------------------------|-----------|-----------------------------|--|--|--|--|--|--|--|
| Form Type  | Letter Code for<br>Column A | Form Type | Letter Code for<br>Column A |  |  |  |  |  |  |  |
| W-2  | W                           | 1099-DIV  | D                           |  |  |  |  |  |  |  |
| W-2G   | WG                          | 1099-INT  | I                           |  |  |  |  |  |  |  |
| 1099-R   | R                           | 1042-S    | S                           |  |  |  |  |  |  |  |
| 1099-G   | G                           | 1099-B    | В                           |  |  |  |  |  |  |  |
| 1099-MISC  | М                           | 1099-K    | К                           |  |  |  |  |  |  |  |
| 1099-OID   | 0                           | 1099-NEC  | N                           |  |  |  |  |  |  |  |

## Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

| ANUDEEP PONNOJU         |   | 3 3 4  |               | 6  |            | 0 4 | 8                                |             |
|-------------------------|---|--|---------------|----|------------|-----|----------------------------------|-------------|
| Your name as shown on F | -orm IL-1040  | Your Social Se   | curity number |    |            |     |                                  |             |
| Column A<br>Form type   | Column B<br>Employer/Payer<br>Identification Number | mployer/Payer Federal Wages, Winnings, Gross Illinois Wages, Winnings, Gross |               |    |            |     | Colum<br>Illinois In<br>Tax With | come        |
| 1                       |   | \$   | •00           | \$ | <u>•00</u> | \$_ |                                  | <u>•00</u>  |
| 2                       |   | \$   | •00           | \$ | •00        | \$_ |                                  | •00         |
| 3                       |   | \$   | •00           | \$ | •00        | \$_ |                                  | • <u>00</u> |
| 4                       |   | \$   | •00           | \$ | •00        | \$_ |                                  | •00         |
| 5                       |   | \$   | •00           | \$ | •00        | \$_ |                                  | •00         |

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

|   | I NAGA LOH BANGARU<br>name as shown on Form IL-1040 | Your spor |   | ecurity number | 0   | 2 0 7 |                  |  |  |
|---|---|-----------|---|----------------|---|-------|------------------|--|--|
| Column A<br>Form type Column B<br>Employer/Payer<br>Identification Number |   |           | Column C<br>Vages, Winnings, G<br>ons, Compensation |                | Column D<br>s Wages, Winnings, C<br>utions, Compensatio |       |                  |  |  |
| 6 <u>W</u>  |   | \$        | 75,744 <b>.00</b>                                   | <u>)</u> \$_   | 75,744 <b>.00</b>                                       | \$_   | 3,749 <b>.00</b> |  |  |
| 7   |   | \$        | • <u>0</u> (  | <u>)</u> \$_   | •00   | \$_   | •00              |  |  |
| 8   |   | \$        | •00   | <u>)</u> \$_   | •00   | \$_   | •00              |  |  |
| 9   |   | \$        | •00   | <u>)</u> \$_   | •00   | \$_   | •00              |  |  |
| 10  |   | \$        | •00   | <u>)</u> \$_   | •00   | \$_   | <u>•00</u>       |  |  |

### Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld. Enter this amount here and on Form IL-1040, Line 25.

**11 \$ 3**,749**.00** 

## Attach all Schedules IL-WIT to your IL-1040.

| 35             | Illinois Department of Rev  | venue   |  |   |
|----------------|---|---|--|---|
| ×              | 2023 IL-8453 Illinois   | s Individua   | I Income Tax Elect   | tronic Filing Declaration   |
| Ŷ              | <sup>∽</sup> ( <b>Do not mail</b> Form IL-8453 to th                                    | ne Illinois Depa  | artment of Revenue unle  | ss it is requested for review.)   |
| Step           | <b>1: Provide taxpayer information</b>  |   | NOJU   | 3 3 4 _ 6 5 _ 6 0 4 8   |
|                |   | (and last name if diffe                                     |  | <u>3 3 4 _ 6 5 _ 6 0 4 8</u><br>Social Security number  |
| Prin           | t 3723 KEYWORTH WAY   | (   |  | 0 9 6 _ 0 4 _ 0 2 0 7   |
| or<br>type     |   |   |  | Spouse's Social Security number   |
|                | INDIAN LAND   | SC  | 29707-7955   | (516) 405-5279  |
|                | City  | State   | ZIP  | Daytime phone number  |
| Step           | o 2: Complete information from tax r  | eturn   | Choose one: 🗙 II   |   |
|                | Net income from Form IL-1040 or IL-1040-2   | •   |  | $\frac{1}{2} \frac{73,755}{2} \frac{00}{2}$   |
|                | Tax from Form IL-1040 or IL-1040-X, Line  |   |  | 2 3,651 00<br>3 3,749 00  |
|                | Illinois Income Tax withheld from Form IL-1<br>Overpayment from Form IL-1040, Line 36 o |   |  | $\begin{array}{cccccccccccccccccccccccccccccccccccc$  |
|                | Total amount due from Form IL-1040, Line 30   |   |  | 5 00  |
|                | Filing status: Single _X_ Married filing  |   |  | owed Head of household  |
| Stor           | o 3: Complete direct deposit of refur   | d or electronic   | funds withdrawal inform  | nation (Ontional)   |
| does<br>withi  | not support international ACH transactions.   | . IDOR will only penternational funds                       | erform direct transactions (e.g.   | within the electronic transmission. Illinois<br>, debit, deposit) with financial institutions located<br>be accepted and refunds will be via paper check. |
| 8              | Account no. (AN): <u>3 8 1 0 4 3</u>  | 5 3 3 3   | 8 9  |   |
| 9              | Type of account: $\underline{\times}$ Checking S  | avings  |  |   |
| 10             | Date the payment is to be electronically wit  | hdrawn:/  | 1  |   |
| 11             | Electronic funds withdrawal amount:   | <u> </u>  |  |   |
| 12             | Name on account:  |   |  |   |
| Ster           | o 4: Taxpayer declaration and signatu   | re (Sign only a   | fter completing Step 2 an  | d, if applicable, Step 3.)  |
| 2              |   | / deposited as de   | signated in Step 3 and declare   | e the information on Lines 7 through 9 is   |
|                | financial institutions involved in the proc<br>necessary to answer inquiries and resol  | ic portion of my 20<br>essing of an elective issues related | 23 Illinois Original or Amendeo<br>tronic overpayment of taxes to<br>to the payment. | d Individual Income Tax return. I authorize the<br>preceive confidential information  |
| Ļ              | I do not want direct deposit of my refund   |   | · ·  |   |
| retur<br>and a |   | f my knowledge, n<br>OR by my ERO. I a                      | ny return is true, correct, and co<br>authorize IDOR to inform my EF                 | mplete. I consent that my return, this declaration, RO and/or the transmitter when my return has  |
| Sig            | n   |   |  |   |
|                | Your signature  | Date  |  | joint return, <b>both</b> must sign) Date   |
| l dec<br>infor |   | lectronic Form IL-<br>this program and                      | 1040 or IL-1040-X, the inform declare, under penalties of pe                         | gnature<br>lation on this Form IL-8453, and accompanying<br>erjury, that to the best of my knowledge the  |
|                |   |   | 04/14/2024   | Check if paid preparer: 🔀 (See instructions.)   |
|                | ERO's signature   |   | Date   |   |
| ERC            | GLOBAL TAXES LLC  |   |  | $\frac{P}{Y_{\text{our}}} \frac{0}{PTIN} \frac{2}{PTIN} \frac{0}{PTIN} \frac{8}{PTIN} \frac{2}{PTIN} \frac{7}{PTIN} \frac{0}{PTIN} \frac{3}{PTIN}$        |
| use            | 245 ROONEY CT   |   |  | 8 4 - 3 1 7 1 9 6 5   |
| only           | Mailing address   |   |  | Federal employer identification number (FEIN)   |
|                | E BRUNSWICK   | NJ  | 08816  | (678) 965-9522  |

| City                           | State                     | ZIP            | Daytime phone number |
|--------------------------------|---------------------------|----------------|----------------------|
| Step 6: Attach required docume | nts (e.g., W-2 forms, 109 | 9 forms, IL-13 | 10).                 |
| Do not mail Form IL-845        | 3 and these documents     | unless reques  | ted for review.      |

City

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.



| NJ-1040NR<br>2023<br>Page 1 040NV01230<br>Your Social Security Number  | New Jersey Nonrest<br>For Privacy Act No<br>For Taxable Year January 1, 2023                                       | <b>J-1040NR</b><br>dent Income Tax Return<br>tification, See Instructions<br>– December 31, 2023 or Other Tax Year<br>023 Ending, 2024 | 1555     |
|--|--|--|----------|
| 334656048  | PONNOJU ANUDEEP & BANGARU  |  |          |
| Spouse's/CU Partner's Social Security Number $096040207$   |  |  |          |
| State of Residency (outside NJ)<br>NORTH CAROLINA  | Home Address (Number and Street, incl. apt. # or rural route)<br>3723 KEYWORTH WAY                                 |  |          |
| Driver's License # (Voluntary) State   | City, Town, Post Office<br>INDIAN LAND   | State ZIP Code<br>SC 29707   |          |
| This is an amended return<br>Federal extension application attached or enter of<br>The address above is a foreign address<br>Your address has changed<br>Death certificate for deceased taxpayer is attache<br>I authorize the Division of Taxation to discuss n | ed (See instructions)  |  |          |
| NJ Residency Status If you were a New Jersey residency give the period of New Jersey   | lent for ANY part of the tax year, From:<br>residency.   | To:  |          |
| Elections Fund return, does your spouse/CU p   | f your taxes for this fund? If joint<br>artner want to designate \$1? Note:<br>), it will not increase your tax or | Yes<br>Yes   | No<br>No |





040NV02230

#### Name(s) as shown on Form NJ-1040NR PONNOJU ANUDEEP & BANGARU VENKATA

Your Social Security Number 334656048

1555

#### 2023 Page 2

Filing Status (Check only ONE box)

| 1.<br>2.<br>3. | × | Single<br>Married/CU Couple, filing joint return<br>Married/CU Partner, filing separate return |                                   |
|----------------|---|--|-----------------------------------|
| 4.<br>5.       |   | Head of Household<br>Qualifying Widow(er)/Surviving CU Partner                                 | Name and SSN of Spouse/CU Partner |

#### Exemptions

|   | -  |                    |                   |          |      |   |      |      |
|---|--|--------------------|-------------------|----------|------|---|------|------|
| 6 | . Regular  | Self               | Spouse/CU Partner | Domestic | 6.   | 2 |      |      |
| 7 | . Age 65 or over   | Self               | Spouse/CU Partner | Partner  | 7.   |   |      |      |
| 8 | . Blind or Disabled  | Self               | Spouse/CU Partner |          | 8.   |   |      |      |
| 9 | Veteran Exemption  | Self               | Spouse/CU Partner |          |      |   |      | 9.   |
| 1 | 0. Number of your qualified dependent children   |                    |                   |          |      |   | 10.  |      |
| 1 | 1. Number of other dependents  |                    |                   |          |      |   | 11.  |      |
| 1 | 2. Dependents attending colleges (See Instructions)  |                    |                   |          | 12.  |   |      |      |
| 1 | 3. For line 13a – Add lines 6, 7, 8, and 12. For line 13b – Ad<br>For line 13c – Enter amount from line 9. | dd lines 10 and 11 |                   |          | 13a. | 2 | 13b. | 13c. |
|   |  |                    |                   |          |      |   |      |      |

#### **Dependent Information**

14. Dependent's Last Name, First Name, Middle Initial Dependent's Social Security Number Birth Year a. b. c. d.

COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE) COL. B - AMOUNT FROM NEW JERSEY SOURCES

| 15. | Wages, salaries, tips, and other employee compensation   | 15. | 185584 |   | 15. | 109840 . |
|-----|--|-----|--------|---|-----|----------|
|     | Check box if you completed lines 69 through 75   |     |        |   |     |          |
| 16. | Interest   | 16. |        | • | 16. |          |
| 17. | Dividends  | 17. |        | • | 17. |          |
| 18. | Net profits from business (Schedule NJ-BUS-1, Part I, line 4)  | 18. |        | • | 18. |          |
| 19. | Net gains or income from disposition of property (From line 68)  | 19. |        | • | 19. | •        |
| 20. | Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4) $$ | 20. | 0      | • | 20. | 0.       |
| 21. | Net gambling winnings (See Instructions)   | 21. |        | • | 21. |          |
| 22. | Taxable pensions, annuities, and IRA distributions/withdrawals   | 22. |        | • |     |          |
| 23. | Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)                             | 23. |        | • | 23. |          |
| 24. | Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)                            | 24. |        | • | 24. |          |
| 25. | Alimony and separate maintenance payments received   | 25. |        | • |     |          |
| 26. | Other – State Nature and Source  | 26. |        | • | 26. |          |
| 27. | TOTAL INCOME (Add lines 15 through 26)   | 27. | 185584 |   | 27. | 109840 . |



**NJ-1040NR** 2023 Page 3

### Name(s) as shown on Form NJ-1040NR PONNOJU ANUDEEP & BANGARU VENKATA

Your Social Security Number 334656048

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| 28a. | Pension/Retirement Exclusion (See Instructions)   | 28a. |          |                          |  |  |
|------|---|------|----------|--------------------------|--|--|
| 28b. | Other Retirement Income Exclusion (See Worksheet and Instructions)  | 28b. |          | 28b.                     |  |  |
| 28c. | Total Exclusion Amount (Add line 28a and line 28b)  | 28c. |          | 28c.                     |  |  |
| 29.  | Gross Income (Subtract line 28c from line 27)   | 29.  | 185584 . | 29.                      | 109840   |  |
| 30.  | Total Exemption Amount (See Instructions)   | 30.  | 2000 .   |                          |  |  |
| 31.  | Medical Expenses (See Worksheet and Instructions)   | 31.  |          |                          |  |  |
| 32.  | Alimony and separate maintenance payments   | 32.  | •        |                          |  |  |
| 33.  | Qualified Conservation Contribution   | 33.  | •        |                          |  |  |
| 34.  | Health Enterprise Zone Deduction  | 34.  |          |                          |  |  |
| 35.  | Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)  | 35.  | 0.       |                          |  |  |
| 36.  | Organ/Bone Marrow Donation Deduction (See instructions)   | 36.  | •        |                          |  |  |
| 37a. | NJBEST Deduction  | 37a. |          |                          |  |  |
| 37b. | NJCLASS Deduction   | 37b. |          |                          |  |  |
| 37c. | NJ Higher Education Tuition Deduction   | 37c. |          |                          |  |  |
| 38.  | Total Exemptions and Deductions (Add lines 30 through 37c)  | 38.  | 2000 .   |                          |  |  |
| 39.  | Taxable Income (Subtract line 38 from line 29, column A)  | 39.  | 183584 . |                          |  |  |
| 40.  | Tax on amount on line 39 (From Tax Table)   | 40.  | 7652 .   |                          |  |  |
| 41.  | Income Percentage B. (line 29) / A. (line 29) = $59.19$ %   |      |          |                          |  |  |
| 42.  | New Jersey Tax (Multiply amount from line 40 by income percentage from line 41)                                       |      |          | 42.                      | 4529   |  |
| 43.  | Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)   |      |          | 43.                      |  |  |
| 44.  | Gold Star Family Counseling Credit (See Instructions)   |      |          | 44.                      |  |  |
| 45.  | Credit for Employer of Organ/Bone Marrow Donor (See instructions)   |      |          | 45.                      |  |  |
| 46.  | Total Credits (Add lines 43, 44, and 45)  |      |          | 46.                      |  |  |
| 47.  | Balance of Tax After Credits (Subtract line 46 from line 42)  |      |          | 47.                      | 4529   |  |
| 48.  | Interest on Underpayment of Estimated Tax.  |      |          | 48.                      |  |  |
|      | Check box if Form NJ-2210NR is enclosed   |      |          |                          |  |  |
| 49.  | Total Tax Due (Add line 47 and line 48)   |      |          | 49.                      | 4529   |  |
| 50.  | Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099)<br>(Part-year nonresidents, see instructions) | 50.  | 5369 .   |                          |  |  |
| 51.  | New Jersey Estimated Tax Payments/Credit from 2022 return   | 51.  | •        |                          | on line 51:  |  |
| 52.  | Tax paid on your behalf by Partnership(s)   | 52.  |          | 2                        | ments made in connection<br>a sale of NJ real property |  |
| 53.  | Excess NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)   | 53.  |          | <ul> <li>Payr</li> </ul> | ments by S corporation for                             |  |
| 54.  | Excess NJ Disability Insurance Withheld (Enclose Form NJ-2450)  | 54.  |          | nom                      | resident shareholder                                   |  |
| 55.  | Excess NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)  | 55.  |          |                          |  |  |
| 56.  | Pass-Through Business Alternative Income Tax Credit (See instructions)  | 56.  |          |                          |  |  |
|      |   |      |          |                          |  |  |



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### Name(s) as shown on Form NJ-1040NR PONNOJU ANUDEEP & BANGARU VENKATA

Your Social Security Number 334656048

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| 57. | Total Payments/Credits (Add lines 50 through 56)   |                    |                                 |   | 57.   | 5369 . |
|-----|--|--------------------|---------------------------------|---|---|--------|
| 58. | If line 57 is less than line 49, you have tax due. Subtract line 57 f<br>If you owe tax, you can still make a donation on line 61A through |                    | 58.                             | • |   |        |
| 59. | If line 57 is more than line 49, you have an overpayment. Subtract   | t line 49 from lir | ne 57 and enter the overpayment |   | 59.   | 840 .  |
| 60. | Amount from line 59 you want to credit to your 2024 tax  |                    |                                 |   | 60.   | •      |
| 61. | Amount you want to credit to:  |                    |                                 |   |   |        |
|     | (A) N.J. Endangered Wildlife Fund  |                    | 61A.                            | • | NOTE:   |        |
|     | (B) N.J. Children's Trust Fund   |                    | 61B.                            | • | An entry on lines 60 t<br>reduce your tax refun |        |
|     | (C) N.J. Vietnam Veterans' Memorial Fund   |                    | 61C.                            | • | Todaco your ant total                           |        |
|     | (D) N.J. Breast Cancer Research Fund   |                    | 61D.                            | • |   |        |
|     | (E) U.S.S. N.J. Educational Museum Fund  |                    | 61E.                            | • |   |        |
|     | (F) Designated Contribution  | Code               | 61F.                            | • |   |        |
| 62. | Total Adjustments to Tax Due/ Overpayment (Add lines 60 through  | gh 61F)            |                                 |   | 62.   | •      |
| 63. | Balance due (If line 58 is more than zero, add line 58 and 62)   |                    |                                 |   | 63.   | •      |
| 64. | Refund amount (If line 59 is more than zero, subtract line 62 from   | n line 59)         |                                 |   | 64.   | 840 .  |

|                           | is true, correct, and complete. If J | s return, including accompanying schedules and statements, and to the best of<br>prepared by a person other than taxpayer, this declaration is based on all | Pay amount on line 63 in full. Write Social<br>Security number(s) on check or money order and<br>make payable to:      |
|---------------------------|--------------------------------------|---|--|
| ><br>Your Signature       | Date                                 | > Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)   | State of New Jersey - TGI<br>Division of Taxation<br>Revenue Processing Center<br>PO Box 244<br>Trenton, NJ 08646-0244 |
| Paid Preparer's Signature |                                      | Federal Identification Number   | Trenton, NJ 08040-0244   |
| SYAM PRIYA                | RAM SAGAR GU                         | PTA P02082703   | You can also make a payment on our website:<br>nj.gov/taxation   |
|                           |                                      | Firm's Federal Employer Identification Number   |  |
| Firm's Name GLOBAL        | TAXES LLC                            | 84-3171965  |  |
|                           |                                      |   |  |
| 1                         |                                      |   |  |

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REV 01/29/24 PRO

Division Use: 1

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|                |  |  |                                     |  |                     |   |              | 1040NR (2023) Pa              |      |
|----------------|--|--|-------------------------------------|--|---------------------|---|--------------|-------------------------------|------|
|                | wn on Form NJ-1040NR   |  |                                     |  |                     |   |              | Social Security Nu            | mber |
| PONNOJU A      | Net Gains or Income Fron<br>Disposition of Property                          | dispo                                  | the net gains or                    | income, less net<br>ty including real o  |                     |   | sale, exc    |                               |      |
| (a) Kind of    | property and description   | (b) Date<br>aquired<br>(Mo., day, yr.) | (c) Date sold<br>(Mo., day, yr.)    | (d) Gross sales  | price               | (e) Cost or o<br>basis as adju<br>(see instructi<br>and expense o | sted<br>ons) | (f) Gain or (lo<br>(d less e) |      |
| 65.            |  |  | İ                                   |  |                     |   |              |                               |      |
|                |  |  |                                     |  | 1                   |   |              |                               |      |
|                |  |  |                                     |  | 1                   |   | 1 1          |                               |      |
|                |  |  |                                     |  | 1                   |   |              |                               |      |
|                |  |  |                                     |  | 1                   |   |              |                               | 1    |
|                |  |  |                                     |  | 1                   |   |              |                               | 1    |
|                |  |  | i                                   |  | 1                   |   |              |                               | 1    |
|                |  |  | i                                   |  | †                   |   | $\uparrow$   |                               | 1    |
| 66. Capital Ga | ains Distribution  |  |                                     |  |                     |   | 66.          |                               | 1    |
| 67. Other Net  | Gains  |  |                                     |  |                     |   | 67.          |                               | 1    |
| 68. Net Gains  | (Add lines 65, 66, and 67) (E  | nter here and or                       | n line 19) (If los                  | s, enter zero)   |                     |   | 68.          |                               | 1    |
| Part II        | Allocation of Wage and Sa<br>Income Earned Partly Insi<br>Outside New Jersey | ide and No                             | ansacted or if ot<br>ote: Residents | f compensation d<br>her basis of alloc<br>of states that imp<br>e completing Par | ation is<br>ose a o | s used.   |              |                               |      |
| 69. Amount re  | ported on line 15 in column A  | required to be a                       | allocated                           |  |                     |   | 69.          |                               |      |
| 70. Total days | in taxable year  |  |                                     |  |                     |   | 70.          |                               |      |
| 71. Deduct no  | nworking days (Sundays, Sat  | urdays, holidays                       | s, sick leave, va                   | cation, etc.)  |                     |   | 71.          |                               |      |
| 72. Total days | worked in taxable year (subtr  | act line 71 from                       | line 70)                            |  |                     |   | 72.          |                               |      |
| 73. Deduct da  | ys worked outside New Jerse  | y                                      |                                     |  |                     |   | 73.          |                               |      |
| 74. Days work  | ed in New Jersey (subtract lir   | ne 73 from line 7                      | 72)                                 |  |                     |   | 74.          |                               |      |
| 75. Allocatior | n Formula  | x<br>(Ente                             | er amount from                      | =<br>line 69) (Salary  | y earne             | ed inside N.J.)   | <b>`</b>     | e this amount or<br>, col. B) | 1    |
| Part III       | Allocation of Business<br>Income to New Jersey                               | (S                                     | ee instructions                     | if other than Form   | nula Ba             | asis of allocation  | is used.)    | )                             |      |
|                | cation Percentage (From Sche   | ,                                      |                                     |  |                     |   |              |                               |      |
|                | ne line number and amount of<br>centage to determine amount                  |  |                                     |  | n A tha             | at is required to I   | be alloca    | ted and multiply              | by   |
| Fror           | m Line No \$   |  | _ X                                 | % = \$   |                     |   | -            |                               |      |
| Fror           | m Line No \$   |  | . ×                                 | % = \$   |                     |   | -            |                               |      |
| Fror           | m Line No \$   |  | _ X                                 | % = \$   |                     |   | -            |                               |      |

| Nam  | e(s) as shown on Form NJ-1040NR   |        |                    |  |       |   |             | Social Security Nu  | mber |
|--|---|--------|--------------------|--|-------|---|-------------|---|------|
| PON  | NOJU ANUDEEP & BANGARU VENKATA  |        |                    |  |       |   |             | 334-65-6048   | 8    |
|  | Schedule NJ-BUS-1<br>(Form NJ-1040NR)   |        |                    | Gross Inco<br>come Sumr  |       |   | lle         | 2023  |      |
| Ρά   | art I Net Profits From Busine   | ss     | Li                 | ist the net profit   | (los  | s) from busir                           | iess(es). S | ee Instructions.  |      |
|  | Business Name   |        |                    | ecurity Number/<br>deral EIN   |       |   | Profit or   | (Loss)  |      |
| 1.   |   |        |                    |  |       |   |             |   |      |
| 2.   |   |        |                    |  |       |   |             |   |      |
| 3.   |   |        |                    |  |       |   |             |   |      |
| 4.   | Net Profit or (Loss). (Add lines 1, 2, and 3<br>line 18, column A. If loss, enter zero on li  |        |                    | n 4.   |       |   |             |   |      |
| Pa   | Net Gains or Income<br><b>art II</b> From Rents, Royalties,<br>Patents, and Copyrights  | 6      | form of<br>Type of | e net gains or ne<br>rents, royalties,<br>f Property:<br>tal real estate | , pat | tents, and co                           | pyrights. S |   | ne   |
|  |   |        |                    | curity Number/<br>eral EIN   | n     | ype – Enter<br>umber from<br>list above | Inc         | ome or (Loss)   |      |
| 1.   | H.NO 55-4-1283/3/A/1  |        | 33465604           | 48   |       | 1                                       |             | -13,853.  |      |
| 2.   |   |        |                    |  |       |   |             |   |      |
| 3.   |   |        |                    |  |       |   |             |   |      |
| 4.       Net Income or (Loss). (Add lines 1, 2, and 3.)<br>(Enter here and on line 20, column A. If loss, enter zero on line 20, column A.)       4.       -13,853 |   |        |                    | -13,853.   |       |   |             |   |      |
| Part III         Distributive Share of Partnership Income         List the distributive share of income (loss) from partnership(s). See instructions.              |   |        |                    |  |       |   |             |   |      |
|  | Partnership Name  | Fed    | eral EIN           | Share of Partner<br>Income or (Los                                       |       | Share of<br>on your b<br>Partne         | behalf by   | Share of Pass<br>Through Busine<br>Alternative Incol<br>Tax | ess  |
| 1.   |   |        |                    |  |       |   |             |   |      |
| 2.   |   |        |                    |  |       |   |             |   |      |
| 3.   |   |        |                    |  |       |   |             |   |      |
| 4.   | Distributive Share of Partnership Income or (Loss).<br>(Add lines 1, 2, and 3.) (Enter here and on line 23, column A.<br>If loss, enter zero on line 23, column A.) |        |                    |  |       |   |             |   |      |
| 5.   | Total Share of tax paid on your behalf by Partnerships (Add lines 2, and 3.) Enter total here and include on line 52.   |        |                    |  |       |   |             |   |      |
| 6.   | 6. Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 56.)  |        |                    |  |       |   |             |   |      |
| Pa   | art IV Net Pro Rata Share of S  | 6 Corp | poration Ir        |  |       |   |             | ome (usable<br>See instructions.                            |      |
|  | S Corporation Name Federal EIN  |        | ederal EIN         | Pro Rata Share<br>Income or (  |       |   |             | Pass-Through Busin<br>native Income Tax                     | ness |
| 1.   |   |        |                    |  |       |   |             |   |      |
| 2.   |   |        |                    |  |       |   |             |   |      |
| 3.   |   |        |                    |  |       |   |             |   |      |
| 4.   | Net Pro Rata Share of S Corporation Income (Add lines 1, 2, and 3.) (Enter here and on line If loss, enter zero on line 24, column A.)                              |        |                    |  |       |   |             |   |      |
| 5.   | Total Share of Pass-Through Business Alternat<br>(Add lines 1, 2, and 3.) (Enter here and include   |        | ne Tax             |  |       |   |             |   |      |

| Name(s) as shown on Form NJ-1040NR             | Social Security Number |
|--|------------------------|
| PONNOJU ANUDEEP & BANGARU VENKATA SAI NAGA LOH | 334-65-6048            |

## Schedule NJ-BUS-2

(Form NJ-1040NR)

## New Jersey Gross Income Tax Alternative Business Calculation Adjustment

2023

|                      |  |     | Column A                              | Column B |     |                                       |   |  |  |
|----------------------|--|-----|---------------------------------------|----------|-----|---------------------------------------|---|--|--|
| Part I Income (Loss) |  |     | Reportable Regular<br>Business Income |          |     | Alternative Business<br>Income (Loss) |   |  |  |
| 1.                   | Net Profits From Business  | 1a. | 0.                                    |          | 1b. | 0.                                    |   |  |  |
| 2.                   | Net Gain or Income From Rents,<br>Royalties, Patents, and Copyrights | 2a. | 0.                                    |          | 2b. | -13,853.                              |   |  |  |
| 3.                   | Distributive Share of Partnership Income                             | 3a. | 0.                                    |          | 3b. | 0.                                    |   |  |  |
| 4.                   | Net Pro Rata Share of S Corporation<br>Income                        | 4a. | 0.                                    |          | 4b. | 0.                                    |   |  |  |
| 5.                   | Loss Carryforward From<br>Tax Year 2022                              |     |                                       |          | 5b. | ( 9,950.                              | ) |  |  |
| 6.                   | Totals   | 6a. | 0.                                    |          | 6b. | -23,803.                              |   |  |  |
| Par                  | t II Adjustment Calculation  |     |                                       |          |     |                                       |   |  |  |
| 7.                   | Total Regular Business Income  | 7.  | 0.                                    |          |     |                                       |   |  |  |
| 8.                   | Total Alternative Business Income/(Loss)<br>(If loss, enter zero)    | 8.  | 0.                                    |          |     |                                       |   |  |  |
| 9.                   | Business Increment<br>(Subtract line 8 from line 7)                  | 9.  | 0.                                    |          |     |                                       |   |  |  |
| 10.                  | Adjustment Percentage  | 10. | (                                     | 0.50     |     |                                       |   |  |  |
| 11.                  | Alternative Business Calculation<br>Adjustment (line 9 x 0.50)       | 11. | 0.                                    |          |     |                                       |   |  |  |
| Par                  | t III Loss Carryforward to Tax Year 202                              | 4   |                                       |          |     |                                       |   |  |  |
| 12.                  | Loss Carryforward to Tax Year 2024                                   |     |                                       |          | 12. | ( -23,803.                            | ) |  |  |

#### Instructions

- Line 1a. Enter the amount from line 18, column A, Form NJ-1040NR.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 2a. Enter the amount from line 20, column A, Form NJ-1040NR.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 3a. Enter the amount from line 23, column A, Form NJ-1040NR.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 4a. Enter the amount from line 24, column A, Form NJ-1040NR.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 5b. Enter the amount from line 12 of your 2022 Schedule NJ-BUS-2 (Form NJ-1040NR).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and on line 35 of Form NJ-1040NR, and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2023 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040NR.
- Line 12. If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

## Statement for Wages, Salaries, and Tips

NJ-1040 or NJ-1040NR, line 15

Name Social Security No. PONNOJU ANUDEEP & BANGARU VENKATA SAI NAGA LOH 334-65-6048 Income Income from all attributed to Not applicable if a part-year nonresident with NJ source income. sources **New Jersey** (part-year resident or nonresident only) 1 185,584. 109,840. **Deductions from wages:** Complete the following if included on line 1 above and meet all requirements (see help) f 185,584. 109,840. 2 3 Excess employee business expense reimbursement . . . . . 4 Taxable tips, from Form 4137, plus non-cash tips . . . . . . . . 5 Excess moving expense reimbursement. 6 Wages earned as a household employee (if less than 7 8 Ordinary income from ESPP stock sale and incentive stock 9 Military spouses residency relief act (see New Jersey instructions) . . 10 Other: 11 185,584. 109,840. Enter on line 15 of NJ-1040 or NJ-1040NR

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|           | ole Al | <b>(50)</b><br>I Pages<br>nd W-2s | of Yo    | ur                                    |                                  |                        |                        | <u>li</u> na [ | Tax R<br>Departme | ent o  | <b>rn 202</b> 3<br>f Revenue           | B<br>DOR<br>Use<br>Only |                          |                       |                                  |            |
|-----------|--------|-----------------------------------|----------|---------------------------------------|----------------------------------|------------------------|------------------------|----------------|-------------------|--------|--|-------------------------|--------------------------|-----------------------|----------------------------------|------------|
|           |        |                                   |          | r fiscal year                         | beginning                        |                        |                        |                | and ending        |        |  | Are you a v             | eteran?                  |                       | Yes 🛛 No                         | ) X        |
| ANUI      |        | -                                 |          |                                       | ULON                             |                        | VI                     | ENKA'          | TA SAI I          | N      | BANGARU                                | Is your spou            |                          | an?                   | Yes 🗌 No                         | X          |
|           |        | YWORI                             |          |                                       |                                  |                        |                        |                |                   |        | 334656048                              |                         |                          |                       | extension to fil                 |            |
| IND:      |        | SC 2                              |          |                                       | 37                               |                        |                        |                |                   |        | 096040207                              | 2023 federa             |                          |                       | , e.g., Form 104                 | 40?        |
| Filing    | Statu  |                                   | 1. Sing  | lle<br>d of Househo                   |                                  |                        | ed Filing<br>fying Wic |                |                   | arried | Filing Separately                      | Veeren                  | Yes                      | No                    | X                                |            |
| Were      |        |                                   |          | c. for the enti                       |                                  |                        | Yes X                  |                |                   | Retu   | rn for deceased                        | Year spout              |                          | of death:             |                                  |            |
|           | -      |                                   |          | ent for the en                        | -                                |                        | Yes X                  |                |                   |        | irn for deceased                       |                         |                          | of death              |                                  |            |
| N.C.      | Educa  | ation End                         | lowme    | nt Fund: Yo                           | ou may con                       | tribute                | to the N               | I.C. Ed        | ucation End       | owme   | ent Fund by mak                        | ing a contrib           | ution or d               | lesignat              | ing some or a                    | all of     |
|           |        |                                   |          |                                       |                                  |                        |                        |                |                   |        | r payment of \$                        |                         |                          | gnate y               | our overpaym                     | nent       |
|           |        |                                   |          |                                       |                                  |                        |                        |                |                   |        | s for informatior                      |                         |                          |                       |                                  |            |
|           |        | -                                 |          |                                       |                                  |                        |                        |                |                   | -      | April 15, 2024, a                      |                         | izen or re               | esident.              |                                  |            |
|           | elect  |                                   |          |                                       |                                  | ecutor,                | Auminis                | silator,       |                   | φοιπι  | ed Personal Rep                        | iesentative.            |                          |                       |                                  |            |
| FS        | 2      | ΡP                                | Y        |                                       | DT                               | Ν                      | OC                     | Ν              | TPRES             |        | Y SPRES                                | S Y                     | VT                       | Ν                     | SVT                              | Ν          |
| PONN      | ſ      | 3723                              | }        | 29707                                 | DS                               | Ν                      | EA                     | Ν              | TD                |        |  | SD                      |                          |                       | FDEXT                            | Ν          |
| ANUE      | EEI    | 2                                 |          |                                       | PONNC                            | JU                     |                        |                |                   | 3      | 34656048                               | 3                       |                          |                       |                                  |            |
| VENK      | ATA    | A SAI                             | N        |                                       | BANGA                            | RU                     |                        |                |                   | C      | 96040207                               | 7 SC                    | 297                      | 07                    |                                  |            |
| 3723      | KI     | EYWOR                             | TH       | WAY                                   |                                  |                        |                        |                |                   |        | INDIAN I                               | JAND                    |                          |                       |                                  |            |
| 06        |        | 1                                 | .848     | 85                                    |                                  | 16                     |                        |                | 7571              |        | 26C                                    |                         |                          | 0                     |                                  | 7          |
| 07        |        |                                   |          | 0                                     |                                  | 18                     | Y                      |                | 0                 |        | 26E                                    |                         |                          | 0                     |                                  | 0201       |
| 09        |        |                                   |          | 0                                     |                                  | 20A                    |                        |                | 0                 |        | EU                                     |                         |                          |                       |                                  | 5002       |
| 10A       |        |                                   |          | 0                                     |                                  | 20B                    |                        |                | 0                 |        | 27                                     |                         |                          | 0                     |                                  | <br>       |
| 10B       |        |                                   |          | 0                                     |                                  | 21A                    |                        |                | 0                 |        | 29                                     |                         |                          | 0                     |                                  |            |
| 11        | S      | Y                                 | Ι        | Ν                                     |                                  | 21B                    |                        |                | 0                 |        | 30                                     |                         |                          | 0                     |                                  |            |
| 11        |        |                                   | 255      | 00                                    |                                  | 21C                    |                        |                | 0                 |        | 31                                     |                         |                          | 0                     |                                  |            |
| 13        |        |                                   | 000      | 00                                    |                                  | 21D                    |                        |                | 0                 |        | 32                                     |                         |                          | 0                     |                                  |            |
| 14        |        | 1                                 | .593     | 85                                    |                                  | 26A                    |                        |                | 0                 |        | 34                                     |                         |                          | 0                     |                                  |            |
| 15        |        |                                   | 75       | 571                                   |                                  | 26B                    |                        |                | 0                 |        |  |                         |                          |                       |                                  |            |
| TN        | ŗ      | 51640                             | 552      | 79                                    |                                  | PN                     | 6                      | 789            | 659522            |        | PP                                     | P02                     | 20827                    | 03                    |                                  |            |
| Siar      | ו Re   | turn Be                           | elow     | Re                                    | efund Du                         | le                     |                        |                | 0 <b>P</b>        | aym    | ent Due                                |                         | 0                        |                       |                                  |            |
| I declare | and ce | rtify that I ha                   | ave exan | nined this return<br>, they are true, | n and accompa<br>correct, and co | anying sch<br>omplete. | nedules ar             | nd statem      |                   |        | Check here if you to discuss this retu | authorize the l         | North Caro<br>ments with | olina Dep<br>the paid | artment of Rev<br>preparer below | enue<br>w. |

| Your Signature   | Date                      | Spouse's Signature (If filing joint return, both must sign.)                                      | Date           | 5164055279<br>Contact Phone No. (Include area code) |
|--|---------------------------|---|----------------|---|
| PAID PREPARER USE ONLY If prepared by a perso          | n other than taxpayer,    | this certification is based on all information of which the prepare                               | r has any knov | vledge.   |
| SYAM PRIYA RAM SAGAR GUP?<br>Paid Preparer's Signature | <u>C 04 14 24</u><br>Date | (678)965-9522<br>Preparer's Contact Phone Number (Include area code)                              |                | P02082703<br>Preparer's FEIN, SSN, or PTIN          |
|  | ,                         | N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NO<br>ent, and D-400V to: N.C. DEPT. OF REVENUE, P.O. |                |   |

| Last Name (First 10 Characters) | PONNOJU |
|---------------------------------|---------|

Your Social Security Number

334656048

| 6.           | Federal Adjusted Gross Income   | 6.           | 101005   |
|--------------|---|--------------|----------|
|              | Federal Adjusted Gross Income   |              | 184885   |
| 7.           | Additions to Federal Adjusted Gross Income  | 7.           | 0        |
| 8.           | Add Lines 6 and 7   | 8.           | 184885   |
| 9.           | Deductions From Federal Adjusted Gross Income   | 9.           | 0        |
| 10.          | Child Deduction   | 10-          | 0        |
|              | a. Enter the number of qualifying children for whom you were allowed a federal child tax credit | 10a.         | 0        |
| 11           | b. Enter the amount of the child deduction  | 10b.         | 0        |
| 11.          | N.C. Standard Deduction   | 11.          | Y        |
| 11.          | N.C. Itemized Deduction   | 11.          | N        |
| 11.          | Deduction amount  | 11.          | 25500    |
| 12.          | a. Add Lines 9, 10b, and 11<br>b. Subtract Line 12a from Line 8                                 | 12a.<br>12b. | 25500    |
| 40           |   |              | 159385   |
| 13.          | Part-year Residents and Nonresidents Taxable Percentage   | 13.          | 0.0000   |
| 14.          | N.C. Taxable Income   | 14.          | 159385   |
| 15.          | N.C. Income Tax   | 15.          | 7571     |
| 16.          | Tax Credits   | 16.          | 7571     |
| 17.          | Subtract Line 16 from Line 15   | 17.          | 0        |
| 18.          | Consumer Use Tax  | 18.          | 0        |
|              | You certify that no Consumer Use Tax is due   |              | Y        |
| 19.          | Add Lines 17 and 18   | 19.          | 0        |
| <u>North</u> | Carolina Income Tax Withheld  |              |          |
| 20a.         | Your tax withheld   | 20a.         | 0        |
| 20b.         | Spouse's tax withheld   | 20b.         | 0        |
| 21a.         | 2023 estimated tax  | 21a.         | 0        |
| 21b.         | Paid with extension   | 21b.         | 0        |
| 21c.         | Partnership   | 21c.         | 0        |
| 21d.         | S Corporation   | 21d.         | 0        |
| 22.          | Additional Payments   | 22.          | 0        |
| 23.          | Add Lines 20a through 22  | 23.          | 0        |
| 24.          | Previous Refunds  | 24.          | 0        |
| 25.          | Subtract Line 24 from Line 23   | 25.          | 0        |
| 26a.         | Tax Due   | 26a.         | 0        |
| 26b.         | Penalties   | 26b.         | 0        |
| 26c.         | Interest  | 26c.         | 0        |
| 26d.         | Add Lines 26b and 26c and enter the total on 26d  | 26d.         | 0        |
| EU           | Exception to Underpayment of Estimated Tax  | EU           | 0        |
| 26e.         | Interest on the Underpayment of Estimated Income Tax  | 26e.         | 0        |
| 27.          | Pay this Amount   | 27.          | Ő        |
| 28.          | Overpayment   | 28.          | 0        |
|              |   | 20.          | Ũ        |
| AINOL        | Int of Refund to Apply to:  |              |          |
| 29.          | Amount of Line 28 to be applied to 2024 Estimated Income Tax                                    | 29.          | 0        |
| 30.          | N.C. Nongame and Endangered Wildlife Fund   | 30.          | 0        |
| 31.          | N.C. Education Endowment Fund   | 31.          | 0        |
| 32.          | N.C. Breast and Cervical Cancer Control Program   | 32.          | 0        |
|              |   | 00           | <u>^</u> |
| 33.          | Add Lines 29 through 32   | 33.          | 0        |

D-400 Line-by-Line Information

## This page must be filed with the first page of this form.

Amount to be Refunded

34.

0

34.

## D-400TC (50)

8-16-23

## 2023 Individual Income Tax Credits

DOR Use Only

North Carolina Department of Revenue

If you claim a tax credit on Form D-400, Line 16, you must attach this form to the return. Otherwise, the tax credit may be disallowed.

Important: Refer to the instructions before completing this form.

|   | Last Name (First | 10 Characters) | PONNOJU |   | Your So | cial Security Number | 33465604 | 8 |
|---|------------------|----------------|---------|---|---------|----------------------|----------|---|
| ( | 01               | 0              | 07B     | 2 | 10A     | 0                    | 13       | 0 |
| ( | 02               | 0              | 08A     | 0 | 10B     | 0                    | 14       | 0 |
| ( | 04               | 0              | 08B     | 0 | 11A     | 0                    | 15       | 0 |
| ( | 06               | 0              | 09A     | 0 | 11B     | 0                    | 19       | 0 |
| ( | 07A              | 7600           | 09B     | 0 | 12      | 0                    |          |   |

| Part 1. Credit for Income Tax Paid to Another State or Country - N.C. Residents Only |   |                   |        |  |  |  |  |  |  |
|--|---|-------------------|--------|--|--|--|--|--|--|
|  | If you claim a tax credit for taxes paid to more than one state or country, do not complete Lines 1-6. Instead, |                   |        |  |  |  |  |  |  |
|  | complete the "Out-of-State Tax Credit Worksheet" in the instructions to determine the amount to                 | enter on Line 7a. |        |  |  |  |  |  |  |
| 1.   | Total income from all sources while a resident of N.C. modified by N.C. adjustments to                          |                   |        |  |  |  |  |  |  |
|  | federal gross income  | 1.                | 0      |  |  |  |  |  |  |
| 2.   | Portion of Line 1 that was taxed by another state or country  | 2.                | 0      |  |  |  |  |  |  |
| 3.   | Divide Line 2 by Line 1   | 3.                | 0.0000 |  |  |  |  |  |  |
| 4.   | Total North Carolina income tax (From Form D-400, Line 15)  | 4.                | 0      |  |  |  |  |  |  |
| 5.   | Multiply Line 4 by Line 3   | 5.                | 0      |  |  |  |  |  |  |
| 6.   | Amount of net tax paid to the other state or country on the income shown on Line 2                              | 6.                | 0      |  |  |  |  |  |  |
| 7a.  | Credit for Income Tax Paid to Another State or Country  | 7a.               | 7600   |  |  |  |  |  |  |
| 7b.  | Number of states or countries for which a credit is claimed   | 7b.               | 2      |  |  |  |  |  |  |
| Part 2   | Part 2. Credits for Rehabilitating Historic Structures  |                   |        |  |  |  |  |  |  |

On Lines 8a, 9a, 10a, and 11a, enter the amount of expenditures or expenses only if tax year 2023 is the first year the credit is taken. **Note:** For Lines 8a and 9a, the expenditures and expenses must have been incurred prior to January 1, 2015.

On Lines 8b, 9b, 10b, 11b, 12, and 13, enter the amount of the tax credit taken.

| 8a.  | An income-producing historic structure (Article 3D)  | 8a.  | 0 |  |
|------|--|------|---|--|
| 8b.  | Enter installment amount of credit   | 8b.  | 0 |  |
| 9a.  | A nonincome-producing historic structure (Article 3D)                                      | 9a.  | 0 |  |
| 9b.  | Enter installment amount of credit   | 9b.  | 0 |  |
| 10a. | An income-producing historic mill facility (Article 3H)                                    | 10a. | 0 |  |
| 10b. | Enter amount of credit   | 10b. | 0 |  |
| 11a. | A nonincome-producing historic mill facility (Article 3H)                                  | 11a. | 0 |  |
| 11b. | Enter installment amount of credit   | 11b. | 0 |  |
| 12.  | An income-producing historic structure (Article 3L)  | 12.  | 0 |  |
| 13.  | A nonincome-producing historic structure (Article 3L)                                      | 13.  | 0 |  |
|      | (If you take a credit on Lines 12 or 13, attach Form NC-Rehab to the front of Form D-400.) |      |   |  |

| Part 3 | 3. Computation of Total Tax Credits to be Taken for Tax Year 2023                      |     |      |
|--------|--|-----|------|
| 14.    | Tax credits carried over from previous year  | 14. | 0    |
| 15.    | Reserved for Future Use  | 15. | 0    |
| 16.    | Add Lines 7a, 8b, 9b, 10b, 11b, 12, 13, 14, and 15                                     | 16. | 7600 |
| 17.    | North Carolina income tax (From Form D-400, Line 15)                                   | 17. | 7571 |
| 18.    | Enter the lesser of Line 16 or Line 17   | 18. | 7571 |
| 19.    | Business incentive and energy tax credits  | 19. | 0    |
|        | (Attach Form NC-478 and any required supporting schedules to the front of Form D-400.) |     |      |
| 20.    | Total Tax Credits to be Taken for Tax Year 2023  | 20. | 7571 |



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## STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE 2023 INDIVIDUAL INCOME TAX RETURN

**SC1040** (Rev. 4/18/23) 3075

| Your Soci   | Check if deceased |      |          |  |
|-------------|-------------------|------|----------|--|
| 334         | 65                | 6048 | deceased |  |
| Spouse's Sc | Check if          |      |          |  |
| 096         | 04                | 0207 | deceased |  |



| For the year January 1 - December 31, 2023, or fiscal tax year beginn   | ning     | , 2023 and ending | , 2024  |             |  |  |  |  |  |
|---|----------|-------------------|---|-------------|--|--|--|--|--|
| First name and middle initial   | Last nan | ne                |   | Suffix      |  |  |  |  |  |
| ANUDEEP   | PONN     | IOJU              |   |             |  |  |  |  |  |
| Spouse's first name, if married filing jointly  | Last nan | ne                |   | Suffix      |  |  |  |  |  |
| VENKATA SAI NAGA LOH  | BANG     | ARU               |   |             |  |  |  |  |  |
| Check if Mailing address (number and street, PO Box)  |          |                   |   | County code |  |  |  |  |  |
| new address 🛄 3723 KEYWORTH WAY   |          |                   |   | 29          |  |  |  |  |  |
| City  | State    | ZIP               | Daytime phone number with                       | area code   |  |  |  |  |  |
| INDIAN LAND   | SC       | 29707-7955        | (516)405-5279                                   |             |  |  |  |  |  |
| Check if address Foreign country address including postal code is outside US  |          | ·                 |   |             |  |  |  |  |  |
| <ul> <li>Amended Return: Check if this is an Amended Return. (Attach Schedule AMD)</li> <li>Check this box if you are a part-year or nonresident filing an SC Schedule NR</li> <li>Check this box only if you are filing a composite return on behalf of a Partnership or<br/>S Corporation. Do not check this box if you are an individual</li> <li>Check this box if you have filed a federal or state extension.</li> <li>Check this box if you served in a military combat zone during the filing period</li> <li>Name of the combat zone:</li> </ul> |          |                   |   |             |  |  |  |  |  |
| CHECK YOUR(1)Single(3)FEDERAL FILING STATUS(2)Married filing jointly(4)   |          |                   | er spouse's SSN:<br>Qualifying surviving spouse |             |  |  |  |  |  |
| Number of dependents eleimed on your 2022 federal re  | turp     |                   |   | 0           |  |  |  |  |  |

| Number of dependents claimed on your 2023 federal return $\ldots$                       | - |
|---|---|
| Number of dependents claimed that were under the age of 6 years as of December 31, 2023 | • |
| Number of taxpayers age 65 or older as of December 31, 2023 $\ldots$                    | ▶ |

#### DEPENDENTS

| First name | Last name | Social Security Number | Relationship | Date of birth (MM/DD/YYYY) |
|------------|-----------|------------------------|--------------|----------------------------|
|            |           |                        |              |                            |
|            |           |                        |              |                            |
|            |           |                        |              |                            |
|            |           |                        |              |                            |



| IN | COME AND ADJUSTMENTS Yo   | our SS | SN <u>334-65-604</u> | 8  |    |   | 2       | 023  | 3   |
|----|---|--------|----------------------|----|----|---|---------|------|-----|
| 1  | Enter federal taxable income from your federal form. If zero or less, enter zero                | here   |                      |    |    |   | Dollars |      |     |
|    | Nonresident filers: complete Schedule NR and enter total from line 48 on line 5 b               | elow   |                      |    | 1  |   | 157,185 | 5 00 | )   |
| Α  | DDITIONS TO FEDERAL TAXABLE INCOME  |        |                      |    |    |   |         |      |     |
|    | a State tax addback, if itemizing on federal return (see instructions)                          | а      |                      | 00 |    |   |         |      |     |
|    | b Out-of-state losses Type:   | b      |                      | 00 |    |   |         |      |     |
|    | c Expenses related to National Guard and Military Reserve Income                                | С      |                      | 00 |    |   |         |      |     |
|    | d Interest income on obligations of states and political subdivisions other than South Carolina | d      |                      | 00 |    |   |         |      |     |
|    | e Other additions to income (attach explanation - see instructions)                             | е      |                      | 00 |    |   |         |      |     |
| 2  | Total additions (add line a through line e)   |        |                      |    | 2  |   |         | 00   | ז   |
| 3  | Add line 1 and line 2 and enter the total here  |        |                      |    | 3  |   |         | 00   | ז   |
| รเ | JBTRACTIONS FROM FEDERAL TAXABLE INCOME   |        |                      |    |    |   |         | _    |     |
|    | f State tax refund, if included on your federal return  | f      |                      | 00 |    |   |         |      |     |
|    | g Total and permanent disability retirement income, if taxed on your federal return             | g      |                      | 00 |    |   |         |      |     |
|    | h Out-of-state income/gain (do not include personal service income)                             |        |                      |    |    |   |         |      |     |
|    | Check type of income/gain: 🗌 Rental 🗌 Business 🗍 Other 🕨  | h      |                      | 00 |    |   |         |      |     |
|    | i 44% of net capital gains held for more than one year  | i      |                      | 00 |    |   |         |      |     |
|    | j Volunteer deductions (see instructions) Type:   | j      |                      | 00 |    |   |         |      |     |
|    | k Contributions to the SC College Investment Program (Future Scholar)                           |        |                      | _  |    |   |         |      |     |
|    | or the SC Tuition Prepayment Program  | k      |                      | 00 |    |   |         |      |     |
|    | I Active Trade or Business Income deduction (see instructions)                                  | Ι      |                      | 00 |    |   |         |      |     |
|    | <b>m</b> Interest income from obligations of the US government                                  | m      |                      | 00 |    |   |         |      |     |
|    | n Certain nontaxable National Guard or Reserve pay  | n      |                      | 00 |    |   |         |      |     |
|    | o Social Security and/or railroad retirement, if taxed on your federal return )                 | ο      |                      | 00 |    |   |         |      |     |
|    | <b>p</b> Retirement Deduction (see instructions)  |        |                      |    |    |   |         |      |     |
|    | <b>p-1</b> Taxpayer (date of birth:)  | p-1    |                      | 00 |    |   |         |      |     |
|    | <b>p-2</b> Spouse (date of birth:))   | p-2    |                      | 00 |    |   |         |      |     |
|    | <b>p-3</b> Surviving spouse (date of birth of deceased spouse:)                                 | р-3    |                      | 00 |    |   |         |      |     |
|    | Military Retirement Deduction (see instructions)  |        |                      |    |    |   |         |      |     |
|    | <b>p-4</b> Taxpayer (date of birth:)  | p-4    |                      | 00 |    |   |         |      |     |
|    | <b>p-5</b> Spouse (date of birth:))   | p-5    |                      | 00 |    |   |         |      |     |
|    | <b>p-6</b> Surviving spouse (date of birth of deceased spouse:)                                 | p-6    |                      | 00 |    |   |         |      |     |
|    | <b>q</b> Age 65 and older deduction (see instructions)  |        |                      |    |    |   |         |      |     |
|    | <b>q-1</b> Taxpayer (date of birth:)  | q-1    |                      | 00 |    |   |         |      |     |
|    | <b>q-2</b> Spouse (date of birth:))   | q-2    |                      | 00 |    |   |         |      |     |
|    | r Negative amount of federal taxable income   | r      |                      | 00 |    |   |         |      |     |
|    | s Subsistence allowance (multiply days by \$8)  | S      |                      | 00 |    |   |         |      |     |
|    | t Dependents under the age of 6 years on December 31 of the tax year                            | t      |                      | 00 |    |   |         |      |     |
|    | u Consumer Protection Services  | u      |                      | 00 |    |   |         |      |     |
|    | v Other subtractions (see instructions)   | v      |                      | 00 |    |   |         |      |     |
|    | w South Carolina Dependent Exemption (see instructions)   | w      |                      | 00 |    |   |         |      | _   |
| 4  | Total subtractions (add line f through line w)  |        |                      |    | 4  | < |         | 00   | 0 > |
| 5  | Residents: subtract line 4 from line 3 and enter the difference. Nonresidents: enter amo        |        |                      |    |    |   |         |      |     |
|    | line 48. If less than zero, enter zero here. This is your SOUTH CAROLINA INCOME                 |        | 1                    | ,  | 5  |   | (       | ) 00 | )   |
| 6  | TAX on your South Carolina Income Subject to Tax (see SC1040TT)                                 |        | 0                    | 00 |    |   |         |      |     |
| 7  | TAX on Lump Sum Distribution (attach SC4972)  | 7      |                      | 00 |    |   |         |      |     |
| 8  | TAX on Active Trade or Business Income (attach I-335)   | 8      |                      | 00 |    |   |         |      |     |
| 9  | TAX on excess withdrawals from Catastrophe Savings Accounts                                     | 9      |                      | 00 |    |   |         |      | _   |
| 10 | Add line 6 through line 9 and enter the total here. This is your TOTAL SOUTH C.                 | ARO    |                      |    | 10 |   | (       | ) 00 | ו   |

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### NON-REFUNDABLE CREDITS

| 11 Child and Dependent Care (see instructions)  | 11          | 00                         | )       |                      |        |
|---|-------------|----------------------------|---------|----------------------|--------|
| 12 Two Wage Earner Credit (see instructions)  | 12          | 00                         | )       |                      |        |
| 13 Other nonrefundable credits. Attach SC1040TC and other state returns   | 13          | 00                         | )       |                      |        |
| 14 Total nonrefundable credits (add line 11 through line 13)  |             |                            | . 14    |                      | 00     |
| 15 Subtract line 14 from line 10 and enter the difference. If less than zero, enter ze  | ro here     |                            | 15      | 0                    | 00     |
| PAYMENTS AND REFUNDABLE CREDITS   |             |                            |         |                      |        |
| 16 SC income tax withheld (attach W-2 or SC41)  | 16          | 0                          | )       |                      |        |
| 17 2023 Estimated Tax payments  |             | 0                          | )       |                      |        |
| 18 Amount paid with extension   |             | 0                          | )       |                      |        |
| <b>19</b> Nonresident sale of real estate (paid on I-290)   |             | 0                          | )       |                      |        |
| 20 Other SC withholding (attach 1099)   |             | 0                          |         |                      |        |
| 21 Tuition tax credit (attach I-319)  |             | 0                          | _       |                      |        |
| 22 Other refundable credits:  | . [         |                            |         |                      |        |
| 22a Anhydrous Ammonia (attach I-333)  | 22a         | 0                          | )       |                      |        |
| 22b Milk Credit (attach I-334)  |             | 0                          | _       |                      |        |
| 22c Classroom Teacher Expenses (attach I-360)   |             | 0                          | _       |                      |        |
| 22d Parental Refundable Credit (attach I-361)   |             | 0                          | _       |                      |        |
| 22e Reserved for future use   | 22e         | 0                          |         |                      |        |
| Total refundable credits (add line 22a through line 22d)  |             |                            | 22      |                      | 00     |
| AMENDED RETURN: Use Schedule AMD for line 23 calculation.   |             |                            |         |                      | 00     |
| <b>23</b> Add line 16 through line 22 and enter the total here These are your   |             |                            | 23      | 1                    | 00     |
| <b>24</b> If line 23 is larger than line 15, subtract line 15 from line 23 and enter the overpa   |             | ,                          | -       |                      | 00     |
| <b>25</b> If line 15 is larger than line 23, subtract line 23 from line 15 and enter the amount 25 and enter the amount of the subtract line 23 from line 15 and enter the amount of the subtract line 25 and enter the amount of the subtract line 25 and enter the amount of the subtract line 25 and enter the amount of the subtract line 25 and enter the amount of the subtract line 25 and enter the subtract lin | -           |                            |         |                      | 00     |
| AMENDED RETURN: Enter the amount from line 24 on line 30. Enter the an  |             |                            |         |                      | 00     |
|   |             |                            |         | 1.                   |        |
| 26 USE TAX due on online, mail-order, or out-of-state purchases   |             |                            | ,       |                      |        |
| Use Tax is based on your county's Sales Tax rate. See instructions for more info  | ornalio     | n.                         |         |                      |        |
| If you certify that no Use Tax is due, check here X   | 07          |                            |         |                      |        |
| <b>27</b> Amount of line 24 to be credited to your 2024 Estimated Tax   |             | 00                         |         |                      |        |
| <b>28</b> Total Contributions for Check-offs (attach I-330)   |             | -                          | -       |                      |        |
| <b>29</b> Add line 26 through line 28 and enter the total here  |             |                            | . 29    | 0                    | 00     |
| <b>30</b> If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29 from line   |             |                            |         |                      |        |
| amount to be refunded to you (line 35 check box entry is required)  |             |                            | 30      |                      | 00     |
| <b>31</b> Add line 25 and line 29. If line 29 is larger than line 24, subtract line 24 from line 29, enter  |             | •                          |         | 0                    | +      |
| <b>32</b> Late filing and/or late payment: Penalties Interest   | E           | nter total nere            | 32      |                      | 00     |
| <b>33</b> Penalty for Underpayment of Estimated Tax (attach SC2210)   |             |                            |         |                      |        |
| Enter exception code from instructions here if applicable   |             |                            | 33      |                      | 00     |
| <b>34</b> Add line 31 through line 33 and enter your balance due (select payment option on lin  |             | BALANCE DUE                | 34      | 0                    | 00     |
| <b>REFUND OPTIONS</b> Getting a refund? <b>Direct deposit is fast, accurate, and secur</b>  |             |                            |         |                      |        |
| 35 Select one: Direct Deposit (line 37 required) (for US accounts only)   |             | per Check                  |         |                      |        |
| PAYMENT OPTIONS Have a balance due? Pay electronically! It's quick and eas  | -           |                            |         |                      |        |
| 36 Select one: MyDORWAY (pay at dor.sc.gov/pay) ACH Debit (enter your US ba   |             |                            |         |                      |        |
| For payments only: Withdrawal Date Withdrawal A   | mount       |                            | 00      |                      |        |
| 37 Type of Account:   |             |                            |         |                      |        |
| Routing<br>Must be 9 digits. The first two numbers  |             |                            |         | ]                    | 1-17   |
| of the RTN must be 01 through 32.   | , ,         |                            |         |                      | digits |
| I declare that this return and all attachments are true, correct, and complete to the   |             |                            | orepa   | ared by a person ot  | her    |
| than the taxpayer, this declaration is based on all information of which the preparer   |             |                            |         |                      |        |
| Your signature Date S   | Spouse's s  | signature (if married fili | ng join | tly, BOTH must sign) |        |
| I authorize the Director of the SCDOR or delegate to discuss this return, Vac   | Prenarer's  | printed name               |         |                      |        |
|   |             | PRIYA RAM                  | SAG     | GAR GUPTA            |        |
| Paid Preparer Date 0  | Check if se | elf- PTIN                  |         |                      |        |
|   | employed    | P0                         | 208     | 32703                |        |
| Use Firm name (or yours if self- GLOBAL TAXES LLC   |             | FEIN 84                    | -31     | L71965               |        |
| Only employed), address, ZIP 245 ROONEY CT E BRUNSWICK  | NJ O        | 8816 Phone                 | (67     | 8)965-9522           |        |
| REFUNDS OR ZERO TAX: SC1040 Processing Center, PO Bo  | ox 101      | 100, Columbia, S           | SC 2    | 9211-0100            |        |
| MAIL TO: BALANCE DUE: Taxable Processing Center, PO Box 101105,   |             |                            |         |                      |        |
| 30753230 REV 03/05/24 PRO   |             | , <u> </u>                 |         |                      |        |

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|         | dor.sc.gov                              |  |                                    |                  |     | SCHEDULE NR<br>(Rev. 4/12/23)<br>3081    |       |  |
|---------|---|--|------------------------------------|------------------|-----|--|-------|--|
|         |   | December 31, 2023, or fiscal   |                                    | 2023 and e       |     |  |       |  |
|         | n name<br>DNNOJU, ANUDEEP               | Your Social Security Number 334-65-6048  | Spouse's first name<br>VENKATA SAI | ИЛСЛ Т.ОН        |     | use's Social Security Nu $6 - 04 - 0207$ | umber |  |
| <u></u> | Your dates of SC residency              | Spouse's dates of  | l                                  |                  | 1   | NR is for                                |       |  |
|         | to                                      | Nonresidents or Part-year residents<br>Attach to completed SC1040.                       |                                    |                  |     |  |       |  |
| IN      | COME AND EXCLUSION                      | Income as Shown on<br>Federal Return<br>COLUMN A<br>South Carolina<br>Income<br>COLUMN B |                                    |                  |     |  |       |  |
| 1       | Wages, salaries, tips, etc.             |  |                                    | 184,885          | 00  | 0  | 00    |  |
| 2       | Taxable interest income                 |  | 2                                  |                  | 00  |  | 00    |  |
| 3       | Dividend income                         |  |                                    |                  | 00  |  | 00    |  |
| 4       | State and local Income Tax refunds      |  |                                    |                  | 00  |  |       |  |
| 5       | Alimony received                        |  |                                    |                  | 00  |  | 00    |  |
| 6       | Business income or (loss)               |  |                                    |                  | 00  |  | 00    |  |
| 7       | Capital gain or (loss)                  |  |                                    |                  | 00  |  | 00    |  |
| 8       | Other gains or (losses)                 |  |                                    |                  | 00  |  | 00    |  |
| 9       | Taxable amount of IRA distributions     |  |                                    |                  | 00  |  | 00    |  |
| 10      | Taxable amount of pensions and annu     | uities   | 10                                 |                  | 00  |  | 00    |  |
|         | Rents, royalties, partnerships, estates |  |                                    | 0                | 00  | 0  | 00    |  |
|         | Farm income or (loss)                   |  |                                    |                  | 00  |  | 00    |  |
| 13      | Unemployment compensation               | SC10   | <b>J40</b> 13                      |                  | 00  |  | 00    |  |
| 14      | Taxable amount of Social Security be    | nefits   |                                    |                  | 00  |  |       |  |
| 15      | Other income                            |  | 15                                 |                  | 00  |  | 00    |  |
| 16      | Total Income: Add line 1 through line   | 9 15   |                                    | 184,885          | 00  | 0  | 00    |  |
|         | JUSTMENTS TO INCOME                     |  |                                    | Federal Adjustme | ent | SC Adjustmen                             | t     |  |
| 17      | Educator expenses                       |  |                                    |                  | 00  |  | 00    |  |
| 18      | Certain business expenses of reservis   |  | •                                  |                  | 00  |  | 00    |  |
| 19      |   |  |                                    | 0                | 00  | 0  | 00    |  |
| 20      | Moving expenses for members of the      | Armed Forces   | 20                                 |                  | 00  |  | 00    |  |
| 21      | Deductible part of self-employment ta   | х  |                                    |                  | 00  |  | 00    |  |

SC adjustment cannot exceed 100% of federal adjustment. Continued on next page.



|    |  |        | COLUMN A      |    | COLUMN B |              |   |
|----|--|--------|---------------|----|----------|--------------|---|
| 22 | Self-employed SEP, SIMPLE, and qualified plans   | 22     |               | 00 |          | 00           | 1 |
| 23 | Self-employed health insurance deduction   | 23     |               | 00 |          | 00           | 1 |
| 24 | Penalty on early withdrawal of savings   | 24     |               | 00 |          | 00           |   |
| 25 | Alimony paid   | 25     |               | 00 |          | 00           |   |
| 26 | IRA deduction  | 26     |               | 00 |          | 00           |   |
| 27 | Student loan interest deduction  | 27     |               | 00 |          | 00           |   |
| 28 | Other adjustments  | 28     |               | 00 |          | 00           |   |
| 29 | Reserved   | 29     |               |    |          |              | l |
| 30 | Total adjustments: Add line 17 through line 29   | 30     | 0             | 00 |          | 0 <b>00</b>  | 1 |
| 31 | Adjusted gross income: Subtract line 30 from line 16   | 31     | 184,885       | 00 |          | 0 <b>0</b> C | 1 |
| SC | OUTH CAROLINA ADJUSTMENTS  |        |               |    |          |              |   |
| AD | DITIONS  |        |               |    |          |              | 1 |
| 32 | South Carolina additions   | 32     |               |    |          | 00           |   |
|    | BTRACTIONS   | - 1    |               |    |          |              |   |
|    | South Carolina dependent exemption (see instructions)  |        |               |    |          | 00           |   |
|    | 44% of net capital gains held for more than one year   | 34     |               |    |          | 00           |   |
| 35 | Retirement deduction (see instructions)  |        |               |    |          |              |   |
|    | a) Taxpayer (date of birth:)   |        |               |    |          | 00           | - |
|    | b) Spouse (date of birth:)   |        |               | _  |          | 00           |   |
|    | c) Surviving spouse (date of birth of deceased spouse:)  | 35C    |               |    |          | 00           | - |
|    | Military retirement deduction (see instructions)   | 254    |               |    |          | 00           |   |
|    | d) Taxpayer (date of birth:)   | 250    |               |    |          |              | - |
|    | <ul> <li>f) Surviving spouse (date of birth of deceased spouse:)</li></ul>   |        |               |    |          | 00           | 1 |
|    | Age 65 and older deduction (see instructions - must be resident for part of the year)  | 551    |               |    |          | 00           | 1 |
|    | a) Taxpayer (date of birth:)   | 36a    |               |    |          | 00           |   |
|    | b) Spouse (date of birth: )  |        |               |    |          | 00           | 1 |
| 37 | Deductions for dependents under 6 years of age on December 31 of the tax year  | - 1    |               |    |          |              | 1 |
|    | (see instructions - must be resident for part of the year)<br>Date of birth: SSN:  | - 1    |               |    |          |              |   |
|    |  |        |               |    |          |              |   |
| 38 | Date of birth: SSN: Contributions to the SC College Investment Program (Future Scholar) or the SC Tuition  | 37     |               |    |          | 00           | - |
| 50 | Prepayment Program   | 38     |               |    |          | 00           |   |
| 39 | Active Trade or Business Income deduction (see instructions)   | 39     |               |    |          | 00           | 1 |
| 40 | Consumer Protection Services   | 40     |               |    |          | 00           | 1 |
| 41 | Other subtractions (see instructions)  | 41     |               |    |          | 00           |   |
|    | Total South Carolina subtractions: Add line 33 through line 41   |        |               |    | (        | 0 <b>0</b> C | 1 |
|    | Total South Carolina adjustments: Subtract line 42 from line 32  | _      |               |    |          | 000          | 1 |
| 44 | SC modified adjusted gross income: Add Column B, line 31 and line 43   | 44     |               |    |          | 0 <b>00</b>  | 1 |
| 45 | PRORATION:   |        |               |    |          |              | Ĩ |
|    | Line 31, Column B divided by line 31, Column A = $0.00$ % (do not exceed   | ed 100 | 0%)           |    |          |              |   |
| 46 | DEDUCTIONS ADJUSTMENT:   |        |               |    |          |              |   |
|    | If using the standard deduction, enter the amount from federal form on line 46.  |        |               |    |          |              |   |
|    | If itemizing, <b>use the Schedule NR instructions</b> , and enter the amount from Part IV on li<br>Enter the following amounts from the instructions:                              | ine 46 |               |    |          |              |   |
|    | Part I (Itemized Deductions)   |        |               |    |          |              |   |
|    |  |        |               | _  |          |              | _ |
|    | Part II, Worksheet, line 6 (State Taxes)   |        |               |    |          |              |   |
|    | Part III (Other Expenses)  |        |               | 46 | 27,700   | 00           |   |
|    |  |        |               | Γ  |          |              | 1 |
| 47 | Allowable deductions: Multiply line 46 by 0.00 % (from line 45).   |        |               | 47 | < 0      | 00 >         | > |
| 48 | South Carolina taxable income: Subtract line 47 from line 44, Column B. Enter the difference the SC1040, line 5. If line 48 is a negative figure, enter zero on the SC1040, line 5 | erence | e here and on | 48 | 0        | 00           | 1 |

Attach this form and a complete copy of your federal return to your SC1040. Check the Schedule NR box on the front of the SC1040. Do not submit the Schedule NR separately. We cannot process your return if this form is submitted separately.