## Form CT-1040NR/PY Required Fields

The following fields are required to be automatically populated or completed for taxpayers to continue filing, or must be completed in response to the selection of other fields.

#### Required to be Automatically-Populated Fields

Each page of each form submitted to DRS must include the following automatically populated fields:

- 1. **Document Identification Numbers -** Three occurrences of the Document Identification Number (DIN) must be on each page. The QR Code and two DINs must be on each scannable page. (See Document Identification Number on Page 4 and Quick Reference (QR) Code, on Page 5.)
- 2. **Social Security Number -** The Social Security Number must appear at the top of Form CT-1040NR/PY, Pages 2, 3, and 4; Schedule CT-CHET; Supplemental Schedule CT-1040WH; Schedule CT-IT Credit, Pages 1 and 2; Schedule CT-PE; **and** Form CT-6251, Pages 1 and 2.
- 3. In addition, the following **Checklist for filing your Connecticut income tax return** must be included when hard copies of the form are printed. Taxpayers should not send the checklist to DRS with the return.

#### Do not send this sheet with your return.

- 1. Be sure that Page 1 of your return is not printed on the back of this sheet.
- 2. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
- 3. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
- 4. Do not attach or send copies of forms W-2 or 1099.
- 5. Verify that the address lines on the return are correct and proper abbreviations are used.
- 6. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 18a through 18e, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
- 7. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
- 8. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return. (File Form CT-1040X electronically at www.ct.gov/TSC using the Taxpayer Service Center.)
- 9. Send **all** completed pages of CT-1040NR/PY, Schedule CT-CHET, Supplemental Schedule CT-1040WH, Schedule CT-IT Credit, Schedule CT-PE, and Form CT-6251. Send **all** four pages of your completed return, both pages of your completed Schedule CT-CHET, and any other supporting schedules.
- 10. Make check payable to: Commissioner of Revenue Services
- 11. To ensure proper posting, write your SSN(s) (optional) and "2023 Form CT-1040NRPY" on your check.
- 12. To mail your return, use the following addresses:

For all tax returns with payment:

Department of Revenue Services

PO Box 2977

Hartford CT 06104-2977

For refunds and tax returns without payment:

Department of Revenue Services

PO Box 2976

Hartford CT 06104-2976

- 13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
- 14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 25a through 25d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited. Alpha characters are not allowed in Routing or Account Number fields.
- 15. When making payment using Form CT-1040V, **DO NOT** attach copies of your previously filed Form CT-1040NR/PY.

Do not send this sheet with your return.

Page 15 of 44 Revised: 10/25/2023

REV 01/29/24 PRO



#### NRPY1223V011555



#### Form CT-1040NR/PY - 2023 Connecticut Nonresident and Part-Year

Resident Income Tax Return (Rev. 12/23)



Page 1 of 4

S

Υ

and ending:

Other tax year, beginning:

MFS Ν

HOH

QSS

578 - 93 - 4077

SAIVARDHAN REDD

N FJ

BANOOR

Dec.

Ν Ν

7255 MARQUIS LN

N CT-8379

N CT-2210 N CT-19IT

USA

N CT-1040 CRC N Federal Form 1310

**IRVING** 

TX75063 -

1. Federal adjusted gross income (from federal Form 1040, Line 11 or federal Form 1040-SR, Line 11)	1.	34750
2. Additions to federal adjusted gross income (from Schedule 1, Line 40)	2.	0
3. Add Line 1 and Line 2	3.	34750
4. Subtractions from federal adjusted gross income (from Schedule 1, Line 52)	4.	0
5. Connecticut adjusted gross income: Line 4 subtracted from Line 3.	5.	34750
6. Income from Connecticut sources (from Schedule CT-SI, Line 30)	6.	21765
7. Greater of Line 5 or Line 6. If less than zero, "0" is entered on Line 12.	7.	34750
8. Income tax	8.	933
9. Line 6 divided by Line 5. If Line 6 is equal to or greater than Line 5, 1.0000 is entered.	9.	0.6263
10. Line 9 multiplied by Line 8	10.	584
11. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 61)	11.	0
12. Line 11 subtracted from Line 10. If Line 11 is greater than Line 10, "0" is entered.	12.	584
13. Connecticut alternative minimum tax (from Form CT-6251)	13.	0
14. Add Line 12 and Line 13.	14.	584
15. Total allowable credits (from Schedule CT-IT Credit, Part 1, Line 11)	15.	0
16. Connecticut income tax: Line 15 subtracted from Line 14. If less than zero, "0" is entered.	16.	584
17. Individual use tax (from Schedule 3, Line 62) If no tax is due, "0" is entered.	17.	0
18. Total tax: Add Line 16 and Line 17.	18.	584





19. •



578934077

584

19. Amount from Line 18 Forms W-2, W-2G, 1099, and Schedule CT K-1 Information

1 Office	5 W-2, W-20, 1033, and 3ched	ile of K-1 illioni	iation									
Co	ol. A - Employer's Federal ID#	Col. C - CT Income Tax Withhe	ld									
20a.	58 - 1760235	•	21765	• N	2114							
20b.	-	•	0	•	0							
20c.	-	•	0	•	0							
20d. <b>-</b> • 0 • 0												
20e. <b>-</b> 0 • 0												
20f. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) 20f.												
20. <b>To</b>	20. <b>Total Connecticut income tax withheld:</b> Amounts in Column C. 20. 2114											
21. Al	l 2023 estimated tax payments a	nd any overpaym	ents applied from	a prior year	21.	0						
22. Pa	ayments made with Form CT-104	0 EXT			22.	0						
22a. C	Claim of right credit (from Form C	T-1040 CRC, Lin	e 6)		22a.	0						
22b. F	Pass-through entity tax credit (fro	m Schedule CT-F	PE, Line 1). Sched	lule must be attach	ned. 22b.	0						
23. <b>T</b> o	otal payments and refundable of	redits: Add Line	s 20, 21, 22, 22a	and 22b.	23.	2114						
24. O	verpayment: If Line 23 is more th	an Line 19, Line	19 subtracted fror	n Line 23.	24.	1530						
25. Ar	mount of Line 24 you want <b>appli</b> e	ed to your 2024	estimated tax		25.	0						
26. Ar	mount of Line 24 you want applie	d as a CHET con	tribution (from Sc	hedule CT-CHET,	Line 4) 26.	0						
26a. T	otal contributions of refund to de	signated charities	(from Schedule	4, Line 63)	26a.	0						
	efund: Lines 25, 26, and 26a sub have not elected to direct dep			ed and processin	27.	1530						
_		/. 27b. Rout. #	1010001									
27d. R	Refund going to a bank account out	side the U.S. 270	d. N									
	x due: If Line 19 is more than Li		=-	e 19.	28.	0						
	ate: Penalty entered. Line 28 mu	*			29.	0						
	late: Interest entered.	. , ,	,			· ·						
Lir	ne 28 multiplied by number of mo	nths or fraction of	a month late, the	n by 1% (.01).	30.	0						
	terest on underpayment of estima			- , ,	31.	Ö						
	otal amount due: Add Lines 28 t		,		32.	0.00						
Decla	ration: I declare under penalty o	of law that I have	examined this re	turn and all acco	mpanying schedules and							

Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Your signature	Date •	Home/cell telephone number 6206051234
Spouse's signature (if joint return)	Date	Daytime telephone number
•	•	•
Paid preparer's signature Date	Telephone number	Paid Preparer's PTIN
• SYAM PRIYA RAM SAGAR GU •021224	•6789659522	P02082703
Paid preparer's name		FEIN
SYAM PRIYA RAM SAGAR GUPTA TALL		843171965
Firm's name, address and ZIP code GLOBAL TAXES LLC		Self-employed
245 ROONEY CT E BRUNSWI N	IJ 08816 <b>-</b>	N

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

Designee's name	Telephone number	Personal identification number (PIN)
•	•	·
NRE	Y1223V021555	

## Form CT-1040NR/PY, Page 3 of 4



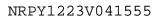


• 578934077

Schedule 1 - Modifications to Federal Adjusted Gross Income			
33. Interest on state and local government obligations other than Connect	ticut	3	33.
34. Mutual fund exempt-interest dividends from non-Connecticut state or			0
obligations	mamorpai	•	34. 0
35. Taxable amount of lump-sum distributions from qualified plans not incl	luded in fe	ederal adjusted gross	
income			35. 0
36. Beneficiary's share of Connecticut fiduciary adjustment: Entered only	if greater t	than zero.	36.
37. Loss on sale of Connecticut state and local government bonds		3	37. 0
38. Section 168(k) federal bonus depreciation deduction allowed for property	placed in	service during this year.	38.
38a. 80% of Section 179 federal deduction.		38	8a. 0
39. Other - specify ●		3	39.
40. <b>Total additions:</b> Add Lines 33 through 39.		4	40. 0
41. Interest on U.S. government obligations		4	11. 0
42. Exempt dividends from certain qualifying mutual funds derived from U	.S. govern	nment obligations 4	12. 0
43. Social Security benefit adjustment (from Social Security Benefit Adjus	tment Wo	rksheet) 4	13. 0
44. Refunds of state and local income taxes		4	14. 0
45. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuit	es	4	15. 0
46. Military retirement pay		4	16. 0
47. 50% of income received from Connecticut Teachers' Retirement Syste			17.
48. Beneficiary's share of Connecticut fiduciary adjustment: Entered only	if less thai		18. 0
49. Gain on sale of Connecticut state and local government bonds		4	19.
50. CHET contributions made in 2023 or		_	-0.
an excess carried forward from a prior year Acct. #		ţ	50. 0
50a. 25% of Section 168(k) federal bonus depreciation deduction added ba	ack in prec	ceding four years. 50	)a. 0
50b. 100% of pension or annuity income.		50	0b. 0
50c. Ordinary and necessary business expenses for taxpayers licensed unc	ler Chapte	r 420f or 420h that	
are not claimed for federal income tax purposes.		50	Oc. 0
51. Other - specify ●		5	51. 0
52. <b>Total subtractions:</b> Add Lines 41 through 51.		5	52.
Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions	s		
53. Connecticut AGI during residency portion of taxable year		5	53. 0
		Col. A	Col. B
54. Qualifying jurisdiction's name and two-letter code 54.	•	•	•
55. Non-Connecticut income included on Line 53 and reported on a			
qualifying jurisdiction's income tax return (from Schedule 2 Worksheet)	55.	0	0
quam, mg june action of motion action and the motion of th		-	
56. Line 55 divided by Line 53. May not exceed 1.0000.	56.	0.0000	0.0000
57. Apportioned income tax	57.	0	0
50. Use 50 weakfalled by Line 57	50	0	0
58. Line 56 multiplied by Line 57	58.	O	U
59. Allowable income tax paid to a qualifying jurisdiction	59.	0	0
60. Lesser of Line 58 or Line 59	60.	0	0
61. Total credit: Add Line 60, all columns.		6	51. 0

NRPY1223V031555

## Form CT-1040NR/PY, Page 4 of 4



Taxpayer email



• 578934077

Schedule 3 - Individual Use Tax		
62a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)	62a.	0
62b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)	62b.	0
62c. Use tax at 7.75% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)	62c.	0
62d. Use tax at 2.99% (from Connecticut Individual Use Tax Worksheet, Section D, Column 7)	62d.	0
62. Individual use tax: Add Lines 62a, 62b, 62c, and 62d.	62. ●	0
Schedule 4 - Contributions to Designated Charities		
63a. AR	63a.	0
63b. OT	63b.	0
63c. ES/W	63c.	0
63d. BCR	63d.	0
63e. SNS	63e.	0
63f. MR	63f.	0
63g. CBS	63g.	0
63h. MHCIA	63h.	0
63. <b>Total Contributions:</b> Add Lines 63a through 63h.	63.	0

NRPY1223V041555

Your first name and middle initial

If joint return, spouse's first name and middle initial

SAIVARDHAN REDDY

# **Schedule CT-SI**

mvconneCT

Your Social Security Number 5 7 8

Spouse's Social Security Number

9 3

(Rev. 12/23)

#### Nonresident or Part-Year Resident **Schedule of Income From Connecticut Sources**

Complete this schedule if you were a nonresident or part-year resident of Connecticut and attach it to Form CT-1040NR/PY. Do not use staples. Complete in blue or black ink only. Please note that each form is year specific. To prevent any delay in processing your return, the correct year's form must be submitted to the Department of Revenue Services (DRS).

Last name

Last name

BANOOR

	Visit portal.ct.gov/DRS/Individuals/Individual-Income-Tax before completing this schedule.										
Ad	Part 1 - Connecticut Income - Part-Year Residents: Complete Schedule CT-1040AW, Part-Year Resident Income Allocation.  Add Columns B and D for each line of Schedule CT-1040AW and enter the totals on Lines 1 through 30 below.  Nonresidents: Enter the income received from Connecticut sources.										
1.	Wages, salaries, tips, etc.	1.	21,765								
2.	Taxable interest	▶ 2.									
3.	Ordinary dividends	. ▶ 3.									
4.	Alimony received	4.									
ı	Business income or (loss)										
	Capital gain or (loss)										
l	Other gains or (losses)										
	Taxable amount of IRA distributions										
	Taxable amounts of pension and annuities										
	Rental real estate, royalties, partnerships, S corporations, trusts, etc.										
ı	Farm income or (loss)	<del></del>		$\vdash$							
ı	Unemployment compensation	<del></del>		+							
	Taxable amount of social security benefits										
	Other income: See instructions.			+							
	Gross income from Connecticut sources: Add Lines 1 through 14.		21,765	00							
-	rt 2 - Adjustments to Connecticut Income - Enter adjustments directly related to income			100							
-			<u>,,                                     </u>	$\vdash$							
	Educator expenses			_							
ı	Certain business expenses of reservists, performing artists, and fee-basis government officials										
ı	Health savings account deduction			$\perp$							
	Moving expenses for members of the armed forces			$\perp$							
	Deductible part of self-employment tax			$\perp$							
	Self-employed SEP, SIMPLE, and qualified plans			$\perp \perp$							
	Self-employed health insurance deduction										
	Penalty on early withdrawal of savings										
	Alimony paid. Recipient's last name ► SSN ► =	<b>►</b> 24.		$\perp \perp$							
	IRA deduction										
26.	Student loan interest deduction	▶ 26.									
27.	Archer MSA deduction	▶ 27.									
28.	Other adjustments	▶ 28.									
29.	Total adjustments: Add Lines 16 through 28.	▶ 29.									
30.	Income from Connecticut sources: Subtract Line 29 from Line 15.										
	Enter the amount here and on Form CT-1040NR/PY, Line 6.	▶ 30.	21,765	00							
an	nployee Apportionment Worksheet - Complete Lines A through G only when the income for doutside Connecticut and the exact amount of Connecticut income is not known. Do not come exact amount of your Connecticut-sourced income.										
A.	Working days (or other basis) outside Connecticut	A									
B.	Working days (or other basis) inside Connecticut	В									
C.	Total working days: Add Line A and Line B.	С									
D.	Nonworking days (Holidays, weekends, etc.)	D									
E.	Connecticut ratio: Divide Line B by Line C. Round to four decimal places.	E									
F.	Total income being apportioned	F		$\Box$							
G.	Connecticut income: Multiply Line E by Line F. Enter here and on Schedule CT-SI, Line 1	G									

Department of Revenue Services State of Connecticut

Schedule CT-1040AW
Part-Year Resident Income Allocation

	File and pay your taxes online!  Myconne Revenue Services	CT
١.		

2023

(Rev. 12/23)

Part-year residents must complete this schedule before completing Schedule CT-SI and attach it to Form CT-1040NR/PY. Do not use staples. Complete in blue or black ink only. Please note that each form is year specific. To prevent any delay in processing your return, the correct year's form must be submitted to the Department of Revenue Services (DRS).

Please note that each form is year specific. To prevent any delay i	n proc	essing your return, the	corre	ect year's form <b>must</b>	be sub	mitted to	the Departr	nent c	of Revenue	e Servic	es (DI	RS).
Your first name and middle initial			st name	Your Social Security Number 5 7 8 9 3 4 0 7 7								
SAIVARDHAN REDDY	BANOC	R					• _			_		
If joint return, spouse's first name and middle initial			Spouse's Social Security Number									
Part 1 – Adjusted Gross Income		Federal Incon as Modified See instructions.		Connecticu Resident Peri				column D Income from Column C				
		Column A Income from federal return	Income from		Column B Income from Column A for this period						mn A	
Wages, salaries, tips, etc	1.	34,750		21,765			 L2,985	_			0	$\neg$
Taxable interest	2.											П
Ordinary dividends	3.	0					0					
4. Alimony received	4.											
5. Business income or (loss)	5.											
6. Capital gain or (loss)	6.											
7. Other gains or (losses)	7.											
8. Taxable amount of IRA distributions	8.	0					0					
Taxable amounts of pension and annuities	9.											
10. Rental real estate, royalties, partnerships,												
S corporations, trusts, etc	10.											
11. Farm income or (loss)	11.											
12. Unemployment compensation	12.											
13. Taxable amount of social security benefits	13.	0					0					
14. Other income: See instructions	14.											
15. Add Lines 1 through 14.	15.	34,750	00	<b>▶</b> 21,765	00	<b>▶</b> 1	2,985	00	<b></b>		0 0	)0
Part 2 – Adjustments to Income												
16. Educator expenses	16.											
17. Certain business expenses of reservists, performing												
artists, and fee-basis government officials	17.							<u> </u>	<u> </u>			
18. Health savings account deduction	18.	0					0	<u> </u>	<u> </u>		$\rightarrow$	
19. Moving expenses for members of the armed forces	19.											
20. Deductible part of self-employment tax	20.								<u> </u>			
21. Self-employed SEP, SIMPLE, and qualified plans	21.								<u> </u>		$\rightarrow$	
22. Self-employed health insurance deduction	22.								<u> </u>		$\rightarrow$	
23. Penalty on early withdrawal of savings	23.								<u> </u>			
24. Alimony paid	24.							<u> </u>			$\rightarrow$	_
25. IRA deduction											_	
26. Student loan interest deduction									<u> </u>		_	_
27. Archer MSA deduction								<u> </u>	├──		_	
28. Other adjustments								<del> </del>	├──		+	
29. Total adjustments: Add Lines 16 through 28	29.	0		> 21 76E			0	-	<del>                                     </del>		0 6	_
30. Subtract Line 29 from Line 15.		34,750		<b>▶</b> 21,765			L2,985	00	<u> </u>		0 0	10
Line 30, Column A Add Columns B and D for eac								T-SI.				
Part 3 – Part-Year Resident Information					9 • •							
Moved Into Connecticut												
		/	_4_	. <b></b>	Г			٦				
Date you moved into Connecticut				=	_							
Date your spouse moved into Connecticut _		/ /	_	and state of <b>prio</b>	<b>r</b> res	idence:						
Moved Out of Connecticut												
1. Date <b>you</b> moved out of Connecticut <u>0 5 /</u>	3 1	/ <u>2_3</u> and	stat	e of <b>new</b> resider	nce:	NE						
2. Date <b>your spouse</b> moved out of Connecticut		/ /		and state of <b>ne</b>	<b>w</b> re	sidence	e:					
Income From Connecticut Sources During I	Nonr	esident Period										
Did <b>you</b> receive income from Connecticut soul				ent period?					<b>.</b>	Yes 1	X N	0
Did your spouse receive income from Connection												_
					2					1		_

NEBRASK.	A
Good Life. Great Serv	ice.

FORM 1040N-V

# Nebraska Individual Income Tax Payment Voucher

	DEPARTMENT OF REVENUE	2020	HODIGO	ita iiiaiv	Iddai	al illoonio tax i ayillont voaciloi									
	Your First Name and Initial		Last Name		Please Do Not Wr	rite In Th	is Spa	се							
	SAIVARDHAN REI	DDY	BANOOR												
RTYPE	If a Joint Return, Spouse's I	First Name and Initial	Last Name												
-	Current Mailing Address (No														
E	7255 MARQUIS I	7255 MARQUIS LN													
ASE	City		State	Z	IP Code	Your Social Securi	ity Numb	er							
置	IRVING		TX	75063		5 7	7 8	9	3	4	0	7	7		
	Daytime Phone Number		Amount Remitted			Spouse's Social S	ecurity N	lumbe	r						
	(620)605-1234	1		199.	00										

Use our safe and secure Nebraska e-pay system to make and manage your Nebraska income tax payments. Please visit **revenue.nebraska.gov** for additional information about e-pay. If full payment is not made on or before April 15, 2024, the tax due is subject to penalty and interest.

Do not mail this voucher if you are paying electronically. If paying by check or money order, mail this voucher and payment to:

Nebraska Department of Revenue, PO Box 98903, Lincoln, NE 68509-8903.

revenue.nebraska.gov, 800-742-7474 (NE and IA), 402-471-5729

CG REV 01/18/24 PRO

# Good Life. Great Service.

# **Nebraska Individual Income Tax Return**

for the taxable year January 1, 2023 through December 31, 2023 or other taxable year: , 2023 through

**FORM 1040N** 

2023

_	DEPARTMENT OF REVENUE		, 2023 through						,						2023				
	Your First Name and Ini	tial	Last Na	me				Please Do Not Write In This Space											
_	SAIVARDHAN R	EDDY																	
Print	If a Joint Return, Spous	e's First Name and Initial	Last Na	me															
ō																			
Type	Current Mailing Address	(Number and Street or PO E	Box)																
Please Type		7255 MARQUIS LN																	
Ple	City	) LIN	State				ZIP Code												
	-		TX			750													
-	IRVING  Your Social Security	v Number - Speuc		I Security N	lumbor	750	0.3		L	liah Cah	aal D	iotriot	Codo						
	5 7 8 9 3		90018	ii Security iv	lullibel			7		ligh Sch	T			1					
١.		4 0 7 7			1.		1				8	0		1					
_'	During 2023, did you	receive, sell, exchange,	gift, or	otherwise	dispose	e of a	digital asset of	or a fir	nancial	interest	ın a c	igital	asset?	Yes	ΧN	0			
		(2)				_								/	/				
	(1) Farmer/Rancher	(2) Active Military	/	· /	eceased 7		er(s) — of death):												
_				(111)	ist name	a uale	or dealiry.							/_	/_				
	1 Federal Filing St																		
	(1) X Single	(3) Marrie	_	separate	ely—Spo	use's S	SSN:			(4)			f House						
	(2) Married, f	0	l Name							(5)				viving spo					
	2a Check if YOU we	ere: (1) _ 65 or	older	(2)	Blind	:	<b>2b</b> Check he	ere if s	omeo	ne (such	n as y	our p	arent)	can clair	n you o	r			
	SPOUSE was:	(3) 65 or	older	(4)	Blind		your spou	use as	s a dep	endent	: (1)[	Yo	u	(2) S	pouse				
_	3 Type of Return:																		
	(1) Resident	(2) X Partia	l-year r	esident fr	om	0 6	5/01,	2023	to	12/	3 1	,	2023	(attach S	Schedul	e III)			
	. ,	(3) Nonre	sident	(attach So	chedule	e III)													
_	4 Nebraska perso	nal exemptions. (Enter		-			t applies):												
		omeone can claim you											.4 a	1					
		ried filing jointly returns		•															
						your c	·			ouvo bii									
	First Name	dents, if more than three	, see in	structions Last Na		Socia	Dependent's al Security Nu												
	THSUNAIN	5		Lastiva	iiie	3001	ar Security N	ullibei	-										
									Tot	al numb	or of								
									_	endent		٦	4.0						
	Total Nahwaaka		ماما النم	1- 1h	1 1	_			_ uer	endent	s iiste	u	.46_		А	1			
		personal exemptions –												2.4	4	1			
-		d gross income (AGI) (I							leave	blank .			5	34	,750.	00			
		ard deduction (if you ch		•															
		otherwise, enter \$7,90	_					or											
		ng spouse; \$7,900 if mari		g separat	ely; or \$	511,60	0 if head of												
	,								5	7,9	900.								
		eductions (line 17, Fede							_			00							
		ncome taxes (line 5a, S							3		0.	00							
_		ed deductions (line 7 n									0.	00							
•	10 Nebraska standa	ard deduction or the Ne	ebraska	itemized	l deduc	tions,	whichever is	s grea	ater										
		e 6 or line 9)											10	7	,900.	00			
•	11 Nebraska incom	e before adjustments (	line 5 n	ninus line	10)								11	26	,850.	00			
	12 Adjustments incl	reasing federal AGI (lin	ne 10, fr	om attacl	hed Ne	brask	a Schedule 1	I) <b>12</b>	2			00							
	13 Adjustments ded	creasing federal AGI (li	ne 36, 1	rom attac	ched Ne	ebrasl	ka Schedule	I) 13	3		0.	00							
	14 Nebraska Taxab	ole Income (enter line 1	1 plus	line 12 m	inus line	e 13).	If less than	-0-, e	nter -0	Resid	ents								
		5 and 16. Partial-year	-									ing .	14	26	,850.	00			
	•	e tax (Partial-year resi													,030.				
		raska Schedule III. Par						e.											
		use Tax Calculation Sc		-					5	-	99.	00							
	16 Nebraska other		i iodaio.	,,								00	-						
		n Lump-Sum Distribution	ns (Fod	eral Form	4972)	16 a 9	\$												
		n early distributions (les			1012)	10 a	Ψ												
		•			0 SB)	16 h	<b>±</b>												
		line 8, Sch. 2, Federal F																	
		es 16a and 16b)																	
		Itiply line 16c by 29.6%																	
		sidents and nonreside																	
		edule III						[16				00							
		tax before Nebraska pe		-															
	Do not pay the a	amount on this line. Pay	v the ar	nount from	m line 4	14							17		199.	00			

18	Nebr. personal exemption credit for residents only (\$157 times the number on line 4)	18	0.	00			
19	Credit for tax paid to another state, line 6, Nebraska Schedule II						
	(attach Nebraska Schedule II and a copy of the other state's return)	19		00			
20	Credit for the elderly or disabled (attach copy of Federal Schedule R)		0.	00			
	Community Development Assistance Act credit (attach Form CDN)	_		00			
	Form 3800N nonrefundable credit (attach Form 3800N)			00			
	Nebraska child/dependent care nonrefundable credit, only if line 5 is more			- 00			
	than \$29,000 (attach a copy of Federal Form 2441 and see instructions)	23	0.	00			
2/	Credit for financial institution tax (attach Form NFC)		0.	00			
	Employer's credit for expenses incurred for TANF (ADC) recipients (see instr.)			00			
	Designated extremely blighted area tax credit (attach Form 1040N-EB)	26		00			
27	NE employer tax credit for employing convicted felons. Enter certificate number from			00			
	Form ETC-A						
	Total nonrefundable credits (add lines 18 through 27)				28	0.	00
29	Nebraska tax after nonrefundable credits. Subtract line 28 from line 17 (if line 28 is more than $\frac{1}{2}$		7				
	result is greater than your federal tax liability, see instructions. If entering federal tax, check be	x L	J		29	199.	00
30	Total Nebraska income tax withheld (attach 2023 Forms, see instructions)						
	a W-2 \$ b K-1N \$			00			
	<b>c</b> W-2G,1099-R, 1099-MISC, 1099-NEC, etc \$0 d PTET credit from K-1N	30	0.	00			
31	2023 estimated income tax payments (include any 2022 overpayment credited to 2023 and						
	any payments submitted with an extension request)	31		00			
32	Form 3800N refundable credit (attach Form 3800N)	32		00			
33	Nebraska child/dependent care refundable credit, if line 5 is \$29,000 or less						
	(attach a copy of Form 2441N)	33		00			
34	Beginning Farmer credit from Form 1099 BFC (NDA NextGen)			00			
	Nebraska earned income credit. Enter number of qualifying children 97						
		35		00			
36	Credit for school district property taxes (attach Form PTC)			00			
	Credit for community college property taxes (attach Form PTC)			00			
	Credit for qualified Volunteer Emergency Responders (see instructions)			00			
	Stillborn child tax credit (attach Birth Resulting in Stillbirth Certificate and see instructions)			00			
					40	0.	00
	Total refundable credits (add lines 30 through 39)				40	0.	00
41	Penalty for underpayment of estimated tax (see instructions). If you calculated a Form 2210N						00
	or used the annualized income method, attach Form 2210N, and check this box 96				41	100	00
	Total tax and penalty. Add lines 29 and 41				42	199.	00
43	Use tax due on taxable purchases where applicable sales tax was not collected. (see instruction						
	Enter purchases subject to state tax 91 \$ State tax 92 \$ (purchases x 5.59						
	Enter purchases subject to local tax 93 \$ Local tax 94 \$ (purchases x local tax 94 \$ (purchase x local tax 9	ıl rate	e of %)				
	95 Local code (see local rate schedule);						
	Add state and local taxes and enter on line 43. If no use tax is due, enter -0- on line 43				43	0.	00
44	<b>Total amount due.</b> If line 40 is less than total of lines 42 and 43, subtract line 40 from total of	lines	42 and 43				00
	Pay this amount in full. For electronic or credit card payment check box here and see instruc	ctions	S		44	199.	00
45	$\textbf{Overpayment.} \ \textbf{If line 40} \ \textbf{is more than the total of lines 42} \ \textbf{and 43}, \ \textbf{subtract the total of lines 42} \ \textbf{and 43}, \ \textbf{subtract the total of lines 42} \ \textbf{and 43}, \ \textbf{and 44}, \ \textbf{and 45}, \ $	and	43 from line 40		45		00
46	Amount of line 45 you want applied to your 2024 estimated tax	46		00			
47	Wildlife Conservation Fund donation of \$1 or more	47		00			
48	Amount of line 45 you want refunded to you (line 45 minus lines 46 and 47) Your refund will	gen	erally be issued by				
	July 15, if your paper return is filed by April 15 (see instructions)				48	0.	00
49			1 = Checking			Savings	
	a Routing Number 49b Type of Account		I = CHECKIN	g	2 = 3		
	a Routing Number 49b Type of Account		I = Offecking	g	2 = 8	<b>Direct</b>	
49	Routing Number 49b Type of Account  C Account Number		T = Offecking	g	2 = \$	Direct Deposi	t
	c Account Number		T = Checking	g	2 = \$	<b>D</b> Direct Deposi	#
49	c Account Number du Check this box if this refund will go to a bank account outside the United States.					<b>D</b> Direct Deposi	<b>t</b>
49	c Account Number  Check this box if this refund will go to a bank account outside the United States.  Under penalties of perjury, I declare that, as taxpayer or preparer, I have examined this return and to	the b	pest of my knowledge ar	nd belie	ef, it is	Direct Deposi	olete.
49	c Account Number  d Check this box if this refund will go to a bank account outside the United States.  Under penalties of perjury, I declare that, as taxpayer or preparer, I have examined this return and to SAIV	the b	pest of my knowledge ar	nd belie	ef, it is	Direct Deposition of true, correct, and comp	olete.
49 S h	C Account Number  d Check this box if this refund will go to a bank account outside the United States.  Under penalties of perjury, I declare that, as taxpayer or preparer, I have examined this return and to SAIVA Email Ad Copy of Cacopy of Cacop	the b	pest of my knowledge ar	nd belie	ef, it is	Direct Deposition of true, correct, and comp	olete.
49 Sieep anis rei	C Account Number  d Check this box if this refund will go to a bank account outside the United States.  Under penalties of perjury, I declare that, as taxpayer or preparer, I have examined this return and to SAIVA Email Ad Copy of Jun for Spouse's Signature (if filing jointly, both must sign)  Date (620) 605–1234  Daytime Phone	the b	pest of my knowledge ar	nd belie	ef, it is	Direct Depositions of true, correct, and comp	olete.
49 Sieep anis refour re	C Account Number  C Account Nu	the t	pest of my knowledge ar HAN6640@GMAI	nd belie	ef, it is	Direct Depositions true, correct, and comp	olete.
49 Sieep anis refour re	C Account Number  d Check this box if this refund will go to a bank account outside the United States.  Under penalties of perjury, I declare that, as taxpayer or preparer, I have examined this return and to SAIVE Email Advantor (620) 605–1234  Spouse's Signature (if filing jointly, both must sign)  Date (620) 605–1234  Spouse's Signature (if filing jointly, both must sign)  Daytime Phone  SYAM PRIYA RAM SAGAR GUPTA TALLAM  Preparer's Signature	the back	pest of my knowledge ar HAN6640@GMAI	nd belie	ef, it is		
49 Since participation our response prepared to the second our res	C Account Number  d Check this box if this refund will go to a bank account outside the United States.  Under penalties of perjury, I declare that, as taxpayer or preparer, I have examined this return and to SAIVA Email Advantor (620) 605–1234  Spouse's Signature (if filing jointly, both must sign)  Datte (620) 605–1234  Spouse's Signature (if filing jointly, both must sign)  Daytime Phone  SYAM PRIYA RAM SAGAR GUPTA TALLAM  02/12/2024  P0208	the back	pest of my knowledge ar HAN6640@GMAI	nd belie	ef, it is	Direct Deposition of the company of the conference of the company	



# ${\bf Nebraska\ Schedule\ I-Nebraska\ Adjustments\ to\ Income}$

(Nebraska Schedule II reverse side.)
• Attach this page to Form 1040N.

FORM 1040N Schedule I 2023

Name on Form 1040N

SAIVARDHAN REDDY BANOOR

Social Security Number 5 7 8 9 3 4 0 7 7

Nebraska Schedule I —			
Nebraska Adjustments to Income for Nebraska Residents, Partial-Year Residents,	and	Nonresident	S
Attach additional pages if necessary.			
Part A—Adjustments Increasing Federal AGI			
1 Interest income from all state and local obligations exempt from federal tax			
a List type: b Amount: \$			
Total interest income exempt from federal tax. Enter total of lines 1b	1		00
2 Exempt interest income from Nebraska obligations			
a List type: b Amount: \$			
Total exempt interest income from Nebraska obligations. Enter total of lines 2b	2		00
3 Total taxable interest income. Enter the result of line 1 minus line 2	3		00
4 Financial Institution Tax Credit claimed. Enter amount from line 24, Form 1040N	4		00
5 Nebraska College Savings Program recapture (see instructions)	5		00
6 Nebraska Enable plan recapture			00
7 Federal net operating loss deduction	7		00
8 S corporation or LLC Non-Nebraska loss	-		00
9 Nebraska PTET deducted under section 164 of the IRC (from Schedules K-1N)			00
10 Total adjustments increasing federal AGI (total lines 3 through 9). Enter here and on line 12, Form 1040N			
Part B—Adjustments Decreasing Federal AGI	10		00
11 State income tax refund deduction. Enter line 1, Schedule 1, Federal Form 1040 or 1040-SR	11	0.	00
12 U.S. government obligations exempt for state purposes (list below or attach schedule)			00
a List type:  b Amount: \$			
Total U.S. government obligations exempt for state purposes. Enter total of lines 12b	12		00
13 List fund name, total dividend, and percent of regulated investment company dividends from			00
a U.S. obligation:			
<b>b</b> Total dividend: \$ x <b>c</b> % = <b>d</b> \$			
Total regulated investment company dividends. Enter total of lines 13d	13		00
14 Total U.S. government obligations. Enter total of lines 12 and 13	14		00
15 Benefits paid by the Railroad Retirement Board (RRB) included in the federal AGI. Attach all Forms 1099 & W-2 from the RRB			00
a List type: b Amount: \$			
Total benefits paid by the RRB included in federal AGI. Enter total of lines 15b	15		00
16 Special capital gains/extraordinary dividend deduction [attach Form 4797N; a copy of Federal Schedule D;			
and Form 8949 (or Federal Schedule B when claiming extraordinary dividend deduction)] (see instructions)			00
17 Nebraska College Savings Program contribution (see instructions)			00
18 Employer contribution to the Nebraska Educational Savings Plan (see instructions)	18		00
19 Nebraska Enable plan contributions. List the account number and annual contribution amount for each			
account you contributed to during this tax year (list below or attach schedule)			
a Account Number: b Amount: \$			
Enter total Nebraska Enable plan contributions.	19		00
20 S corp and LLC Non-Nebraska income (attach Federal schedules K-1 and Nebraska Schedules K-1N)	20		00
21 Nonresident military servicemember active duty pay (attach active duty Form W-2, identifying the income as			
attributable to another state, see instructions)			00
22 Income earned by a Native American Indian in Indian country			00
23 Claim of right repayment.	23		00
24 Nebraska NOL carryforward (attach the Nebraska NOL Worksheet for each loss year claimed on this line)	-		00
25 Nebraska agricultural revenue bond interest	-		00
27 Interest from federally taxable Nebraska investment i marice Association (Nii A) bonds	-		00
28 Social Security included in Federal AGI (see instructions)			00
29 Military retirement benefits (Attach supporting documentation, see instructions)			00
30 Dividends received or deemed to be received from corporations not subject to the IRC (Attach supporting documentation)			00
31 Segal AmeriCorps Education Award (attach Form 1099-MISC, see instructions)			
32 Cancer benefits received from the Firefighter Cancer Benefits Act (Attach supporting documentation, see instructions)			00
33 Teach in Nebraska Today Act student loan repayment assistance (Attach supporting documentation, see instructions)	33		00
34 Health insurance premiums paid by retired law enforcement officers and professional firefighters	33		00
(Attach supporting documentations, see instructions)	34		00
35 Interest from federally taxable bonds issued under the Nebraska Highway Bond Act	35		00
36 Total adjustments decreasing federal AGI (total lines 11 and 14 through 35) Enter here and on line 13 Form 1040N	36	Ω	00



#### Nebraska Schedule II — Credit for Tax Paid to Another State

6 Allowable tax credit (line 1, 4, or 5, whichever is least). Enter amount here and on line 19, Form 1040N.......

**FORM 1040N** Schedule II

00

Name on Form 1040N

3 Ratio

Social Security Number

SAIVARDHAN REDDY BANOOR

578 93 4077 Nebraska Schedule II — Credit for Tax Paid to Another State for FULL-YEAR RESIDENTS ONLY • Complete a separate Schedule II for each state. · A complete copy of the return filed with another state must be attached. If the entire return is not attached, credit for tax paid to another state will not be allowed. Name of state: 1 Total Nebraska tax (line 17, Form 1040N) ..... 1 00 2 Adjusted gross income derived from another state (do not enter amount of taxable income from the other state – use Conversion Chart on the DOR's website) ...... 2 00 Line 2 (Form 1040N, Line 5 + Line 12 - Line 13) 3 4 Calculated tax credit. Line 1 multiplied by line 3 ratio 4 00 **5** Tax due and paid to another state (do not enter amount withheld for the other state – use <u>Conversion Chart</u> 5 on the DOR's website)..... 00



# Nebraska Schedule III — Computation of Nebraska Tax

**FORM 1040N** Schedule III 2023

5 7 8 | 9 3 | 4 0 7 7

Name on Form 1040N

Social Security Number

SAIVARDHAN REDDY BANOOR

#### Nebraska Schedule III — Computation of Nebraska Tax for PARTIAL-YEAR RESIDENTS AND NONRESIDENTS ONLY

• You must complete lines 1 through 14, Form 1040N. If you have state, local, or federal bond interest or other

<ul> <li>You do not have to provide a copy of other state returns when filing Schedule III.</li> </ul>	ilate your Nebraska	tax	liability.	
1 Income derived from Nebraska sources. Include income from wages, interest, dividends, busi Nebraska unemployment payments, severance payments connected to Nebraska employment S corporations, limited liability companies, estates and trusts, gain or loss, rents, royalties, an	nt, partnerships,			
institution tax credit amount. If there is no Nebraska income or loss, enter -0				
a List type: Wages b Amount				
List type: Amount				
Total income derived from Nebraska sources. Enter total of lines 1b		1	8,485.	00
2 Adjustments as applied to Nebraska income, if any (see instructions) a List type: b Amount	¢			
a List type: b Amount List type: Amount		-		
Total adjustment as applied to Nebraska income. Enter total of lines 2b		2		00
Total adjustment as applied to Hostasia most inc. Enter total or mice Estimation		一		- 00
3 Nebraska adjusted gross income (line 1 minus line 2)		3	8,485.	00
4 Ratio — Nebraska's share of the total income (calculate to six decimal places, and round to				
Line 3				7
(Form 1040N, Line 5 + Line 12 – Line 13) 34,750. + 0	. 34,750.	4	0 2 4 4 1	.  7
5 Nebraska Taxable Income (line 14, Form 1040N)		5	26,850.	00
6 Nebraska tax calculation (see instructions)				
a Tax on Nebraska Taxable Income from line 56				
<b>b</b> Partial-year residents, enter Nebraska nonrefundable credit for the elderly or disabled <b>6</b>				
c Partial-year residents, enter Nebraska child/dependent care nonrefundable credit6				
d Subtotal credits (add lines 6b and 6c)			074	
Line 6a minus line 6d		6	974.	00
line 4, Form 1040N	•	7	157.	00
8 Tax after Nebraska personal exemption credit (line 6 minus line 7). If less than \$0, enter -0		Ľ	137.	00
have any other tax due, apply any unused Nebraska personal exemption credit against tha	-	8	817.	00
9 Nebraska income tax. Multiply line 8 by the ratio you computed on line 4. Enter result here				
line 15, Form 1040N		9	199.	00
10 Nebraska other tax calculation:				
a Federal Tax on Lump Sum Distributions (Form 4972)10	a \$			
<b>b</b> Federal tax on early distributions (lesser of Form 5329 or line 8, Schedule 2,				
Federal Form 1040 or 1040-SR)				
c Subtotal (add lines 10a and 10b)				
d Tax calculation. Multiply line 10c by 29.6% (x .296)				
f Subtract line 10e from line 10d				
Multiply line 10f by line 4 ratio. Enter result here and on line 16, Form 1040N		10		00
11 Earned income credit (Partial-Year Residents Only)				
a Number of qualifying children. Enter here and on line 35, box 97, Form 1040N11	a			
<b>b</b> Enter federal earned income credit from federal tax return here on				
line 35, box 98, Form 1040N11				
Multiply line 11b amount by 10% (x .10). Enter the result here (see instructions)		11		00
12 Nebraska earned income credit. Multiply line 11 by the ratio you computed on line 4.		, .		
Enter result here and on line 35, Form 1040N		12		00