8879 Form

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submi	ission Identification Number (SID)				
Taxpaye	er's name	Social securit	y numb	per	
SAI	RAJESH KUMAR PUVVALA	318-11-	-196	2	
Spouse'	's name	Spouse's soc	ial seci	urity numb	er
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	vear vou a	re au	thorizing	a.)
	whole dollars only on lines 1 through 5.	<i>y y</i>			9- /
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	21	2,454.
2	Total tax		2	4	2,787.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	4	2,966.
4	Amount you want refunded to you		4		5 , 417.
5	Amount you owe		5		
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a cop	y of y	our ret	urn)
return (to send for any Agent t paymen authoriz paymen busines taxes t persona	oviledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicant of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution zation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate int, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation request days prior to the payment (settlement) date. I also authorize the financial institutions involved in the part of receive confidential information necessary to answer inquiries and resolve issues related to the part is aligned to the part of t	tter, or electroction of the tr S. Treasury are cated in the tan to debit the the authorizates the surfaces beforecessing of ayment. I furt	onic refansmished its of ax preparties of ax preparties. The control is the contr	turn origin ssion, (b) designated paration so to this according from the control of the control	ator (ERO) the reason d Financial oftware for count. This (cancel) a ter than 2 payment of ge that the
					1
Тахра	yer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate n	av DIN 1	1 9	9 6 2	00 m)/
_	ERO firm name	* Ent		digits, but	as my
	signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method below.				
Your s	ignature ▶ Date ▶				
Snous	se's PIN: check one box only				-
	I authorize to enter or generate n	ny PIN			as my
	ERO firm name		er five	digits, but	
	signature on the income tax return (original or amended) I am now authorizing.			er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method below.		_		_
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				,
Part	Certification and Authentication — Practitioner PIN Method Only				
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2		6 6	-	8 9
		Don't ente	er all ze	eros	
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income tax zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit ments of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Income.	tting this retu	rn in a	accordand	
ERO's	signature ► Date ►				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To D	o So			

Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2023

OMB No. 1545-007

IRS Use Only—Do not write or staple in this space.

For the year Jar	ı. 1–De	c. 31, 2023, or other tax year beginning		, 2023, end	ling		, 20		See ser	parate instructions.
Your first name	and m	niddle initial	Last r	name					Your so	cial security number
SAI RAJE	SH	KUMAR	PUV	VALA					318	11 1962
		's first name and middle initial	Last r							s social security number
•									•	
Home address	(numb	er and street). If you have a P.O. box, see	instruc	ctions.			Apt. no.		Presider	ntial Election Campaign
8900 LYF	RA D	R					139			ere if you, or your
City, town, or p	ost off	ice. If you have a foreign address, also co	mplete	spaces below.	Stat	:e	ZIP code			if filing jointly, want \$3 this fund. Checking a
COLUMBUS	3				ОН		43240			ow will not change
Foreign country	/ name)		Foreign province/state/o	count	у	Foreign posta	I code		or refund.
										You Spouse
Filing Status	s 🗵	Single				Head of ho	ousehold (H0	OH)		
Check only	L	☐ Married filing jointly (even if only or	ne hac	d income)		_				
one box.	L					☐ Qualifying				
		you checked the MFS box, enter the			u che	cked the HOH	or QSS box	k, ente	r the chil	d's name if the
	qu	ualifying person is a child but not you	ır depe	endent:						
Digital	At a	ny time during 2023, did you: (a) rece	eive (a	s a reward, award, or	payn	nent for prope	rty or service	es); or	(b) sell,	
Assets	excl	hange, or otherwise dispose of a digi	ital ass	set (or a financial intere	est in	a digital asse	t)? (See inst	ruction	ıs.)	☐ Yes 🗵 No
Standard	Son	neone can claim: 🗌 You as a de	pende	nt 🗌 Your spouse	e as	a dependent				
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a dual-status	alien					
Age/Blindness	s You	: Were born before January 2, 1	959	Are blind Spo	ouse:	□ Was bor	n before Jar	uarv 2	. 1959	☐ I s blind
Dependents	-	-		(2) Social security	,	(3) Relationsh	(4) (1)			ies for (see instructions):
If more		First name Last name		number		to you		d tax cr	edit	Credit for other dependents
than four										
dependents,										
see instructions and check	s —									
here \square										
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	see instructions)					1a	244,680.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form(s) W-2..					. 1b	
W-2 here. Also	С	Tip income not reported on line 1a	ı (see i	nstructions)					1c	
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s) W-2 (see in	nstru	ctions)			1d	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom F	orm 2441, line 26 .					1e	
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8839, line 29					1f	
If you did not	g	Wages from Form 8919, line 6 .							. 1g	
get a Form W-2, see	h	Other earned income (see instructi	ions)				,		1h_	0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions)		<u>1i</u>			_	
	Z	Add lines 1a through 1h	. ;						1z	244,680.
Attach Sch. B	2a	Tax-exempt interest	2a			axable interest			2b	
if required.	3a	· · · —	3a			rdinary divider			3b	
Standard	4a	-	4a			axable amount			4b	
Deduction for—	5a	F	5a			axable amount			5b	
Single or Married filing	6a	,	6a			axable amount	t	· <u>-</u>	6b	
separately,	С	If you elect to use the lump-sum e						. L	_	
\$13,850 Married filing	7	Capital gain or (loss). Attach Scheo						. L] 7	
jointly or	8	Additional income from Schedule							8	-32,226.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		=	come				9	212,454.
\$27,700 Head of	10	Adjustments to income from Sche							10	
household,	11	Subtract line 10 from line 9. This is	-						11	212,454.
\$20,800 If you checked	12	Standard deduction or itemized							12	<u> </u>
any box under Standard	13	Qualified business income deducti							13	
Deduction, see instructions.	14	Add lines 12 and 13							14	13,850.
JOO HIGH WOLIDING I	45	tribetacet line 14 facus line 11 lf -cu	0 01 1	on ontor () This are		avabla ina	_		. 45	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Form 1040 (2023	3)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		. 16	42,385.	
Credits	17	Amount from Schedule 2, lir	ne 3					. 17		
	18	Add lines 16 and 17						. 18	42,385.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			. 19		
	20	Amount from Schedule 3, lin	ne 8					. 20		
	21	Add lines 19 and 20						. 21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	42,385.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			. 23	402.	
	24	Add lines 22 and 23. This is	your total tax					. 24	42,787.	
Payments	25	Federal income tax withheld								
•	а	Form(s) W-2				25a 4	2,966	5.		
	b	Form(s) 1099				25b				
	С	Other forms (see instruction:	s)			25c	(J.		
	d	Add lines 25a through 25c						. 25d	42,966.	
If you have a	26	2023 estimated tax paymen						. 26		
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit	from Form 8863	3, line 8 . .		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	ne 15			31	5,238	3.		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits							5 , 238.	
	33	Add lines 25d, 26, and 32. T						. 33	48,204.	
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		. 34	5,417.	
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, che	ck here	[35a	5,417.	
Direct deposit?	b	Routing number 0 8 1	9 0 4 8	0 8	c Type: 🛛	Checking [] Saving	js 🗔		
See instructions.	d	Account number 2 9 1	0 0 4 1	5 2 1	3 2 -					
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe.						
You Owe		For details on how to pay, g	o to www.irs.gov	//Payments or	see instructions			. 37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party		you want to allow another								
Designee	ins	structions				∐Yes.	Comple	te below.	⊠ No	
		esignee's me		Phone no.			sonal ide nber (PIN	entification		
Cian		ider penalties of perjury, I declare the	nat I have examined		accompanying sche			•	of my knowledge and	
Sign		lief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation		If	the IRS se	nt you an Identity	
		ŭ			'				IN, enter it here	
Joint return?					SOFTWARE 1	ENGINEER	`	see inst.)	inst.)	
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion	lo		nt your spouse an ection PIN, enter it here	
	Ph	one no. (404) 386-949	8	Email address	RAJESHPUVV	ALA@GMAIL.C	OM			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Paid	VENE	KATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI	PAVAN KUM	AR DUDIPALLI		P024	170833	Self-employed	
Preparer	Fir	m's name GLOBAL TA					Р	hone no.	(678) 965-9522	
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		F	irm's EIN	88-2145487	
									4040	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

SAI RAJESH KUMAR PUVVALA

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

Sequence No. 01

Your social security number
318-11-1962

Par	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E	5	-32 , 226.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()		
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
_		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Ente	r here and on Form	10	- 32 ₋ 226
	1040 1040-SB or 1040-NB line 8		1 701	- 1/ • // n •

Schedule 1 (Form 1040) 2023 Page **2**

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

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR SAI RAJESH KUMAR PUVVALA

Your social security number 318-11-1962

Pai	tl Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	402.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(cc	ontini	ued on page 2)

Schedule 2 (Form 1040) 2023 Page **2**

Part II Other Taxes (continued)

7	Other additional taxes:				
а	Recapture of other credits. List type, form number, and amount:				
		17a			
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b			
С	Additional tax on HSA distributions. Attach Form 8889	17c			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d			
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
I	Tax on accumulation distribution of trusts	17I			
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17 0			
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q			
Z	Any other taxes. List type and amount:				
		17z			
8	Total additional taxes. Add lines 17a through 17z			18	
9	Reserved for future use			19	
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, and 18. These are your total other taxe	s. Enter he	ere and	04	4.0.0
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			21	 402.

SCHEDULE 3 (Form 1040)

Department of the Treasury

Internal Revenue Service

Additional Credits and Payments

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 03

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

SAI RAJESH KUMAR PUVVALA

Your social security number 318-11-1962

Par	Nonrefundable Credits				
1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441	, line 1	1. Attach	2	
3	Education credits from Form 8863, line 19			3	
4	Retirement savings contributions credit. Attach Form 8880			4	
5a	Residential clean energy credit from Form 5695, line 15			5a	
b	Energy efficient home improvement credit from Form 5695, line 32			5b	
6	Other nonrefundable credits:				
а	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
С	Adoption credit. Attach Form 8839	6c			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
е	Reserved for future use	6e			
f	Clean vehicle credit. Attach Form 8936	6f			
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
I	Amount on Form 8978, line 14. See instructions	6 l			
m	Credit for previously owned clean vehicles. Attach Form 8936 .	6m			
z	Other nonrefundable credits. List type and amount:				
		6z			
7	Total other nonrefundable credits. Add lines 6a through 6z			7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1	040, 10	40-SR, or		
	1040-NR, line 20			8	
			(CC	ontinu	ued on page 2)

Schedule 3 (Form 1040) 2023 Page **2**

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	5,238.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
Z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	5 , 238.

BAA

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074 Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return Your social security number SAI RAJESH KUMAR PUVVALA 318-11-1962 Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions ☐ Yes
☒ No В 1a Physical address of each property (street, city, state, ZIP code) S. COLLAGE ROAD KAKINADA ANDHRA PRADESH IN 533003 Α В С Type of Property 1b For each rental real estate property listed **Fair Rental Personal Use** QJV (from list below) above, report the number of fair rental and Days Days personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** С Income: Α В 600. 3 Rents received . 4 Royalties received 4 **Expenses:** 5 Advertising 5 6 Auto and travel (see instructions) 6 1,854. 7 Cleaning and maintenance . . . 7 8 8 Commissions Insurance 9 9 10 10 Legal and other professional fees 11 Management fees 11 1,457. Mortgage interest paid to banks, etc. (see instructions) 12 12 13 13 9,894. 14 14 15 15 9,857. Supplies 16 16 Utilities 17 9,764. 17 18 Depreciation expense or depletion 18 19 19 Total expenses. Add lines 5 through 19 20 20 32,826. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 -32,226.21 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 32,226.) 23a Total of all amounts reported on line 3 for all rental properties 23a 600. Total of all amounts reported on line 4 for all royalty properties 23b 23c **c** Total of all amounts reported on line 12 for all properties . . Total of all amounts reported on line 18 for all properties 23d Total of all amounts reported on line 20 for all properties 23e 32,826. 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 32,226. 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 ...

-32,226.

8959 Form

Department of the Treasury Internal Revenue Service

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.

Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 71

Name(s) shown on return

SAI RAJESH KUMAR PUVVALA

318-11-1962

Part	Additional Medicare Tax on Medicare Wages		
1	Medicare wages and tips from Form W-2, box 5. If you have more than one		
	Form W-2, enter the total of the amounts from box 5		
2	Unreported tips from Form 4137, line 6		
3	Wages from Form 8919, line 6		
4	Add lines 1 through 3		
5	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately \$125,000		
	Single, Head of household, or Qualifying surviving spouse \$200,000 5 200,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0	6	44,680.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to		
	Part II	7	402.
Part	II Additional Medicare Tax on Self-Employment Income		
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you		
	had a loss, enter -0		
9	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
	Single, Head of household, or Qualifying surviving spouse \$200,000 9		
10	Enter the amount from line 4		
11	Subtract line 10 from line 9. If zero or less, enter -0		
12	Subtract line 11 from line 8. If zero or less, enter -0	12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and		
	go to Part III	13	
Part	`		
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14		
	(see instructions)	_	
15	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
	Single, Head of household, or Qualifying surviving spouse \$200,000		
16	Subtract line 15 from line 14. If zero or less, enter -0	16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009).		
Dout	Enter here and go to Part IV	17	
	Total Additional Medicare Tax		
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V	18	4.00
Part		10	402.
	Medicare tax withheld from Form W-2, box 6. If you have more than one Form		
19	W-2, enter the total of the amounts from box 6		
20	Enter the amount from line 1		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax	-	
-1	withholding on Medicare wages		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medicare Tax		
	withholding on Medicare wages	22	0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box		J •
20	14 (see instructions)	23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with		
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers,		
	see instructions)	24	0

Form **8960**

Net Investment Income Tax—Individuals, Estates, and Trusts

Department of the Treasury Internal Revenue Service

Name(s) shown on your tax return

Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

OMB No. 1545-2227

2023

Attachment
Sequence No. 72

Your social security number or EIN

SAI	RAJESH KUMAR PUVVALA		318	3-11-1	962
Part	Investment Income ☐ Section 6013(g) election (see instructions)		•		
	☐ Section 6013(h) election (see instructions)				
	☐ Regulations section 1.1411-10(g) election (see in	structions)		
1	Taxable interest (see instructions)			1	
2	Ordinary dividends (see instructions)			2	
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or				
	businesses, etc. (see instructions)	4a	-32 , 226.		
b	Adjustment for net income or loss derived in the ordinary course of a non-				
	section 1411 trade or business (see instructions)	4b			
С	Combine lines 4a and 4b			4c	-32 , 226.
5a	Net gain or loss from disposition of property (see instructions)	5a			
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b			
С	Adjustment from disposition of partnership interest or S corporation stock (see				
	instructions)	5c			
d	Combine lines 5a through 5c			5d	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			6	
7	Other modifications to investment income (see instructions)			7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	-32 , 226.
Part	•	cations			
9a	Investment interest expenses (see instructions)	9a			
b	State, local, and foreign income tax (see instructions)	9b			
С	Miscellaneous investment expenses (see instructions)	9c			
d	Add lines 9a, 9b, and 9c			9d	
10	Additional modifications (see instructions)			10	
11	Total deductions and modifications. Add lines 9d and 10			11	
Part	•		. 10 17		
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, or state and trusts, complete lines 18s. 01 If Tark or less anter 0.				0
	Estates and trusts, complete lines 18a–21. If zero or less, enter -0			12	0.
40		ا مه ا	010 454		
13	Modified adjusted gross income (see instructions)	13	212,454		
14 15	Threshold based on filing status (see instructions)	14 15	200,000 12,454		
16	Enter the smaller of line 12 or line 15			16	0.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). En				0.
.,	on your tax return (see instructions)			17	0.
	Estates and Trusts:				
18a	Net investment income (line 12 above)	18a			
b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b			
С	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c			
19a	Adjusted gross income (see instructions)	19a			
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b			
c	Subtract line 19b from line 19a. If zero or less, enter -0	19c			
20	Enter the smaller of line 18c or line 19c			20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.				
•	include on your tax return (see instructions)			21	

BAA



2023 Ohio IT 1040

Individual Income Tax Return



23000198

Sequence No. 1

02 12 24 Use only black ink/UPPERCASE letters. Use whole dollars only.

AMENDED RETURN - Check here and include Ohio IT RE.

Spouse's SSN (if filing jointly)

✓ If deceased

NOL CARRYBACK - Check here and include Schedule IT NOL.

School district #

7402

First name

SAI RAJESH KUMA

Primary taxpayer's SSN (required)

318 11 1962

M.I. Last name PUVVALA

Spouse's first name (if filing jointly)

M.I. Last name

*Indicate state

Address line 1 (number and street) or P.O. Box

8900 LYRA DR

Address line 2 (apartment number, suite number, etc.)

APT 139

City

5

✓ If deceased

COLUMBUS

State ZIP code

Ohio county (first four letters)

OH 43240

FRAN

Filing Status - Check one (as reported on federal income tax return)

Foreign country (if the mailing address is outside the U.S.)

Residency Status – Check only one for primary

Foreign postal code

×	Resident	Part-year resident*	Nonresident*	X Single, head of household or qua	alifying surviving spouse
Che	eck only one for	spouse (if filing joint	ly) *Indicate state	Married filing jointly	
	Resident	Part-year resident*	Nonresident*	Married filing separately	Spouse's SSN
<u>Oh</u>	io Nonresid	ent Statement -	- See instructions for required criteria		
	Primary meets	the five criteria for in	ebuttable presumption as nonresident.	Federal extension filers - check h	nere.
	Spouse meets	the five criteria for irr	ebuttable presumption as nonresident.	If someone can claim you (or your dependent, check here.	spouse if filing jointly) as a
			ederal 1040 or 1040-SR, line 11). Place		212454
2a.	Additions — Ohio	Schedule of Adjust	ments, line 11 (include schedule)	2a.	
2b.	Deductions – Of	nio Schedule of Adju	stments, line 44 (include schedule)	2b.	
3.	Ohio adjusted gi	ross income (line 1 p	olus line 2a minus line 2b). Place a "-" in	the box if negative3.	212454
		1	ule of Dependents if applicable)and your spouse/dependents, if applicable	-	1900
			line 4; if negative, enter zero)		210554
6.	Taxable busines	s income – Ohio Sc	hedule of Business Income, line 15 (inc	lude schedule)6.	
7.	Taxable nonbusi	ness income (line 5	minus line 6; if negative, enter zero)	7.	210554



MM-DD-YY

REV 02/07/24 PRO

2023 Ohio IT 1040



SSN: 318 11 1962 Individual Income Tax Return III III III III III III III III III I	23000298 Sequence No. 2
7a. Amount from line 7 on page 1	210554
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	6531
8b. Business income tax liability – Ohio Schedule of Business Income, line 16 (include schedule)8b.	
8c. Income tax liability before credits (line 8a plus line 8b)	6531
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 38 (include schedule)9.	2958
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)10.	3573
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)11.	
12. Unpaid use tax (see instructions)	
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)13.	3573
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	5374
15. Estimated and extension payments, and credit carryforward from last year's return15.	
16. Refundable credits – Ohio Schedule of Credits, line 44 (include schedule)	
17. <u>Amended return only</u> – amount previously paid with original and/or amended return17.	
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	5374
19. <u>Amended return only</u> – overpayment previously requested on original and/or amended return19.	
20. Line 18 minus line 19. Place a "-" in the box if negative	5374
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21. 21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13	
21. Tax due (inte 13 fillitus linte 20). Il fillie 20 is negative, ignore the - and add linte 20 to linte 13	
22. Interest due on late payment of tax (see instructions)	
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include the Ohio Universal Payment Coupon (OUPC) and make check payable to "Ohio Treasurer of State"	
24. Overpayment (line 20 minus line 13)	1801
25. Original return only – portion of line 24 carried forward to next year's tax liability	
d. Ohio History Fund e. Nature Preserves/Scenic Rivers f. Breast/Cervical Cancer	
27. REFUND (line 24 minus lines 25 and 26g)	1801

27 and belief, the return and all enclosures are true, correct and complete. Primary signature _ _ Phone number <u>(404)386-949</u>8 Spouse's signature _ _ Date ___ Phone number (678) 965-9522 Preparer's printed name $\frac{}{\text{VENKATA SAI PAVAN KUMAR}}$

If you owe \$1.00 or less, no payment is necessary.

NO Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679

Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057

Authorize your preparer to discuss this return

Non-paid preparer

PTIN: P 02470833

REV 02/07/24 PRO



2023 Ohio Schedule of Credits

Use only black ink. Use whole dollars only. Primary taxpayer's SSN $318\ 11\ 1962$



23280198

Sequence No. 7

Many of these credits <u>must</u> be calculated using a worksheet and/or be supported by additional required documentation. See the instructions for worksheets and information on supporting documentation.

Nonrefundable Credits

1.	. Tax liability before credits (from Ohio IT 1040, line 8c)	6531
2.	. Retirement income credit (include 1099-R forms)	
3.	Lump sum retirement credit (include a copy of the worksheet and 1099-R forms)	
4.	. Senior citizen credit (must be 65 or older to claim this credit)	
5.	. Lump sum distribution credit (include a copy of the worksheet and 1099-R forms)	
6.	. Child care & dependent care credit (include a copy of the worksheet)	
7.	. Displaced worker training credit (include a copy of the worksheet and all required documentation)7.	
8.	. Campaign contribution credit for Ohio statewide office or General Assembly	0
9.	Exemption credit 9.	0
0.	. Total (add lines 2 through 9)	0
11.	. Tax less credits (line 1 minus line 10; if negative, enter zero)	6531
2.	. Joint filing credit (see instructions for table). % times line 11, up to \$650	0
3.	Earned income credit	
4.	. Home school expenses credit (include copies of all required documentation)14.	
5.	Scholarship donation credit (include copies of all required documentation)	
6.	Nonchartered, nonpublic school tuition credit (include copies of all required documentation)16.	
7.	. Credit for work-based learning experiences (include a copy of the credit certificate)	
8.	. Ohio adoption credit carryforward	
9.	. Nonrefundable job retention credit (include a copy of the credit certificate)19.	
20.	. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate)20.	
21.	. Credit for the beginning farmers financial management program (include a copy of the credit certificate)21.	
22.	. Welcome Home Ohio credit (include a copy of the credit certificate)	
23.	. Credit for sale/rental of agricultural assets to beginning farmers (include a copy of the credit certificate)23.	



2023 Ohio Schedule of Credits

Primary taxpayer's SSN 318 11 1962



Sequence No. 8

24.	Grape production credit	24.
25.	InvestOhio credit (include a copy of the credit certificate)	25.
26.	Lead abatement credit (include a copy of the credit certificate)	26.
27.	Opportunity zone investment credit (include a copy of the credit certificate)	27.
28.	Technology investment credit carryforward (include a copy of the credit certificate)	28.
29.	Enterprise zone day care & training credits (include a copy of the credit certificate)	29.
30.	Research & development credit (include a copy of the credit certificate)	30.
31.	Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)	31.
32.	Ohio low-income housing credit (include a copy of the credit certificate)	32.
33.	Affordable single-family housing credit (include a copy of the credit certificate)	33.
34.	Total (add lines 12 through 33)	34. 0
35.	Tax less additional credits (line 11 minus line 34; if negative, enter zero)	35. 6531
Res	sidency Credits	
36.	Nonresident credit – Ohio IT NRC, line 20 (include a copy)	36.
37.	Resident credit – Ohio IT RC, line 7 (include a copy)	37. 2958
38.	Total nonrefundable credits (add lines 10, 34, 36 and 37; enter here and on Ohio IT 1040, line 9)	38. 2958
	Refundable Credits	
39.	Refundable Ohio historic preservation credit (include a copy of the credit certificate)	39.
40.	Refundable job creation credit & job retention credit (include a copy of the credit certificate)	40.
41.	Pass-through entity credit (include a copy of all Ohio IT K-1s)	41.
42.	Motion picture & Broadway theatrical production credit (include a copy of the credit certificate)	42.
43.	Venture capital credit (include a copy of the credit certificate)	43.
44.	Total refundable credits (add lines 39 through 43; enter here and on Ohio IT 1040, line 16)	44.



2023 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters. Use whole dollars only.



23350198

Sequence No. 11

Primary taxpayer's SSN 318 11 1962

List your and your spouse's (if filing jointly) income statements **only if they have Ohio withholding**. In the "P/S" box, if the income statement belongs to the primary taxpayer, enter "P"; if the income statement belongs to the spouse, enter "S". If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies of this schedule if necessary. **Include state copies of your income statements.**

Part A - Total Withholding

Part B		5 4 14 11 11 11	5 6 5 1 1 1 1 1 1 1 1 1 1 1 1 1
1. P/S P	Box b - EIN 222575929	Box 1 - Wages, tips, other compensation 148440	Box 2 - Federal income tax withheld 25657
	Box 15 - Employer's Ohio ID number 52019567	Box 16 - Ohio wages, tips, etc. 148440	Box 17 - Ohio income tax 5374
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax



2023 Schedule of Ohio Withholding Primary taxpayer's SSN

318 11 1962



23350298

		318 11 1962		20000200
Part C -	<u>1099-Rs</u>			Sequence No. 12
1. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Вох	c 14 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Вох	c 14 - Ohio tax withheld
3. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Вох	c 14 - Ohio tax withheld
4. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Вох	c 14 - Ohio tax withheld
D. 4 D	W 00			
<u>Part D -</u> 1. P/S	<u>W-2Gs</u> Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fed	leral income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Вох	c 15 - Ohio income tax withheld
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fed	leral income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Вох	∢ 15 - Ohio income tax withheld
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fed	deral income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Вох	c 15 - Ohio income tax withheld
Part E - 1. P/S	<u>1099-NECs</u> Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Fed	leral income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income	Вох	c 5 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Fed	deral income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income	Вох	c 5 - Ohio tax withheld



2023 IT RC

Ohio Resident Credit Calculation Use black ink only. Use whole dollars only. Primary taxpayer's SSN

22290109

318 11 1962

This form is for individuals who were subjected to individual income tax by another state or the District of Columbia while a resident of Ohio. Full-year nonresidents are not entitled to this credit and should not use this form. Include a copy when filing your Ohio IT 1040.

List any income taxed and any taxes paid to each state and/or the District of Columbia. Do not include income earned or received in states without an income tax. Only income included in your Ohio adjusted gross income is eligible for this credit. **Important**: Do not list any income in Column A if you do not have tax paid in Column B. Do not list a tax paid in Column B if you do not have income taxed in Column A.

Inc	(A) ome Taxed	(B) Tax Paid	(A) Income Taxed	(B) Tax Paid		(A) Income Taxed	(B) Tax Paid
AL			KS		NH		
AR			KY		NJ		
AZ			LA		NM		
CA			MA		NY		
CO			MD		OK		
СТ			ME		OR		
DC			MI		PA		
DE			MN		RI		
GA	96240	5150	MO		SC		
HI			MS		UT		
IA			MT		VA		
ID			NC		VT		
IL			ND		WI		
IN			NE		WV		
							96240
2. Sum of	f all Column B	amounts			2.		5150
3. Ohio ad	djusted gross i	income (from Ohio	IT 1040, line 3)		3.		212454
4. Divide line 1 by line 3. Carry to four digits without rounding. If greater than 1, enter 14.							0.4529
	5. Ohio Schedule of Credits, line 35 minus Ohio Schedule of Credits, line 36. If negative, enter zero						6531
	•				6.		2958
	Resident Cred ule of Credits,		2958				
	III MATROSKA						



E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



For the year Jan		5. Individual Income Ta: .31, 2023, or other tax year beginning			2023, end	ina	OMB No. 1545		, 20	1			e in this space.
			I .		2020, 6110	"'Y							structions.
Your first name			Last n										ity number
SAI RAJE			1	VALA								11 1	
ir joint return, sp	ouse s	first name and middle initial	Last n	ame							Spouse	s social se	curity number
Home address (numbe	r and street). If you have a P.O. box, see	 e instruct	tions.					Apt. no.		Preside	ntial Flecti	ion Campaign
8900 LYR									139			nere if you	
		ce. If you have a foreign address, also co	mplete	spaces below	<u> </u>	Stat	te	ZIP c			•	٠.	ntly, want \$3
COLUMBUS						ОН	[432	240		•	this fund. ow will not	. Checking a t change
Foreign country	name			Foreign provi	nce/state/	count	у	Forei	gn postal c	ode		or refund	•
												You	Spouse
Filing Status	\times	Single					Head of he	ouseh	nold (HOH	⊣)			
Check only		Married filing jointly (even if only o	ne had	income)									
one box.		Married filing separately (MFS)					☐ Qualifying						
	•	ou checked the MFS box, enter the			ıse. If yοι	ı che	cked the HOF	l or G	SS box,	ente	r the chi	ild's name	e if the
	qua	alifying person is a child but not you	ur aepe	naent:									
Digital	At an	y time during 2023, did you: (a) rec	eive (as	s a reward, a	ward, or	payn	nent for prope	rty or	services); or ((b) sell,		<u></u>
Assets	exch	ange, or otherwise dispose of a dig						et)? (S	ee instru	ction	s.)	☐ Yes	⊠ No
Standard	_	eone can claim: 🔲 You as a de	•	_	•		a dependent						
Deduction	<u></u> §	Spouse itemizes on a separate retur	n or yo	u were a dua	al-status	alien							
Age/Blindness	You:	☐ Were born before January 2, 1	959	Are blind	Spc	use:	: 🗌 Was bor	n bef	ore Janu	ary 2	, 1959	☐ I s b	lind
Dependents	(see	nstructions):		(2) Soc	al security		(3) Relationsh	_{iip} (4) Check t	he bo	x if quali	fies for (see	e instructions):
If more	(1) Fi	rst name Last name		nu	mber	to you Child tax cr		ax cre	edit	Credit for of	ther dependents		
than four													
dependents, see instructions													
and check										<u> </u>			<u> </u>
here \square												1 0	
Income	1a	Total amount from Form(s) W-2, b			•						1a		44,680.
Attach Form(s)	b	Household employee wages not r	•								1b		
W-2 here. Also attach Forms	c d	Tip income not reported on line 1a Medicaid waiver payments not rep	•	•			· · · ·				1c		
W-2G and	u	Taxable dependent care benefits		. ,	,	เรเเน	Cuons)				1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene		,		•					1f		
If you did not	g	Wages from Form 8919, line 6.	الا داران	111 01111 000.	5, III IC 23	•							
get a Form	h	Other earned income (see instruct	ions)			•					1 <u>9</u>		0.
W-2, see instructions.	i	Nontaxable combat pay election (,	tructions) .		•	l 1i	i.					
	z	Add lines 1a through 1h						<u> </u>			1z	2	44,680.
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interest	t.			2b		
if required.	3a	Qualified dividends	3a			b 0	rdinary divide	nds .			3b		
	4a	IRA distributions	4a				axable amoun				4b	,	
Standard Deduction for—	5a	Pensions and annuities	5a			b Ta	axable amoun	t			5b		
Single or	6a	Social security benefits	6a			b Ta	axable amoun	t			6b	,	
Married filing separately,	С	If you elect to use the lump-sum e	election	method, che	eck here	(see	instructions)			. [
\$13,850	7	Capital gain or (loss). Attach Sche	dule D	if required. I	f not requ	iired,	check here			. [] _ 7		
Married filing jointly or	8	Additional income from Schedule	1, line	10							8	_	32,226.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8	. This is your	total inc	ome					9	2	12,454.
\$27,700 Head of	10	Adjustments to income from Sche	edule 1,	line 26 .							10		
household,	<u>11</u>	Subtract line 10 from line 9. This is	•	-							11		12,454.
\$20,800 If you checked _	12	Standard deduction or itemized		,		•					12		13,850.
any box under Standard	13	Qualified business income deduct				899	5-A				13		
Deduction,	14					٠.					14		13,850.
	15	Subtract line 14 from line 11. If ze	rn or le	ss enter ()-	inie ie v	∩ur t	avanie incom	16			15		98-604

Form 1040 (2023	3)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	42,385.	
Credits	17	Amount from Schedule 2, lin	ne 3				.	17		
	18	Add lines 16 and 17						18	42,385.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ne 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	42,385.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	402.	
	24	Add lines 22 and 23. This is	your total tax					24	42,787.	
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25a 4	2,966	5.		
	b	Form(s) 1099				25b				
	С	Other forms (see instruction:	s)			25c	().		
	d	Add lines 25a through 25c						25d	42,966.	
If you have a	26	2023 estimated tax paymen						26		
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit	from Form 8863	3, line 8 . .		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	ne 15			31	5,238	3.		
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credits		32	5 , 238.	
	33	Add lines 25d, 26, and 32. T						33	48,204.	
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	5,417.	
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, che	ck here	[35a	5,417.	
Direct deposit?	b	Routing number 0 8 1	9 0 4 8	0 8	c Type: 🛛	Checking [] Saving	s		
See instructions.	d	Account number 2 9 1	0 0 4 1	5 2 1	3 2 -					
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe.	1					
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> u	//Payments or	see instructions			37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party		you want to allow another				_	_			
Designee		structions					•	e below.	⊠ No	
		signee's me		Phone no.			sonal ide nber (PIN	ntification		
Sign		der penalties of perjury, I declare the	nat I have examined		accompanying sche			•	of my knowledge and	
Here	be	lief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is ba	ased on all informa	tion of wh	nich prepar	er has any knowledge.	
пеге	Yo	ur signature		Date	Your occupation		If	the IRS se	nt you an Identity	
									IN, enter it here	
Joint return?					SOFTWARE 1			see inst.)		
See instructions. Keep a copy for your records.		ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion	lc		nt your spouse an ection PIN, enter it here	
	Ph	one no. (404) 386-949	8	Email address	RAJESHPUVV	ALA@GMAIL.C	OM			
Doid	Pro	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Paid	VEN	KATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI	PAVAN KUM	AR DUDIPALLI		P024	70833	Self-employed	
Preparer	Fir	m's name GLOBAL TA					Р	hone no. ((678) 965-9522	
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		F	rm's EIN	88-2145487	
					•				4040	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment

Department of the Treasury Internal Revenue Service

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

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment Sequence No. 01

Your social security number

SAI	RAJESH KUMAR PUVVALA			318-1	1-19	3 62
Par	t I Additional Income					
1	Taxable refunds, credits, or offsets of state and local income taxes				1	
2a	Alimony received				2a	
b	Date of original divorce or separation agreement (see instructions):					
3	Business income or (loss). Attach Schedule C				3	
4	Other gains or (losses). Attach Form 4797				4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att				5	-32,226.
6	Farm income or (loss). Attach Schedule F				6	
7	Unemployment compensation				7	
8	Other income:					
а	Net operating loss	8a	()		
b	Gambling	8b				
С	Cancellation of debt	8c				
d	Foreign earned income exclusion from Form 2555	8d	()		
е	Income from Form 8853	8e				
f	Income from Form 8889	8f				
g	Alaska Permanent Fund dividends	8g				
h	Jury duty pay	8h				
i	Prizes and awards	8i				
j	Activity not engaged in for profit income	8j				
k	Stock options	8k				
I	Income from the rental of personal property if you engaged in the rental					
	for profit but were not in the business of renting such property	81				
m	Olympic and Paralympic medals and USOC prize money (see					
	instructions)	8m				
n		8n				
0	Section 951A(a) inclusion (see instructions)	80				
р	Section 461(I) excess business loss adjustment	8p				
q	Taxable distributions from an ABLE account (see instructions)	8q				
r	Scholarship and fellowship grants not reported on Form W-2	8r				
S	Nontaxable amount of Medicaid waiver payments included on Form					
	1040, line 1a or 1d	8s	()		
t	Pension or annuity from a nonqualifed deferred compensation plan or					
	a nongovernmental section 457 plan	8t				
u	Wages earned while incarcerated	8u				
Z	Other income. List type and amount:					
		8z				
9	Total other income. Add lines 8a through 8z				9	
10	Combine lines 1 through 7 and 9. This is your additional income. Ente	r here	and on	Form		

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income				
11	Educator expenses		 	11	
12	Certain business expenses of reservists, performing artists, and fee-				
	officials. Attach Form 2106		 	12	
13	Health savings account deduction. Attach Form 8889		 	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		 	14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	_
22	Reserved for future use			22	
23	Archer MSA deduction		 	23	
24	Other adjustments:				
а	, , , , ,	24a			
b	Deductible expenses related to income reported on line 8I from the				
	, , , , , , , , , , , , , , , , , , , ,	24b		_	
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	, ,	24c		_	
d	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	24d		_	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
q		24g			
h	Attorney fees and court costs for actions involving certain unlawful				
		24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	tax law violations	24i			
j	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k			
Z	Other adjustments. List type and amount:				
		24z			
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income				
	Form 1040, 1040-SR, or 1040-NR, line 10		 	26	

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR SAI RAJESH KUMAR PUVVALA

Your social security number 318-11-1962

Pa	rt Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	402.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	lor	nntini	ied on nage 2

Schedule 2 (Form 1040) 2023 Page **2**

Part II Other Taxes (continued)

7	Other additional taxes:				
а	Recapture of other credits. List type, form number, and amount:				
		17a			
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b			
С	Additional tax on HSA distributions. Attach Form 8889	17c			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d			
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
I	Tax on accumulation distribution of trusts	171			
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170			
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q			
Z	Any other taxes. List type and amount:				
		17z			
8	Total additional taxes. Add lines 17a through 17z			18	
9	Reserved for future use			19	
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, and 18. These are your total other taxe	s. Enter her	e and	04	4.0.0
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			21	 402.

SCHEDULE 3 (Form 1040)

Department of the Treasury

Internal Revenue Service

Additional Credits and Payments

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information, OMB No. 1545-0074 Attachment Sequence No. 03

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

318-11-1962

Your social security number

SAI RAJESH KUMAR PUVVALA **Nonrefundable Credits** Part I Foreign tax credit. Attach Form 1116 if required 1 1 2 Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 2 3 3 4 Retirement savings contributions credit. Attach Form 8880 4 **5a** Residential clean energy credit from Form 5695, line 15 5a **b** Energy efficient home improvement credit from Form 5695, line 32 5b Other nonrefundable credits: General business credit. Attach Form 3800 6a Credit for prior year minimum tax. Attach Form 8801 6b c Adoption credit. Attach Form 8839 6c Credit for the elderly or disabled. Attach Schedule R. 6d 6e Clean vehicle credit. Attach Form 8936 6f Mortgage interest credit. Attach Form 8396 6g District of Columbia first-time homebuyer credit. Attach Form 8859 6h Qualified electric vehicle credit. Attach Form 8834 6i Alternative fuel vehicle refueling property credit. Attach Form 8911 6i k Credit to holders of tax credit bonds. Attach Form 8912 . . . 6k I Amount on Form 8978, line 14. See instructions 6 m Credit for previously owned clean vehicles. Attach Form 8936. 6_m **z** Other nonrefundable credits. List type and amount: 6z 7 Total other nonrefundable credits. Add lines 6a through 6z 7 8 Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 8

Schedule 3 (Form 1040) 2023 Page **2**

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	5,238.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
Z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	5 , 238.

BAA





Georgia Form 500 (Rev. 08/30/23)
Individual Income Tax Return
Georgia Department of Revenue
2023 (Approved software version)

7a. Number of Qualified Dependents*

Page 1

Fiscal Year Beginning STATE OH ISSUED YOUR DRIVER'S Fiscal Year LICENSE/STATE ID VG078430 **Ending** YOUR SOCIAL SECURITY NUMBER YOUR FIRST NAME MI 318-11-1962 1. SAI RAJESH KUMAR LAST NAME (For Name Change See IT-511 Tax Booklet) SUFFIX **PUVVALA** SPOUSE'S FIRST NAME SPOUSE'S SOCIAL SECURITY NUMBER MI DEPARTMENT USE ONLY LAST NAME SUFFIX **CHECK IF ADDRESS HAS CHANGED** ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) 2.8900 LYRA DR **APT NO 139** CITY (Please insert a space if the city has multiple names) STATE **ZIP CODE** 3. COLUMBUS ОН 43240 (COUNTRY IF FOREIGN) Residency Status 4. Enter your Residency Status with the appropriate number 1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT TO 3. NONRESIDENT Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer. Filing Status 5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet).....

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

7b. Number of Unborn Dependents

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself X

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

6c. 1

6b. Spouse

7 c. Total Number of Dependents

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue



2023

Page 2

YOUR SOCIAL SECURITY NUMBER 318-11-1962

7d. Qualified Dependents. (If you have more than 4 de	pendents, attach a list o	of additional dependents).
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
INCOME COMPUTATIONS		
If amount on line 8, 9, 10, 13 or 15 is negative, use the m	ninus sign (-). Example	-3456.
8. Federal adjusted gross income (From Federal Form 104 (Do not use FEDERAL TAXABLE INCOME) If the amoun W-2s you must include a copy of your Federal Form 10	nt on Line 8 is \$40,000 or	more, or your gross income is less than your
9. Adjustments from Form 500 Schedule 1 (See IT-511 Ta	x Booklet)	. 9.
10. Georgia adjusted gross income (Net total of Line 8 and l	Line 9)	10.
 Standard Deduction (Do not use FEDERAL STANDARD (See IT-511 Tax Booklet) 	DEDUCTION)	11a.
b. Self: 65 or over? Blind? Total	x 1,300=	11b.
Spouse: 65 or over? Blind? c. Total Standard Deduction (Line 11a + Line 11b) Use EITHER Line 11c OR Line 12c (Do not write on both		11c.
12. Total Itemized Deductions used in computing Federal Taxa	ble Income. If you use iter	mized deductions, you must include Federal Schedule A
a. Federal Itemized Deductions (Schedule A- Form 104	0)	12a.
b. Less adjustments: (See IT-511 Tax Booklet)		12b.
c. Georgia Total Itemized Deductions		12c.

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue



2023

Page 3

YOUR SOCIAL SECURITY NUMBER 318-11-1962

14a. Enter the number from Line 6c. Multiply by or multiply by \$3,700 for filing status B or C	/ \$2,700 for filing status A or D	14a.	
14b. Enter the number from Line 7c. Multiply b	y \$3,000	14b.	
14c. Add Lines 14a. and 14b. Enter total		14c.	
15a. Income before GA NOL (Line 13 less Line 14d15b. Georgia NOL utilized (Cannot exceed Line 15a applying the 80% limitation, see IT-511 Tax B	a or the amount after		92571
15c. Georgia Taxable Income (Line 15a less Line 1	5b)	15c. 9	2571
16. Tax (Use Tax Rate Schedule in the IT-511 Tax	k Booklet)	16.	5150
17. Low Income Credit 17a. 17b.		17c.	
18. Other State(s) Tax Credit (Include a copy of the	ne other state(s) return)	18.	
19. Credits used from IND-CR Summary Workshe	et	19.	
20. Total Credits Used from Schedule 2 Georgi electronically)	a Tax Credits (must be filed	1 20.	
21. Total Credits Used (sum of Lines 17-20) cannot exce	eed Line 16	21.	0
22. Balance (Line 16 less Line 21) if zero or less th	an zero, enter zero	22.	5150

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

	(INCOME STATE	MENT A)			(INCOME STAT	EMENT B)		(INCOME STATEMENT C)				
1.	WITHHOLDING T	ГҮРЕ:		1.	WITHHOLDING	TYPE:		1.	WITHHOLDING 1	YPE:		
	× w-2	G2-A	G2-LP		W-2	G2-A	G2-LP		W-2	G2-A	G2-LP	
	1099	G2-FL	G2-RP		1099	G2-FL	G2-RP		1099	G2-FL	G2-RP	
2.	EMPLOYER/PAY ID NUMBER (FEI			2.	EMPLOYER/PA' ID NUMBER (FE			2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN			
	4656883	16										
3.	EMPLOYER/PAY		ITHHOLDING ID	3.	EMPLOYER/PA	YER STATE W	THHOLDING ID	3.	EMPLOYER/PAY	ER STATE WI	THHOLDING ID	
4.	GA WAGES / INC	соме 96240		4.	GA WAGES / IN	COME		4.	GA WAGES / INC	COME		
5.	GA TAX WITHHE	5252		5.	GA TAX WITHHI	ELD		5.	GA TAX WITHHE	LD		

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

All Pages (1-5) are required for processing

REV 01/09/24 PRO

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue 2023



2400411545

(INCOME STATEMENT E)

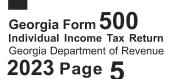
YOUR SOCIAL SECURITY NUMBER 318-11-1962

(INCOME STATEMENT F)

Page 4

(INCOME STATEMENT D)

3.	WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN EMPLOYER/PAYER STATE WITHHOLDING ID GA WAGES / INCOME		G2-LP G2-RP	II. WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN 3. EMPLOYER/PAYER STATE WITHHOLDING ID 4. GA WAGES / INCOME
5.	GA TAX WITHHELD	5. GA TAX WITHHELD		5. GA TAX WITHHELD
23.	Georgia Income Tax Withheld on Wages (Enter Tax Withheld Only and include W-2s		23.	5252
24.	Other Georgia Income Tax Withheld (Must include G2-A, G2-FL, G2-LP and/or G		24.	
25.	Estimated Tax paid for 2023 and Form IT	,	25.	
26.	Schedule 2B Refundable Tax Credits (Cannot be claimed unless filed electronic		26.	
27.	Total prepayment credits (Add Lines 23, 2	- /	27.	5252
28.	If Line 22 exceeds Line 27, subtract Line balance due		28.	
29.	If Line 27 exceeds Line 22, subtract Line 2 overpayment		29.	102
30.	Amount to be credited to 2024 ESTIMA	TED TAX	30.	0
31.	Georgia Wildlife Conservation Fund (No	gift of less than \$1.00)	31.	
32.	Georgia Fund for Children and Elderly (N	No gift of less than \$1.00)	32.	
33.	Georgia Cancer Research Fund (No gift	of less than \$1.00)	33.	
34.	Georgia Land Conservation Program (No	gift of less than \$1.00)	34.	
35.	Georgia National Guard Foundation (No g	gift of less than \$1.00)	35.	
36.	Dog & Cat Sterilization Fund (No gift of lo	ess than \$1.00)	36.	
37.	Saving the Cure Fund (No gift of less the	an \$1.00)	37.	
38.	Realizing Educational Achievement Can Happ (No gift of less than \$1.00)	pen (REACH) Program	38.	





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YOUR SOCIAL SECURITY NUMBER 318-11-1962

39	. Public Safety Memorial Gran	t (No gift of less than \$1.00))	39.		
40	. Disabled Veterans' Scholarsh	nip Fund (No gift of less tha n	\$1.00)	40.		
41	. Form 500 UET (Estimated to	ax penalty) 500 UET exce	ption attached	41.		
42.	Penalty: Late Payment and/o	r Late Filing		42.		
43.	Interest			43.		
44.		GEORGIA DEPARTMENT OF MENT OF REVENUE PROCES	REVENUE,	44.		
45.	(If you are due a refund) Subt THIS IS YOUR REFUND Refund Due Mail To: GEORGIA PO BOX 740380 ATLANTA, GA	A DEPARTMENT OF REVENU	45			102
	If you do not enter Direct D	eposit information or if yo	u are a first time fi	iler you will	be issued a paper check.	
45a	. Direct Deposit (U.S. Accounts Only)	Type: Checking X Savings		•		
	Routing		Account			
	Number 081904808	/ applicable schedules, fo	Number	2910041		
_ T	axpayer's Signature (Check box if deceased)	Spouse's Siç	gnature	(Check box if deceased)	
	Taxpayer's Date of Death		Spouse's D	ate of Death		
	Taxpayer's Signature Date	Taxpayer's Ph 404-386-			Spouse's Signature Date	
	By providing my e-mail address I am a my account(s). Taxpayer's E-mail Address	authorizing the Georgia Department	of Revenue to electronic	cally notify me a	t the below e-mail address regarding	any updates to
	Tanpayor o 2 main ridarooc				I authorize DOR to owith the named prep	
	VENKATA SAI PAVAN KU	UMAR DUDIPALLI		Prepare 678-	er's Phone Number 965-9522	
	Signature of Preparer Name of Preparer Other Than VENKATA SAI PAVA:	Taxnaver				
					er's FEIN 145487	





Schedule 3 Page 1

YOUR SOCIAL SECURITY NUMBER 318-11-1962

2023 (Approved software version)

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

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

Column A must equal Column B plus Column C.

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

Column A must equal Column B plus Column	C. See IT-511 Tax	T-511 Tax Booklet for other state(s) tax credits.					
FEDERAL INCOME AFTER GEORGIA ADJUSTMEN (COLUMN A)	T INCOME NOT TAXABLE TO GEORGIA (COLUMN B)	GEORGIA INCOME (COLUMN C)					
1. WAGES, SALARIES, TIPS, etc 244680	1. WAGES, SALARIES, TIPS, etc 148440	1. WAGES, SALARIES, TIPS, etc 96240					
2. INTEREST AND DIVIDENDS	2. INTEREST AND DIVIDENDS	2. INTEREST AND DIVIDENDS					
3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)					
4. OTHER INCOME OR (LOSS) -32226	4. OTHER INCOME OR (LOSS) -32226	4. OTHER INCOME OR (LOSS)					
5. TOTAL INCOME: TOTAL LINES 1 THRU 4 212454	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 116214	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 96240					
6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040					
7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1					
8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7					
212454	116214	96240					
	e 8, Column A enter percentage or check not be negative and cannot exceed 100%)	9. 45.30 %					
10a. Itemized or Standard Deduction	or Georgia Itemized (See IT-511 Tax Booklet)	10a. 5400					
10b. Additional Standard Deduction Self: 65 or over? Blind? Spouse: 65	or over? Blind? Total X 1,300=	10b.					
11. Personal Exemptions from Form 500 or F	Form 500X (See IT-511 Tax Booklet)						
11a. Enter the number on Line 6c from Form 500 filing status A or D or multiply by \$3,700 for		11a. 2700					
11b. Enter the number on Line 7c from Form 50	O or Form 500X multiply by \$3,000	11b.					
12. Total Deductions and Exemptions: Add	Lines 10a, 10b, 11a, and 11b	12. 8100					
13. *Multiply Line 12 by Ratio on Line 9 and		13. 3669					
 Income before GA NOL: Subtract Line 1 Enter here and on Line 15a, Page 3 of F 		14. 92571					

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

E1040		artment of the Treasury—Internal Revenue Serves. Individual Income Tail		urn	202	3	OMB No. 1545	-0074	IRS Use	Only—	·Do not w	rite or staple i	n this space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, en	ding _			, 20		See sep	parate inst	ructions.
Your first name SAI RAJE If joint return, sp	SH I		Last na	/ALA							318	cial securit	=
8900 LYF City, town, or p	RA DI	er and street). If you have a P.O. box, see R ce. If you have a foreign address, also co			low.	Sta		ZIP co			Check h spouse	iere if you, if filing join	on Campaign or your tly, want \$3 Checking a
COLUMBUS Foreign country				Foreign p	rovince/state/	OH count		432 Foreig	40 n postal c			ow will not or refund.	change Spouse
Filing Status Check only one box.	If y	Single Married filing jointly (even if only of Married filing separately (MFS) you checked the MFS box, enter the alifying person is a child but not you	e name o ur deper	of your s ndent:				surviv	ing spou	use (C enter	the chi	ld's name	if the
Digital Assets Standard	Som	ny time during 2023, did you: (a) rec nange, or otherwise dispose of a dig neone can claim:	gital asse ependen	et (or a fin	nancial inter Your spous	est ir e as	n a digital asse a dependent					Yes	⊠ No
Deduction		Spouse itemizes on a separate returnum:		u were a		alien ouse		n hefo	ore Janua	arv 2	1959	☐ I s bli	ind
	s (see	(see instructions): (1) First name Last name			(2) Social security (3) Relationshi to you			14		he box	k if qualit	ies for (see	instructions): ner dependents
than four dependents, see instructions and check here	 S]]]			[[]]]]
Income	1a b	Total amount from Form(s) W-2, b Household employee wages not r	,		•				 	<u></u>	1a	24	14,680.
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	c d e f	Tip income not reported on line 1a Medicaid waiver payments not rep Taxable dependent care benefits Employer-provided adoption bene	a (see in ported o from Fo	struction on Form(s rm 2441,	is) s) W-2 (see i line 26	 instru					1c 1d 1e		
If you did not get a Form W-2, see instructions.	g h i z	Wages from Form 8919, line 6. Other earned income (see instruct Nontaxable combat pay election (Add lines 1a through 1h	 tions)			 	 <u>li</u>				1g 1h		0.
Attach Sch. B if required.	2a 3a 4a	Tax-exempt interest Qualified dividends	2a 3a 4a			b O	axable interest Ordinary divider axable amount	nds .		 	2b 3b 4b		
Standard Deduction for— Single or Married filing separately,	5a 6a c	Social security benefits If you elect to use the lump-sum e				b Ta			· · · · · · · · · · · · · · · · · · ·	 	5b 6b		
\$13,850 Married filing jointly or Qualifying surviving spouse, \$27,700	7 8 9	Capital gain or (loss). Attach Sche Additional income from Schedule Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	1, line 1 7, and 8.	0 This is y	our total in	 come	 9	· · · · · · · · · · · · · · · · · · ·		. L 	8 9		32,226. 12,454.
Head of household, \$20,800 If you checked any box under	10 11 12	Adjustments to income from Sche Subtract line 10 from line 9. This is Standard deduction or itemized	s your a I deduct	djusted : ions (fro	gross inco m Schedule	me e A)				 	10 11 12	1	12,454. 13,850.
Standard Deduction, see instructions.	13 14	Qualified business income deduct Add lines 12 and 13									13	1	13,850.

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	42,385.
Credits	17	Amount from Schedule 2, lin	ne3					17	
	18	Add lines 16 and 17						18	42,385.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0				22	42,385.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	402.
	24	Add lines 22 and 23. This is	your total tax					24	42,787.
Payments	25	Federal income tax withheld	I from:						
	а	Form(s) W-2				25a 4	2,966		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c	0		
	d	Add lines 25a through 25c						25d	42,966.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return	.,		26	
qualifying child, attach Sch. EIC. 1	27	Earned income credit (EIC)			No .	27			
attacii Scii. Elc.	28	Additional child tax credit from	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	3, line 8 . .		29			
	30	Reserved for future use .							
	31	Amount from Schedule 3, lin	ne 15			31	5 , 238	<u>. </u>	
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	5 , 238.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	48,204.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	5,417.
	35a	Amount of line 34 you want	35a	5,417.					
Direct deposit?	b	Routing number 0 8 1							
See instructions.	d	Account number 2 9 1 0 0 4 1 5 2 1 3 2							
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
rou owe	38	Estimated tax penalty (see in	•	•				37	
Third Party		you want to allow another							
Designee		•	•			_	Complete	below.	⊠ No
Doolgiloo	De	esignee's		Phone		onal iden		_	
	na	name no. number (PIN)							
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation			nt you an Identity	
		•			·				IN, enter it here
Joint return?					SOFTWARE 1	`	e inst.)		
See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.		Date					S sent your spouse an Protection PIN, enter it here t.)	
	Ph	one no. (404) 386-949	8	Email address	RAJESHPUVV.	OM			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer	VENE	KATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI	PAVAN KUM	AR DUDIPALLI		P024	70833	Self-employed
Use Only	Fir	m's name GLOBAL TA	XES LLC					one no.	(678) 965-9522
————	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's							n's EIN	88-2145487

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

Sequence No. 01 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number SAI RAJESH KUMAR PUVVALA 318-11-1962

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	-32,226.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()		
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Income from Form 8853	8e	.	
f	Income from Form 8889	8f	.	
g	Alaska Permanent Fund dividends	8g	.	
h	Jury duty pay	8h	.	
i	Prizes and awards	8i	.	
j	Activity not engaged in for profit income	8j	.	
k	Stock options	8k	.	
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n	.	
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q	.	
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	.	
t	Pension or annuity from a nonqualifed deferred compensation plan or	01		
	a nongovernmental section 457 plan	8t		
u -	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	o_		
0	Total ather income. Add lines to through the	8z		
9	Total other income. Add lines 8a through 8z		9	
10	· · · · · · · · · · · · · · · · · · ·		10	- 32 , 226.
	1040, 1040-SR, or 1040-NR, line 8		ן וטן	22,220.

Schedule 1 (Form 1040) 2023 Page **2**

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

BAA

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR SAI RAJESH KUMAR PUVVALA

Your social security number 318-11-1962

Pai	tl Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	402.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(cc	ontinu	ued on page 2)

Schedule 2 (Form 1040) 2023 Page **2**

Part II Other Taxes (continued)

7	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:			
		17a		
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
_	· · · · · · · · · · · · · · · · · · ·			
	ł	17c		
a	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17 i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
I	Tax on accumulation distribution of trusts	171		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170		
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount:			
		17z		
8	Total additional taxes. Add lines 17a through 17z		18	
9	Reserved for future use		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your total other taxe	s. Enter here and		
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	402.

SCHEDULE 3 (Form 1040)

Department of the Treasury

Additional Credits and Payments

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 03

Internal Revenue Service Go to www.irs.gov/Fo
Name(s) shown on Form 1040, 1040-SR, or 1040-NR

SAI RAJESH KUMAR PUVVALA

Your social security number 318-11-1962

Par	Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441	, line 11. Attach 	2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5a	Residential clean energy credit from Form 5695, line 15		5a	
b	Energy efficient home improvement credit from Form 5695, line 32		5b	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Reserved for future use	6e		
f	Clean vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
I	Amount on Form 8978, line 14. See instructions	61		
m	Credit for previously owned clean vehicles. Attach Form 8936.	6m		
Z	Other nonrefundable credits. List type and amount:			
		6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 10	040, 1040-SR, or		
	1040-NR, line 20		8	
		(C	ontin	ued on page 2)

Schedule 3 (Form 1040) 2023 Page **2**

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	5,238.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
Z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	5 , 238.

BAA

8879 Form

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submi	ission Identification Number (SID)				
Taxpaye	er's name	Social securit	y numb	per	
SAI	RAJESH KUMAR PUVVALA	318-11-	-196	2	
Spouse'	's name	Spouse's soc	ial seci	urity numb	er
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	vear vou a	re au	thorizing	a.)
	whole dollars only on lines 1 through 5.	<i>y y</i>			9- /
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	21	2,454.
2	Total tax		2	4	2,787.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	4	2,966.
4	Amount you want refunded to you		4		5 , 417.
5	Amount you owe		5		
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a cop	y of y	our ret	urn)
return (to send for any Agent t paymen authoriz paymen busines taxes t persona	oviledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicant of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution zation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate int, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation request days prior to the payment (settlement) date. I also authorize the financial institutions involved in the part of receive confidential information necessary to answer inquiries and resolve issues related to the part is aligned to the part of t	tter, or electroction of the tr S. Treasury are cated in the tan to debit the the authorizates the surfaces beforecessing of ayment. I furt	onic refansmished its of ax preparties of ax preparties. The control is the contr	turn origin ssion, (b) designated paration so to this according from the control of the control	ator (ERO) the reason d Financial oftware for count. This (cancel) a ter than 2 payment of ge that the
					1
Тахра	yer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate n	av DIN 1	1 9	9 6 2	00 m)/
_	ERO firm name	* Ent		digits, but	as my
	signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method below.				
Your s	ignature ▶ Date ▶				
Snous	se's PIN: check one box only				-
	I authorize to enter or generate n	ny PIN			as my
	ERO firm name		er five	digits, but	
	signature on the income tax return (original or amended) I am now authorizing.			er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method below.		_		_
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part	Certification and Authentication — Practitioner PIN Method Only				
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2		6 6	-	8 9
		Don't ente	er all ze	eros	
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income tax zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit ments of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Income.	tting this retu	rn in a	accordand	
ERO's	signature ► Date ►				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To D	o So			

Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2023

OMB No. 1545-007

IRS Use Only—Do not write or staple in this space.

For the year Jar	ı. 1–De	c. 31, 2023, or other tax year beginning		, 2023, end	ling		, 20		See ser	parate instructions.
Your first name	and m	niddle initial	Last r	name					Your so	cial security number
SAI RAJE	SH	KUMAR	PUV	VALA					318	11 1962
		's first name and middle initial	Last r							s social security number
•									•	
Home address	(numb	er and street). If you have a P.O. box, see	instruc	ctions.			Apt. no.		Presider	ntial Election Campaign
8900 LYF	RA D	R					139			ere if you, or your
City, town, or post office. If you have a foreign address, also co			mplete	spaces below.	Stat	:e	ZIP code			if filing jointly, want \$3 this fund. Checking a
COLUMBUS					ОН		43240			ow will not change
Foreign country	y name)		Foreign province/state/o	count	у	Foreign posta	I code		or refund.
										You Spouse
Filing Status	s 🗵	Single				Head of ho	ousehold (H0	OH)		
Check only	L	☐ Married filing jointly (even if only or	ne hac	d income)		_				
one box.	L					☐ Qualifying				
		you checked the MFS box, enter the			u che	cked the HOH	or QSS box	k, ente	r the chil	d's name if the
	qu	ualifying person is a child but not you	ır depe	endent:						
Digital	At a	ny time during 2023, did you: (a) rece	eive (a	s a reward, award, or	payn	nent for prope	rty or service	es); or	(b) sell,	
Assets	excl	hange, or otherwise dispose of a digi	ital ass	set (or a financial intere	est in	a digital asse	t)? (See inst	ruction	ıs.)	☐ Yes 🗵 No
Standard	Son	neone can claim: 🗌 You as a de	pende	nt 🗌 Your spouse	e as	a dependent				
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a dual-status	alien					
Age/Blindness	s You	: Were born before January 2, 1	959	Are blind Spo	ouse:	□ Was bor	n before Jar	uarv 2	. 1959	☐ I s blind
Dependents	-	-		(2) Social security	,	(3) Relationsh	(4) (1)			ies for (see instructions):
If more		First name Last name		number		to you		d tax cr	edit	Credit for other dependents
than four										
dependents,										
see instructions and check	s —									
here \square										
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	see instructions)					1a	244,680.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form(s) W-2..					. 1b	
W-2 here. Also	С	Tip income not reported on line 1a	ı (see i	nstructions)					1c	
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s) W-2 (see in	nstru	ctions)			1d	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom F	orm 2441, line 26 .					1e	
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8839, line 29					1f	
If you did not	g	Wages from Form 8919, line 6 .							. 1g	
get a Form W-2, see	h	Other earned income (see instructi	ions)				,		1h_	0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions)		<u>1i</u>			_	
	Z	Add lines 1a through 1h	. ;						1z	244,680.
Attach Sch. B	2a	Tax-exempt interest	2a			axable interest			2b	
if required.	3a	· · · —	3a			rdinary divider			3b	
Standard	4a	-	4a			axable amount			4b	
Deduction for—	5a	F	5a			axable amount			5b	
Single or Married filing	6a	,	6a			axable amount	t	· <u>-</u>	6b	
separately,	С	If you elect to use the lump-sum e						. L	_	
\$13,850 Married filing	7	Capital gain or (loss). Attach Scheo						. L] 7	
jointly or	8	Additional income from Schedule							8	-32,226.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		=	come				9	212,454.
\$27,700 Head of	10	Adjustments to income from Sche							10	
household,	11	Subtract line 10 from line 9. This is	-						11	212,454.
\$20,800 If you checked	12	Standard deduction or itemized							12	<u> </u>
any box under Standard	13	Qualified business income deducti							13	
Deduction, see instructions.	14	Add lines 12 and 13							14	13,850.
JOO HIGH WOLIDING I	45	tribetacet line 14 facus line 11 lf -cu	0 01 1	on ontor () This are		avabla ina	_		. 45	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Form 1040 (2023	3)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		. 16	42,385.	
Credits	17	Amount from Schedule 2, lir	ne 3					. 17		
	18	Add lines 16 and 17						. 18	42,385.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			. 19		
	20	Amount from Schedule 3, lin	ne 8					. 20		
	21	Add lines 19 and 20						. 21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	42,385.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			. 23	402.	
	24	Add lines 22 and 23. This is	your total tax					. 24	42,787.	
Payments	25	Federal income tax withheld								
•	а	Form(s) W-2				25a 4	2,966	5.		
	b	Form(s) 1099				25b				
	С	Other forms (see instruction:	s)			25c	(J.		
	d	Add lines 25a through 25c						. 25d	42,966.	
If you have a	26	2023 estimated tax paymen						. 26		
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit	from Form 8863	3, line 8 . .		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	ne 15			31	5,238	3.		
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credits		. 32	5 , 238.	
	33	Add lines 25d, 26, and 32. T						. 33	48,204.	
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		. 34	5,417.	
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, che	ck here	[35a	5,417.	
Direct deposit?	b	Routing number 0 8 1	9 0 4 8	0 8	c Type: 🛛	Checking [] Saving	js 🗔		
See instructions.	d	Account number 2 9 1	0 0 4 1	5 2 1	3 2 -					
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe.						
You Owe		For details on how to pay, g	o to www.irs.gov	//Payments or	see instructions			. 37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party		you want to allow another								
Designee	ins	structions				∐Yes.	Comple	te below.	⊠ No	
		esignee's me		Phone no.			sonal ide nber (PIN	entification		
Cian		ider penalties of perjury, I declare the	nat I have examined		accompanying sche			•	of my knowledge and	
Sign		lief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation		If	the IRS se	nt you an Identity	
		ŭ			'				IN, enter it here	
Joint return?					SOFTWARE 1	ENGINEER	`		ee inst.)	
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion	lo		nt your spouse an ection PIN, enter it here	
	Ph	one no. (404) 386-949	8	Email address	RAJESHPUVV	ALA@GMAIL.C	OM			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Paid	VENE	KATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI	PAVAN KUM	AR DUDIPALLI		P024	170833	Self-employed	
Preparer	Fir	m's name GLOBAL TA					Р	hone no.	(678) 965-9522	
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		F	irm's EIN	88-2145487	
									4040	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

SAI RAJESH KUMAR PUVVALA

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

Sequence No. 01

Your social security number
318-11-1962

Par	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E	5	-32 , 226.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()		
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
_		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Ente	r here and on Form	10	- 32 ₋ 226
	1040 1040-SB or 1040-NB line 8		. 70	- 1/ • // n •

Schedule 1 (Form 1040) 2023 Page **2**

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

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR SAI RAJESH KUMAR PUVVALA

Your social security number 318-11-1962

Pai	tl Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	402.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(cc	ontini	ued on page 2)

Schedule 2 (Form 1040) 2023 Page **2**

Part II Other Taxes (continued)

7	Other additional taxes:				
а	Recapture of other credits. List type, form number, and amount:				
		17a			
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b			
С	Additional tax on HSA distributions. Attach Form 8889	17c			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d			
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
I	Tax on accumulation distribution of trusts	17I			
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17 0			
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q			
Z	Any other taxes. List type and amount:				
		17z			
8	Total additional taxes. Add lines 17a through 17z			18	
9	Reserved for future use			19	
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, and 18. These are your total other taxe	s. Enter he	ere and	04	4.0.0
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			21	 402.

SCHEDULE 3 (Form 1040)

Department of the Treasury

Internal Revenue Service

Additional Credits and Payments

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 03

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

SAI RAJESH KUMAR PUVVALA

Your social security number 318-11-1962

Par	Nonrefundable Credits				
1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441	, line 1	1. Attach	2	
3	Education credits from Form 8863, line 19			3	
4	Retirement savings contributions credit. Attach Form 8880			4	
5a	Residential clean energy credit from Form 5695, line 15			5a	
b	Energy efficient home improvement credit from Form 5695, line 32			5b	
6	Other nonrefundable credits:				
а	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
С	Adoption credit. Attach Form 8839	6c			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
е	Reserved for future use	6e			
f	Clean vehicle credit. Attach Form 8936	6f			
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
I	Amount on Form 8978, line 14. See instructions	6 l			
m	Credit for previously owned clean vehicles. Attach Form 8936 .	6m			
z	Other nonrefundable credits. List type and amount:				
		6z			
7	Total other nonrefundable credits. Add lines 6a through 6z			7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1	040, 10	40-SR, or		
	1040-NR, line 20			8	
			(CC	ontinu	ued on page 2)

Schedule 3 (Form 1040) 2023 Page **2**

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .	10		
11	Excess social security and tier 1 RRTA tax withheld	11	5,238.	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
Z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	5 , 238.

BAA

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074 Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return Your social security number SAI RAJESH KUMAR PUVVALA 318-11-1962 Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions ☐ Yes
☒ No В 1a Physical address of each property (street, city, state, ZIP code) S. COLLAGE ROAD KAKINADA ANDHRA PRADESH IN 533003 Α В С Type of Property 1b For each rental real estate property listed **Fair Rental Personal Use** QJV (from list below) above, report the number of fair rental and Days Days personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** С Income: Α В 600. 3 Rents received . 4 Royalties received 4 **Expenses:** 5 Advertising 5 6 Auto and travel (see instructions) 6 1,854. 7 Cleaning and maintenance . . . 7 8 8 Commissions Insurance 9 9 10 10 Legal and other professional fees 11 Management fees 11 1,457. Mortgage interest paid to banks, etc. (see instructions) 12 12 13 13 9,894. 14 14 15 15 9,857. Supplies 16 16 Utilities 17 9,764. 17 18 Depreciation expense or depletion 18 19 19 Total expenses. Add lines 5 through 19 20 20 32,826. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 -32,226.21 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 32,226.) 23a Total of all amounts reported on line 3 for all rental properties 23a 600. Total of all amounts reported on line 4 for all royalty properties 23b 23c **c** Total of all amounts reported on line 12 for all properties . . Total of all amounts reported on line 18 for all properties 23d Total of all amounts reported on line 20 for all properties 23e 32,826. 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 32,226. 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 ...

-32,226.

8959 Form

Department of the Treasury Internal Revenue Service

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.

Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 71

Name(s) shown on return

SAI RAJESH KUMAR PUVVALA

318-11-1962

Part	Additional Medicare Tax on Medicare Wages		
1	Medicare wages and tips from Form W-2, box 5. If you have more than one		
	Form W-2, enter the total of the amounts from box 5		
2	Unreported tips from Form 4137, line 6		
3	Wages from Form 8919, line 6		
4	Add lines 1 through 3		
5	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately \$125,000		
	Single, Head of household, or Qualifying surviving spouse \$200,000 5 200,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0	6	44,680.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to		
	Part II	7	402.
Part	II Additional Medicare Tax on Self-Employment Income		
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you		
	had a loss, enter -0		
9	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
	Single, Head of household, or Qualifying surviving spouse \$200,000 9		
10	Enter the amount from line 4		
11	Subtract line 10 from line 9. If zero or less, enter -0		
12	Subtract line 11 from line 8. If zero or less, enter -0	12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and		
	go to Part III	13	
Part	`		
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14		
	(see instructions)	_	
15	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
	Single, Head of household, or Qualifying surviving spouse \$200,000		
16	Subtract line 15 from line 14. If zero or less, enter -0	16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009).		
Dout	Enter here and go to Part IV	17	
	Total Additional Medicare Tax		
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V	18	400
Part		10	402.
	Medicare tax withheld from Form W-2, box 6. If you have more than one Form		
19	W-2, enter the total of the amounts from box 6		
20	Enter the amount from line 1		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax	-	
-1	withholding on Medicare wages		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medicare Tax		
	withholding on Medicare wages	22	0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box		J •
20	14 (see instructions)	23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with		
<u>_</u> _T	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers,		
	see instructions)	24	0

Form **8960**

Net Investment Income Tax—Individuals, Estates, and Trusts

Department of the Treasury Internal Revenue Service

Name(s) shown on your tax return

Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

OMB No. 1545-2227

2023

Attachment
Sequence No. 72

Your social security number or EIN

SAI	RAJESH KUMAR PUVVALA		318	3-11-1	962
Part	Investment Income ☐ Section 6013(g) election (see instructions)				
	☐ Section 6013(h) election (see instructions)				
	☐ Regulations section 1.1411-10(g) election (see in	structions)		
1	Taxable interest (see instructions)			1	
2	Ordinary dividends (see instructions)			2	
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or				
	businesses, etc. (see instructions)	4a	-32 , 226.		
b	Adjustment for net income or loss derived in the ordinary course of a non-				
	section 1411 trade or business (see instructions)	4b			
С	Combine lines 4a and 4b			4c	-32 , 226.
5a	Net gain or loss from disposition of property (see instructions)	5a			
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b			
С	Adjustment from disposition of partnership interest or S corporation stock (see				
	instructions)	5c			
d	Combine lines 5a through 5c			5d	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			6	
7	Other modifications to investment income (see instructions)			7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	-32 , 226.
Part	•	cations			
9a	Investment interest expenses (see instructions)	9a			
b	State, local, and foreign income tax (see instructions)	9b			
С	Miscellaneous investment expenses (see instructions)	9c			
d	Add lines 9a, 9b, and 9c			9d	
10	Additional modifications (see instructions)			10	
11	Total deductions and modifications. Add lines 9d and 10			11	
Part	•		. 10 17		
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, or state and trusts, complete lines 18s. 01 If Tark or less anter 0.				0
	Estates and trusts, complete lines 18a–21. If zero or less, enter -0 Individuals:			12	0.
40		ا مه ا	010 454		
13	Modified adjusted gross income (see instructions)	13	212,454		
14 15	Threshold based on filing status (see instructions)	14 15	200,000 12,454		
16	Enter the smaller of line 12 or line 15			16	0.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). En				0.
.,	on your tax return (see instructions)			17	0.
	Estates and Trusts:				
18a	Net investment income (line 12 above)	18a			
b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b			
С	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c			
19a	Adjusted gross income (see instructions)	19a			
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b			
C	Subtract line 19b from line 19a. If zero or less, enter -0	19c			
20	Enter the smaller of line 18c or line 19c			20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.				
•	include on your tax return (see instructions)			21	

BAA



2023 Ohio IT 1040

Individual Income Tax Return



23000198

Sequence No. 1

02 12 24 Use only black ink/UPPERCASE letters. Use whole dollars only.

AMENDED RETURN - Check here and include Ohio IT RE.

Spouse's SSN (if filing jointly)

✓ If deceased

NOL CARRYBACK - Check here and include Schedule IT NOL.

School district #

7402

First name

SAI RAJESH KUMA

Primary taxpayer's SSN (required)

318 11 1962

M.I. Last name PUVVALA

Spouse's first name (if filing jointly)

M.I. Last name

*Indicate state

Address line 1 (number and street) or P.O. Box

8900 LYRA DR

Address line 2 (apartment number, suite number, etc.)

APT 139

City

5

✓ If deceased

COLUMBUS

State ZIP code

Ohio county (first four letters)

OH 43240

FRAN

Filing Status - Check one (as reported on federal income tax return)

Foreign country (if the mailing address is outside the U.S.)

Residency Status – Check only one for primary

Foreign postal code

×	Resident	Part-year resident*	Nonresident*	X Single, head of household or qua	alifying surviving spouse
Che	eck only one for	spouse (if filing joint	ly) *Indicate state	Married filing jointly	
Resident Part-year Nonresident* resident*		Nonresident*	Married filing separately	Spouse's SSN	
<u>Oh</u>	io Nonresid	ent Statement -	- See instructions for required criteria		
	Primary meets	the five criteria for in	ebuttable presumption as nonresident.	Federal extension filers - check h	nere.
	Spouse meets	the five criteria for irr	ebuttable presumption as nonresident.	If someone can claim you (or your dependent, check here.	spouse if filing jointly) as a
			ederal 1040 or 1040-SR, line 11). Place		212454
2a.	Additions — Ohio	Schedule of Adjust	ments, line 11 (include schedule)	2a.	
2b.	Deductions – Of	nio Schedule of Adju	stments, line 44 (include schedule)	2b.	
3.	Ohio adjusted gi	ross income (line 1 p	the box if negative3.	212454	
		1	ule of Dependents if applicable)and your spouse/dependents, if applicable	-	1900
		. 0,	line 4; if negative, enter zero)		210554
6.	Taxable busines	s income – Ohio Sc	hedule of Business Income, line 15 (inc	lude schedule)6.	
7.	Taxable nonbusi	ness income (line 5	minus line 6; if negative, enter zero)	7.	210554



MM-DD-YY

REV 02/07/24 PRO

2023 Ohio IT 1040



SSN: 318 11 1962 Individual Income Tax Return III III III III III III III III III I	23000298 Sequence No. 2
7a. Amount from line 7 on page 1	210554
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	6531
8b. Business income tax liability – Ohio Schedule of Business Income, line 16 (include schedule)8b.	
8c. Income tax liability before credits (line 8a plus line 8b)	6531
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 38 (include schedule)9.	2958
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)10.	3573
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)11.	
12. Unpaid use tax (see instructions)	
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)13.	3573
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	5374
15. Estimated and extension payments, and credit carryforward from last year's return15.	
16. Refundable credits – Ohio Schedule of Credits, line 44 (include schedule)	
17. <u>Amended return only</u> – amount previously paid with original and/or amended return17.	
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	5374
19. <u>Amended return only</u> – overpayment previously requested on original and/or amended return19.	
20. Line 18 minus line 19. Place a "-" in the box if negative	5374
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21. 21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13	
21. Tax due (inte 13 fillitus linte 20). Il fillie 20 is negative, ignore the - and add linte 20 to linte 13	
22. Interest due on late payment of tax (see instructions)	
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include the Ohio Universal Payment Coupon (OUPC) and make check payable to "Ohio Treasurer of State"	
24. Overpayment (line 20 minus line 13)	1801
25. Original return only – portion of line 24 carried forward to next year's tax liability	
d. Ohio History Fund e. Nature Preserves/Scenic Rivers f. Breast/Cervical Cancer	
27. REFUND (line 24 minus lines 25 and 26g)	1801

27 and belief, the return and all enclosures are true, correct and complete. Primary signature _ _ Phone number <u>(404)386-949</u>8 Spouse's signature _ _ Date ___ Phone number (678) 965-9522 Preparer's printed name $\frac{}{\text{VENKATA SAI PAVAN KUMAR}}$

If you owe \$1.00 or less, no payment is necessary.

NO Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679

Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057

Authorize your preparer to discuss this return

Non-paid preparer

PTIN: P 02470833

REV 02/07/24 PRO



2023 Ohio Schedule of Credits

Use only black ink. Use whole dollars only. Primary taxpayer's SSN $318\ 11\ 1962$



23280198

Sequence No. 7

Many of these credits <u>must</u> be calculated using a worksheet and/or be supported by additional required documentation. See the instructions for worksheets and information on supporting documentation.

Nonrefundable Credits

1.	. Tax liability before credits (from Ohio IT 1040, line 8c)	6531
2.	. Retirement income credit (include 1099-R forms)	
3.	Lump sum retirement credit (include a copy of the worksheet and 1099-R forms)	
4.	. Senior citizen credit (must be 65 or older to claim this credit)	
5.	. Lump sum distribution credit (include a copy of the worksheet and 1099-R forms)	
6.	. Child care & dependent care credit (include a copy of the worksheet)	
7.	. Displaced worker training credit (include a copy of the worksheet and all required documentation)7.	
8.	. Campaign contribution credit for Ohio statewide office or General Assembly	0
9.	Exemption credit 9.	0
0.	. Total (add lines 2 through 9)	0
11.	. Tax less credits (line 1 minus line 10; if negative, enter zero)	6531
2.	. Joint filing credit (see instructions for table). % times line 11, up to \$650	0
3.	Earned income credit	
4.	. Home school expenses credit (include copies of all required documentation)14.	
5.	. Scholarship donation credit (include copies of all required documentation)	
6.	Nonchartered, nonpublic school tuition credit (include copies of all required documentation)16.	
7.	. Credit for work-based learning experiences (include a copy of the credit certificate)	
8.	. Ohio adoption credit carryforward	
9.	. Nonrefundable job retention credit (include a copy of the credit certificate)19.	
20.	. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate)20.	
21.	. Credit for the beginning farmers financial management program (include a copy of the credit certificate)21.	
22.	. Welcome Home Ohio credit (include a copy of the credit certificate)	
23.	. Credit for sale/rental of agricultural assets to beginning farmers (include a copy of the credit certificate)23.	



2023 Ohio Schedule of Credits

Primary taxpayer's SSN 318 11 1962



Sequence No. 8

24.	Grape production credit	24.
25.	InvestOhio credit (include a copy of the credit certificate)	25.
26.	Lead abatement credit (include a copy of the credit certificate)	26.
27.	Opportunity zone investment credit (include a copy of the credit certificate)	27.
28.	Technology investment credit carryforward (include a copy of the credit certificate)	28.
29.	Enterprise zone day care & training credits (include a copy of the credit certificate)	29.
30.	Research & development credit (include a copy of the credit certificate)	30.
31.	Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)	31.
32.	Ohio low-income housing credit (include a copy of the credit certificate)	32.
33.	Affordable single-family housing credit (include a copy of the credit certificate)	33.
34.	Total (add lines 12 through 33)	34. 0
35.	Tax less additional credits (line 11 minus line 34; if negative, enter zero)	35. 6531
Res	sidency Credits	
36.	Nonresident credit – Ohio IT NRC, line 20 (include a copy)	36.
37.	Resident credit – Ohio IT RC, line 7 (include a copy)	37. 2958
38.	Total nonrefundable credits (add lines 10, 34, 36 and 37; enter here and on Ohio IT 1040, line 9)	38. 2958
	Refundable Credits	
39.	Refundable Ohio historic preservation credit (include a copy of the credit certificate)	39.
40.	Refundable job creation credit & job retention credit (include a copy of the credit certificate)	40.
41.	Pass-through entity credit (include a copy of all Ohio IT K-1s)	41.
42.	Motion picture & Broadway theatrical production credit (include a copy of the credit certificate)	42.
43.	Venture capital credit (include a copy of the credit certificate)	43.
44.	Total refundable credits (add lines 39 through 43; enter here and on Ohio IT 1040, line 16)	44.



2023 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters. Use whole dollars only.



23350198

Sequence No. 11

Primary taxpayer's SSN 318 11 1962

List your and your spouse's (if filing jointly) income statements **only if they have Ohio withholding**. In the "P/S" box, if the income statement belongs to the primary taxpayer, enter "P"; if the income statement belongs to the spouse, enter "S". If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies of this schedule if necessary. **Include state copies of your income statements.**

Part A - Total Withholding

Part B		5 4 114 11 11	5 6 5 1 1 1 1 1 1 1 1 1 1 1 1
1. P/S P	Box b - EIN 222575929	Box 1 - Wages, tips, other compensation 148440	Box 2 - Federal income tax withheld 25657
	Box 15 - Employer's Ohio ID number 52019567	Box 16 - Ohio wages, tips, etc. 148440	Box 17 - Ohio income tax 5374
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax



2023 Schedule of Ohio Withholding Primary taxpayer's SSN

318 11 1962



23350298

		318 11 1962		20000200
Part C -	<u>1099-Rs</u>			Sequence No. 12
1. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Вох	c 14 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Вох	c 14 - Ohio tax withheld
3. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Вох	c 14 - Ohio tax withheld
4. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Вох	c 14 - Ohio tax withheld
D. 4 D	W 00			
<u>Part D -</u> 1. P/S	<u>W-2Gs</u> Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fed	leral income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Вох	c 15 - Ohio income tax withheld
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fed	leral income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Вох	∢ 15 - Ohio income tax withheld
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fed	deral income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Вох	c 15 - Ohio income tax withheld
Part E - 1. P/S	<u>1099-NECs</u> Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Fed	leral income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income	Вох	c 5 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Fed	deral income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income	Вох	c 5 - Ohio tax withheld



2023 IT RC

Ohio Resident Credit Calculation Use black ink only. Use whole dollars only. Primary taxpayer's SSN

22290109

318 11 1962

This form is for individuals who were subjected to individual income tax by another state or the District of Columbia while a resident of Ohio. Full-year nonresidents are not entitled to this credit and should not use this form. Include a copy when filing your Ohio IT 1040.

List any income taxed and any taxes paid to each state and/or the District of Columbia. Do not include income earned or received in states without an income tax. Only income included in your Ohio adjusted gross income is eligible for this credit. **Important**: Do not list any income in Column A if you do not have tax paid in Column B. Do not list a tax paid in Column B if you do not have income taxed in Column A.

Inc	(A) ome Taxed	(B) Tax Paid	(A) Income Taxed	(B) Tax Paid		(A) Income Taxed	(B) Tax Paid			
AL			KS		NH					
AR			KY		NJ					
AZ			LA		NM					
CA			MA		NY					
CO			MD		OK					
СТ			ME		OR					
DC			MI		PA					
DE			MN		RI					
GA	96240	5150	MO		SC					
HI			MS		UT					
IA			MT		VA					
ID			NC		VT					
IL			ND		WI					
IN			NE		WV					
							96240			
2. Sum of	f all Column B	amounts			2.		5150			
3. Ohio adjusted gross income (from Ohio IT 1040, line 3)							212454			
4. Divide line 1 by line 3. Carry to four digits without rounding. If greater than 1, enter 14.						0.4529				
5. Ohio Schedule of Credits, line 35 minus Ohio Schedule of Credits, line 36. If negative, enter zero							6531			
	•				6.		2958			
	Resident Cred ule of Credits,		2958							



E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



For the year Jan		5. Individual Income Ta: .31, 2023, or other tax year beginning			2023, end	ina	OMB No. 1545		, 20	1			e in this space.
			I .		2020, 6110	"'Y							structions.
Your first name			Last n										ity number
SAI RAJE			1	VALA								11 1	
ir joint return, sp	ouse s	first name and middle initial	Last n	ame							Spouse	s social se	curity number
Home address (numbe	r and street). If you have a P.O. box, see	 e instruct	tions.					Apt. no.		Preside	ntial Flecti	ion Campaign
8900 LYR									139			nere if you	
		ce. If you have a foreign address, also co	mplete	spaces below	<u> </u>	Stat	te	ZIP c			•	٠.	ntly, want \$3
COLUMBUS						ОН	[432	240		•	this fund. ow will not	. Checking a t change
Foreign country	name			Foreign provi	nce/state/	count	у	Forei	gn postal c	ode		or refund	•
												You	Spouse
Filing Status	\times	Single					Head of he	ouseh	nold (HOH	⊣)			
Check only		Married filing jointly (even if only o	ne had	income)									
one box.		Married filing separately (MFS)					☐ Qualifying						
	•	ou checked the MFS box, enter the			ıse. If yοι	ı che	cked the HOF	l or G	SS box,	ente	r the chi	ild's name	e if the
	qua	alifying person is a child but not you	ur aepe	naent:									
Digital	At an	y time during 2023, did you: (a) rec	eive (as	s a reward, a	ward, or	payn	nent for prope	rty or	services); or ((b) sell,		<u></u>
Assets	exch	ange, or otherwise dispose of a dig						et)? (S	ee instru	ction	s.)	☐ Yes	⊠ No
Standard	_	eone can claim: 🔲 You as a de	•	_	•		a dependent						
Deduction	<u></u> §	Spouse itemizes on a separate retur	n or yo	u were a dua	al-status	alien							
Age/Blindness	You:	☐ Were born before January 2, 1	959	Are blind	Spc	use:	: 🗌 Was bor	n bef	ore Janu	ary 2	, 1959	☐ I s b	lind
Dependents	(see	nstructions):		(2) Soc	al security		(3) Relationsh	_{iip} (4) Check t	he bo	x if quali	fies for (see	e instructions):
If more	(1) Fi	rst name Last name		number		to you			Child t	ax cre	edit	Credit for of	ther dependents
than four													
dependents, see instructions													
and check										<u> </u>			<u> </u>
here \square												1 0	
Income	1a	Total amount from Form(s) W-2, b			•						1a		44,680.
Attach Form(s)	b	Household employee wages not r	•								1b		
W-2 here. Also attach Forms	c d	Tip income not reported on line 1a Medicaid waiver payments not rep	•	•			· · · ·				1c		
W-2G and	u	Taxable dependent care benefits		. ,	,	เรเเน	Cuons)				1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene		,		•					1f		
If you did not	g	Wages from Form 8919, line 6.	الا داران	111 01111 000.	5, III IC 23	•							
get a Form	h	Other earned income (see instruct	ions)			•					1 <u>9</u>		0.
W-2, see instructions.	i	Nontaxable combat pay election (,	tructions) .		•	l 1i	i.					
	z	Add lines 1a through 1h						<u> </u>			1z	2	44,680.
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interest	t.			2b		
if required.	3a	Qualified dividends	3a			b 0	rdinary divide	nds .			3b		
	4a	IRA distributions	4a				axable amoun				4b	,	
Standard Deduction for—	5a	Pensions and annuities	5a			b Ta	axable amoun	t			5b		
Single or	6a	Social security benefits	6a			b Ta	axable amoun	t			6b	,	
Married filing separately,	С	If you elect to use the lump-sum e	election	method, che	eck here	(see	instructions)			. [
\$13,850	7	Capital gain or (loss). Attach Sche	dule D	if required. I	f not requ	iired,	check here			. [] _ 7		
Married filing jointly or	8	Additional income from Schedule	1, line	10							8	_	32,226.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8	. This is your	total inc	ome					9	2	12,454.
\$27,700 Head of	10	Adjustments to income from Sche	edule 1,	line 26 .							10		
household,	<u>11</u>	Subtract line 10 from line 9. This is	•	-							11		12,454.
\$20,800 If you checked _	12	Standard deduction or itemized		,							12		13,850.
any box under Standard	13	Qualified business income deduct				899	5-A				13		
Deduction,	14					٠.					14		13,850.
	15	Subtract line 14 from line 11. If ze	rn or le	ss enter ()-	inie ie v	∩ur t	avanie incom	16			15		98-604

Form 1040 (2023	3)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	42,385.	
Credits	17	Amount from Schedule 2, lir	ne 3				.	17		
	18	Add lines 16 and 17						18	42,385.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lir	ne 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	42,385.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	402.	
	24	Add lines 22 and 23. This is	your total tax					24	42,787.	
Payments	25	Federal income tax withheld							,	
-	а	Form(s) W-2				25a 4	2,966	5.		
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c	().		
	d	Add lines 25a through 25c						25d	42,966.	
If you have a	26	2023 estimated tax paymen						26		
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit	from Form 8863	3, line 8 . .		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir	ne 15			31	5,238	3.		
	32	Add lines 27, 28, 29, and 31	32	5 , 238.						
	33	Add lines 25d, 26, and 32. T						33	48,204.	
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	5,417.	
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, che	ck here	[35a	5,417.	
Direct deposit?	b	Routing number 0 8 1	s							
See instructions.	d	Routing number 0 8 1 9 0 4 8 0 8 c Type: ▼ Checking Saving Account number 2 9 1 0 0 4 1 5 2 1 3 2 ■								
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe.						
You Owe		For details on how to pay, g	o to www.irs.gov	//Payments or	see instructions			37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party		you want to allow another								
Designee	ins	structions					•	e below.	⊠ No	
		esignee's me		Phone no.			sonal ide nber (PIN	ntification		
Sign		ider penalties of perjury, I declare t	nat I have examined		accompanying sche			•	of my knowledge and	
_		lief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation		If	the IRS se	nt you an Identity	
		v			·				IN, enter it here	
Joint return?					SOFTWARE 1		`	ee inst.)		
See instructions. Keep a copy for your records.	Sp	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation			If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
	Phone no. (404) 386-9498 Email address RAJESHPUVVALA@GMAIL.COM									
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Paid	VENE	KATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI	PAVAN KUM	AR DUDIPALLI		P024	70833	Self-employed	
Preparer	Fir	m's name GLOBAL TA					Р	hone no. ((678) 965-9522	
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Fi	rm's EIN	88-2145487	
					•		-		1010	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment

Department of the Treasury Internal Revenue Service

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

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment Sequence No. 01

Your social security number

SAI	RAJESH KUMAR PUVVALA			318-1	1-19	3 62
Par	t I Additional Income					
1	Taxable refunds, credits, or offsets of state and local income taxes				1	
2a	Alimony received				2a	
b	Date of original divorce or separation agreement (see instructions):					
3	Business income or (loss). Attach Schedule C			·	3	
4	Other gains or (losses). Attach Form 4797				4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta				5	-32,226.
6	Farm income or (loss). Attach Schedule F				6	
7	Unemployment compensation				7	
8	Other income:					
а	Net operating loss	8a	()		
b	Gambling	8b				
С	Cancellation of debt	8c				
d	Foreign earned income exclusion from Form 2555	8d	()		
е	Income from Form 8853	8e				
f	Income from Form 8889	8f				
g	Alaska Permanent Fund dividends	8g				
h	Jury duty pay	8h				
i	Prizes and awards	8i				
j	Activity not engaged in for profit income	8j				
k	Stock options	8k				
ı	Income from the rental of personal property if you engaged in the rental					
	for profit but were not in the business of renting such property	81				
m	Olympic and Paralympic medals and USOC prize money (see					
	instructions)	8m				
n	Section 951(a) inclusion (see instructions)	8n				
0	Section 951A(a) inclusion (see instructions)	80				
р	Section 461(I) excess business loss adjustment	8p				
q	Taxable distributions from an ABLE account (see instructions)	8q				
r	Scholarship and fellowship grants not reported on Form W-2	8r				
S	Nontaxable amount of Medicaid waiver payments included on Form					
	1040, line 1a or 1d	8s	()		
t	Pension or annuity from a nonqualifed deferred compensation plan or					
	a nongovernmental section 457 plan	8t				
u	Wages earned while incarcerated	8u				
Z	Other income. List type and amount:					
_		8z				
9	Total other income. Add lines 8a through 8z				9_	
10	Combine lines 1 through 7 and 9. This is your additional income. Ente	r here	and on	⊦orm		i

Schedule 1 (Form 1040) 2023 Page **2**

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

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR SAI RAJESH KUMAR PUVVALA

Your social security number 318-11-1962

Pa	rt Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	402.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	lor	nntini	ied on nage 2

Schedule 2 (Form 1040) 2023 Page **2**

Part II Other Taxes (continued)

7	Other additional taxes:				
а	Recapture of other credits. List type, form number, and amount:				
		17a			
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b			
С	Additional tax on HSA distributions. Attach Form 8889	17c			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d			
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
I	Tax on accumulation distribution of trusts	17I			
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170			
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q			
z	Any other taxes. List type and amount:				
		17z			
8	Total additional taxes. Add lines 17a through 17z			18	
9	Reserved for future use			19	
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, and 18. These are your total other taxe	es. Ent	er here and		4.0.0
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			21	402.

SCHEDULE 3 (Form 1040)

Department of the Treasury

Internal Revenue Service

Additional Credits and Payments

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information, OMB No. 1545-0074 Attachment Sequence No. 03

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

318-11-1962

Your social security number

SAI RAJESH KUMAR PUVVALA **Nonrefundable Credits** Part I Foreign tax credit. Attach Form 1116 if required 1 1 2 Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 2 3 3 4 Retirement savings contributions credit. Attach Form 8880 4 **5a** Residential clean energy credit from Form 5695, line 15 5a **b** Energy efficient home improvement credit from Form 5695, line 32 5b Other nonrefundable credits: General business credit. Attach Form 3800 6a Credit for prior year minimum tax. Attach Form 8801 6b c Adoption credit. Attach Form 8839 6c Credit for the elderly or disabled. Attach Schedule R. 6d 6e Clean vehicle credit. Attach Form 8936 6f Mortgage interest credit. Attach Form 8396 6g District of Columbia first-time homebuyer credit. Attach Form 8859 6h Qualified electric vehicle credit. Attach Form 8834 6i Alternative fuel vehicle refueling property credit. Attach Form 8911 6i k Credit to holders of tax credit bonds. Attach Form 8912 . . . 6k I Amount on Form 8978, line 14. See instructions 6 m Credit for previously owned clean vehicles. Attach Form 8936. 6_m **z** Other nonrefundable credits. List type and amount: 6z 7 Total other nonrefundable credits. Add lines 6a through 6z 7 8 Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 8

Schedule 3 (Form 1040) 2023 Page **2**

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962	9		
10	Amount paid with request for extension to file (see instructions) .	10		
11	Excess social security and tier 1 RRTA tax withheld	11	5,238.	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
Z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	5 , 238.

BAA





Georgia Form 500 (Rev. 08/30/23)
Individual Income Tax Return
Georgia Department of Revenue
2023 (Approved software version)

7a. Number of Qualified Dependents*

Page 1

Fiscal Year Beginning STATE OH ISSUED YOUR DRIVER'S Fiscal Year LICENSE/STATE ID VG078430 **Ending** YOUR SOCIAL SECURITY NUMBER YOUR FIRST NAME MI 318-11-1962 1. SAI RAJESH KUMAR LAST NAME (For Name Change See IT-511 Tax Booklet) SUFFIX **PUVVALA** SPOUSE'S FIRST NAME SPOUSE'S SOCIAL SECURITY NUMBER MI DEPARTMENT USE ONLY LAST NAME **SUFFIX CHECK IF ADDRESS HAS CHANGED** ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) 2.8900 LYRA DR **APT NO 139** CITY (Please insert a space if the city has multiple names) STATE **ZIP CODE** 3. COLUMBUS ОН 43240 (COUNTRY IF FOREIGN) Residency Status 4. Enter your Residency Status with the appropriate number 1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT TO 3. NONRESIDENT Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer. Filing Status 5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet).....

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

7b. Number of Unborn Dependents

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself X

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

6c. 1

6b. Spouse

7 c. Total Number of Dependents

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue



2023

Page 2

YOUR SOCIAL SECURITY NUMBER 318-11-1962

7d. Qualified Dependents. (If you have more than 4 de	pendents, attach a list o	of additional dependents).
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
INCOME COMPUTATIONS		
If amount on line 8, 9, 10, 13 or 15 is negative, use the m	ninus sign (-). Example	-3456.
8. Federal adjusted gross income (From Federal Form 104 (Do not use FEDERAL TAXABLE INCOME) If the amoun W-2s you must include a copy of your Federal Form 10	nt on Line 8 is \$40,000 or	more, or your gross income is less than your
9. Adjustments from Form 500 Schedule 1 (See IT-511 Ta	x Booklet)	. 9.
10. Georgia adjusted gross income (Net total of Line 8 and l	Line 9)	10.
 Standard Deduction (Do not use FEDERAL STANDARD (See IT-511 Tax Booklet) 	DEDUCTION)	11a.
b. Self: 65 or over? Blind? Total	x 1,300=	11b.
Spouse: 65 or over? Blind? c. Total Standard Deduction (Line 11a + Line 11b) Use EITHER Line 11c OR Line 12c (Do not write on both		11c.
12. Total Itemized Deductions used in computing Federal Taxa	ble Income. If you use iter	mized deductions, you must include Federal Schedule A
a. Federal Itemized Deductions (Schedule A- Form 104	0)	12a.
b. Less adjustments: (See IT-511 Tax Booklet)		12b.
c. Georgia Total Itemized Deductions		12c.

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue



2023

Page 3

YOUR SOCIAL SECURITY NUMBER 318-11-1962

14a. Enter the number from Line 6c. Multiply by or multiply by \$3,700 for filing status B or C	/ \$2,700 for filing status A or D	14a.	
14b. Enter the number from Line 7c. Multiply b	y \$3,000	14b.	
14c. Add Lines 14a. and 14b. Enter total		14c.	
15a. Income before GA NOL (Line 13 less Line 14d15b. Georgia NOL utilized (Cannot exceed Line 15a applying the 80% limitation, see IT-511 Tax B		92571	
15c. Georgia Taxable Income (Line 15a less Line 1	5b)	15c. 9	2571
16. Tax (Use Tax Rate Schedule in the IT-511 Tax	k Booklet)	16.	5150
17. Low Income Credit 17a. 17b.		17c.	
18. Other State(s) Tax Credit (Include a copy of the	ne other state(s) return)	18.	
19. Credits used from IND-CR Summary Workshe	et	19.	
20. Total Credits Used from Schedule 2 Georgi electronically)	a Tax Credits (must be filed	1 20.	
21. Total Credits Used (sum of Lines 17-20) cannot exce	eed Line 16	21.	0
22. Balance (Line 16 less Line 21) if zero or less th	an zero, enter zero	22.	5150

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

	(INCOME STATE	MENT A)			(INCOME STAT	EMENT B)			(INCOME STATE	MENT C)	
1.	WITHHOLDING T	ГҮРЕ:		1.	WITHHOLDING	TYPE:		1.	WITHHOLDING 1	YPE:	
	× w-2	G2-A	G2-LP		W-2	G2-A	G2-LP		W-2	G2-A	G2-LP
	1099	G2-FL	G2-RP		1099	G2-FL	G2-RP		1099	G2-FL	G2-RP
2.	EMPLOYER/PAY ID NUMBER (FEI			2.	EMPLOYER/PA' ID NUMBER (FE			2.	EMPLOYER/PAY ID NUMBER (FEI		
	4656883	16									
3.	EMPLOYER/PAY		ITHHOLDING ID	3.	EMPLOYER/PA	YER STATE W	THHOLDING ID	3.	EMPLOYER/PAY	ER STATE WI	THHOLDING ID
4.	GA WAGES / INC	соме 96240		4.	GA WAGES / IN	COME		4.	GA WAGES / INC	COME	
5.	GA TAX WITHHE	5252		5.	GA TAX WITHHI	ELD		5.	GA TAX WITHHE	LD	

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

All Pages (1-5) are required for processing

REV 01/09/24 PRO

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue 2023



2400411545

(INCOME STATEMENT E)

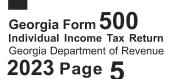
YOUR SOCIAL SECURITY NUMBER 318-11-1962

(INCOME STATEMENT F)

Page 4

(INCOME STATEMENT D)

3.	WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN EMPLOYER/PAYER STATE WITHHOLDING ID GA WAGES / INCOME		G2-LP G2-RP	II. WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN 3. EMPLOYER/PAYER STATE WITHHOLDING ID 4. GA WAGES / INCOME
5.	GA TAX WITHHELD	5. GA TAX WITHHELD		5. GA TAX WITHHELD
23.	Georgia Income Tax Withheld on Wages (Enter Tax Withheld Only and include W-2s		23.	5252
24.	Other Georgia Income Tax Withheld (Must include G2-A, G2-FL, G2-LP and/or G		24.	
25.	Estimated Tax paid for 2023 and Form IT	,	25.	
26.	Schedule 2B Refundable Tax Credits (Cannot be claimed unless filed electronic		26.	
27.	Total prepayment credits (Add Lines 23, 2	- /	27.	5252
28.	If Line 22 exceeds Line 27, subtract Line balance due		28.	
29.	If Line 27 exceeds Line 22, subtract Line 2 overpayment		29.	102
30.	Amount to be credited to 2024 ESTIMA	TED TAX	30.	0
31.	Georgia Wildlife Conservation Fund (No	gift of less than \$1.00)	31.	
32.	Georgia Fund for Children and Elderly (N	No gift of less than \$1.00)	32.	
33.	Georgia Cancer Research Fund (No gift	of less than \$1.00)	33.	
34.	Georgia Land Conservation Program (No	gift of less than \$1.00)	34.	
35.	Georgia National Guard Foundation (No g	gift of less than \$1.00)	35.	
36.	Dog & Cat Sterilization Fund (No gift of lo	ess than \$1.00)	36.	
37.	Saving the Cure Fund (No gift of less the	an \$1.00)	37.	
38.	Realizing Educational Achievement Can Happ (No gift of less than \$1.00)	pen (REACH) Program	38.	





2400411555

YOUR SOCIAL SECURITY NUMBER 318-11-1962

39	. Public Safety Memorial Gran	t (No gift of less than \$1.00)	39.		
40	. Disabled Veterans' Scholarsh	nip Fund (No gift of less thar	ı \$1.00)	40.		
41	. Form 500 UET (Estimated to	ax penalty) 500 UET exce	eption attached	41.		
42.	Penalty: Late Payment and/o	r Late Filing		42.		
43.	Interest			43.		
44.	(If you owe) Add Lines 28, MAKE CHECK PAYABLE TO Mail To: GEORGIA DEPARTI PO BOX 740399 ATLANTA, 0	GEORGIA DEPARTMENT OF REVENUE PROCES	F REVENUE,	44.		
45.	(If you are due a refund) Subt THIS IS YOUR REFUND Refund Due Mail To: GEORGIA PO BOX 740380 ATLANTA, GA	A DEPARTMENT OF REVENU	45			102
	If you do not enter Direct De	eposit information or if yo	u are a first time fi	ler you will	be issued a paper check.	
45a	. Direct Deposit (U.S. Accounts Only)	Type: Checking X Savings		•		
	Routing		Account			
	Number 081904808	/ applicable schedules, fo	Number	2910041		
_ T	axpayer's Signature (Check box if deceased)	Spouse's Sig	nature	(Check box if deceased)	
	Taxpayer's Date of Death		Spouse's D	ate of Death		
	Taxpayer's Signature Date	Taxpayer's Ph 404-386-			Spouse's Signature Date	
	By providing my e-mail address I am a my account(s). Taxpayer's E-mail Address	authorizing the Georgia Department	of Revenue to electronic	cally notify me a	t the below e-mail address regarding	any updates to
	. алрау от о 🗕 тап / каатооо				I authorize DOR to with the named pre	
	VENKATA SAI PAVAN KU	JMAR DUDIPALLI		Prepare 678-	er's Phone Number 965-9522	
	Signature of Preparer Name of Preparer Other Than VENKATA SAI PAVAI	Taxnaver				
					er's FEIN 145487	





Schedule 3 Page 1

YOUR SOCIAL SECURITY NUMBER 318-11-1962

2023 (Approved software version)

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

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

Column A must equal Column B plus Column C.

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

Column A must equal Column B plus Column C. See IT-511 Tax Booklet for other state(s) tax credits.				
FEDERAL INCOME AFTER GEORGIA ADJUSTMEN (COLUMN A)	T INCOME NOT TAXABLE TO GEORGIA (COLUMN B)	GEORGIA INCOME (COLUMN C)		
1. WAGES, SALARIES, TIPS, etc 244680	1. WAGES, SALARIES, TIPS, etc 148440	1. WAGES, SALARIES, TIPS, etc 96240		
2. INTEREST AND DIVIDENDS	2. INTEREST AND DIVIDENDS	2. INTEREST AND DIVIDENDS		
3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)		
4. OTHER INCOME OR (LOSS) -32226	4. OTHER INCOME OR (LOSS) -32226	4. OTHER INCOME OR (LOSS)		
5. TOTAL INCOME: TOTAL LINES 1 THRU 4 212454	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 116214	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 96240		
6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040		
7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1		
8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7		
212454	116214	96240		
	e 8, Column A enter percentage or check not be negative and cannot exceed 100%)	9. 45.30 %		
10a. Itemized or Standard Deduction	or Georgia Itemized (See IT-511 Tax Booklet)	10a. 5400		
10b. Additional Standard Deduction Self: 65 or over? Blind? Spouse: 65	or over? Blind? Total X 1,300=	10b.		
11. Personal Exemptions from Form 500 or F	Form 500X (See IT-511 Tax Booklet)			
11a. Enter the number on Line 6c from Form 500 filing status A or D or multiply by \$3,700 for		11a. 2700		
11b. Enter the number on Line 7c from Form 50	O or Form 500X multiply by \$3,000	11b.		
12. Total Deductions and Exemptions: Add	Lines 10a, 10b, 11a, and 11b	12. 8100		
13. *Multiply Line 12 by Ratio on Line 9 and		13. 3669		
 Income before GA NOL: Subtract Line 1 Enter here and on Line 15a, Page 3 of F 		14. 92571		

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

For the year las		S. Individual Income Ta	ux ItC		1000 andin		No. 1545-0	, 20	Ť			in this space.
For the year Jai	n. I-Dec	c. 31, 2023, or other tax year beginning		, 2	.023, endin	g 		, 20				tructions.
Your first name	e and m	iddle initial	Last r									ity number
SAI RAJ			PUV	VALA							11 1	
If joint return, s	spouse's	s first name and middle initial	Last r	ame					;	Spouse'	s social se	curity number
Home address	(numbe	er and street). If you have a P.O. box, s	ee instruc	tions.				Apt. no.		Preside	iintia l El ect	ion Campaign
8900 LY	RA DI	R						139			nere if you	
City, town, or p	oost offi	ce. If you have a foreign address, also	complete	spaces below.	:	State		ZIP code		-		ntly, want \$3 Checking a
COLUMBU	S					ОН		43240		-	ow will no	_
Foreign countr	y name			Foreign provinc	ce/state/co	unty		Foreign postal c	ode	your tax	or refund	l. ☐ Spouse
Filing Status	s 🗵	Single				□н	lead of ho	usehold (HOH	— ∃)			
Check only	_	Married filing jointly (even if only	one had	income)								
one box.		Married filing separately (MFS)					ualifying s	surviving spot	use (C	QSS)		
	I f y	you checked the MFS box, enter t	he name	of your spous	e. If you	checked	the HOH	or QSS box,	enter	the chi	ld's name	e if the
	qu	ıalifying person is a child but not y	our depe	endent:								
 Digital	At ar	ny time during 2023, did you: (a) re	eceive (a	s a reward. aw	ard, or pa	avment f	for propert	v or services): or (b) sell.		
Assets		nange, or otherwise dispose of a d	,			,		,	,	, .	☐ Yes	⊠ No
Standard		neone can claim: You as a			r spouse			<u> </u>				
Deduction		Spouse itemizes on a separate ret	urn or yo	ou were a dual-	-status al	ien						
Age/Rlindnes	 • You	: Were born before January 2,	1959	Are blind	Spou	se. 🗆	Was horn	before Janua	an/ 2	1959	☐ Is b	lind
Dependent	-	·	, 1909	T				(4) Chaplet				e instructions):
•		irst name Last name		(2) Social num		(3)	Relationship to you	Child to			•	ther dependents
If more than four	`						<u> </u>					$\overline{\Box}$
dependents,												
see instruction and check	s											
here \square												
Income	1a	Total amount from Form(s) W-2,	box 1 (s	ee instructions	s)					1a	2	44,680.
Attach Form(s)	b	Household employee wages not	reported	d on Form(s) W	<i>l</i> -2					1b		
W-2 here. Also	С	Tip income not reported on line	o income not reported on line 1a (see instructions)						1c			
attach Forms	d	Medicaid waiver payments not r							1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits	s from Fo	orm 2441, line	26 .					1e		
was withheld.	f	Employer-provided adoption be		m Form 8839,	line 29					1f		
If you did not	g	Wages from Form 8919, line 6.								1g		
get a Form W-2, see	h	Other earned income (see instru	ctions)							1h		0.
instructions.	i	Nontaxable combat pay election	ı (see ins	tructions) .			. <u>li</u>					
	Z _	Add lines 1a through 1h								1z	2	44,680.
Attach Sch. B	2a	Tax-exempt interest	2a				e interest			2b		
if required.	3a_	Qualified dividends	3a				ry dividen			3b		
Standard	4a	IRA distributions	4a				e amount			4b		
Deduction for—	5a	Pensions and annuities	5a				e amount			5b		
Single or Married filing	6a	Social security benefits	6a				e amount		٠ ـ	6b	-	
separately,	_ c	If you elect to use the lump-sum										
\$13,850 Married filing	7	Capital gain or (loss). Attach Sch							. L	7		20.006
jointly or Qualifying	8	Additional income from Schedul								8		32,226.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b,		=						9		12,454.
\$27,700 Head of	10	Adjustments to income from Scl								10		10 454
household, \$20,800	11	Subtract line 10 from line 9. This	•	-						11		12,454.
If you checked	12	Standard deduction or itemize		,		•				12		13 , 850.
any box under Standard	13	Qualified business income dedu								13	_	13,850.
Deduction, see instructions.	14	Add lines 12 and 13		 ss antar_N_]			 Je incomo			14		<u>13,830.</u> 98 604

Form 1040 (2023	3)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		. 16	42,385.	
Credits	17	Amount from Schedule 2, lin	ne 3					. 17		
	18	Add lines 16 and 17						. 18	42,385.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			. 19		
	20	Amount from Schedule 3, lin	ne 8					. 20		
	21	Add lines 19 and 20						. 21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	42,385.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21 .			. 23	402.	
	24	Add lines 22 and 23. This is	your total tax					. 24	42,787.	
Payments	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	42,96	66.		
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c		0.		
	d	Add lines 25a through 25c						. 25d	42,966.	
If you have a	26	2023 estimated tax paymen	ts and amount a _l	pplied from 20	22 return			. 26		
qualifying child, attach Sch. EIC. 1	27	Earned income credit (EIC)			No .	27				
attacii Scii. ElC.	28	Additional child tax credit from	m Schedule 8812			28				
	29	American opportunity credit	from Form 8863	s, line 8 . .		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	ne 15			31	5,23	38.		
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credi	ts .	. 32	5,238.	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 33	48,204.	
Refund	34	If line 33 is more than line 24	1, subtract line 2،	4 from line 33.	This is the amou	nt you overpa	id .	. 34	5,417.	
	35a								5,417.	
Direct deposit?	b	Routing number 0 8 1				Checking	🗌 Saviı	ngs		
See instructions.	d	Account number 2 9 1	0 0 4 1	5 2 1 3	3 2					
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						. 37		
rou Owe	38	Estimated tax penalty (see in	-	•				. 31		
Third Party		you want to allow another								
Designee		•	•				. Compl	ete below.	X No	
Designee		esignee's		Phone				dentification		
	na	me		no.		r	umber (F	PIN)		
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation			If the IRS se	nt you an Identity	
		v							PIN, enter it here	
Joint return?					SOFTWARE 1			(see inst.)		
See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupat	tion			f the IRS sent your spouse an dentity Protection PIN, enter it here see inst.)		
	Ph	one no. (404)386-949	8	Email address	RAJESHPUVV.	ALA@GMAIL	.COM			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTI	Ν	Check if:	
Preparer	VENE	KATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI	PAVAN KUM	AR DUDIPALLI		P02	2470833	Self-employed	
Use Only	Fir	m's name GLOBAL TA	XES LLC					Phone no.	(678)965-9522	
————	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816			Firm's EIN	88-2145487	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Soguence No. 01

Department of the Treasury Internal Revenue Service

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

SAI RAJESH KUMAR PUVVALA

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

Sequence No. 01

Your social security number
318-11-1962

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E	5	-32,226.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (<u>)</u>	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q	_	
r	Scholarship and fellowship grants not reported on Form W-2	8r	-	
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (4	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	-	
u	Wages earned while incarcerated	8u	-	
Z	Other income. List type and amount:			
_	Total ather in some Add lines On through On	δ Z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Ente 1040, 1040-SR, or 1040-NR, line 8		10	-32,226.
	1040.1040-311.011040-1110.111100		1 IU I	-JZ,ZZV.

Schedule 1 (Form 1040) 2023 Page **2**

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

BAA

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR SAI RAJESH KUMAR PUVVALA

Your social security number 318-11-1962

Pai	tl Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	402.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(cc	ontinu	ued on page 2)

Schedule 2 (Form 1040) 2023 Page **2**

Part II Other Taxes (continued)

7	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:			
		17a		
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
_	· · · · · · · · · · · · · · · · · · ·			
	ł	17c		
a	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17 i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
I	Tax on accumulation distribution of trusts	171		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170		
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount:			
		17z		
8	Total additional taxes. Add lines 17a through 17z		18	
9	Reserved for future use		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your total other taxe	s. Enter here and		
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	402.

SCHEDULE 3 (Form 1040)

Department of the Treasury

Additional Credits and Payments

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 03

Internal Revenue Service Go to www.irs.gov/Fo
Name(s) shown on Form 1040, 1040-SR, or 1040-NR

SAI RAJESH KUMAR PUVVALA

Your social security number 318-11-1962

Par	Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441	, line 11. Attach	2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5a	Residential clean energy credit from Form 5695, line 15		5a	
b	Energy efficient home improvement credit from Form 5695, line 32		5b	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Reserved for future use	6e		
f	Clean vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
I	Amount on Form 8978, line 14. See instructions	61		
m	Credit for previously owned clean vehicles. Attach Form 8936.	6m		
Z	Other nonrefundable credits. List type and amount:			
		6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 10	040, 1040-SR, or		
	1040-NR, line 20		8	
		(C	ontin	ued on page 2)

Schedule 3 (Form 1040) 2023 Page **2**

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld	11	5,238.	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
Z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	5 , 238.

BAA

8879 Form

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submi	ission Identification Number (SID)				
Taxpaye	er's name	Social securit	y numb	per	
SAI	RAJESH KUMAR PUVVALA	318-11-	-196	2	
Spouse'	's name	Spouse's soc	ial seci	urity numb	er
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	vear vou a	re au	thorizing	a.)
	whole dollars only on lines 1 through 5.	<i>y y</i>			9- /
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	21	2,454.
2	Total tax		2	4	2,787.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	4	2,966.
4	Amount you want refunded to you		4		5 , 417.
5	Amount you owe		5		
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a cop	y of y	our ret	urn)
return (to send for any Agent t paymen authoriz paymen busines taxes t persona	oviledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicant of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution zation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate int, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation request days prior to the payment (settlement) date. I also authorize the financial institutions involved in the part of receive confidential information necessary to answer inquiries and resolve issues related to the part is aligned to the part of t	tter, or electroction of the tr S. Treasury are cated in the tan to debit the the authorizates the surfaces beforecessing of ayment. I furt	onic refansmished its of ax preparties of ax preparties. The control is the contr	turn origin ssion, (b) designated paration so to this according from the control of the control	ator (ERO) the reason d Financial oftware for count. This (cancel) a ter than 2 payment of ge that the
					1
Тахра	yer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate n	av DIN 1	1 9	9 6 2	00 m)/
_	ERO firm name	* Ent		digits, but	as my
	signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method below.				
Your s	ignature ▶ Date ▶				
Snous	se's PIN: check one box only				-
	I authorize to enter or generate n	ny PIN			as my
	ERO firm name		er five	digits, but	
	signature on the income tax return (original or amended) I am now authorizing.			er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method below.		_		_
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part	Certification and Authentication — Practitioner PIN Method Only				
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2		6 6	-	8 9
		Don't ente	er all ze	eros	
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income tax zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit ments of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Income.	tting this retu	rn in a	accordand	
ERO's	signature ► Date ►				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To D	o So			

Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2023

OMB No. 1545-007

IRS Use Only—Do not write or staple in this space.

For the year Jar	ı. 1–De	c. 31, 2023, or other tax year beginning		, 2023, end	ling		, 20		See ser	parate instructions.
Your first name	and m	niddle initial	Last r	name					Your so	cial security number
SAI RAJE	SH	KUMAR	PUV	VALA					318	11 1962
		's first name and middle initial	Last r							s social security number
•									•	
Home address	(numb	er and street). If you have a P.O. box, see	instruc	ctions.			Apt. no.		Presider	ntial Election Campaign
8900 LYF	RA D	R					139			ere if you, or your
City, town, or p	ost off	ice. If you have a foreign address, also co	mplete	spaces below.	Stat	:e	ZIP code			if filing jointly, want \$3 this fund. Checking a
COLUMBUS	3				ОН		43240			ow will not change
Foreign country	/ name)		Foreign province/state/o	count	у	Foreign posta	I code		or refund.
										You Spouse
Filing Status	s 🗵	Single				Head of ho	ousehold (H0	OH)		
Check only	L	☐ Married filing jointly (even if only or	ne hac	d income)		_				
one box.	L					☐ Qualifying				
		you checked the MFS box, enter the			u che	cked the HOH	or QSS box	k, ente	r the chil	d's name if the
	qu	ualifying person is a child but not you	ır depe	endent:						
Digital	At a	ny time during 2023, did you: (a) rece	eive (a	s a reward, award, or	payn	nent for prope	rty or service	es); or	(b) sell,	
Assets	excl	hange, or otherwise dispose of a digi	ital ass	set (or a financial intere	est in	a digital asse	t)? (See inst	ruction	ıs.)	☐ Yes 🗵 No
Standard	Son	neone can claim: 🗌 You as a de	pende	nt 🗌 Your spouse	e as	a dependent				
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a dual-status	alien					
Age/Blindness	s You	: Were born before January 2, 1	959	Are blind Spo	ouse:	□ Was bor	n before Jar	uarv 2	. 1959	☐ I s blind
Dependents	-	-		(2) Social security	,	(3) Relationsh	(4) (1)			ies for (see instructions):
If more		First name Last name		number		to you		d tax cr	edit	Credit for other dependents
than four										
dependents,										
see instructions and check	s —									
here \square										
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	see instructions)					1a	244,680.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form(s) W-2..					. 1b	
W-2 here. Also	С	Tip income not reported on line 1a	ı (see i	nstructions)					1c	
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s) W-2 (see in	nstru	ctions)			1d	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom F	orm 2441, line 26 .					1e	
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8839, line 29					1f	
If you did not	g	Wages from Form 8919, line 6 .							. 1g	
get a Form W-2, see	h	Other earned income (see instructi	ions)				,		1h_	0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions)		<u>1i</u>			_	
	Z	Add lines 1a through 1h	. ;						1z	244,680.
Attach Sch. B	2a	Tax-exempt interest	2a			axable interest			2b	
if required.	3a	· · · —	3a			rdinary divider			3b	
Standard	4a	-	4a			axable amount			4b	
Deduction for—	5a	F	5a			axable amount			5b	
Single or Married filing	6a	,	6a			axable amount	t	· <u>-</u>	6b	
separately,	С	If you elect to use the lump-sum e						. L	_	
\$13,850 Married filing	7	Capital gain or (loss). Attach Scheo						. L] 7	
jointly or	8	Additional income from Schedule							8	-32,226.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		=	come				9	212,454.
\$27,700 Head of	10	Adjustments to income from Schedule 1, line 26						10		
household,	11	Subtract line 10 from line 9. This is	-						11	212,454.
\$20,800 If you checked	12	Standard deduction or itemized							12	<u> </u>
any box under Standard	13	Qualified business income deducti							13	
Deduction, see instructions.	14	Add lines 12 and 13							14	13,850.
JOO HIGH WOLIDING I	45	tribetacet line 14 facus line 11 lf -cu	0 01 1	on ontor () This are		avabla ina	_		. 45	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		. 16	42,385.
Credits	17	Amount from Schedule 2, lir	ne 3					. 17	
	18	Add lines 16 and 17						. 18	42,385.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			. 19	
	20	Amount from Schedule 3, lin	ne 8					. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	42,385.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			. 23	402.
	24	Add lines 22 and 23. This is	your total tax					. 24	42,787.
Payments	25	Federal income tax withheld							
•	а	Form(s) W-2				25a 4	2,966	5.	
	b	Form(s) 1099				25b			
	С	Other forms (see instruction:	s)			25c	(J.	
	d	Add lines 25a through 25c						. 25d	42,966.
If you have a	26	2023 estimated tax paymen						. 26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	3, line 8 . .		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31	5,238	3.	
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credits		. 32	5 , 238.
	33	Add lines 25d, 26, and 32. T						. 33	48,204.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		. 34	5,417.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here [35a	5,417.
Direct deposit?	b	Routing number 0 8 1	9 0 4 8	0 8	c Type: 🛛	Checking [] Saving	js 🗔	
See instructions.	d	Account number 2 9 1 0 0 4 1 5 2 1 3 2							
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe.					
You Owe		For details on how to pay, g	o to www.irs.gov	//Payments or	see instructions			. 37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party		you want to allow another							
Designee	ins	structions				∐Yes.	Comple	te below.	⊠ No
		esignee's me		Phone no.			sonal ide nber (PIN	entification	
Cian		ider penalties of perjury, I declare the	nat I have examined		accompanying sche			•	of my knowledge and
Sign		lief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If	the IRS se	nt you an Identity
		ŭ			'				IN, enter it here
Joint return?					SOFTWARE 1	ENGINEER	`	see inst.)	
See instructions. Keep a copy for your records.	Sp	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupat	ion	If the IRS sent your spouse an Identity Protection PIN, enter it I (see inst.)		
	Ph	one no. (404) 386-949	8	Email address	RAJESHPUVV	ALA@GMAIL.C	OM		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	VENE	KATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI	PAVAN KUM	AR DUDIPALLI		P024	170833	Self-employed
Preparer	Fir	m's name GLOBAL TA					Р	hone no.	(678) 965-9522
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		F	irm's EIN	88-2145487
									4040

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

SAI RAJESH KUMAR PUVVALA

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

Sequence No. 01

Your social security number
318-11-1962

Par	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received	2a		
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E	5	-32 , 226.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()		
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
_		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Ente	r here and on Form	10	- 32 ₋ 226
	1040 1040-SB or 1040-NB line 8		1 701	- 1/ • // n •

Schedule 1 (Form 1040) 2023 Page **2**

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

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR SAI RAJESH KUMAR PUVVALA

Your social security number 318-11-1962

Pai	tl Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	402.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(cc	ontini	ued on page 2)

Schedule 2 (Form 1040) 2023 Page **2**

Part II Other Taxes (continued)

7	Other additional taxes:				
а	Recapture of other credits. List type, form number, and amount:				
		17a			
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b			
С	Additional tax on HSA distributions. Attach Form 8889	17c			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d			
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
I	Tax on accumulation distribution of trusts	17I			
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170			
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q			
Z	Any other taxes. List type and amount:				
		17z			
8	Total additional taxes. Add lines 17a through 17z			18	
9	Reserved for future use			19	
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, and 18. These are your total other taxe	s. Enter he	ere and	04	4.0.0
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			21	 402.

SCHEDULE 3 (Form 1040)

Department of the Treasury

Internal Revenue Service

Additional Credits and Payments

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 03

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

SAI RAJESH KUMAR PUVVALA

Your social security number 318-11-1962

Par	Nonrefundable Credits				
1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441	, line 1	1. Attach	2	
3	Education credits from Form 8863, line 19			3	
4	Retirement savings contributions credit. Attach Form 8880			4	
5a	Residential clean energy credit from Form 5695, line 15			5a	
b	Energy efficient home improvement credit from Form 5695, line 32			5b	
6	Other nonrefundable credits:				
а	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
С	Adoption credit. Attach Form 8839	6c			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
е	Reserved for future use	6e			
f	Clean vehicle credit. Attach Form 8936	6f			
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
I	Amount on Form 8978, line 14. See instructions	6 l			
m	Credit for previously owned clean vehicles. Attach Form 8936 .	6m			
z	Other nonrefundable credits. List type and amount:				
		6z			
7	Total other nonrefundable credits. Add lines 6a through 6z			7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1	040, 10	40-SR, or		
	1040-NR, line 20			8	
			(CC	ontinu	ued on page 2)

Schedule 3 (Form 1040) 2023 Page **2**

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962	9		
10	Amount paid with request for extension to file (see instructions) .	10		
11	Excess social security and tier 1 RRTA tax withheld		11	5,238.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
Z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	5 , 238.

BAA

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074 Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return Your social security number SAI RAJESH KUMAR PUVVALA 318-11-1962 Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions ☐ Yes
☒ No В 1a Physical address of each property (street, city, state, ZIP code) S. COLLAGE ROAD KAKINADA ANDHRA PRADESH IN 533003 Α В С Type of Property 1b For each rental real estate property listed **Fair Rental Personal Use** QJV (from list below) above, report the number of fair rental and Days Days personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** С Income: Α В 600. 3 Rents received . 4 Royalties received 4 **Expenses:** 5 Advertising 5 6 Auto and travel (see instructions) 6 1,854. 7 Cleaning and maintenance . . . 7 8 8 Commissions Insurance 9 9 10 10 Legal and other professional fees 11 Management fees 11 1,457. Mortgage interest paid to banks, etc. (see instructions) 12 12 13 13 9,894. 14 14 15 15 9,857. Supplies 16 16 Utilities 17 9,764. 17 18 Depreciation expense or depletion 18 19 19 Total expenses. Add lines 5 through 19 20 20 32,826. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 -32,226.21 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 32,226.) 23a Total of all amounts reported on line 3 for all rental properties 23a 600. Total of all amounts reported on line 4 for all royalty properties 23b 23c **c** Total of all amounts reported on line 12 for all properties . . Total of all amounts reported on line 18 for all properties 23d Total of all amounts reported on line 20 for all properties 23e 32,826. 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 32,226. 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 ...

-32,226.

8959 Form

Department of the Treasury Internal Revenue Service

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.

Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 71

Name(s) shown on return

SAI RAJESH KUMAR PUVVALA

318-11-1962

Part	Additional Medicare Tax on Medicare Wages		
1	Medicare wages and tips from Form W-2, box 5. If you have more than one		
	Form W-2, enter the total of the amounts from box 5		
2	Unreported tips from Form 4137, line 6		
3	Wages from Form 8919, line 6		
4	Add lines 1 through 3		
5	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately \$125,000		
	Single, Head of household, or Qualifying surviving spouse \$200,000 5 200,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0	6	44,680.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to		
	Part II	7	402.
Part	II Additional Medicare Tax on Self-Employment Income		
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you		
	had a loss, enter -0		
9	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
	Single, Head of household, or Qualifying surviving spouse \$200,000 9		
10	Enter the amount from line 4		
11	Subtract line 10 from line 9. If zero or less, enter -0		
12	Subtract line 11 from line 8. If zero or less, enter -0	12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and		
	go to Part III	13	
Part	`		
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14		
	(see instructions)	_	
15	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
	Single, Head of household, or Qualifying surviving spouse \$200,000		
16	Subtract line 15 from line 14. If zero or less, enter -0	16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009).		
Dout	Enter here and go to Part IV	17	
	Total Additional Medicare Tax		
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V	18	400
Part		10	402.
	Medicare tax withheld from Form W-2, box 6. If you have more than one Form		
19	W-2, enter the total of the amounts from box 6		
20	Enter the amount from line 1		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax	-	
-1	withholding on Medicare wages		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medicare Tax		
	withholding on Medicare wages	22	0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box		J •
20	14 (see instructions)	23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with		
<u>_</u> _T	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers,		
	see instructions)	24	0

Form **8960**

Net Investment Income Tax—Individuals, Estates, and Trusts

Department of the Treasury Internal Revenue Service

Name(s) shown on your tax return

Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

OMB No. 1545-2227

2023

Attachment
Sequence No. 72

Your social security number or EIN

SAI	AI RAJESH KUMAR PUVVALA 318-				962
Part	Investment Income ☐ Section 6013(g) election (see instructions)				
	☐ Section 6013(h) election (see instructions)				
	☐ Regulations section 1.1411-10(g) election (see in	structions)		
1	Taxable interest (see instructions)			1	
2	Ordinary dividends (see instructions)			2	
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or				
	businesses, etc. (see instructions)	4a	-32 , 226.		
b	Adjustment for net income or loss derived in the ordinary course of a non-				
	section 1411 trade or business (see instructions)	4b			
С	Combine lines 4a and 4b			4c	-32 , 226.
5a	Net gain or loss from disposition of property (see instructions)	5a			
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b			
С	Adjustment from disposition of partnership interest or S corporation stock (see				
	instructions)	5c			
d	Combine lines 5a through 5c			5d	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			6	
7	Other modifications to investment income (see instructions)			7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	-32 , 226.
Part	•	cations			
9a	Investment interest expenses (see instructions)	9a			
b	State, local, and foreign income tax (see instructions)	9b			
С	Miscellaneous investment expenses (see instructions)	9c			
d	Add lines 9a, 9b, and 9c			9d	
10	Additional modifications (see instructions)			10	
11	Total deductions and modifications. Add lines 9d and 10			11	
Part	•		. 10.17		
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, or state and trusts, complete lines 18s. 01 If Tark or less anter 0.				0
	Estates and trusts, complete lines 18a–21. If zero or less, enter -0 Individuals:			12	0.
40		ا مه ا	010 454		
13	Modified adjusted gross income (see instructions)	13	212,454		
14 15	Threshold based on filing status (see instructions)	14 15	200,000 12,454		
16	Enter the smaller of line 12 or line 15			16	0.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). En				0.
.,	on your tax return (see instructions)			17	0.
	Estates and Trusts:				
18a	Net investment income (line 12 above)	18a			
b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b			
С	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c			
19a	Adjusted gross income (see instructions)	19a			
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b			
C	Subtract line 19b from line 19a. If zero or less, enter -0	19c			
20	Enter the smaller of line 18c or line 19c			20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.				
•	include on your tax return (see instructions)			21	

BAA



2023 Ohio IT 1040

Individual Income Tax Return



23000198

Sequence No. 1

02 12 24 Use only black ink/UPPERCASE letters. Use whole dollars only.

AMENDED RETURN - Check here and include Ohio IT RE.

Spouse's SSN (if filing jointly)

✓ If deceased

NOL CARRYBACK - Check here and include Schedule IT NOL.

School district #

7402

First name

SAI RAJESH KUMA

Primary taxpayer's SSN (required)

318 11 1962

M.I. Last name PUVVALA

Spouse's first name (if filing jointly)

M.I. Last name

*Indicate state

Address line 1 (number and street) or P.O. Box

8900 LYRA DR

Address line 2 (apartment number, suite number, etc.)

APT 139

City

5

✓ If deceased

COLUMBUS

State ZIP code

Ohio county (first four letters)

OH 43240

FRAN

Filing Status - Check one (as reported on federal income tax return)

Foreign country (if the mailing address is outside the U.S.)

Residency Status – Check only one for primary

Foreign postal code

×	Resident	Part-year resident*	Nonresident*	X Single, head of household or qua	alifying surviving spouse	
Che	eck only one for	spouse (if filing joint	ly) *Indicate state	Married filing jointly		
	Resident	Part-year resident*	Nonresident*	Married filing separately	Spouse's SSN	
<u>Oh</u>	io Nonresid	ent Statement -	- See instructions for required criteria			
	Primary meets	the five criteria for in	ebuttable presumption as nonresident.	Federal extension filers - check h	nere.	
	Spouse meets	the five criteria for irr	ebuttable presumption as nonresident.	If someone can claim you (or your dependent, check here.	spouse if filing jointly) as a	
			ederal 1040 or 1040-SR, line 11). Place		212454	
2a.	Additions — Ohio	Schedule of Adjust	ments, line 11 (include schedule)	2a.		
2b.	Deductions – Of	nio Schedule of Adju	stments, line 44 (include schedule)	2b.		
3.	Ohio adjusted gi	ross income (line 1 p	olus line 2a minus line 2b). Place a "-" in	the box if negative3.	212454	
		1	ule of Dependents if applicable)and your spouse/dependents, if applicable	-	1900	
		. 0,	line 4; if negative, enter zero)		210554	
6.	Taxable busines	s income – Ohio Sc	hedule of Business Income, line 15 (inc	lude schedule)6.		
7.	Taxable nonbusi	ness income (line 5	minus line 6; if negative, enter zero)	7.	210554	



MM-DD-YY

REV 02/07/24 PRO

2023 Ohio IT 1040



SSN: 318 11 1962 Individual Income Tax Return III III III III III III III III III I	23000298 Sequence No. 2
7a. Amount from line 7 on page 1	210554
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	6531
8b. Business income tax liability – Ohio Schedule of Business Income, line 16 (include schedule)8b.	
8c. Income tax liability before credits (line 8a plus line 8b)	6531
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 38 (include schedule)9.	2958
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)10.	3573
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)11.	
12. Unpaid use tax (see instructions)	
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)13.	3573
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	5374
15. Estimated and extension payments, and credit carryforward from last year's return15.	
16. Refundable credits – Ohio Schedule of Credits, line 44 (include schedule)	
17. <u>Amended return only</u> – amount previously paid with original and/or amended return17.	
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	5374
19. <u>Amended return only</u> – overpayment previously requested on original and/or amended return19.	
20. Line 18 minus line 19. Place a "-" in the box if negative	5374
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21. 21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13	
21. Tax due (inte 13 fillitus linte 20). Il fille 20 is negative, ignore the - and add linte 20 to linte 13	
22. Interest due on late payment of tax (see instructions)	
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include the Ohio Universal Payment Coupon (OUPC) and make check payable to "Ohio Treasurer of State"	
24. Overpayment (line 20 minus line 13)	1801
25. Original return only – portion of line 24 carried forward to next year's tax liability	
d. Ohio History Fund e. Nature Preserves/Scenic Rivers f. Breast/Cervical Cancer	
27. REFUND (line 24 minus lines 25 and 26g)	1801

27 and belief, the return and all enclosures are true, correct and complete. Primary signature _ _ Phone number <u>(404)386-949</u>8 Spouse's signature _ _ Date ___ Phone number (678) 965-9522 Preparer's printed name $\frac{}{\text{VENKATA SAI PAVAN KUMAR}}$

If you owe \$1.00 or less, no payment is necessary.

NO Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679

Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057

Authorize your preparer to discuss this return

Non-paid preparer

PTIN: P 02470833

REV 02/07/24 PRO



2023 Ohio Schedule of Credits

Use only black ink. Use whole dollars only. Primary taxpayer's SSN $318\ 11\ 1962$



23280198

Sequence No. 7

Many of these credits <u>must</u> be calculated using a worksheet and/or be supported by additional required documentation. See the instructions for worksheets and information on supporting documentation.

Nonrefundable Credits

1.	. Tax liability before credits (from Ohio IT 1040, line 8c)	6531
2.	. Retirement income credit (include 1099-R forms)	
3.	Lump sum retirement credit (include a copy of the worksheet and 1099-R forms)	
4.	. Senior citizen credit (must be 65 or older to claim this credit)	
5.	. Lump sum distribution credit (include a copy of the worksheet and 1099-R forms)	
6.	. Child care & dependent care credit (include a copy of the worksheet)	
7.	. Displaced worker training credit (include a copy of the worksheet and all required documentation)7.	
8.	. Campaign contribution credit for Ohio statewide office or General Assembly	0
9.	Exemption credit 9.	0
0.	. Total (add lines 2 through 9)	0
11.	. Tax less credits (line 1 minus line 10; if negative, enter zero)	6531
2.	. Joint filing credit (see instructions for table). % times line 11, up to \$650	0
3.	Earned income credit	
4.	. Home school expenses credit (include copies of all required documentation)14.	
5.	Scholarship donation credit (include copies of all required documentation)	
6.	Nonchartered, nonpublic school tuition credit (include copies of all required documentation)16.	
7.	. Credit for work-based learning experiences (include a copy of the credit certificate)	
8.	. Ohio adoption credit carryforward	
9.	. Nonrefundable job retention credit (include a copy of the credit certificate)19.	
20.	. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate)20.	
21.	. Credit for the beginning farmers financial management program (include a copy of the credit certificate)21.	
22.	. Welcome Home Ohio credit (include a copy of the credit certificate)	
23.	. Credit for sale/rental of agricultural assets to beginning farmers (include a copy of the credit certificate)23.	



2023 Ohio Schedule of Credits

Primary taxpayer's SSN 318 11 1962



Sequence No. 8

24.	Grape production credit	24.
25.	InvestOhio credit (include a copy of the credit certificate)	25.
26.	Lead abatement credit (include a copy of the credit certificate)	26.
27.	Opportunity zone investment credit (include a copy of the credit certificate)	27.
28.	Technology investment credit carryforward (include a copy of the credit certificate)	28.
29.	Enterprise zone day care & training credits (include a copy of the credit certificate)	29.
30.	Research & development credit (include a copy of the credit certificate)	30.
31.	Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)	31.
32.	Ohio low-income housing credit (include a copy of the credit certificate)	32.
33.	Affordable single-family housing credit (include a copy of the credit certificate)	33.
34.	Total (add lines 12 through 33)	34. 0
35.	Tax less additional credits (line 11 minus line 34; if negative, enter zero)	35. 6531
Res	sidency Credits	
36.	Nonresident credit – Ohio IT NRC, line 20 (include a copy)	36.
37.	Resident credit – Ohio IT RC, line 7 (include a copy)	37. 2958
38.	Total nonrefundable credits (add lines 10, 34, 36 and 37; enter here and on Ohio IT 1040, line 9)	38. 2958
	Refundable Credits	
39.	Refundable Ohio historic preservation credit (include a copy of the credit certificate)	39.
40.	Refundable job creation credit & job retention credit (include a copy of the credit certificate)	40.
41.	Pass-through entity credit (include a copy of all Ohio IT K-1s)	41.
42.	Motion picture & Broadway theatrical production credit (include a copy of the credit certificate)	42.
43.	Venture capital credit (include a copy of the credit certificate)	43.
44.	Total refundable credits (add lines 39 through 43; enter here and on Ohio IT 1040, line 16)	44.



2023 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters. Use whole dollars only.



23350198

Sequence No. 11

Primary taxpayer's SSN 318 11 1962

List your and your spouse's (if filing jointly) income statements **only if they have Ohio withholding**. In the "P/S" box, if the income statement belongs to the primary taxpayer, enter "P"; if the income statement belongs to the spouse, enter "S". If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies of this schedule if necessary. **Include state copies of your income statements.**

Part A - Total Withholding

Part B		5 4 114 11 11	5 6 5 1 1 1 1 1 1 1 1 1 1 1 1 1
1. P/S P	Box b - EIN 222575929	Box 1 - Wages, tips, other compensation 148440	Box 2 - Federal income tax withheld 25657
	Box 15 - Employer's Ohio ID number 52019567	Box 16 - Ohio wages, tips, etc. 148440	Box 17 - Ohio income tax 5374
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax



2023 Schedule of Ohio Withholding Primary taxpayer's SSN

318 11 1962



23350298

		318 11 1962		20000200
Part C -	<u>1099-Rs</u>			Sequence No. 12
1. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Вох	c 14 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Вох	c 14 - Ohio tax withheld
3. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Вох	c 14 - Ohio tax withheld
4. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Вох	c 14 - Ohio tax withheld
D. 4 D	W 00			
<u>Part D -</u> 1. P/S	<u>W-2Gs</u> Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fed	leral income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Вох	c 15 - Ohio income tax withheld
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fed	leral income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Вох	c 15 - Ohio income tax withheld
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fed	deral income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Вох	c 15 - Ohio income tax withheld
Part E - 1. P/S	<u>1099-NECs</u> Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Fed	deral income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income	Вох	c 5 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Fed	deral income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income	Вох	c 5 - Ohio tax withheld



2023 IT RC

Ohio Resident Credit Calculation Use black ink only. Use whole dollars only. Primary taxpayer's SSN

22290109

318 11 1962

This form is for individuals who were subjected to individual income tax by another state or the District of Columbia while a resident of Ohio. Full-year nonresidents are not entitled to this credit and should not use this form. Include a copy when filing your Ohio IT 1040.

List any income taxed and any taxes paid to each state and/or the District of Columbia. Do not include income earned or received in states without an income tax. Only income included in your Ohio adjusted gross income is eligible for this credit. **Important**: Do not list any income in Column A if you do not have tax paid in Column B. Do not list a tax paid in Column B if you do not have income taxed in Column A.

Inc	(A) ome Taxed	(B) Tax Paid	(A) Income Taxed	(B) Tax Paid		(A) Income Taxed	(B) Tax Paid
AL			KS		NH		
AR			KY		NJ		
AZ			LA		NM		
CA			MA		NY		
CO			MD		OK		
СТ			ME		OR		
DC			MI		PA		
DE			MN		RI		
GA	96240	5150	MO		SC		
HI			MS		UT		
IA			MT		VA		
ID			NC		VT		
IL			ND		WI		
IN			NE		WV		
							96240
2. Sum of	f all Column B	amounts			2.		5150
3. Ohio ad	djusted gross i	income (from Ohio	IT 1040, line 3)		3.		212454
4. Divide line 1 by line 3. Carry to four digits without rounding. If greater than 1, enter 14.					4.		0.4529
			Ohio Schedule of Credits, li	•	5.		6531
					6.		2958
	Resident Cred ule of Credits,	7.		2958			
	MATERIA NA						



E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



For the year Jan		5. Individual Income Ta: .31, 2023, or other tax year beginning			, 2023, end	lina	OMB No. 1545		, 20				in this space.
			I .		, 2020, end				-, 20				tructions.
Your first name			Last na										ity number
SAI RAJE			1	VALA								11 1	
If joint return, sp	ouse's	first name and middle initial	Last na	ame							Spouse'	s social se	curity number
Home address (numbe	r and street). If you have a P.O. box, see	instruct	ions					Apt. no.	+	Dreside	ntial Electi	ion Campaign
8900 LYR			mondo						139	1		nere if you	
		ce. If you have a foreign address, also co	mplete :	spaces belov	v.	Stat	te	ZIP c			spouse	if filing join	ntly, want \$3
COLUMBUS						OH	[432	240		•	this fund. ow will not	Checking a
Foreign country	name			Foreign prov	vince/state/d	count	у		gn postal c			or refund	•
												You	Spouse
Filing Status	X	Single					Head of he	ouseh	old (HOF	H)			
Check only		Married filing jointly (even if only o	ne had	income)			_						
one box.		Married filing separately (MFS)					☐ Qualifying						
	•	ou checked the MFS box, enter the			use. If you	ı che	cked the HOF	l or Q	SS box,	enter	the chi	ld's name	if the
	qua	alifying person is a child but not you	ur depe	ndent:									
Digital	At an	y time during 2023, did you: (a) rec	eive (as	a reward,	award, or	payn	nent for prope	rty or	services)	; or (b) sell,		
Assets	exch	ange, or otherwise dispose of a dig	ital ass	et (or a fina	ncial intere	est ir	n a digital asse	et)? (S	ee instru	ction	s.)	☐ Yes	⊠ No
Standard	_	eone can claim: 🔲 You as a de	•	_	•		a dependent						
Deduction	<u></u> s	Spouse itemizes on a separate retur	n or yo	u were a du	ual-status	alien							
Age/Blindness	You:	☐ Were born before January 2, 1	959	Are bline	d Spc	use:	: 🗌 Was bor	rn bef	ore Janua	ary 2,	1959	☐ I s b	lind
Dependents	(see	nstructions):		(2) Soc	cial security		(3) Relationsh	nip (4	1) Check ti	he bo	x if quali	fies for (see	e instructions):
If more	(1) Fi	rst name Last name		n	umber		to you	to you Child tax cre		ax cre	edit	Credit for of	ther dependents
than four													
dependents, see instructions													<u> </u>
and check										<u> </u>			
here \square									L				
Income	1a	Total amount from Form(s) W-2, b	,		•						1a		44,680.
Attach Form(s)	b	Household employee wages not r	•	` '							1b		
W-2 here. Also attach Forms	c d	· ·	me not reported on line 1a (see instructions)							1c 1d	_		
W-2G and	u	Taxable dependent care benefits		. ,	,	เรเาน	Cuons,				1u		
1099-R if tax was withheld.	f	Employer-provided adoption bene		,		•					1f		
If you did not	g	Wages from Form 8919, line 6.	الا قاال	111 01111 000)3, III le 23	•							
get a Form	h	Other earned income (see instruct	ions)								1 <u>g</u>		0.
W-2, see instructions.	i	Nontaxable combat pay election (,	tructions)			l 1i	i.					
	z	Add lines 1a through 1h									1z	2	44,680.
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interest	t.			2b		<u> </u>
if required.	3a	Qualified dividends	3a			b 0	rdinary divide	nds .			3b		
	4a	IRA distributions	4a				axable amoun				4b		
Standard Deduction for—	5a	Pensions and annuities	5a			b Ta	axable amoun	t			5b		
Single or	6a	Social security benefits	6a			b Ta	axable amoun	t			6b		
Married filing separately,	С	If you elect to use the lump-sum e	election	method, ch	neck here	(see	instructions)			. 🗆			
\$13,850	7	Capital gain or (loss). Attach Sche	dule D	if required.	If not requ	ıired,	check here			. 🗆	7		
Married filing jointly or	8	Additional income from Schedule	1, line 1	10							8	_	32,226.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8	. This is you	ır total inc	ome					9	2	12,454.
\$27,700 Head of	10	Adjustments to income from Sche	edule 1,	line 26 .							10		
household,	<u>11</u>	Subtract line 10 from line 9. This is	•								11		12,454.
\$20,800 If you checked _	12	Standard deduction or itemized									12		13,850.
any box under Standard	13	Qualified business income deduct				899	5-A				13		
Deduction,	14					٠.			• •		14		13,850.
	15	Subtract line 14 from line 11. If ze	ro or les	ee antar_N.	- Inicicy	∩ur t	avania incom	10			15	1 1	98 604

Form 1040 (2023	3)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	42,385.	
Credits	17	Amount from Schedule 2, lir	ne 3				.	17		
	18	Add lines 16 and 17						18	42,385.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lir	ne 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	42,385.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	402.	
	24	Add lines 22 and 23. This is	your total tax					24	42,787.	
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25a 4	2,966	5.		
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c	().		
	d	Add lines 25a through 25c						25d	42,966.	
If you have a	26	2023 estimated tax paymen						26		
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit	from Form 8863	3, line 8 . .		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir	3.							
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credits		32	5 , 238.	
	33	Add lines 25d, 26, and 32. T						33	48,204.	
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	5,417.	
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, che	ck here	[35a	5,417.	
Direct deposit?	b	Routing number 0 8 1 9 0 4 8 0 8 c Type: ▼ Checking □ Savings								
See instructions.	d	Account number 2 9 1	0 0 4 1	5 2 1	3 2 -					
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe.						
You Owe		For details on how to pay, g	o to www.irs.gov	//Payments or	see instructions			37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party		you want to allow another								
Designee	ins	structions					•	e below.	⊠ No	
		esignee's me		Phone no.			sonal ide nber (PIN	ntification		
Sign		ider penalties of perjury, I declare t	nat I have examined		accompanying sche			•	of my knowledge and	
_		lief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation		If	the IRS se	nt you an Identity	
		v			·				IN, enter it here	
Joint return?					SOFTWARE 1		`	ee inst.)		
See instructions. Keep a copy for your records.	Sp	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation			If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
	Ph	one no. (404) 386-949	8	Email address	RAJESHPUVV	ALA@GMAIL.C	OM			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Paid	VENE	KATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI	PAVAN KUM	AR DUDIPALLI		P024	70833	Self-employed	
Preparer	Fir	m's name GLOBAL TA					Р	hone no. ((678) 965-9522	
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Fi	rm's EIN	88-2145487	
					•		-		1010	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment

Department of the Treasury Internal Revenue Service

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

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment Sequence No. 01

Your social security number

SAI	RAJESH KUMAR PUVVALA			318-1	1-19	3 62
Par	t I Additional Income					
1	Taxable refunds, credits, or offsets of state and local income taxes				1	
2a	Alimony received				2a	
b	Date of original divorce or separation agreement (see instructions):					
3	Business income or (loss). Attach Schedule C			·	3	
4	Other gains or (losses). Attach Form 4797				4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta				5	-32,226.
6	Farm income or (loss). Attach Schedule F				6	
7	Unemployment compensation				7	
8	Other income:					
а	Net operating loss	8a	()		
b	Gambling	8b				
С	Cancellation of debt	8c				
d	Foreign earned income exclusion from Form 2555	8d	()		
е	Income from Form 8853	8e				
f	Income from Form 8889	8f				
g	Alaska Permanent Fund dividends	8g				
h	Jury duty pay	8h				
i	Prizes and awards	8i				
j	Activity not engaged in for profit income	8j				
k	Stock options	8k				
ı	Income from the rental of personal property if you engaged in the rental					
	for profit but were not in the business of renting such property	81				
m	Olympic and Paralympic medals and USOC prize money (see					
	instructions)	8m				
n	Section 951(a) inclusion (see instructions)	8n				
0	Section 951A(a) inclusion (see instructions)	80				
р	Section 461(I) excess business loss adjustment	8p				
q	Taxable distributions from an ABLE account (see instructions)	8q				
r	Scholarship and fellowship grants not reported on Form W-2	8r				
S	Nontaxable amount of Medicaid waiver payments included on Form					
	1040, line 1a or 1d	8s	()		
t	Pension or annuity from a nonqualifed deferred compensation plan or					
	a nongovernmental section 457 plan	8t				
u	Wages earned while incarcerated	8u				
Z	Other income. List type and amount:					
_		8z				
9	Total other income. Add lines 8a through 8z				9_	
10	Combine lines 1 through 7 and 9. This is your additional income. Ente	r here	and on	⊦orm		i

Schedule 1 (Form 1040) 2023 Page **2**

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

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR SAI RAJESH KUMAR PUVVALA

Your social security number 318-11-1962

Pa	rt Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	402.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	lor	nntini	ied on nage 2

Schedule 2 (Form 1040) 2023 Page **2**

Part II Other Taxes (continued)

7	Other additional taxes:				
а	Recapture of other credits. List type, form number, and amount:				
		17a			
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b			
С	Additional tax on HSA distributions. Attach Form 8889	17c			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d			
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
I	Tax on accumulation distribution of trusts	17I			
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170			
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q			
z	Any other taxes. List type and amount:				
		17z			
8	Total additional taxes. Add lines 17a through 17z			18	
9	Reserved for future use			19	
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, and 18. These are your total other taxe	es. Ent	er here and		4.0.0
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			21	402.

SCHEDULE 3 (Form 1040)

Department of the Treasury

Internal Revenue Service

Additional Credits and Payments

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information, OMB No. 1545-0074 Attachment Sequence No. 03

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

318-11-1962

Your social security number

SAI RAJESH KUMAR PUVVALA **Nonrefundable Credits** Part I Foreign tax credit. Attach Form 1116 if required 1 1 2 Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 2 3 3 4 Retirement savings contributions credit. Attach Form 8880 4 **5a** Residential clean energy credit from Form 5695, line 15 5a **b** Energy efficient home improvement credit from Form 5695, line 32 5b Other nonrefundable credits: General business credit. Attach Form 3800 6a Credit for prior year minimum tax. Attach Form 8801 6b c Adoption credit. Attach Form 8839 6c Credit for the elderly or disabled. Attach Schedule R. 6d 6e Clean vehicle credit. Attach Form 8936 6f Mortgage interest credit. Attach Form 8396 6g District of Columbia first-time homebuyer credit. Attach Form 8859 6h Qualified electric vehicle credit. Attach Form 8834 6i Alternative fuel vehicle refueling property credit. Attach Form 8911 6i k Credit to holders of tax credit bonds. Attach Form 8912 . . . 6k I Amount on Form 8978, line 14. See instructions 6 m Credit for previously owned clean vehicles. Attach Form 8936. 6_m **z** Other nonrefundable credits. List type and amount: 6z 7 Total other nonrefundable credits. Add lines 6a through 6z 7 8 Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 8

Schedule 3 (Form 1040) 2023 Page **2**

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	5,238.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
Z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	5 , 238.

BAA





Georgia Form 500 (Rev. 08/30/23) Individual Income Tax Return Georgia Department of Revenue 2023 (Approved software version)

7a. Number of Qualified Dependents*

Page 1

Fiscal Year Beginning STATE OH ISSUED YOUR DRIVER'S Fiscal Year LICENSE/STATE ID VG078430 **Ending** YOUR SOCIAL SECURITY NUMBER YOUR FIRST NAME MI 318-11-1962 1. SAI RAJESH KUMAR LAST NAME (For Name Change See IT-511 Tax Booklet) SUFFIX **PUVVALA** SPOUSE'S FIRST NAME SPOUSE'S SOCIAL SECURITY NUMBER MI DEPARTMENT USE ONLY LAST NAME **SUFFIX CHECK IF ADDRESS HAS CHANGED** ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) 2.8900 LYRA DR **APT NO 139** CITY (Please insert a space if the city has multiple names) STATE **ZIP CODE** 3. COLUMBUS ОН 43240 (COUNTRY IF FOREIGN) Residency Status 4. Enter your Residency Status with the appropriate number 1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT TO 3. NONRESIDENT Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer. Filing Status 5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Surviving Spouse

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

7b. Number of Unborn Dependents

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself X

6c. 1

6b. Spouse

7 c. Total Number of Dependents

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue



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

2023

Page 2

YOUR SOCIAL SECURITY NUMBER 318-11-1962

First Name, MI.	Last Name	
Social Security Number	Relationship to You	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
Federal adjusted gross income (From (Do not use FEDERAL TAXABLE IN)	negative, use the minus sign (-). Example -3456. m Federal Form 1040)	$212454 \\$ gross income is less than your
	our Federal Form 1040 Pages 1, 2, and Schedule 1. Ile 1 (See IT-511 Tax Booklet)	
10. Georgia adjusted gross income (Net	total of Line 8 and Line 9) 10.	
11. Standard Deduction (Do not use FED (See IT-511 Tax Booklet)	DERAL STANDARD DEDUCTION) 11a.	
b. Self: 65 or over? Blind?	Total x 1,300= 11b.	
Spouse: 65 or over? Blind? c. Total Standard Deduction (Line 11 Use EITHER Line 11c OR Line 12c	1a + Line 11b)	
12. Total Itemized Deductions used in com	nputing Federal Taxable Income. If you use itemized deduction	ns, <mark>you must include Federal Schedule A</mark>
a. Federal Itemized Deductions (Sci	hedule A- Form 1040) 12a.	
b. Less adjustments: (See IT-511 Ta	ax Booklet) 12b.	
c. Georgia Total Itemized Deductions	12c.	
13. Subtract either Line 11c or Line 12c	from Line 10; enter balance	

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue



2023

Page 3

YOUR SOCIAL SECURITY NUMBER 318-11-1962

14a. Enter the number from Line 6c. Multiply by or multiply by \$3,700 for filing status B or C	/ \$2,700 for filing status A or D	14a.	
14b. Enter the number from Line 7c. Multiply by	y \$3,000	14b.	
14c. Add Lines 14a. and 14b. Enter total		14c.	
15a. Income before GA NOL (Line 13 less Line 14c15b. Georgia NOL utilized (Cannot exceed Line 15a applying the 80% limitation, see IT-511 Tax B	a or the amount after		92571
15c. Georgia Taxable Income (Line 15a less Line 1	5b)	15c. S	92571
16. Tax (Use Tax Rate Schedule in the IT-511 Tax	k Booklet)	16.	5150
17. Low Income Credit 17a. 17b.		17c.	
18. Other State(s) Tax Credit (Include a copy of the	ne other state(s) return)	18.	
19. Credits used from IND-CR Summary Workshe	et	19.	
20. Total Credits Used from Schedule 2 Georgi electronically)	a Tax Credits (must be filed	1 20.	
21. Total Credits Used (sum of Lines 17-20) cannot exce	eed Line 16	21.	0
22. Balance (Line 16 less Line 21) if zero or less th	an zero, enter zero	22.	5150

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

	(INCOME STATEMENT A)				(INCOME STAT	EMENT B)			(INCOME STATE	MENT C)			
1.	WITHHOLDING T	ГҮРЕ:		1.	WITHHOLDING	WITHHOLDING TYPE:		1.	WITHHOLDING 1				
	× w-2	G2-A	G2-LP		W-2	G2-A	G2-LP		W-2	G2-A	G2-LP		
	1099	G2-FL	G2-RP		1099	G2-FL	G2-RP		1099	G2-FL	G2-RP		
2.	EMPLOYER/PAY ID NUMBER (FEI			2.	EMPLOYER/PA' ID NUMBER (FE			2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN				
	4656883	16											
3.	EMPLOYER/PAY		ITHHOLDING ID	3.	EMPLOYER/PA	YER STATE W	THHOLDING ID	3.	EMPLOYER/PAY	ER STATE WI	THHOLDING ID		
4.	GA WAGES / INC	соме 96240		4.	GA WAGES / IN	COME		4.	GA WAGES / INC	COME			
5.	GA TAX WITHHE	5252		5.	GA TAX WITHHI	ELD		5.	GA TAX WITHHE	LD			

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

All Pages (1-5) are required for processing

REV 01/09/24 PRO

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue 2023



2400411545

(INCOME STATEMENT E)

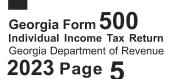
YOUR SOCIAL SECURITY NUMBER 318-11-1962

(INCOME STATEMENT F)

Page 4

(INCOME STATEMENT D)

3.	WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN EMPLOYER/PAYER STATE WITHHOLDING ID GA WAGES / INCOME		G2-LP G2-RP	I. WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN 3. EMPLOYER/PAYER STATE WITHHOLDING ID 4. GA WAGES / INCOME
5.	GA TAX WITHHELD	5. GA TAX WITHHELD		5. GA TAX WITHHELD
23.	Georgia Income Tax Withheld on Wages (Enter Tax Withheld Only and include W-2s		23.	5252
24.	Other Georgia Income Tax Withheld (Must include G2-A, G2-FL, G2-LP and/or G		24.	
25.	Estimated Tax paid for 2023 and Form IT	,	25.	
26.	Schedule 2B Refundable Tax Credits (Cannot be claimed unless filed electronic		26.	
27.	Total prepayment credits (Add Lines 23, 2	- /	27.	5252
28.	If Line 22 exceeds Line 27, subtract Line balance due		28.	
29.	If Line 27 exceeds Line 22, subtract Line 2 overpayment		29.	102
30.	Amount to be credited to 2024 ESTIMA	TED TAX	30.	0
31.	Georgia Wildlife Conservation Fund (No	gift of less than \$1.00)	31.	
32.	Georgia Fund for Children and Elderly (N	No gift of less than \$1.00)	32.	
33.	Georgia Cancer Research Fund (No gift	of less than \$1.00)	33.	
34.	Georgia Land Conservation Program (No	gift of less than \$1.00)	34.	
35.	Georgia National Guard Foundation (No g	gift of less than \$1.00)	35.	
36.	Dog & Cat Sterilization Fund (No gift of lo	ess than \$1.00)	36.	
37.	Saving the Cure Fund (No gift of less the	an \$1.00)	37.	
38.	Realizing Educational Achievement Can Happ (No gift of less than \$1.00)	pen (REACH) Program	38.	





2400411555

YOUR SOCIAL SECURITY NUMBER 318-11-1962

39	. Public Safety Memorial Gran	t (No gift of less than \$1.00)	39.		
40	. Disabled Veterans' Scholarsh	nip Fund (No gift of less thar	ı \$1.00)	40.		
41	. Form 500 UET (Estimated to	ax penalty) 500 UET exce	eption attached	41.		
42.	Penalty: Late Payment and/o	r Late Filing		42.		
43.	Interest			43.		
44.	(If you owe) Add Lines 28, MAKE CHECK PAYABLE TO Mail To: GEORGIA DEPARTI PO BOX 740399 ATLANTA, 0	GEORGIA DEPARTMENT OF REVENUE PROCES	F REVENUE,	44.		
45.	(If you are due a refund) Subt THIS IS YOUR REFUND Refund Due Mail To: GEORGIA PO BOX 740380 ATLANTA, GA	A DEPARTMENT OF REVENU	45			102
	If you do not enter Direct De	eposit information or if yo	u are a first time fi	ler you will	be issued a paper check.	
45a	. Direct Deposit (U.S. Accounts Only)	Type: Checking X Savings		•		
	Routing		Account			
	Number 081904808	/ applicable schedules, fo	Number	2910041		
_ T	axpayer's Signature (Check box if deceased)	Spouse's Sig	nature	(Check box if deceased)	
	Taxpayer's Date of Death		Spouse's D	ate of Death		
	Taxpayer's Signature Date	Taxpayer's Ph 404-386-			Spouse's Signature Date	
	By providing my e-mail address I am a my account(s). Taxpayer's E-mail Address	authorizing the Georgia Department	of Revenue to electronic	cally notify me a	t the below e-mail address regarding	any updates to
	. алрау от о 🗕 тап / каатооо				I authorize DOR to with the named pre	
	VENKATA SAI PAVAN KU	JMAR DUDIPALLI		Prepare 678-	er's Phone Number 965-9522	
	Signature of Preparer Name of Preparer Other Than VENKATA SAI PAVAI	Taxnaver				
					er's FEIN 145487	





Schedule 3 Page 1

YOUR SOCIAL SECURITY NUMBER 318-11-1962

2023 (Approved software version)

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

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

Column A must equal Column B plus Column C.

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

Column A must equal Column B plus Column	C. See IT-511 Tax	511 Tax Booklet for other state(s) tax credits.			
FEDERAL INCOME AFTER GEORGIA ADJUSTMEN (COLUMN A)	T INCOME NOT TAXABLE TO GEORGIA (COLUMN B)	GEORGIA INCOME (COLUMN C)			
1. WAGES, SALARIES, TIPS, etc 244680	1. WAGES, SALARIES, TIPS, etc 148440	1. WAGES, SALARIES, TIPS, etc 96240			
2. INTEREST AND DIVIDENDS	2. INTEREST AND DIVIDENDS	2. INTEREST AND DIVIDENDS			
3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)			
4. OTHER INCOME OR (LOSS) -32226	4. OTHER INCOME OR (LOSS) -32226	4. OTHER INCOME OR (LOSS)			
5. TOTAL INCOME: TOTAL LINES 1 THRU 4 212454	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 116214	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 96240			
6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040			
7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1			
8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7			
212454	116214	96240			
	e 8, Column A enter percentage or check not be negative and cannot exceed 100%)	9. 45.30 %			
10a. Itemized or Standard Deduction	or Georgia Itemized (See IT-511 Tax Booklet)	10a. 5400			
10b. Additional Standard Deduction Self: 65 or over? Blind? Spouse: 65	or over? Blind? Total X 1,300=	10b.			
11. Personal Exemptions from Form 500 or F	Form 500X (See IT-511 Tax Booklet)				
11a. Enter the number on Line 6c from Form 500 filing status A or D or multiply by \$3,700 for		11a. 2700			
11b. Enter the number on Line 7c from Form 50	O or Form 500X multiply by \$3,000	11b.			
12. Total Deductions and Exemptions: Add	Lines 10a, 10b, 11a, and 11b	12. 8100			
13. *Multiply Line 12 by Ratio on Line 9 and		13. 3669			
 Income before GA NOL: Subtract Line 1 Enter here and on Line 15a, Page 3 of F 		14. 92571			

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

For the year las		S. Individual Income Ta	ux ItC		1000 andin		No. 1545-0	, 20	Ť			in this space.	
For the year Jai	n. I-Dec	c. 31, 2023, or other tax year beginning		, 2	.023, endin	g 		, 20				tructions.	
Your first name	e and m	iddle initial	Last r									ity number	
SAI RAJ			PUV	VALA							11 1		
If joint return, s	spouse's	s first name and middle initial	Last r	ame					;	Spouse'	s social se	curity number	
Home address	(numbe	er and street). If you have a P.O. box, s	ee instruc	tions.				Apt. no.		Presidential Election Campaign			
8900 LY	RA DI	R						139			nere if you		
City, town, or p	oost offi	ce. If you have a foreign address, also	complete	spaces below.	:	State		ZIP code		-		ntly, want \$3 Checking a	
COLUMBU	S					ОН		43240		-	ow will no	_	
Foreign countr	y name			Foreign provinc	ce/state/co	unty		Foreign postal c	ode	your tax	or refund	l. ☐ Spouse	
Filing Status	s 🗵	Single				□н	lead of ho	usehold (HOH	— ∃)				
Check only	_	Married filing jointly (even if only	one had	income)									
one box.		Married filing separately (MFS)					ualifying s	surviving spot	use (C	QSS)			
	I f y	you checked the MFS box, enter t	he name	of your spous	e. If you o	checked	the HOH	or QSS box,	enter	the chi	ld's name	e if the	
	qu	ıalifying person is a child but not y	our depe	endent:									
 Digital	At ar	ny time during 2023, did you: (a) re	eceive (a	s a reward. aw	ard, or pa	avment f	for propert	v or services): or (b) sell.			
Assets		nange, or otherwise dispose of a d	,			,		,	,	, .	☐ Yes	⊠ No	
Standard		neone can claim: You as a			r spouse			<u> </u>					
Deduction		Spouse itemizes on a separate ret	urn or yo	ou were a dual-	-status al	ien							
Age/Rlindnes	 • You	: Were born before January 2,	1959	Are blind	Spou	se. 🗆	Was horn	before Janua	an/ 2	1959	∏ Is b	lind	
Dependent	-		, 1909	T				(4) Chaple H				e instructions):	
•		irst name Last name		(2) Social num		(3)	Relationship to you	Child to			•	ther dependents	
If more than four	`						<u> </u>					$\overline{\Box}$	
dependents,													
see instruction and check	s												
here \square													
Income	1a	Total amount from Form(s) W-2,	box 1 (s	ee instructions	s)					1a	2	44,680.	
Attach Form(s)	b	Household employee wages not	reported	d on Form(s) W	<i>l</i> -2					1b			
W-2 here. Also	С	Tip income not reported on line	1a (see i	nstructions)						1c			
attach Forms	d	Medicaid waiver payments not r	eported	on Form(s) W-	2 (see ins	truction	s)			1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits	s from Fo	orm 2441, line	26 .					1e			
was withheld.	f	Employer-provided adoption be		m Form 8839,	line 29					1f			
If you did not	g	Wages from Form 8919, line 6.								1g			
get a Form W-2, see	h	Other earned income (see instru	ctions)							1h		0.	
instructions.	i	Nontaxable combat pay election	ı (see ins	tructions) .			. <u>li</u>						
	Z _	Add lines 1a through 1h								1z	2	44,680.	
Attach Sch. B	2a	Tax-exempt interest	2a				e interest			2b			
if required.	3a_	Qualified dividends	3a				ry dividen			3b			
Standard	4a	IRA distributions	4a				e amount			4b			
Deduction for—	5a	Pensions and annuities	5a				e amount			5b			
Single or Married filing	6a	Social security benefits	6a				e amount		٠ ـ	6b	-		
separately,	_ c	If you elect to use the lump-sum											
\$13,850 Married filing	7	Capital gain or (loss). Attach Sch							. L	7		20.006	
jointly or Qualifying	8	Additional income from Schedul								8		32,226.	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b,		=						9		12,454.	
\$27,700 Head of	10	Adjustments to income from Sci								10		10 454	
household, \$20,800	11	Subtract line 10 from line 9. This	•	-						11		12,454.	
If you checked	12	Standard deduction or itemize		,		•				12		13 , 850.	
any box under Standard	13	Qualified business income dedu								13	_	13,850.	
Deduction, see instructions.	14	Add lines 12 and 13		 ss antar_N_]			 Je incomo			14		<u>13,830.</u> 98 604	

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		. 16	42,385.
Credits	17	Amount from Schedule 2, lin	ne 3					. 17	
	18	Add lines 16 and 17						. 18	42,385.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			. 19	
	20	Amount from Schedule 3, lin	ne 8					. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	42,385.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21 .			. 23	402.
	24	Add lines 22 and 23. This is	your total tax					. 24	42,787.
Payments	25	Federal income tax withheld	from:						
	а	Form(s) W-2				25a	42,96	66.	
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c		0.	
	d	Add lines 25a through 25c						. 25d	42,966.
If you have a	26	2023 estimated tax paymen	ts and amount a _l	pplied from 20	22 return			. 26	
qualifying child, attach Sch. EIC. 1	27	Earned income credit (EIC)			No .	27			
attacii Scii. Elc.	28	Additional child tax credit from	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	s, line 8 . .		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31	5,23	38.	
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credi	ts .	. 32	5,238.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 33	48,204.
Refund	34	If line 33 is more than line 24	1, subtract line 2،	4 from line 33.	This is the amou	nt you overpa	id .	. 34	5,417.
	35a								5,417.
Direct deposit?	b	Routing number 0 8 1				Checking	🗌 Saviı	ngs	
See instructions.	d	Account number 2 9 1	0 0 4 1	5 2 1 3	3 2				
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						. 37	
rou Owe	38	Estimated tax penalty (see in	-	•				. 31	
Third Party		you want to allow another							
Designee		•	•				. Compl	ete below.	X No
Designee		esignee's		Phone				dentification	
	na	me		no.		r	umber (F	PIN)	
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation			If the IRS se	nt you an Identity
		v							PIN, enter it here
Joint return?					SOFTWARE 1			(see inst.)	
See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.			Date	Spouse's occupat	occupation If the IRS sent your spouse an Identity Protection PIN, enter it (see inst.)			
	Ph	one no. (404)386-949	8	Email address	RAJESHPUVV.	ALA@GMAIL	.COM		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTI	N	Check if:
Preparer	VENE	KATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI	PAVAN KUM	AR DUDIPALLI		P02	2470833	Self-employed
Use Only	Fir	m's name GLOBAL TA	XES LLC					Phone no.	(678)965-9522
————	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816			Firm's EIN	88-2145487

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Soguence No. 01

Department of the Treasury Internal Revenue Service

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

SAI RAJESH KUMAR PUVVALA

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

Sequence No. 01

Your social security number
318-11-1962

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E	5	-32,226.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (<u>)</u>	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q	_	
r	Scholarship and fellowship grants not reported on Form W-2	8r	-	
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (4	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	-	
u	Wages earned while incarcerated	8u	-	
Z	Other income. List type and amount:			
_	Total ather in some Add lines On through On	δ Z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Ente 1040, 1040-SR, or 1040-NR, line 8		10	-32,226.
	1040.1040-311.011040-1110.111100		1 IV I	-JZ,ZZV.

Schedule 1 (Form 1040) 2023 Page **2**

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

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SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR SAI RAJESH KUMAR PUVVALA

Your social security number 318-11-1962

Pai	tl Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	402.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(cc	ontinu	ued on page 2)

Schedule 2 (Form 1040) 2023 Page **2**

Part II Other Taxes (continued)

7	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:			
		17a		
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
_	· · · · · · · · · · · · · · · · · · ·			
	ł	17c		
a	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17 i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
I	Tax on accumulation distribution of trusts	171		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170		
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount:			
		17z		
8	Total additional taxes. Add lines 17a through 17z		18	
9	Reserved for future use		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your total other taxe	s. Enter here and		
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	402.

SCHEDULE 3 (Form 1040)

Department of the Treasury

Additional Credits and Payments

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 03

Internal Revenue Service Go to www.irs.gov/Fo
Name(s) shown on Form 1040, 1040-SR, or 1040-NR

SAI RAJESH KUMAR PUVVALA

Your social security number 318-11-1962

Par	Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441	, line 11. Attach 	2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5a	Residential clean energy credit from Form 5695, line 15		5a	
b	Energy efficient home improvement credit from Form 5695, line 32		5b	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6с		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Reserved for future use	6e		
f	Clean vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
I	Amount on Form 8978, line 14. See instructions	61		
m	Credit for previously owned clean vehicles. Attach Form 8936.	6m		
Z	Other nonrefundable credits. List type and amount:			
		6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 10	040, 1040-SR, or		
	1040-NR, line 20		8	
		(C	ontin	ued on page 2)

Schedule 3 (Form 1040) 2023 Page **2**

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .	10		
11	Excess social security and tier 1 RRTA tax withheld		11	5,238.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
Z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	5 , 238.

BAA

Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)		•			
Taxpayer's name	Social securit	y numb	er		
SAI RAJESH KUMAR PUVVALA	318-11-	318-11-1962			
Spouse's name	Spouse's soci	ial secu	rity number		
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Ent	l er year you aı	re aut	horizina.)		
Enter whole dollars only on lines 1 through 5.	y y				
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1 Adjusted gross income		1	212,4		
2 Total tax		2		787.	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		966.	
4 Amount you want refunded to you5 Amount you owe		5	5,4	<u>417.</u>	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a copy		our return	n)	
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I ab return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trans to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for r for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termina payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation rebusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) I Electronic Funds Withdrawal Consent.	mitter, or electro ejection of the tra U.S. Treasury andicated in the ta tion to debit the atte the authoriza- quests must be the processing of payment. I furti	enic retuents ansmised its distributed its dis	urn originator sion, (b) the lesignated Fir aration softwoo this account or evoke (caved no later ectronic paynknowledge the	r (ERO) reason nancial vare for nt. This ncel) a than 2 nent of nat the	
Taxpayer's PIN: check one box only					
▼ I authorize GLOBAL TAXES LLC to enter or generat	e mv PIN	1 9		as my	
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent		digits, but r all zeros	,	
I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.					
Your signature ▶ Date ▶					
Spouse's PIN: check one box only					
☐ I authorize to enter or generat	e mv PIN			as my	
ERO firm name	Ent		digits, but	,	
signature on the income tax return (original or amended) I am now authorizing.			r all zeros	_	
I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.					
Spouse's signature ▶ Date ▶					
Practitioner PIN Method Returns Only—continue belo	w				
Part III Certification and Authentication — Practitioner PIN Method Only					
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 4 9 0 Don't ente	6 6 er all ze		9	
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subtrequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of	mitting this retu	rn in a	ccordance w		
ERO's signature ▶ Date ▶					
ERO Must Retain This Form — See Instructions					
Don't Submit This Form to the IRS Unless Requested To	Do So				

Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2023	}
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OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

For the year Jar	ı. 1–De	c. 31, 2023, or other tax year beginning		, 2023, end	ling		, 20		See ser	parate instructions.
Your first name	and m	niddle initial	Last r	name					Your so	cial security number
SAI RAJE	SH	KUMAR	PUV	VALA					318	11 1962
		's first name and middle initial	Last r							s social security number
•									•	
Home address	(numb	er and street). If you have a P.O. box, see	instruc	ctions.			Apt. no.		Presider	ntial Election Campaign
8900 LYF	RA D	R					139			ere if you, or your
City, town, or p	ost off	ice. If you have a foreign address, also co	mplete	spaces below.	Stat	:e	ZIP code			if filing jointly, want \$3 this fund. Checking a
COLUMBUS	3				ОН		43240			ow will not change
Foreign country	y name)		Foreign province/state/o	count	у	Foreign posta	I code		or refund.
										You Spouse
Filing Status	s 🗵	Single				Head of ho	ousehold (H0	OH)		
Check only	L	☐ Married filing jointly (even if only or	ne hac	d income)		_				
one box.	L					☐ Qualifying				
		you checked the MFS box, enter the			u che	cked the HOH	or QSS box	k, ente	r the chil	d's name if the
	qu	ualifying person is a child but not you	ır depe	endent:						
Digital	At a	ny time during 2023, did you: (a) rece	eive (a	s a reward, award, or	payn	nent for prope	rty or service	es); or	(b) sell,	
Assets	excl	hange, or otherwise dispose of a digi	ital ass	set (or a financial intere	est in	a digital asse	t)? (See inst	ruction	ıs.)	☐ Yes 🗵 No
Standard	Son	neone can claim: 🗌 You as a de	pende	nt 🗌 Your spouse	e as	a dependent				
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a dual-status	alien					
Age/Blindness	s You	: Were born before January 2, 1	959	Are blind Spo	ouse:	□ Was bor	n before Jar	uarv 2	. 1959	☐ I s blind
Dependents	-	-		(2) Social security	,	(3) Relationsh	(4) (1)			ies for (see instructions):
If more		First name Last name		number		to you		d tax cr	edit	Credit for other dependents
than four										
dependents,										
see instructions and check	s —									
here \square										
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	see instructions)					1a	244,680.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form(s) W-2..					. 1b	
W-2 here. Also	С	Tip income not reported on line 1a	ı (see i	nstructions)					1c	
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s) W-2 (see in	nstru	ctions)			1d	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom F	orm 2441, line 26 .					1e	
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8839, line 29					1f	
If you did not	g	Wages from Form 8919, line 6 .							. 1g	
get a Form W-2, see	h	Other earned income (see instructi	ions)				,		1h_	0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions)		<u>1i</u>			_	
	Z	Add lines 1a through 1h	. ;						1z	244,680.
Attach Sch. B	2a	Tax-exempt interest	2a			axable interest			2b	
if required.	3a	· · · —	3a			rdinary divider			3b	
Standard	4a	-	4a			axable amount			4b	
Deduction for—	5a	F	5a			axable amount			5b	
Single or Married filing	6a	,	6a			axable amount	t	· <u>-</u>	6b	
separately,	С	If you elect to use the lump-sum e						. L	_	
\$13,850 Married filing	7	Capital gain or (loss). Attach Sched						. L] 7	
jointly or	8	Additional income from Schedule							8	-32,226.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		=	come				9	212,454.
\$27,700 Head of	10	Adjustments to income from Sche							10	
household,	11	Subtract line 10 from line 9. This is	-						11	212,454.
\$20,800 If you checked	12	Standard deduction or itemized							12	<u> </u>
any box under Standard	13	Qualified business income deducti							13	
Deduction, see instructions.	14	Add lines 12 and 13							14	13,850.
JOO HIGH WOLIDING I	45	tribetacet line 14 facus line 11 lf -cu	0 01 1	on ontor () This are		avabla ina	_		. 45	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		. 16	42,385.
Credits	17	Amount from Schedule 2, lir	ne 3					. 17	
	18	Add lines 16 and 17						. 18	42,385.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			. 19	
	20	Amount from Schedule 3, lin	ne 8					. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	42,385.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			. 23	402.
	24	Add lines 22 and 23. This is	your total tax					. 24	42,787.
Payments	25	Federal income tax withheld							
•	а	Form(s) W-2				25a 4	2,966	5.	
	b	Form(s) 1099				25b			
	С	Other forms (see instruction:	s)			25c	(J.	
	d	Add lines 25a through 25c						. 25d	42,966.
If you have a	26	2023 estimated tax paymen						. 26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	3, line 8 . .		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31	5,238	3.	
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credits		. 32	5 , 238.
	33	Add lines 25d, 26, and 32. T						. 33	48,204.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		. 34	5,417.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, che	ck here	[35a	5,417.
Direct deposit?	b	Routing number 0 8 1	9 0 4 8	0 8	c Type: 🛛	Checking [] Saving	js 🗔	
See instructions.	d	Account number 2 9 1	0 0 4 1	5 2 1	3 2 -				
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe.					
You Owe		For details on how to pay, g	o to www.irs.gov	//Payments or	see instructions			. 37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party		you want to allow another							
Designee	ins	structions				∐Yes.	Comple	te below.	⊠ No
		esignee's me		Phone no.			sonal ide nber (PIN	entification	
Cian		ider penalties of perjury, I declare the	nat I have examined		accompanying sche			•	of my knowledge and
Sign		lief, they are true, correct, and com							
Here	Yo	Your signature Date Your of		Your occupation If t			the IRS se	nt you an Identity	
		roal orginataro			'				IN, enter it here
Joint return?					SOFTWARE 1	ENGINEER	`	see inst.)	
See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupat	ion	lo		nt your spouse an ection PIN, enter it here	
	Ph	one no. (404) 386-949	8	Email address	RAJESHPUVV	ALA@GMAIL.C	OM		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	VENE	KATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI	PAVAN KUM	AR DUDIPALLI		P024	170833	Self-employed
Preparer	Fir	m's name GLOBAL TA					Р	hone no.	(678) 965-9522
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		F	irm's EIN	88-2145487
									4040

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

SAI RAJESH KUMAR PUVVALA

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

Sequence No. 01

Your social security number
318-11-1962

Par	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E	5	-32 , 226.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()		
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
_		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Ente	r here and on Form	10	- 32 ₋ 226
	1040 1040-SB or 1040-NB line 8		1 701	- 1/ • // n •

Schedule 1 (Form 1040) 2023 Page **2**

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

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR SAI RAJESH KUMAR PUVVALA

Your social security number 318-11-1962

Pai	tl Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	402.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(cc	ontini	ued on page 2)

Schedule 2 (Form 1040) 2023 Page **2**

Part II Other Taxes (continued)

7	Other additional taxes:				
а	Recapture of other credits. List type, form number, and amount:				
		17a			
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b			
С	Additional tax on HSA distributions. Attach Form 8889	17c			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d			
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
I	Tax on accumulation distribution of trusts	17I			
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170			
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q			
Z	Any other taxes. List type and amount:				
		17z			
8	Total additional taxes. Add lines 17a through 17z			18	
9	Reserved for future use			19	
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, and 18. These are your total other taxe	s. Enter he	ere and	04	4.0.0
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			21	 402.

SCHEDULE 3 (Form 1040)

Department of the Treasury

Internal Revenue Service

Additional Credits and Payments

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 03

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

SAI RAJESH KUMAR PUVVALA

Your social security number 318-11-1962

Par	Nonrefundable Credits				
1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441	, line 1	1. Attach	2	
3	Education credits from Form 8863, line 19			3	
4	Retirement savings contributions credit. Attach Form 8880			4	
5a	Residential clean energy credit from Form 5695, line 15			5a	
b	Energy efficient home improvement credit from Form 5695, line 32			5b	
6	Other nonrefundable credits:				
а	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
С	Adoption credit. Attach Form 8839	6c			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
е	Reserved for future use	6e			
f	Clean vehicle credit. Attach Form 8936	6f			
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
I	Amount on Form 8978, line 14. See instructions	6 l			
m	Credit for previously owned clean vehicles. Attach Form 8936 .	6m			
z	Other nonrefundable credits. List type and amount:				
		6z			
7	Total other nonrefundable credits. Add lines 6a through 6z			7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1	040, 10	40-SR, or		
	1040-NR, line 20			8	
			(CC	ontinu	ued on page 2)

Schedule 3 (Form 1040) 2023 Page **2**

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .	10		
11	Excess social security and tier 1 RRTA tax withheld		11	5,238.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
Z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	5 , 238.

BAA

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074 Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return Your social security number SAI RAJESH KUMAR PUVVALA 318-11-1962 Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions ☐ Yes
☒ No В 1a Physical address of each property (street, city, state, ZIP code) S. COLLAGE ROAD KAKINADA ANDHRA PRADESH IN 533003 Α В С Type of Property 1b For each rental real estate property listed **Fair Rental Personal Use** QJV (from list below) above, report the number of fair rental and Days Days personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** С Income: Α В 600. 3 Rents received . 4 Royalties received 4 **Expenses:** 5 Advertising 5 6 Auto and travel (see instructions) 6 1,854. 7 Cleaning and maintenance . . . 7 8 8 Commissions Insurance 9 9 10 10 Legal and other professional fees 11 Management fees 11 1,457. Mortgage interest paid to banks, etc. (see instructions) 12 12 13 13 9,894. 14 14 15 15 9,857. Supplies 16 16 Utilities 17 9,764. 17 18 Depreciation expense or depletion 18 19 19 Total expenses. Add lines 5 through 19 20 20 32,826. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 -32,226.21 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 32,226.) 23a Total of all amounts reported on line 3 for all rental properties 23a 600. Total of all amounts reported on line 4 for all royalty properties 23b 23c **c** Total of all amounts reported on line 12 for all properties . . Total of all amounts reported on line 18 for all properties 23d Total of all amounts reported on line 20 for all properties 23e 32,826. 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 32,226. 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

-32,226.

8959 Form

Department of the Treasury Internal Revenue Service

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.

Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 71

Name(s) shown on return

SAI RAJESH KUMAR PUVVALA

318-11-1962

Part	Additional Medicare Tax on Medicare Wages		
1	Medicare wages and tips from Form W-2, box 5. If you have more than one		
	Form W-2, enter the total of the amounts from box 5		
2	Unreported tips from Form 4137, line 6		
3	Wages from Form 8919, line 6		
4	Add lines 1 through 3		
5	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately \$125,000		
	Single, Head of household, or Qualifying surviving spouse \$200,000 5 200,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0	6	44,680.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to		
	Part II	7	402.
Part	II Additional Medicare Tax on Self-Employment Income		
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you		
	had a loss, enter -0		
9	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
	Single, Head of household, or Qualifying surviving spouse \$200,000 9		
10	Enter the amount from line 4		
11	Subtract line 10 from line 9. If zero or less, enter -0		
12	Subtract line 11 from line 8. If zero or less, enter -0	12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and		
	go to Part III	13	
Part	`		
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14		
	(see instructions)	_	
15	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
	Single, Head of household, or Qualifying surviving spouse \$200,000		
16	Subtract line 15 from line 14. If zero or less, enter -0	16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009).		
Dout	Enter here and go to Part IV	17	
	Total Additional Medicare Tax		
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V	18	400
Part		10	402.
	Medicare tax withheld from Form W-2, box 6. If you have more than one Form		
19	W-2, enter the total of the amounts from box 6		
20	Enter the amount from line 1		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax	-	
-1	withholding on Medicare wages		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medicare Tax		
	withholding on Medicare wages	22	0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box		J •
20	14 (see instructions)	23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with		
<u>_</u> _T	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers,		
	see instructions)	24	0

Form **8960**

Net Investment Income Tax—Individuals, Estates, and Trusts

Department of the Treasury Internal Revenue Service

Name(s) shown on your tax return

Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

OMB No. 1545-2227

2023

Attachment
Sequence No. 72

Your social security number or EIN

SAI	RAJESH KUMAR PUVVALA		318	3-11-1	962	
Part	Part I Investment Income					
	☐ Section 6013(h) election (see instructions)					
	☐ Regulations section 1.1411-10(g) election (see in	structions)			
1	Taxable interest (see instructions)			1		
2	Ordinary dividends (see instructions)			2		
3	Annuities (see instructions)			3		
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or					
	businesses, etc. (see instructions)	4a	-32 , 226.			
b	Adjustment for net income or loss derived in the ordinary course of a non-					
	section 1411 trade or business (see instructions)	4b				
С	Combine lines 4a and 4b			4c	-32 , 226.	
5a	Net gain or loss from disposition of property (see instructions)	5a				
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b				
С	Adjustment from disposition of partnership interest or S corporation stock (see					
	instructions)	5c				
d	Combine lines 5a through 5c			5d		
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			6		
7	Other modifications to investment income (see instructions)			7		
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	-32 , 226.	
Part	•	cations				
9a	Investment interest expenses (see instructions)	9a				
b	State, local, and foreign income tax (see instructions)	9b				
С	Miscellaneous investment expenses (see instructions)	9c				
d	Add lines 9a, 9b, and 9c			9d		
10	Additional modifications (see instructions)			10		
11	Total deductions and modifications. Add lines 9d and 10			11		
Part	•		. 10 17			
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, or state and trusts, complete lines 18s. 01 If Tark or less anter 0.				0	
	Estates and trusts, complete lines 18a–21. If zero or less, enter -0 Individuals:			12	0.	
40		ا مه ا	010 454			
13	Modified adjusted gross income (see instructions)	13	212,454			
14 15	Threshold based on filing status (see instructions)	14 15	200,000 12,454			
16	Enter the smaller of line 12 or line 15			16	0.	
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). En				0.	
.,	on your tax return (see instructions)			17	0.	
	Estates and Trusts:					
18a	Net investment income (line 12 above)	18a				
b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b				
С	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c				
19a	Adjusted gross income (see instructions)	19a				
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b				
C	Subtract line 19b from line 19a. If zero or less, enter -0	19c				
20	Enter the smaller of line 18c or line 19c			20		
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.					
•	include on your tax return (see instructions)			21		

BAA



2023 Ohio IT 1040

Individual Income Tax Return



23000198

Sequence No. 1

02 12 24 Use only black ink/UPPERCASE letters. Use whole dollars only.

AMENDED RETURN - Check here and include Ohio IT RE.

Spouse's SSN (if filing jointly)

✓ If deceased

NOL CARRYBACK - Check here and include Schedule IT NOL.

School district #

7402

First name

SAI RAJESH KUMA

Primary taxpayer's SSN (required)

318 11 1962

M.I. Last name PUVVALA

Spouse's first name (if filing jointly)

M.I. Last name

*Indicate state

Address line 1 (number and street) or P.O. Box

8900 LYRA DR

Address line 2 (apartment number, suite number, etc.)

APT 139

City

5

✓ If deceased

COLUMBUS

State ZIP code

Ohio county (first four letters)

OH 43240

FRAN

Filing Status - Check one (as reported on federal income tax return)

Foreign country (if the mailing address is outside the U.S.)

Residency Status – Check only one for primary

Foreign postal code

×	Resident	Part-year resident*	Nonresident*	X Single, head of household or qua	alifying surviving spouse	
Che	eck only one for	spouse (if filing joint	ly) *Indicate state	Married filing jointly		
	Resident Part-year resident*		Nonresident*	Married filing separately	Spouse's SSN	
<u>Oh</u>	io Nonresid	ent Statement -	- See instructions for required criteria			
	Primary meets	the five criteria for in	ebuttable presumption as nonresident.	Federal extension filers - check h	nere.	
	Spouse meets	the five criteria for irr	ebuttable presumption as nonresident.	If someone can claim you (or your dependent, check here.	spouse if filing jointly) as a	
			ederal 1040 or 1040-SR, line 11). Place		212454	
2a.	Additions — Ohio	Schedule of Adjust	ments, line 11 (include schedule)	2a.		
2b.	Deductions – Of	nio Schedule of Adju	stments, line 44 (include schedule)	2b.		
3.	Ohio adjusted gi	ross income (line 1 p	olus line 2a minus line 2b). Place a "-" in	the box if negative3.	212454	
		1	ule of Dependents if applicable)and your spouse/dependents, if applicable	-	1900	
		. 0,	line 4; if negative, enter zero)		210554	
6.	Taxable busines	s income – Ohio Sc	hedule of Business Income, line 15 (inc	lude schedule)6.		
7.	Taxable nonbusi	ness income (line 5	minus line 6; if negative, enter zero)	7.	210554	



MM-DD-YY

REV 02/07/24 PRO

2023 Ohio IT 1040



SSN: 318 11 1962 Individual Income Tax Return III III III III III III III III III I	23000298 Sequence No. 2
7a. Amount from line 7 on page 1	210554
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	6531
8b. Business income tax liability – Ohio Schedule of Business Income, line 16 (include schedule)8b.	
8c. Income tax liability before credits (line 8a plus line 8b)	6531
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 38 (include schedule)9.	2958
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)10.	3573
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)11.	
12. Unpaid use tax (see instructions)	
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)13.	3573
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	5374
15. Estimated and extension payments, and credit carryforward from last year's return15.	
16. Refundable credits – Ohio Schedule of Credits, line 44 (include schedule)	
17. <u>Amended return only</u> – amount previously paid with original and/or amended return17.	
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	5374
19. <u>Amended return only</u> – overpayment previously requested on original and/or amended return19.	
20. Line 18 minus line 19. Place a "-" in the box if negative	5374
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21. 21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13	
21. Tax due (inte 13 fillitus linte 20). Il fille 20 is negative, ignore the - and add linte 20 to linte 13	
22. Interest due on late payment of tax (see instructions)	
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include the Ohio Universal Payment Coupon (OUPC) and make check payable to "Ohio Treasurer of State"	
24. Overpayment (line 20 minus line 13)	1801
25. Original return only – portion of line 24 carried forward to next year's tax liability	
d. Ohio History Fund e. Nature Preserves/Scenic Rivers f. Breast/Cervical Cancer	
27. REFUND (line 24 minus lines 25 and 26g)	1801

27 and belief, the return and all enclosures are true, correct and complete. Primary signature _ _ Phone number <u>(404)386-949</u>8 Spouse's signature _ _ Date ___ Phone number (678) 965-9522 Preparer's printed name $\frac{}{\text{VENKATA SAI PAVAN KUMAR}}$

If you owe \$1.00 or less, no payment is necessary.

NO Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679

Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057

Authorize your preparer to discuss this return

Non-paid preparer

PTIN: P 02470833

REV 02/07/24 PRO



2023 Ohio Schedule of Credits

Use only black ink. Use whole dollars only. Primary taxpayer's SSN $318\ 11\ 1962$



23280198

Sequence No. 7

Many of these credits <u>must</u> be calculated using a worksheet and/or be supported by additional required documentation. See the instructions for worksheets and information on supporting documentation.

Nonrefundable Credits

1.	. Tax liability before credits (from Ohio IT 1040, line 8c)	6531
2.	. Retirement income credit (include 1099-R forms)	
3.	Lump sum retirement credit (include a copy of the worksheet and 1099-R forms)	
4.	. Senior citizen credit (must be 65 or older to claim this credit)	
5.	. Lump sum distribution credit (include a copy of the worksheet and 1099-R forms)	
6.	. Child care & dependent care credit (include a copy of the worksheet)	
7.	. Displaced worker training credit (include a copy of the worksheet and all required documentation)7.	
8.	. Campaign contribution credit for Ohio statewide office or General Assembly	0
9.	Exemption credit 9.	0
0.	. Total (add lines 2 through 9)	0
11.	. Tax less credits (line 1 minus line 10; if negative, enter zero)	6531
2.	. Joint filing credit (see instructions for table). % times line 11, up to \$650	0
3.	Earned income credit	
4.	. Home school expenses credit (include copies of all required documentation)14.	
5.	. Scholarship donation credit (include copies of all required documentation)	
6.	Nonchartered, nonpublic school tuition credit (include copies of all required documentation)16.	
7.	. Credit for work-based learning experiences (include a copy of the credit certificate)	
8.	. Ohio adoption credit carryforward	
9.	. Nonrefundable job retention credit (include a copy of the credit certificate)19.	
20.	. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate)20.	
21.	. Credit for the beginning farmers financial management program (include a copy of the credit certificate)21.	
22.	. Welcome Home Ohio credit (include a copy of the credit certificate)	
23.	. Credit for sale/rental of agricultural assets to beginning farmers (include a copy of the credit certificate)23.	



2023 Ohio Schedule of Credits

Primary taxpayer's SSN 318 11 1962



Sequence No. 8

24.	Grape production credit	24.
25.	InvestOhio credit (include a copy of the credit certificate)	25.
26.	Lead abatement credit (include a copy of the credit certificate)	26.
27.	Opportunity zone investment credit (include a copy of the credit certificate)	27.
28.	Technology investment credit carryforward (include a copy of the credit certificate)	28.
29.	Enterprise zone day care & training credits (include a copy of the credit certificate)	29.
30.	Research & development credit (include a copy of the credit certificate)	30.
31.	Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)	31.
32.	Ohio low-income housing credit (include a copy of the credit certificate)	32.
33.	Affordable single-family housing credit (include a copy of the credit certificate)	33.
34.	Total (add lines 12 through 33)	34. 0
35.	Tax less additional credits (line 11 minus line 34; if negative, enter zero)	35. 6531
Res	sidency Credits	
36.	Nonresident credit – Ohio IT NRC, line 20 (include a copy)	36.
37.	Resident credit – Ohio IT RC, line 7 (include a copy)	37. 2958
38.	Total nonrefundable credits (add lines 10, 34, 36 and 37; enter here and on Ohio IT 1040, line 9)	38. 2958
	Refundable Credits	
39.	Refundable Ohio historic preservation credit (include a copy of the credit certificate)	39.
40.	Refundable job creation credit & job retention credit (include a copy of the credit certificate)	40.
41.	Pass-through entity credit (include a copy of all Ohio IT K-1s)	41.
42.	Motion picture & Broadway theatrical production credit (include a copy of the credit certificate)	42.
43.	Venture capital credit (include a copy of the credit certificate)	43.
44.	Total refundable credits (add lines 39 through 43; enter here and on Ohio IT 1040, line 16)	44.



2023 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters. Use whole dollars only.



23350198

Sequence No. 11

Primary taxpayer's SSN 318 11 1962

List your and your spouse's (if filing jointly) income statements **only if they have Ohio withholding**. In the "P/S" box, if the income statement belongs to the primary taxpayer, enter "P"; if the income statement belongs to the spouse, enter "S". If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies of this schedule if necessary. **Include state copies of your income statements.**

Part A - Total Withholding

Part B		5 4 144 11 11	5 6 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1. P/S P	Box b - EIN 222575929	Box 1 - Wages, tips, other compensation 148440	Box 2 - Federal income tax withheld 25657
	Box 15 - Employer's Ohio ID number 52019567	Box 16 - Ohio wages, tips, etc. 148440	Box 17 - Ohio income tax 5374
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax



2023 Schedule of Ohio Withholding Primary taxpayer's SSN

318 11 1962



23350298

		318 11 1962		20000200
Part C -	<u>1099-Rs</u>			Sequence No. 12
1. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Вох	c 14 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Вох	c 14 - Ohio tax withheld
3. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Вох	c 14 - Ohio tax withheld
4. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Вох	c 14 - Ohio tax withheld
D. 4 D	W 00			
<u>Part D -</u> 1. P/S	<u>W-2Gs</u> Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fed	leral income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Вох	c 15 - Ohio income tax withheld
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fed	leral income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Вох	∢ 15 - Ohio income tax withheld
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fed	deral income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Вох	c 15 - Ohio income tax withheld
Part E - 1. P/S	<u>1099-NECs</u> Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Fed	deral income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income	Вох	c 5 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Fed	deral income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income	Вох	c 5 - Ohio tax withheld



2023 IT RC

Ohio Resident Credit Calculation Use black ink only. Use whole dollars only. Primary taxpayer's SSN

22290109

318 11 1962

This form is for individuals who were subjected to individual income tax by another state or the District of Columbia while a resident of Ohio. Full-year nonresidents are not entitled to this credit and should not use this form. Include a copy when filing your Ohio IT 1040.

List any income taxed and any taxes paid to each state and/or the District of Columbia. Do not include income earned or received in states without an income tax. Only income included in your Ohio adjusted gross income is eligible for this credit. **Important**: Do not list any income in Column A if you do not have tax paid in Column B. Do not list a tax paid in Column B if you do not have income taxed in Column A.

Inc	(A) ome Taxed	(B) Tax Paid	(A) Income Taxed	(B) Tax Paid		(A) Income Taxed	(B) Tax Paid
AL			KS		NH		
AR			KY		NJ		
AZ			LA		NM		
CA			MA		NY		
CO			MD		OK		
СТ			ME		OR		
DC			MI		PA		
DE			MN		RI		
GA	96240	5150	MO		SC		
HI			MS		UT		
IA			MT		VA		
ID			NC		VT		
IL			ND		WI		
IN			NE		WV		
							96240
2. Sum of	f all Column B	amounts			2.		5150
3. Ohio adjusted gross income (from Ohio IT 1040, line 3)						212454	
4. Divide line 1 by line 3. Carry to four digits without rounding. If greater than 1, enter 14.						0.4529	
5. Ohio Schedule of Credits, line 35 minus Ohio Schedule of Credits, line 36. If negative, enter zero							6531
	6. Multiply line 4 by line 5						2958
	ule of Credits,		2958				
	III MATROSKA	NAT BASKNE KASKASKASKAS	HAOLUMA PISSERSAL ESENTENDA PRETUNDINS				



E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



For the year Jan		5. Individual Income Ta: .31, 2023, or other tax year beginning			2023, end	ina	OMB No. 1545		, 20	1			e in this space.
			I .		2020, 6110	"'Y							structions.
Your first name			Last n										ity number
SAI RAJE			1	VALA								11 1	
ir joint return, sp	ouse s	first name and middle initial	Last n	ame							Spouse	s social se	curity number
Home address (numbe	r and street). If you have a P.O. box, see	 e instruct	tions.					Apt. no.		Preside	ntial Flecti	ion Campaign
8900 LYR									139			nere if you	
		ce. If you have a foreign address, also co	mplete	spaces below	i	Stat	te	ZIP c			•	٠.	ntly, want \$3
COLUMBUS						ОН	[432	240		-	this fund. ow will not	. Checking a t change
Foreign country	name			Foreign provi	nce/state/	count	у	Forei	gn postal c	ode		or refund	•
												You	Spouse
Filing Status	\times	Single					Head of he	ouseh	nold (HOH	⊣)			
Check only		Married filing jointly (even if only o	ne had	income)									
one box.		Married filing separately (MFS)					☐ Qualifying						
	•	ou checked the MFS box, enter the			ıse. If yοι	ı che	cked the HOF	l or G	SS box,	ente	r the chi	ild's name	e if the
	qua	alifying person is a child but not you	ur aepe	naent:									
Digital	At an	y time during 2023, did you: (a) rec	eive (as	s a reward, a	ward, or	payn	nent for prope	rty or	services); or ((b) sell,		<u></u>
Assets	exch	ange, or otherwise dispose of a dig						et)? (S	ee instru	ction	s.)	☐ Yes	⊠ No
Standard	_	eone can claim: 🔲 You as a de	•	_	•		a dependent						
Deduction	<u></u> §	Spouse itemizes on a separate retur	n or yo	u were a dua	al-status	alien							
Age/Blindness	You:	☐ Were born before January 2, 1	959	Are blind	Spc	use:	: 🗌 Was bor	n bef	ore Janu	ary 2	, 1959	☐ I s b	lind
Dependents	(see	nstructions):		(2) Soc	al security		(3) Relationsh	_{iip} (4) Check t	he bo	x if quali	fies for (see	e instructions):
If more	(1) First name Last name			nu	mber	to you		Child tax cr		edit	Credit for of	ther dependents	
than four													
dependents, see instructions													
and check										<u> </u>			<u> </u>
here \square												1 0	
Income	1a	Total amount from Form(s) W-2, b			•						1a		44,680.
Attach Form(s)	b	Household employee wages not r	•								1b		
W-2 here. Also attach Forms	c d	Tip income not reported on line 1a	•	•			· · · ·				1c		
W-2G and	u	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						1e					
1099-R if tax was withheld.	f	Employer-provided adoption bene		,		•					1f		
If you did not	g	Wages from Form 8919, line 6.	الا داران	111 01111 000.	5, III IC 23	•							
get a Form	h	Other earned income (see instruct	ions)			•					1 <u>9</u>		0.
W-2, see instructions.	i	Nontaxable combat pay election (,	tructions) .		•	l 1i	i.					
	z	Add lines 1a through 1h						<u> </u>			1z	2	44,680.
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interest	t.			2b		
if required.	3a	Qualified dividends	3a			b 0	rdinary divide	nds .			3b		
	4a	IRA distributions	4a				axable amoun				4b	,	
Standard Deduction for—	5a	Pensions and annuities	5a			b Ta	axable amoun	t			5b		
Single or	6a	Social security benefits	6a			b Ta	axable amoun	t			6b	,	
Married filing separately,	С	If you elect to use the lump-sum e	election	method, che	eck here	(see	instructions)			. [
\$13,850	7	Capital gain or (loss). Attach Sche	dule D	if required. I	f not requ	iired,	check here			. [] _ 7		
Married filing jointly or	8	Additional income from Schedule	1, line	10							8	_	32,226.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8	. This is your	total inc	ome					9	2	12,454.
\$27,700 Head of	10	Adjustments to income from Sche	edule 1,	line 26 .							10		
household, 11 Subtract line 10 from line 9. This is your adjusted gross income						11		12,454.					
\$20,800 If you checked _	12	Standard deduction or itemized		,		•					12		13,850.
any box under Standard	13	Qualified business income deduct				899	5-A				13		
Deduction,	14					٠.					14		13,850.
	15	Subtract line 14 from line 11. If ze	rn or le	ss enter ()-	inie ie v	∩ur t	avanie incom	16			15		98-604

Form 1040 (2023	3)							Page 2
Tax and	16	Tax (see instructions). Check if any from Form	n(s): 1 881	4 2 4972	3 🗌		. 16	42,385.
Credits	17	Amount from Schedule 2, line 3					. 17	
	18	Add lines 16 and 17					. 18	42,385.
	19	Child tax credit or credit for other depender	nts from Sched	ule 8812			. 19	
	20	Amount from Schedule 3, line 8					. 20	
	21	Add lines 19 and 20					. 21	
	22	Subtract line 21 from line 18. If zero or less,	, enter -0				. 22	42,385.
	23	Other taxes, including self-employment tax,	, from Schedule	e 2, line 21 .			. 23	402.
	24	Add lines 22 and 23. This is your total tax					. 24	42,787.
Payments	25	Federal income tax withheld from:						
-	а	Form(s) W-2			25a	42,9	66.	
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c		0.	
	d	Add lines 25a through 25c					. 25d	42,966.
If you have a	26	2023 estimated tax payments and amount a	applied from 20)22 return			. 26	
qualifying child,	27	Earned income credit (EIC)		No .	27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 881	2		28			
	29	American opportunity credit from Form 886	3, line 8		29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15	38.					
	32	Add lines 27, 28, 29, and 31. These are you	. 32	5,238.				
	33	Add lines 25d, 26, and 32. These are your to					. 33	48,204.
Refund	34	If line 33 is more than line 24, subtract line 2						5,417.
	35a	Amount of line 34 you want refunded to yo	ս. If Form 8888	3 is attached, che	ck here .		☐ 35a	5,417.
Direct deposit?	b	Routing number 0 8 1 9 0 4 8	ngs					
See instructions.	d	Account number 2 9 1 0 0 4 1 5 2 1 3 2						
	36	Amount of line 34 you want applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24. This is the am	ount you owe		<u>'</u>			
You Owe		For details on how to pay, go to www.irs.go					. 37	
	38	Estimated tax penalty (see instructions) .			38			
Third Party		you want to allow another person to dis	cuss this retu	rn with the IRS?				<u>_</u>
Designee	ins	structions			Y	es. Comp	lete below.	⋉ No
		esignee's	Phone			Personal number (l	identification	
0:		me der penalties of perjury, I declare that I have examine	no.	accompanying och	adulas and ata	•		t of my knowledge and
Sign		lief, they are true, correct, and complete. Declaration						
Here	Υn	our signature	Date Your occupation				If the IBS se	ent you an Identity
	10	or signature	Date	Date Four occupation				PIN, enter it here
Joint return?				SOFTWARE	ENGINEE	3	(see inst.)	_
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, both must sign.	Date Spouse's occupation			If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
	——Ph	one no. (404) 386-9498	Email address	RAJESHPUVV	ATAGGMAT	ICOM		
		eparer's name Preparer's signa			Date	PT	IN	Check if:
Paid	VENE	'		MAR DUDIPALLI		PΩ	2470833	Self-employed
Preparer		Firm's name GLOBAL TAXES LLC Pho						(678) 965-9522
Use Only		0.45						88-2145487
0- 1	/	and 40 for instructions and the latest inf	CIADIVI CIC IV				Firm's EIN	5 1040 (222)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment

Department of the Treasury Internal Revenue Service

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

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment Sequence No. 01

Your social security number

SAI	RAJESH KUMAR PUVVALA			318-1	1-19	3 62
Par	t I Additional Income					
1	Taxable refunds, credits, or offsets of state and local income taxes				1	
2a	Alimony received				2a	
b	Date of original divorce or separation agreement (see instructions):					
3	Business income or (loss). Attach Schedule C				3	
4	Other gains or (losses). Attach Form 4797				4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att				5	-32,226.
6	Farm income or (loss). Attach Schedule F				6	
7	Unemployment compensation				7	
8	Other income:					
а	Net operating loss	8a	()		
b	Gambling	8b				
С	Cancellation of debt	8c				
d	Foreign earned income exclusion from Form 2555	8d	()		
е	Income from Form 8853	8e				
f	Income from Form 8889	8f				
g	Alaska Permanent Fund dividends	8g				
h	Jury duty pay	8h				
i	Prizes and awards	8i				
j	Activity not engaged in for profit income	8j				
k	Stock options	8k				
I	Income from the rental of personal property if you engaged in the rental					
	for profit but were not in the business of renting such property	81				
m	Olympic and Paralympic medals and USOC prize money (see					
	instructions)	8m				
n	()	8n				
0	Section 951A(a) inclusion (see instructions)	80				
р	Section 461(I) excess business loss adjustment	8p				
q	Taxable distributions from an ABLE account (see instructions)	8q				
r	Scholarship and fellowship grants not reported on Form W-2	8r				
S	Nontaxable amount of Medicaid waiver payments included on Form					
	1040, line 1a or 1d	8s	()		
t	Pension or annuity from a nonqualifed deferred compensation plan or					
	a nongovernmental section 457 plan	8t				
u	Wages earned while incarcerated	8u				
Z	Other income. List type and amount:					
		8z				
9	Total other income. Add lines 8a through 8z				9	
10	Combine lines 1 through 7 and 9. This is your additional income. Ente	r here	and on	Form		

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income				
11	Educator expenses		 	11	
12	Certain business expenses of reservists, performing artists, and fee-				
	officials. Attach Form 2106		 	12	
13	Health savings account deduction. Attach Form 8889		 	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		 	14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	_
22	Reserved for future use			22	
23	Archer MSA deduction		 	23	
24	Other adjustments:				
а	, , , , ,	24a			
b	Deductible expenses related to income reported on line 8I from the				
	, , , , , , , , , , , , , , , , , , , ,	24b		_	
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	, ,	24c		_	
d	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	24d		_	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
q		24g			
h	Attorney fees and court costs for actions involving certain unlawful				
		24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	tax law violations	24i			
j	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k			
Z	Other adjustments. List type and amount:				
		24z			
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income				
	Form 1040, 1040-SR, or 1040-NR, line 10		 	26	

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR SAI RAJESH KUMAR PUVVALA

Pa	rt Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	402.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	lor	nntini	ied on nage 2

Schedule 2 (Form 1040) 2023 Page **2**

Part II Other Taxes (continued)

7	Other additional taxes:				
а	Recapture of other credits. List type, form number, and amount:				
		17a			
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b			
С	Additional tax on HSA distributions. Attach Form 8889	17c			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d			
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
I	Tax on accumulation distribution of trusts	171			
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170			
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q			
Z	Any other taxes. List type and amount:				
		17z			
8	Total additional taxes. Add lines 17a through 17z			18	
9	Reserved for future use			19	
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, and 18. These are your total other taxe	s. Enter her	e and	04	4.0.0
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			21	 402.

SCHEDULE 3 (Form 1040)

Department of the Treasury

Internal Revenue Service

Additional Credits and Payments

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. 03

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

SAI RAJESH KUMAR PUVVALA

Par	Nonretundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441	2		
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5a	Residential clean energy credit from Form 5695, line 15		5a	
b	Energy efficient home improvement credit from Form 5695, line 32		5b	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Reserved for future use	6e		
f	Clean vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6 g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
I	Amount on Form 8978, line 14. See instructions	6I		
m	Credit for previously owned clean vehicles. Attach Form 8936.	6m		
Z	Other nonrefundable credits. List type and amount:			
		6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 10	040, 1040-SR, o		
	1040-NR, line 20		8	
		(contin	ued on page 2)

Schedule 3 (Form 1040) 2023 Page **2**

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	5,238.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
Z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	5 , 238.

BAA





Georgia Form 500 (Rev. 08/30/23) Individual Income Tax Return Georgia Department of Revenue 2023 (Approved software version)

7a. Number of Qualified Dependents*

Page 1

Fiscal Year Beginning STATE OH ISSUED YOUR DRIVER'S Fiscal Year LICENSE/STATE ID VG078430 **Ending** YOUR SOCIAL SECURITY NUMBER YOUR FIRST NAME MI 318-11-1962 1. SAI RAJESH KUMAR LAST NAME (For Name Change See IT-511 Tax Booklet) SUFFIX **PUVVALA** SPOUSE'S FIRST NAME SPOUSE'S SOCIAL SECURITY NUMBER MI DEPARTMENT USE ONLY LAST NAME SUFFIX **CHECK IF ADDRESS HAS CHANGED** ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) 2.8900 LYRA DR APT NO 139 CITY (Please insert a space if the city has multiple names) STATE ZIP CODE 3. COLUMBUS ОН 43240 (COUNTRY IF FOREIGN) Residency Status 4. Enter your Residency Status with the appropriate number 1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT TO 3. NONRESIDENT Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer. Filing Status 5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Surviving Spouse

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

7b. Number of Unborn Dependents

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself X

6c. 1

6b. Spouse

7 c. Total Number of Dependents

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue



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

2023

Page 2

YOUR SOCIAL SECURITY NUMBER 318-11-1962

First Name, MI.	Last Name	
Social Security Number	Relationship to You	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
Federal adjusted gross income (From (Do not use FEDERAL TAXABLE IN)	negative, use the minus sign (-). Example -3456. m Federal Form 1040)	$212454 \\$ gross income is less than your
	our Federal Form 1040 Pages 1, 2, and Schedule 1. Ile 1 (See IT-511 Tax Booklet)	
10. Georgia adjusted gross income (Net	total of Line 8 and Line 9) 10.	
11. Standard Deduction (Do not use FED (See IT-511 Tax Booklet)	DERAL STANDARD DEDUCTION) 11a.	
b. Self: 65 or over? Blind?	Total x 1,300= 11b.	
Spouse: 65 or over? Blind? c. Total Standard Deduction (Line 11 Use EITHER Line 11c OR Line 12c	1a + Line 11b)	
12. Total Itemized Deductions used in com	nputing Federal Taxable Income. If you use itemized deduction	ns, <mark>you must include Federal Schedule A</mark>
a. Federal Itemized Deductions (Sci	hedule A- Form 1040) 12a.	
b. Less adjustments: (See IT-511 Ta	ax Booklet) 12b.	
c. Georgia Total Itemized Deductions	12c.	
13. Subtract either Line 11c or Line 12c	from Line 10; enter balance	

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue



2023

Page 3

YOUR SOCIAL SECURITY NUMBER 318-11-1962

14a. Enter the number from Line 6c. Multiply by or multiply by \$3,700 for filing status B or C	/ \$2,700 for filing status A or D	14a.	
14b. Enter the number from Line 7c. Multiply by	y \$3,000	14b.	
14c. Add Lines 14a. and 14b. Enter total		14c.	
15a. Income before GA NOL (Line 13 less Line 14c15b. Georgia NOL utilized (Cannot exceed Line 15a applying the 80% limitation, see IT-511 Tax B		92571	
15c. Georgia Taxable Income (Line 15a less Line 1	5b)	15c. S	92571
16. Tax (Use Tax Rate Schedule in the IT-511 Tax	k Booklet)	16.	5150
17. Low Income Credit 17a. 17b.		17c.	
18. Other State(s) Tax Credit (Include a copy of the	ne other state(s) return)	18.	
19. Credits used from IND-CR Summary Workshe	et	19.	
20. Total Credits Used from Schedule 2 Georgi electronically)	a Tax Credits (must be filed	1 20.	
21. Total Credits Used (sum of Lines 17-20) cannot exce	eed Line 16	21.	0
22. Balance (Line 16 less Line 21) if zero or less th	an zero, enter zero	22.	5150

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

	(INCOME STATE	MENT A)			(INCOME STAT	EMENT B)			(INCOME STATE	MENT C)	
1.	WITHHOLDING T	ГҮРЕ:		1.	WITHHOLDING	TYPE:		1.	WITHHOLDING 1	YPE:	
	× w-2	G2-A	G2-LP		W-2	G2-A	G2-LP		W-2	G2-A	G2-LP
	1099	G2-FL	G2-RP		1099	G2-FL	G2-RP		1099	G2-FL	G2-RP
2.	EMPLOYER/PAY ID NUMBER (FEI			2.	EMPLOYER/PA' ID NUMBER (FE			2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN		
	4656883	16									
3.	EMPLOYER/PAY		ITHHOLDING ID	3.	EMPLOYER/PA	YER STATE W	THHOLDING ID	3.	EMPLOYER/PAY	ER STATE WI	THHOLDING ID
4.	GA WAGES / INC	соме 96240		4.	GA WAGES / IN	COME		4.	GA WAGES / INC	COME	
5.	GA TAX WITHHE	5252		5.	GA TAX WITHHI	ELD		5.	GA TAX WITHHE	LD	

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

All Pages (1-5) are required for processing

REV 01/09/24 PRO

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue 2023



2400411545

(INCOME STATEMENT E)

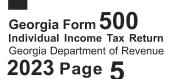
YOUR SOCIAL SECURITY NUMBER 318-11-1962

(INCOME STATEMENT F)

Page 4

(INCOME STATEMENT D)

3.	WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN EMPLOYER/PAYER STATE WITHHOLDING ID GA WAGES / INCOME		G2-LP G2-RP	I. WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN 3. EMPLOYER/PAYER STATE WITHHOLDING ID 4. GA WAGES / INCOME
5.	GA TAX WITHHELD	5. GA TAX WITHHELD		5. GA TAX WITHHELD
23.	Georgia Income Tax Withheld on Wages (Enter Tax Withheld Only and include W-2s		23.	5252
24.	Other Georgia Income Tax Withheld (Must include G2-A, G2-FL, G2-LP and/or G		24.	
25.	Estimated Tax paid for 2023 and Form IT	,	25.	
26.	Schedule 2B Refundable Tax Credits (Cannot be claimed unless filed electronic		26.	
27.	Total prepayment credits (Add Lines 23, 2	- /	27.	5252
28.	If Line 22 exceeds Line 27, subtract Line balance due		28.	
29.	If Line 27 exceeds Line 22, subtract Line 2 overpayment		29.	102
30.	Amount to be credited to 2024 ESTIMA	TED TAX	30.	0
31.	Georgia Wildlife Conservation Fund (No	gift of less than \$1.00)	31.	
32.	Georgia Fund for Children and Elderly (N	No gift of less than \$1.00)	32.	
33.	Georgia Cancer Research Fund (No gift	of less than \$1.00)	33.	
34.	Georgia Land Conservation Program (No	gift of less than \$1.00)	34.	
35.	Georgia National Guard Foundation (No g	gift of less than \$1.00)	35.	
36.	Dog & Cat Sterilization Fund (No gift of lo	ess than \$1.00)	36.	
37.	Saving the Cure Fund (No gift of less the	an \$1.00)	37.	
38.	Realizing Educational Achievement Can Happ (No gift of less than \$1.00)	pen (REACH) Program	38.	





2400411555

YOUR SOCIAL SECURITY NUMBER 318-11-1962

39	. Public Safety Memorial Gran	t (No gift of less than \$1.00)	39.		
40	. Disabled Veterans' Scholarsh	nip Fund (No gift of less thar	ı \$1.00)	40.		
41	. Form 500 UET (Estimated to	ax penalty) 500 UET exce	eption attached	41.		
42.	Penalty: Late Payment and/o	r Late Filing		42.		
43.	Interest			43.		
44.	(If you owe) Add Lines 28, MAKE CHECK PAYABLE TO Mail To: GEORGIA DEPARTI PO BOX 740399 ATLANTA, 0	GEORGIA DEPARTMENT OF REVENUE PROCES	F REVENUE,	44.		
45.	(If you are due a refund) Subt THIS IS YOUR REFUND Refund Due Mail To: GEORGIA PO BOX 740380 ATLANTA, GA	A DEPARTMENT OF REVENU	45			102
	If you do not enter Direct De	eposit information or if yo	u are a first time fi	ler you will	be issued a paper check.	
45a	. Direct Deposit (U.S. Accounts Only)	Type: Checking X Savings		•		
	Routing		Account			
	Number 081904808	/ applicable schedules, fo	Number	2910041		
_ T	axpayer's Signature (Check box if deceased)	Spouse's Sig	nature	(Check box if deceased)	
	Taxpayer's Date of Death		Spouse's D	ate of Death		
	Taxpayer's Signature Date	Taxpayer's Ph 404-386-			Spouse's Signature Date	
	By providing my e-mail address I am a my account(s). Taxpayer's E-mail Address	authorizing the Georgia Department	of Revenue to electronic	cally notify me a	t the below e-mail address regarding	any updates to
	. алрау от о 🗕 тап / каатооо				I authorize DOR to with the named pre	
	VENKATA SAI PAVAN KU	JMAR DUDIPALLI		Prepare 678-	er's Phone Number 965-9522	
	Signature of Preparer Name of Preparer Other Than VENKATA SAI PAVAI	Taxnaver				
					er's FEIN 145487	





Schedule 3 Page 1

YOUR SOCIAL SECURITY NUMBER 318-11-1962

2023 (Approved software version)

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

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

Column A must equal Column B plus Column C.

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

Column A must equal Column B plus Column	C. See IT-511 Tax	Booklet for other state(s) tax credits.
FEDERAL INCOME AFTER GEORGIA ADJUSTMEN (COLUMN A)	T INCOME NOT TAXABLE TO GEORGIA (COLUMN B)	GEORGIA INCOME (COLUMN C)
1. WAGES, SALARIES, TIPS, etc 244680	1. WAGES, SALARIES, TIPS, etc 148440	1. WAGES, SALARIES, TIPS, etc 96240
2. INTEREST AND DIVIDENDS	2. INTEREST AND DIVIDENDS	2. INTEREST AND DIVIDENDS
3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)
4. OTHER INCOME OR (LOSS) -32226	4. OTHER INCOME OR (LOSS) -32226	4. OTHER INCOME OR (LOSS)
5. TOTAL INCOME: TOTAL LINES 1 THRU 4 212454	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 116214	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 96240
6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040
7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1
8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7
212454	116214	96240
	e 8, Column A enter percentage or check not be negative and cannot exceed 100%)	9. 45.30 %
10a. Itemized or Standard Deduction	or Georgia Itemized (See IT-511 Tax Booklet)	10a. 5400
10b. Additional Standard Deduction Self: 65 or over? Blind? Spouse: 65	or over? Blind? Total X 1,300=	10b.
11. Personal Exemptions from Form 500 or F	Form 500X (See IT-511 Tax Booklet)	
11a. Enter the number on Line 6c from Form 500 filing status A or D or multiply by \$3,700 for		11a. 2700
11b. Enter the number on Line 7c from Form 50	O or Form 500X multiply by \$3,000	11b.
12. Total Deductions and Exemptions: Add	Lines 10a, 10b, 11a, and 11b	12. 8100
13. *Multiply Line 12 by Ratio on Line 9 and		13. 3669
 Income before GA NOL: Subtract Line 1 Enter here and on Line 15a, Page 3 of F 		14. 92571

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

E1040		artment of the Treasury—Internal Revenue Serves. Individual Income Ta		urn	202	3	OMB No. 1545	-0074	IRS Use	Only—	·Do not w	rite or staple i	n this space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, en	ding _			, 20		See sep	oarate inst	ructions.
Your first name SAI RAJE If joint return, sp	SH I		Last na	/ALA							318	cial securit	=
8900 LYF City, town, or p	RA DI	er and street). If you have a P.O. box, see R ce. If you have a foreign address, also co						ZIP co	139 IP code		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a		
COLUMBUS Foreign country				Foreign p	rovince/state/	OH count		432 Foreig	40 In postal c			ow will not or refund.	change Spouse
Filing Status Check only one box.	If y	Single Married filing jointly (even if only of Married filing separately (MFS) you checked the MFS box, enter the alifying person is a child but not you	e name o ur deper	of your s ndent:				surviv	ring spou	use (C enter	the chi	ld's name	if the
Digital Assets Standard	Som	ny time during 2023, did you: (a) rec nange, or otherwise dispose of a dig neone can claim:	gital asse ependen	et (or a fin	nancial inter Your spous	est ir e as	n a digital asse a dependent					☐ Yes	⊠ No
Deduction		Spouse itemizes on a separate returnum:		u were a		alien ouse		n hefo	ore Janua	arv 2	1959	☐ I s bli	ind
	s (see	(see instructions): (1) First name Last name			Social security		(3) Relationsh to you	ationship (4) Check the b			k if qualit	fies for (see	
than four dependents, see instructions and check here	 S]]]			[[]]]]
Income Attach Form(s)	1a b	Total amount from Form(s) W-2, b Household employee wages not r	,		•			· ·	· ·	<u> </u>	1a 1b		<u> </u>
W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	c d e f	Tip income not reported on line 1a (see instructions)						1c 1d 1e 1f					
If you did not get a Form W-2, see instructions.	g h i	Wages from Form 8919, line 6. Other earned income (see instruct Nontaxable combat pay election (tions)					: : <u>:</u>			1g 1h		0.
Attach Sch. B if required.	2a 2a 3a 4a	Add lines 1a through 1h Tax-exempt interest Qualified dividends IRA distributions	2a 3a 4a			b O	axable interest Ordinary divider axable amount	nds .		· ·	1z 2b 3b 4b		14,680.
Standard Deduction for— Single or Married filing separately,	5а 6а с	Pensions and annuities	5a 6a	method,	check here	b Tab Ta	axable amount axable amount	t		 	5b 6b		
\$13,850 Married filing jointly or Qualifying surviving spouse,	7 8 9	Capital gain or (loss). Attach Schedule D if required. If not required, check here						8 9		32 , 226.			
\$27,700 Head of household, \$20,800 If you checked	10 11 12	Adjustments to income from Sche Subtract line 10 from line 9. This is Standard deduction or itemized	s your a I deduct	djusted : ions (fro	gross inco m Schedule	me e A)	· · · · · · · · · · · · · · · · · · ·	 	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	10 11 12		12,454. 13,850.
any box under Standard Deduction, see instructions.	13 14	Qualified business income deduct Add lines 12 and 13								 	13 14	1	13,850.

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		. 16	42,385.
Credits	17	Amount from Schedule 2, lin	ne 3					. 17	
	18	Add lines 16 and 17						. 18	42,385.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			. 19	
	20	Amount from Schedule 3, lin	ne 8					. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	42,385.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21 .			. 23	402.
	24	Add lines 22 and 23. This is	your total tax					. 24	42,787.
Payments	25	Federal income tax withheld	from:						
	а	Form(s) W-2				25a	42,96	66.	
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c		0.	
	d	Add lines 25a through 25c						. 25d	42,966.
If you have a	26	2023 estimated tax paymen	ts and amount a _l	pplied from 20	22 return			. 26	
qualifying child, attach Sch. EIC. 1	27	Earned income credit (EIC)			No .	27			
attacii Scii. Elc.	28	Additional child tax credit from	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	s, line 8 . .		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31	5,23	38.	
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credi	ts .	. 32	5,238.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 33	48,204.
Refund	34	If line 33 is more than line 24	1, subtract line 2،	4 from line 33.	This is the amou	nt you overpa	id .	. 34	5,417.
	35a	Amount of line 34 you want			is attached, che	ck here		☐ 35a	5,417.
Direct deposit?	b	Routing number 0 8 1	ngs						
See instructions.	d	Account number 2 9 1	0 0 4 1	5 2 1 3	3 2				
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						. 37	
rou Owe	38	Estimated tax penalty (see in	-	•				. 31	
Third Party		you want to allow another							
Designee		•	•				. Compl	ete below.	X No
Designee		esignee's		Phone				dentification	
	na	me		no.					
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation			If the IRS se	nt you an Identity
		v							PIN, enter it here
Joint return?					SOFTWARE 1			(see inst.)	
See instructions. Keep a copy for your records.		Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation If the IRS sent your Identity Protection F (see inst.)				nt your spouse an ection PIN, enter it here
	Ph	Phone no. (404) 386-9498 Email address RAJESHPUVVALA@GMAIL.COM							
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTI	N	Check if:
Preparer	VENE	KATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI	PAVAN KUM	AR DUDIPALLI		P02	2470833	Self-employed
Use Only	Fir	Firm's name GLOBAL TAXES LLC						Phone no.	(678)965-9522
————	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816			Firm's EIN	88-2145487

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

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

SAI RAJESH KUMAR PUVVALA

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

Par	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E	5	-32,226.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()		
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
- 1	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	-	
u	Wages earned while incarcerated	8u	-	
Z	Other income. List type and amount:			
_	Total ather income. Add lines On through On	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Ente	nere and on Form	10	-32-226

Schedule 1 (Form 1040) 2023 Page **2**

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

BAA

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR SAI RAJESH KUMAR PUVVALA

Pai	tl Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	402.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(cc	ontinu	ued on page 2)

Schedule 2 (Form 1040) 2023 Page **2**

Part II Other Taxes (continued)

7	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:			
		17a		
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
_	· · · · · · · · · · · · · · · · · · ·			
	ł	17c		
a	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17 i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
I	Tax on accumulation distribution of trusts	171		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170		
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount:			
		17z		
8	Total additional taxes. Add lines 17a through 17z		18	
9	Reserved for future use		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your total other taxe	s. Enter here and		
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	402.

SCHEDULE 3 (Form 1040)

Department of the Treasury

Additional Credits and Payments

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 03

Internal Revenue Service Go to www.irs.gov/Fo
Name(s) shown on Form 1040, 1040-SR, or 1040-NR

SAI RAJESH KUMAR PUVVALA

Par	Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441	, line 11. Attach	2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5a	Residential clean energy credit from Form 5695, line 15		5a	
b	Energy efficient home improvement credit from Form 5695, line 32		5b	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Reserved for future use	6e		
f	Clean vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
I	Amount on Form 8978, line 14. See instructions	61		
m	Credit for previously owned clean vehicles. Attach Form 8936.	6m		
Z	Other nonrefundable credits. List type and amount:			
		6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 10	040, 1040-SR, or		
	1040-NR, line 20		8	
		(C	ontin	ued on page 2)

Schedule 3 (Form 1040) 2023 Page **2**

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	5,238.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
Z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	5,238.

BAA

Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)		•		
Taxpayer's name	Social securit	y numb	er	
SAI RAJESH KUMAR PUVVALA	318-11-	-1962	2	
Spouse's name	Spouse's soci	ial secu	rity number	
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Ent	l er year you aı	re aut	horizina.)	
Enter whole dollars only on lines 1 through 5.	y y			
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1 Adjusted gross income		1	212,4	
2 Total tax		2		787.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		966.
4 Amount you want refunded to you5 Amount you owe		5	5,4	<u>417.</u>
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a copy		our return	n)
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I ab return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trans to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for r for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termina payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation rebusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) I Electronic Funds Withdrawal Consent.	mitter, or electro ejection of the tra U.S. Treasury andicated in the ta tion to debit the atte the authoriza- quests must be the processing of payment. I furti	enic retuents ansmised its distance of the entry to the electric the electric receivers.	urn originator sion, (b) the lesignated Fir aration softwoo this account or evoke (caved no later ectronic paynknowledge the	r (ERO) reason nancial vare for nt. This ncel) a than 2 nent of nat the
Taxpayer's PIN: check one box only				
▼ I authorize GLOBAL TAXES LLC to enter or generat	e mv PIN	1 9		as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent		digits, but r all zeros	,
I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.				
Your signature ▶ Date ▶				
Spouse's PIN: check one box only				
☐ I authorize to enter or generat	e mv PIN			as my
ERO firm name	Ent		digits, but	,
signature on the income tax return (original or amended) I am now authorizing.			r all zeros	_
I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.				
Spouse's signature ▶ Date ▶				
Practitioner PIN Method Returns Only—continue belo	w			
Part III Certification and Authentication — Practitioner PIN Method Only				
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 4 9 0 Don't ente	6 6 er all ze		9
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subtrequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of	mitting this retu	rn in a	ccordance w	
ERO's signature ▶ Date ▶				
ERO Must Retain This Form — See Instructions				
Don't Submit This Form to the IRS Unless Requested To	Do So			

Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2023	}
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OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

For the year Jar	ı. 1–De	c. 31, 2023, or other tax year beginning		, 2023, end	ling		, 20		See ser	parate instructions.		
Your first name	and m	niddle initial	Last r	name					Your so	cial security number		
SAI RAJE	SH	KUMAR	PUV	VALA					318	11 1962		
		's first name and middle initial	Last r						Spouse's social security number			
•									•			
Home address	(numb	er and street). If you have a P.O. box, see	instruc	ctions.			Apt. no.		Presider	ntial Election Campaign		
8900 LYF	RA D	R					139		Check here if you, or your			
City, town, or p	ost off	ice. If you have a foreign address, also co	mplete	spaces below.	Stat	:e	ZIP code			if filing jointly, want \$3 this fund. Checking a		
COLUMBUS	3				ОН		43240			ow will not change		
Foreign country	/ name)		Foreign province/state/o	count	у	Foreign posta	I code	-			
										You Spouse		
Filing Status	s 🗵	Single				Head of ho	ousehold (H0	OH)				
Check only	L	☐ Married filing jointly (even if only or	ne hac	d income)		_						
one box.	L					☐ Qualifying						
		you checked the MFS box, enter the			u che	cked the HOH	or QSS box	k, ente	r the chil	d's name if the		
	qu	ualifying person is a child but not you	ır depe	endent:								
Digital	At a	ny time during 2023, did you: (a) rece	eive (a	s a reward, award, or	payn	nent for prope	rty or service	es); or	(b) sell,			
Assets	excl	hange, or otherwise dispose of a digi	ital ass	set (or a financial intere	est in	a digital asse	t)? (See inst	ruction	ıs.)	☐ Yes 🗵 No		
Standard	Son	neone can claim: 🗌 You as a de	pende	nt 🗌 Your spouse	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a dual-status	alien							
Age/Blindness	s You	: Were born before January 2, 1	959	Are blind Spo	ouse:	□ Was bor	n before Jar	uarv 2	. 1959	☐ I s blind		
Dependents	-	-		(2) Social security	,	(3) Relationsh	(4) (1)			ies for (see instructions):		
If more		First name Last name		number		to you		d tax cr	edit	Credit for other dependents		
than four												
dependents,												
see instructions and check	s —											
here \square												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	see instructions)					1a	244,680.		
Attach Form(s)	b	Household employee wages not re	eporte	d on Form(s) W-2..					. 1b			
W-2 here. Also	С	Tip income not reported on line 1a	ı (see i	nstructions)					1c			
attach Forms	d	Medicaid waiver payments not rep	ver payments not reported on Form(s) W-2 (see instructions)						1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom F	orm 2441, line 26 .					1e			
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8839, line 29					1f			
If you did not	g	Wages from Form 8919, line 6 .							. 1g			
get a Form W-2, see	h	Other earned income (see instructi	ions)				,		1h_	0.		
instructions.	i	Nontaxable combat pay election (s	see ins	structions)		<u>1i</u>			_			
	Z	Add lines 1a through 1h	. ;						1z	244,680.		
Attach Sch. B	2a	Tax-exempt interest	2a			axable interest			2b			
if required.	3a	· · · —	3a			rdinary divider			3b			
Standard	4a	-	4a			axable amount			4b			
Deduction for—	5a	F	5a			axable amount			5b			
Single or Married filing	6a	,	6a			axable amount	t	· <u>-</u>	6b			
separately,	С	If you elect to use the lump-sum e						. L	_			
\$13,850 Married filing	7	Capital gain or (loss). Attach Scheo						. L] 7			
jointly or	8	Additional income from Schedule							8	-32,226.		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		=	come				9	212,454.		
\$27,700 Head of	10	Adjustments to income from Schedule 1, line 26							10			
household,	11	Subtract line 10 from line 9. This is	-						11	212,454.		
\$20,800 If you checked	12	Standard deduction or itemized							12	<u> </u>		
any box under Standard	13	Qualified business income deducti							13			
Deduction, see instructions.	14	Add lines 12 and 13							14	13,850.		
JOO HIGH WOLIDING I	45	tribetacet line 14 facus line 11 lf -cu	0 01 1	on ontor () This are		avabla ina	_		. 45	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

Form 1040 (2023	3)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		. 16	42,385.	
Credits	17	Amount from Schedule 2, lir	ne 3					. 17		
	18	Add lines 16 and 17						. 18	42,385.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			. 19		
	20	Amount from Schedule 3, lin	ne 8					. 20		
	21	Add lines 19 and 20						. 21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	42,385.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			. 23	402.	
	24	Add lines 22 and 23. This is	your total tax					. 24	42,787.	
Payments	25	Federal income tax withheld								
•	а	Form(s) W-2				25a 4	2,966	5.		
	b	Form(s) 1099				25b				
	С	Other forms (see instruction:	s)			25c	(J.		
	d	Add lines 25a through 25c						. 25d	42,966.	
If you have a	26	2023 estimated tax paymen						. 26		
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit	from Form 8863	3, line 8 . .		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	ne 15			31	5,238	3.		
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credits		. 32	5 , 238.	
	33	Add lines 25d, 26, and 32. T						. 33	48,204.	
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		. 34	5,417.	
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, che	ck here	[35a	5,417.	
Direct deposit?	b									
See instructions.	d	Account number 2 9 1	0 0 4 1	5 2 1	3 2 -					
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe.						
You Owe		For details on how to pay, g	o to www.irs.gov	//Payments or	see instructions			. 37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party		you want to allow another								
Designee	ins	structions				∐Yes.	Comple	te below.	⊠ No	
		esignee's me		Phone no.			sonal ide nber (PIN	entification		
Cian		ider penalties of perjury, I declare the	nat I have examined		accompanying sche			•	of my knowledge and	
Sign		lief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation		If	the IRS se	nt you an Identity	
		ŭ			'				IN, enter it here	
Joint return?					SOFTWARE 1	ENGINEER	`	see inst.)		
See instructions. Keep a copy for your records.	Sp	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupat	ion	lo	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
	Phone no. (404) 386-9498 Email address RAJESHPUVVALA@GMAIL.COM						OM			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Paid	VENE	KATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI	PAVAN KUM	AR DUDIPALLI		P024	170833	Self-employed	
Preparer	Fir	Firm's name GLOBAL TAXES LLC					Р	hone no.	(678) 965-9522	
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		F	irm's EIN	88-2145487	
									4040	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

SAI RAJESH KUMAR PUVVALA

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

Sequence No. 01

Your social security number
318-11-1962

Par	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E	5	-32 , 226.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()		
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
_		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Ente	r here and on Form	10	- 32 ₋ 226
	1040 1040-SB or 1040-NB line 8		. 70	- 1/ • // n •

Schedule 1 (Form 1040) 2023 Page **2**

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

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR SAI RAJESH KUMAR PUVVALA

Pai	tl Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	402.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(cc	ontini	ued on page 2)

Schedule 2 (Form 1040) 2023 Page **2**

Part II Other Taxes (continued)

7	Other additional taxes:				
а	Recapture of other credits. List type, form number, and amount:				
		17a			
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b			
С	Additional tax on HSA distributions. Attach Form 8889	17c			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d			
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
I	Tax on accumulation distribution of trusts	17I			
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170			
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q			
Z	Any other taxes. List type and amount:				
		17z			
8	Total additional taxes. Add lines 17a through 17z			18	
9	Reserved for future use			19	
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, and 18. These are your total other taxe	s. Enter he	ere and	04	4.0.0
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			21	 402.

SCHEDULE 3 (Form 1040)

Department of the Treasury

Internal Revenue Service

Additional Credits and Payments

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 03

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

SAI RAJESH KUMAR PUVVALA

Par	Nonrefundable Credits				
1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441	, line 1	1. Attach	2	
3	Education credits from Form 8863, line 19			3	
4	Retirement savings contributions credit. Attach Form 8880			4	
5a	Residential clean energy credit from Form 5695, line 15			5a	
b	Energy efficient home improvement credit from Form 5695, line 32			5b	
6	Other nonrefundable credits:				
а	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
С	Adoption credit. Attach Form 8839	6c			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
е	Reserved for future use	6e			
f	Clean vehicle credit. Attach Form 8936	6f			
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
I	Amount on Form 8978, line 14. See instructions	6 l			
m	Credit for previously owned clean vehicles. Attach Form 8936 .	6m			
z	Other nonrefundable credits. List type and amount:				
		6z			
7	Total other nonrefundable credits. Add lines 6a through 6z			7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1	040, 10	40-SR, or		
	1040-NR, line 20			8	
			(CC	ontinu	ued on page 2)

Schedule 3 (Form 1040) 2023 Page **2**

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	5,238.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
Z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	5 , 238.

BAA

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074 Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return Your social security number SAI RAJESH KUMAR PUVVALA 318-11-1962 Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions ☐ Yes
☒ No В 1a Physical address of each property (street, city, state, ZIP code) S. COLLAGE ROAD KAKINADA ANDHRA PRADESH IN 533003 Α В С Type of Property 1b For each rental real estate property listed **Fair Rental Personal Use** QJV (from list below) above, report the number of fair rental and Days Days personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** С Income: Α В 600. 3 Rents received . 4 Royalties received 4 **Expenses:** 5 Advertising 5 6 Auto and travel (see instructions) 6 1,854. 7 Cleaning and maintenance . . . 7 8 8 Commissions Insurance 9 9 10 10 Legal and other professional fees 11 Management fees 11 1,457. Mortgage interest paid to banks, etc. (see instructions) 12 12 13 13 9,894. 14 14 15 15 9,857. Supplies 16 16 Utilities 17 9,764. 17 18 Depreciation expense or depletion 18 19 19 Total expenses. Add lines 5 through 19 20 20 32,826. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 -32,226.21 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 32,226.) 23a Total of all amounts reported on line 3 for all rental properties 23a 600. Total of all amounts reported on line 4 for all royalty properties 23b 23c **c** Total of all amounts reported on line 12 for all properties . . Total of all amounts reported on line 18 for all properties 23d Total of all amounts reported on line 20 for all properties 23e 32,826. 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 32,226. 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 ...

-32,226.

8959 Form

Department of the Treasury Internal Revenue Service

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.

Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 71

Name(s) shown on return

SAI RAJESH KUMAR PUVVALA

318-11-1962

Part	Additional Medicare Tax on Medicare Wages		
1	Medicare wages and tips from Form W-2, box 5. If you have more than one		
	Form W-2, enter the total of the amounts from box 5		
2	Unreported tips from Form 4137, line 6		
3	Wages from Form 8919, line 6		
4	Add lines 1 through 3		
5	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately \$125,000		
	Single, Head of household, or Qualifying surviving spouse \$200,000 5 200,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0	6	44,680.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to		
	Part II	7	402.
Part	II Additional Medicare Tax on Self-Employment Income		
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you		
	had a loss, enter -0		
9	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
	Single, Head of household, or Qualifying surviving spouse \$200,000 9		
10	Enter the amount from line 4		
11	Subtract line 10 from line 9. If zero or less, enter -0		
12	Subtract line 11 from line 8. If zero or less, enter -0	12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and		
	go to Part III	13	
Part	`		
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14		
	(see instructions)	_	
15	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
	Single, Head of household, or Qualifying surviving spouse \$200,000		
16	Subtract line 15 from line 14. If zero or less, enter -0	16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009).		
Dout	Enter here and go to Part IV	17	
	Total Additional Medicare Tax		
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V	18	400
Part		10	402.
	Medicare tax withheld from Form W-2, box 6. If you have more than one Form		
19	W-2, enter the total of the amounts from box 6		
20	Enter the amount from line 1		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax	-	
-1	withholding on Medicare wages		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medicare Tax		
	withholding on Medicare wages	22	0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box		J •
20	14 (see instructions)	23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with		
<u>_</u> _T	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers,		
	see instructions)	24	0

Form **8960**

Net Investment Income Tax—Individuals, Estates, and Trusts

Department of the Treasury Internal Revenue Service

Name(s) shown on your tax return

Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

OMB No. 1545-2227

2023

Attachment
Sequence No. 72

Your social security number or EIN

SAI	RAJESH KUMAR PUVVALA 318-			3-11-1	962	
Part	art I Investment Income					
	☐ Section 6013(h) election (see instructions)					
	☐ Regulations section 1.1411-10(g) election (see in	structions)			
1	Taxable interest (see instructions)			1		
2	Ordinary dividends (see instructions)			2		
3	Annuities (see instructions)			3		
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or					
	businesses, etc. (see instructions)	4a	-32 , 226.			
b	Adjustment for net income or loss derived in the ordinary course of a non-					
	section 1411 trade or business (see instructions)	4b				
С	Combine lines 4a and 4b			4c	-32 , 226.	
5a	Net gain or loss from disposition of property (see instructions)	5a				
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b				
С	Adjustment from disposition of partnership interest or S corporation stock (see					
	instructions)	5c				
d	Combine lines 5a through 5c			5d		
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			6		
7	Other modifications to investment income (see instructions)			7		
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	-32 , 226.	
Part	•	cations				
9a	Investment interest expenses (see instructions)	9a				
b	State, local, and foreign income tax (see instructions)	9b				
С	Miscellaneous investment expenses (see instructions)	9c				
d	Add lines 9a, 9b, and 9c			9d		
10	Additional modifications (see instructions)			10		
11	Total deductions and modifications. Add lines 9d and 10			11		
Part	•		. 10.17			
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, or state and trusts, complete lines 18s. 01 If Tark or less anter 0.				0	
	Estates and trusts, complete lines 18a–21. If zero or less, enter -0 Individuals:			12	0.	
40		ا مه ا	010 454			
13	Modified adjusted gross income (see instructions)	13	212,454			
14 15	Threshold based on filing status (see instructions)	14 15	200,000 12,454			
16	Enter the smaller of line 12 or line 15			16	0.	
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). En				0.	
.,	on your tax return (see instructions)			17	0.	
	Estates and Trusts:					
18a	Net investment income (line 12 above)	18a				
b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b				
С	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c				
19a	Adjusted gross income (see instructions)	19a				
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b				
C	Subtract line 19b from line 19a. If zero or less, enter -0	19c				
20	Enter the smaller of line 18c or line 19c			20		
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.					
•	include on your tax return (see instructions)			21		

BAA



2023 Ohio IT 1040

Individual Income Tax Return



23000198

Sequence No. 1

02 12 24 Use only black ink/UPPERCASE letters. Use whole dollars only.

AMENDED RETURN - Check here and include Ohio IT RE.

Spouse's SSN (if filing jointly)

✓ If deceased

NOL CARRYBACK - Check here and include Schedule IT NOL.

School district #

7402

First name

SAI RAJESH KUMA

Primary taxpayer's SSN (required)

318 11 1962

M.I. Last name PUVVALA

Spouse's first name (if filing jointly)

M.I. Last name

*Indicate state

Address line 1 (number and street) or P.O. Box

8900 LYRA DR

Address line 2 (apartment number, suite number, etc.)

APT 139

City

5

✓ If deceased

COLUMBUS

State ZIP code

Ohio county (first four letters)

OH 43240

FRAN

Filing Status - Check one (as reported on federal income tax return)

Foreign country (if the mailing address is outside the U.S.)

Residency Status – Check only one for primary

Foreign postal code

×	Resident	Part-year resident*	Nonresident*	X Single, head of household or qua	alifying surviving spouse
Che	eck only one for	spouse (if filing joint	ly) *Indicate state	Married filing jointly	
	Resident	Part-year resident*	Nonresident*	Married filing separately	Spouse's SSN
<u>Oh</u>	io Nonresid	ent Statement -	- See instructions for required criteria		
	Primary meets	the five criteria for in	ebuttable presumption as nonresident.	Federal extension filers - check h	nere.
	Spouse meets	the five criteria for irr	ebuttable presumption as nonresident.	If someone can claim you (or your dependent, check here.	spouse if filing jointly) as a
			ederal 1040 or 1040-SR, line 11). Place		212454
2a.	Additions — Ohio	Schedule of Adjust	ments, line 11 (include schedule)	2a.	
2b.	Deductions – Of	nio Schedule of Adju	stments, line 44 (include schedule)	2b.	
3.	Ohio adjusted gi	ross income (line 1 p	olus line 2a minus line 2b). Place a "-" in	the box if negative3.	212454
		1	ule of Dependents if applicable)and your spouse/dependents, if applicable	-	1900
			line 4; if negative, enter zero)		210554
6.	Taxable busines	s income – Ohio Sc	hedule of Business Income, line 15 (inc	lude schedule)6.	
7.	Taxable nonbusi	ness income (line 5	minus line 6; if negative, enter zero)	7.	210554



MM-DD-YY

REV 02/07/24 PRO

2023 Ohio IT 1040



SSN: 318 11 1962 Individual Income Tax Return III III III III III III III III III I	23000298 Sequence No. 2
7a. Amount from line 7 on page 1	210554
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	6531
8b. Business income tax liability – Ohio Schedule of Business Income, line 16 (include schedule)8b.	
8c. Income tax liability before credits (line 8a plus line 8b)	6531
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 38 (include schedule)9.	2958
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)10.	3573
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)11.	
12. Unpaid use tax (see instructions)	
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)13.	3573
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	5374
15. Estimated and extension payments, and credit carryforward from last year's return15.	
16. Refundable credits – Ohio Schedule of Credits, line 44 (include schedule)	
17. <u>Amended return only</u> – amount previously paid with original and/or amended return17.	
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	5374
19. <u>Amended return only</u> – overpayment previously requested on original and/or amended return19.	
20. Line 18 minus line 19. Place a "-" in the box if negative	5374
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21. 21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13	
21. Tax due (inte 13 fillitus linte 20). Il fille 20 is negative, ignore the - and add linte 20 to linte 13	
22. Interest due on late payment of tax (see instructions)	
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include the Ohio Universal Payment Coupon (OUPC) and make check payable to "Ohio Treasurer of State"	
24. Overpayment (line 20 minus line 13)	1801
25. Original return only – portion of line 24 carried forward to next year's tax liability	
d. Ohio History Fund e. Nature Preserves/Scenic Rivers f. Breast/Cervical Cancer	
27. REFUND (line 24 minus lines 25 and 26g)	1801

27 and belief, the return and all enclosures are true, correct and complete. Primary signature _ _ Phone number <u>(404)386-949</u>8 Spouse's signature _ _ Date ___ Phone number (678) 965-9522 Preparer's printed name $\frac{}{\text{VENKATA SAI PAVAN KUMAR}}$

If you owe \$1.00 or less, no payment is necessary.

NO Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679

Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057

Authorize your preparer to discuss this return

Non-paid preparer

PTIN: P 02470833

REV 02/07/24 PRO



2023 Ohio Schedule of Credits

Use only black ink. Use whole dollars only. Primary taxpayer's SSN $318\ 11\ 1962$



23280198

Sequence No. 7

Many of these credits <u>must</u> be calculated using a worksheet and/or be supported by additional required documentation. See the instructions for worksheets and information on supporting documentation.

Nonrefundable Credits

1.	. Tax liability before credits (from Ohio IT 1040, line 8c)	6531
2.	. Retirement income credit (include 1099-R forms)	
3.	Lump sum retirement credit (include a copy of the worksheet and 1099-R forms)	
4.	. Senior citizen credit (must be 65 or older to claim this credit)	
5.	. Lump sum distribution credit (include a copy of the worksheet and 1099-R forms)	
6.	. Child care & dependent care credit (include a copy of the worksheet)	
7.	. Displaced worker training credit (include a copy of the worksheet and all required documentation)7.	
8.	. Campaign contribution credit for Ohio statewide office or General Assembly	0
9.	Exemption credit 9.	0
0.	. Total (add lines 2 through 9)	0
11.	. Tax less credits (line 1 minus line 10; if negative, enter zero)	6531
2.	. Joint filing credit (see instructions for table). % times line 11, up to \$650	0
3.	Earned income credit	
4.	. Home school expenses credit (include copies of all required documentation)14.	
5.	. Scholarship donation credit (include copies of all required documentation)	
6.	Nonchartered, nonpublic school tuition credit (include copies of all required documentation)16.	
7.	. Credit for work-based learning experiences (include a copy of the credit certificate)	
8.	. Ohio adoption credit carryforward	
9.	. Nonrefundable job retention credit (include a copy of the credit certificate)19.	
20.	. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate)20.	
21.	. Credit for the beginning farmers financial management program (include a copy of the credit certificate)21.	
22.	. Welcome Home Ohio credit (include a copy of the credit certificate)	
23.	. Credit for sale/rental of agricultural assets to beginning farmers (include a copy of the credit certificate)23.	



2023 Ohio Schedule of Credits

Primary taxpayer's SSN 318 11 1962



Sequence No. 8

24. Grape production credit	
25. InvestOhio credit (include a copy of the credit certificate)	
26. Lead abatement credit (include a copy of the credit certificate)	
27. Opportunity zone investment credit (include a copy of the credit certificate)	
28. Technology investment credit carryforward (include a copy of the credit certificate)	
29. Enterprise zone day care & training credits (include a copy of the credit certificate)	
30. Research & development credit (include a copy of the credit certificate)	
31. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)31.	
32. Ohio low-income housing credit (include a copy of the credit certificate)	
33. Affordable single-family housing credit (include a copy of the credit certificate)	
34. Total (add lines 12 through 33)	0
35. Tax less additional credits (line 11 minus line 34; if negative, enter zero)	6531
Residency Credits	
36. Nonresident credit – Ohio IT NRC, line 20 (include a copy)	
37. Resident credit – Ohio IT RC, line 7 (include a copy)	2958
38. Total nonrefundable credits (add lines 10, 34, 36 and 37; enter here and on Ohio IT 1040, line 9)	2958
Refundable Credits	
39. Refundable Ohio historic preservation credit (include a copy of the credit certificate)	
40. Refundable job creation credit & job retention credit (include a copy of the credit certificate)	
41. Pass-through entity credit (include a copy of all Ohio IT K-1s)41.	
42. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate)42.	
43. Venture capital credit (include a copy of the credit certificate)	
44. Total refundable credits (add lines 39 through 43; enter here and on Ohio IT 1040, line 16)44.	



2023 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters. Use whole dollars only.



23350198

Sequence No. 11

Primary taxpayer's SSN 318 11 1962

List your and your spouse's (if filing jointly) income statements **only if they have Ohio withholding**. In the "P/S" box, if the income statement belongs to the primary taxpayer, enter "P"; if the income statement belongs to the spouse, enter "S". If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies of this schedule if necessary. **Include state copies of your income statements.**

Part A - Total Withholding

Part B		5 4 14 11 11 11	5 6 5 1 1 1 1 1 1 1 1 1 1 1 1 1
1. P/S P	Box b - EIN 222575929	Box 1 - Wages, tips, other compensation 148440	Box 2 - Federal income tax withheld 25657
	Box 15 - Employer's Ohio ID number 52019567	Box 16 - Ohio wages, tips, etc. 148440	Box 17 - Ohio income tax 5374
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax



2023 Schedule of Ohio Withholding Primary taxpayer's SSN

318 11 1962



23350298

		318 11 1962		20000200
Part C -	<u>1099-Rs</u>			Sequence No. 12
1. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Вох	c 14 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Вох	c 14 - Ohio tax withheld
3. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Вох	c 14 - Ohio tax withheld
4. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Вох	c 14 - Ohio tax withheld
D. 4 D	W 00			
<u>Part D -</u> 1. P/S	<u>W-2Gs</u> Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fed	leral income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Вох	c 15 - Ohio income tax withheld
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fed	leral income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Вох	∢ 15 - Ohio income tax withheld
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fed	deral income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Вох	c 15 - Ohio income tax withheld
Part E - 1. P/S	<u>1099-NECs</u> Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Fed	leral income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income	Вох	c 5 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Fed	deral income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income	Вох	c 5 - Ohio tax withheld



2023 IT RC

Ohio Resident Credit Calculation Use black ink only. Use whole dollars only. Primary taxpayer's SSN

22290109

318 11 1962

This form is for individuals who were subjected to individual income tax by another state or the District of Columbia while a resident of Ohio. Full-year nonresidents are not entitled to this credit and should not use this form. Include a copy when filing your Ohio IT 1040.

List any income taxed and any taxes paid to each state and/or the District of Columbia. Do not include income earned or received in states without an income tax. Only income included in your Ohio adjusted gross income is eligible for this credit. **Important**: Do not list any income in Column A if you do not have tax paid in Column B. Do not list a tax paid in Column B if you do not have income taxed in Column A.

Inc	(A) ome Taxed	(B) Tax Paid	(A) Income Taxed	(B) Tax Paid		(A) Income Taxed	(B) Tax Paid
AL			KS		NH		
AR			KY		NJ		
AZ			LA		NM		
CA			MA		NY		
CO			MD		OK		
СТ			ME		OR		
DC			MI		PA		
DE			MN		RI		
GA	96240	5150	MO		SC		
HI			MS		UT		
IA			MT		VA		
ID			NC		VT		
IL			ND		WI		
IN			NE		WV		
							96240
2. Sum of	f all Column B	amounts			2.		5150
3. Ohio adjusted gross income (from Ohio IT 1040, line 3)					3.		212454
4. Divide line 1 by line 3. Carry to four digits without rounding. If greater than 1, enter 14.					4.		0.4529
5. Ohio Schedule of Credits, line 35 minus Ohio Schedule of Credits, line 36. If negative, enter zero						6531	
	•				6.		2958
	7. Ohio Resident Credit. Enter the lesser of line 2 or line 6. Enter here and on the Ohio Schedule of Credits, line 37						2958
	III MATROSKA						



E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



For the year Jan		5. Individual Income Ta: .31, 2023, or other tax year beginning			2023, end	ina	OMB No. 1545		, 20	1			e in this space.
			I .		2020, 6110	"'Y							structions.
Your first name			Last n										ity number
SAI RAJE			1	VALA								11 1	
ir joint return, sp	ouse s	first name and middle initial	Last n	ame							Spouse	s social se	curity number
Home address (numbe	r and street). If you have a P.O. box, see	 e instruct	tions.					Apt. no.		Preside	ntial Flecti	ion Campaign
8900 LYR									139			nere if you	
		ce. If you have a foreign address, also co	mplete	spaces below	<u> </u>	Stat	te	ZIP c			•	٠.	ntly, want \$3
COLUMBUS						ОН	[432	240		-	this fund. ow will not	. Checking a t change
Foreign country	name			Foreign provi	nce/state/	count	у	Forei	gn postal c	ode		or refund	•
												You	Spouse
Filing Status	\times	Single					Head of he	ouseh	nold (HOH	⊣)			
Check only		Married filing jointly (even if only o	ne had	income)									
one box.		Married filing separately (MFS)					☐ Qualifying						
	•	ou checked the MFS box, enter the			ıse. If yοι	ı che	cked the HOF	l or G	SS box,	ente	r the chi	ild's name	e if the
	qua	alifying person is a child but not you	ur aepe	naent:									
Digital	At an	y time during 2023, did you: (a) rec	eive (as	s a reward, a	ward, or	payn	nent for prope	rty or	services); or ((b) sell,		<u></u>
Assets	exch	ange, or otherwise dispose of a dig						et)? (S	ee instru	ction	s.)	☐ Yes	⊠ No
Standard	_	eone can claim: 🔲 You as a de	•	_	•		a dependent						
Deduction	<u></u> §	Spouse itemizes on a separate retur	n or yo	u were a dua	al-status	alien							
Age/Blindness	You:	☐ Were born before January 2, 1	959	Are blind	Spc	use:	: 🗌 Was bor	n bef	ore Janu	ary 2	, 1959	☐ I s b	lind
Dependents	(see	nstructions):		(2) Soc	al security		(3) Relationsh	_{iip} (4) Check t	he bo	x if quali	fies for (see	e instructions):
If more	(1) Fi	rst name Last name		nu	mber		to you	ou Child tax cree		edit	Credit for of	ther dependents	
than four													
dependents, see instructions													
and check										<u> </u>			<u> </u>
here \square												1 0	
Income	1a	Total amount from Form(s) W-2, b			•						1a		44,680.
Attach Form(s)	b	Household employee wages not r	•								1b		
W-2 here. Also attach Forms	c d	Tip income not reported on line 1a Medicaid waiver payments not rep	•	•			· · · ·				1c		
W-2G and	u	Taxable dependent care benefits		. ,	,	เรเเน	Cuons)				1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene		,		•					1f		
If you did not	g	Wages from Form 8919, line 6.	الا داران	111 01111 000.	5, III IC 23	•							
get a Form	h	Other earned income (see instruct	ions)			•					1 <u>9</u>		0.
W-2, see instructions.	i	Nontaxable combat pay election (,	tructions) .		•	l 1i	i.					
	z	Add lines 1a through 1h						<u> </u>			1z	2	44,680.
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interest	t.			2b		
if required.	3a	Qualified dividends	3a			b 0	rdinary divide	nds .			3b		
	4a	IRA distributions	4a				axable amoun				4b	,	
Standard Deduction for—	5a	Pensions and annuities	5a			b Ta	axable amoun	t			5b		
Single or	6a	Social security benefits	6a			b Ta	axable amoun	t			6b	,	
Married filing separately,	С	If you elect to use the lump-sum e	election	method, che	eck here	(see	instructions)			. [
\$13,850	7	Capital gain or (loss). Attach Sche	dule D	if required. I	f not requ	iired,	check here			. [] _ 7		
Married filing jointly or	8	Additional income from Schedule	1, line	10							8	_	32,226.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8	. This is your	total inc	ome					9	2	12,454.
\$27,700 Head of	10	Adjustments to income from Sche	edule 1,	line 26 .							10		
household,	<u>11</u>	Subtract line 10 from line 9. This is	•	-							11		12,454.
\$20,800 If you checked _	12	Standard deduction or itemized		•							12		13,850.
any box under Standard	13	Qualified business income deduct				899	5-A				13		
Deduction,	14					٠.					14		13,850.
	15	Subtract line 14 from line 11. If ze	rn or le	ss enter ()-	inie ie v	∩ur t	avanie incom	16			15		98-604

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	42,385.
Credits	17	Amount from Schedule 2, lin	ne 3				.	17	
	18	Add lines 16 and 17						18	42,385.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	42,385.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	402.
	24	Add lines 22 and 23. This is	your total tax					24	42,787.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a 4	2,966	5.	
	b	Form(s) 1099				25b			
	С	Other forms (see instruction:	s)			25c	().	
	d	Add lines 25a through 25c						25d	42,966.
If you have a	26	2023 estimated tax paymen						26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	3, line 8 . .		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31	5,238	3.	
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credits		32	5 , 238.
	33	Add lines 25d, 26, and 32. T						33	48,204.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	5,417.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, che	ck here	[35a	5,417.
Direct deposit?	b	Routing number 0 8 1	9 0 4 8	0 8	c Type: 🛛	Checking [] Saving	s	
See instructions.	d	Account number 2 9 1	0 0 4 1	5 2 1	3 2 -				
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe.	1				
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> u	//Payments or	see instructions			37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party		you want to allow another				_	_		
Designee		structions					•	e below.	⊠ No
		signee's me		Phone no.			sonal ide nber (PIN	ntification	
Sign		der penalties of perjury, I declare the	nat I have examined		accompanying sche			•	of my knowledge and
Here	be	lief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is ba	ased on all informa	tion of wh	nich prepar	er has any knowledge.
пеге	Yo	ur signature		Date	Your occupation		If	the IRS se	nt you an Identity
								rotection P ee inst.)	IN, enter it here
Joint return?					SOFTWARE 1				
See instructions. Keep a copy for your records.		ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion	lc		nt your spouse an ection PIN, enter it here
	Ph	one no. (404) 386-949	8	Email address	RAJESHPUVV	ALA@GMAIL.C	OM		
Doid	Pro	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	VEN	KATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI	PAVAN KUM	AR DUDIPALLI		P024	70833	Self-employed
Preparer	Fir	m's name GLOBAL TA					Р	hone no. ((678) 965-9522
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		F	rm's EIN	88-2145487
					•				4040

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment

Department of the Treasury Internal Revenue Service

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

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment Sequence No. 01

Your social security number

SAI	RAJESH KUMAR PUVVALA			318-1	1-19	3 62
Par	t I Additional Income					
1	Taxable refunds, credits, or offsets of state and local income taxes				1	
2a	Alimony received				2a	
b	Date of original divorce or separation agreement (see instructions):					
3	Business income or (loss). Attach Schedule C				3	
4	Other gains or (losses). Attach Form 4797				4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att				5	-32,226.
6	Farm income or (loss). Attach Schedule F				6	
7	Unemployment compensation				7	
8	Other income:					
а	Net operating loss	8a	()		
b	Gambling	8b				
С	Cancellation of debt	8c				
d	Foreign earned income exclusion from Form 2555	8d	()		
е	Income from Form 8853	8e				
f	Income from Form 8889	8f				
g	Alaska Permanent Fund dividends	8g				
h	Jury duty pay	8h				
i	Prizes and awards	8i				
j	Activity not engaged in for profit income	8j				
k	Stock options	8k				
I	Income from the rental of personal property if you engaged in the rental					
	for profit but were not in the business of renting such property	8I				
m	Olympic and Paralympic medals and USOC prize money (see					
	instructions)	8m				
n		8n				
0	Section 951A(a) inclusion (see instructions)	80				
р	Section 461(I) excess business loss adjustment	8p				
q	Taxable distributions from an ABLE account (see instructions)	8q				
r	Scholarship and fellowship grants not reported on Form W-2	8r				
S	Nontaxable amount of Medicaid waiver payments included on Form					
	1040, line 1a or 1d	8s	()		
t	Pension or annuity from a nonqualifed deferred compensation plan or					
	a nongovernmental section 457 plan	8t				
u	Wages earned while incarcerated	8u				
Z	Other income. List type and amount:					
		8z				
9	Total other income. Add lines 8a through 8z				9	
10	Combine lines 1 through 7 and 9. This is your additional income. Ente	r here	and on	Form		

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income				
11	Educator expenses		 	11	
12	Certain business expenses of reservists, performing artists, and fee-				
	officials. Attach Form 2106		 	12	
13	Health savings account deduction. Attach Form 8889		 	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		 	14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	_
22	Reserved for future use			22	
23	Archer MSA deduction		 	23	
24	Other adjustments:				
а	, , , , ,	24a			
b	Deductible expenses related to income reported on line 8l from the				
	, , , , , , , , , , , , , , , , , , , ,	24b		_	
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	, ,	24c		_	
d	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	24d		_	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
q		24g			
h	Attorney fees and court costs for actions involving certain unlawful				
		24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	tax law violations	24i			
j	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k			
Z	Other adjustments. List type and amount:				
		24z			
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income				
	Form 1040, 1040-SR, or 1040-NR, line 10		 	26	

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR SAI RAJESH KUMAR PUVVALA

Pa	rt Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	402.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	lor	nntini	ied on nage 2

Schedule 2 (Form 1040) 2023 Page **2**

Part II Other Taxes (continued)

7	Other additional taxes:				
а	Recapture of other credits. List type, form number, and amount:				
		17a			
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b			
С	Additional tax on HSA distributions. Attach Form 8889	17c			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d			
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
I	Tax on accumulation distribution of trusts	171			
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170			
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q			
Z	Any other taxes. List type and amount:				
		17z			
8	Total additional taxes. Add lines 17a through 17z			18	
9	Reserved for future use			19	
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, and 18. These are your total other taxe	s. Enter her	e and	04	4.0.0
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			21	 402.

SCHEDULE 3 (Form 1040)

Department of the Treasury

Internal Revenue Service

Additional Credits and Payments

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. 03

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

SAI RAJESH KUMAR PUVVALA

Par	Nonretundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441	, line 11. Attach	2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5a	Residential clean energy credit from Form 5695, line 15		5a	
b	Energy efficient home improvement credit from Form 5695, line 32		5b	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Reserved for future use	6e		
f	Clean vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6 g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
I	Amount on Form 8978, line 14. See instructions	6I		
m	Credit for previously owned clean vehicles. Attach Form 8936.	6m		
Z	Other nonrefundable credits. List type and amount:			
		6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 10	040, 1040-SR, o		
	1040-NR, line 20		8	
		(contin	ued on page 2)

Schedule 3 (Form 1040) 2023 Page **2**

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld	11	5,238.	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
Z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	5 , 238.

BAA





Georgia Form 500 (Rev. 08/30/23) Individual Income Tax Return Georgia Department of Revenue 2023 (Approved software version)

7a. Number of Qualified Dependents*

Page 1

Fiscal Year Beginning STATE OH ISSUED YOUR DRIVER'S Fiscal Year LICENSE/STATE ID VG078430 **Ending** YOUR SOCIAL SECURITY NUMBER YOUR FIRST NAME MI 318-11-1962 1. SAI RAJESH KUMAR LAST NAME (For Name Change See IT-511 Tax Booklet) SUFFIX **PUVVALA** SPOUSE'S FIRST NAME SPOUSE'S SOCIAL SECURITY NUMBER MI DEPARTMENT USE ONLY LAST NAME SUFFIX **CHECK IF ADDRESS HAS CHANGED** ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) 2.8900 LYRA DR **APT NO 139** CITY (Please insert a space if the city has multiple names) STATE **ZIP CODE** 3. COLUMBUS ОН 43240 (COUNTRY IF FOREIGN) Residency Status 4. Enter your Residency Status with the appropriate number 1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT TO 3. NONRESIDENT Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer. Filing Status 5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Surviving Spouse

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

7b. Number of Unborn Dependents

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself X

6c. 1

6b. Spouse

7 c. Total Number of Dependents

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue



2023

Page 2

YOUR SOCIAL SECURITY NUMBER 318-11-1962

7d. Qualified Dependents. (If you have more than 4 dep	pendents, attach a list of additional dependents).	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
INCOME COMPUTATIONS		
If amount on line 8, 9, 10, 13 or 15 is negative, use the m	linus sign (-). Example -3456.	
8. Federal adjusted gross income (From Federal Form 1040 (Do not use FEDERAL TAXABLE INCOME) If the amount W-2s you must include a copy of your Federal Form 104	t on Line 8 is \$40,000 or more, or your gross income is less than your	
9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax	x Booklet) 9.	
10. Georgia adjusted gross income (Net total of Line 8 and L	Line 9) 10.	
11. Standard Deduction (Do not use FEDERAL STANDARD (See IT-511 Tax Booklet)	DEDUCTION) 11a.	
b. Self: 65 or over? Blind? Total	x 1,300= 11b.	
Spouse: 65 or over? Blind? c. Total Standard Deduction (Line 11a + Line 11b) Use EITHER Line 11c OR Line 12c (Do not write on both I		
12. Total Itemized Deductions used in computing Federal Taxab	ole Income. If you use itemized deductions, you must include Federal Schedule	Α.
a. Federal Itemized Deductions (Schedule A- Form 1040	0) 12a.	
b. Less adjustments: (See IT-511 Tax Booklet)	12b.	
c. Georgia Total Itemized Deductions	12c.	

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue



2023

Page 3

YOUR SOCIAL SECURITY NUMBER 318-11-1962

14a. Enter the number from Line 6c. Multiply by or multiply by \$3,700 for filing status B or C	/ \$2,700 for filing status A or D	14a.	
14b. Enter the number from Line 7c. Multiply by	y \$3,000	14b.	
14c. Add Lines 14a. and 14b. Enter total		14c.	
15a. Income before GA NOL (Line 13 less Line 14c15b. Georgia NOL utilized (Cannot exceed Line 15a applying the 80% limitation, see IT-511 Tax B	a or the amount after		92571
15c. Georgia Taxable Income (Line 15a less Line 1	5b)	15c. S	92571
16. Tax (Use Tax Rate Schedule in the IT-511 Tax	k Booklet)	16.	5150
17. Low Income Credit 17a. 17b.		17c.	
18. Other State(s) Tax Credit (Include a copy of the	ne other state(s) return)	18.	
19. Credits used from IND-CR Summary Workshe	et	19.	
20. Total Credits Used from Schedule 2 Georgi electronically)	a Tax Credits (must be filed	1 20.	
21. Total Credits Used (sum of Lines 17-20) cannot exce	eed Line 16	21.	0
22. Balance (Line 16 less Line 21) if zero or less th	an zero, enter zero	22.	5150

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

	(INCOME STATEMENT A)				(INCOME STATEMENT B)			(INCOME STATEMENT C)				
1.	WITHHOLDING T	ГҮРЕ:		1.	WITHHOLDING	VITHHOLDING TYPE:			WITHHOLDING 1	YPE:		
	× w-2	G2-A	G2-LP		W-2	G2-A	G2-LP		W-2	G2-A	G2-LP	
	1099	G2-FL	G2-RP		1099	G2-FL	G2-RP		1099	G2-FL	G2-RP	
2.	EMPLOYER/PAY ID NUMBER (FEI			2.		EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN		2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN			
	4656883	16										
3.	EMPLOYER/PAY		ITHHOLDING ID	3.	EMPLOYER/PA	YER STATE W	THHOLDING ID	3.	EMPLOYER/PAY	ER STATE WI	THHOLDING ID	
4.	GA WAGES / INC	соме 96240		4.	GA WAGES / INCOME		4.	4. GA WAGES / INCOME				
5.	GA TAX WITHHE	5252		5.	GA TAX WITHHI	ELD		5.	GA TAX WITHHE	LD		

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

All Pages (1-5) are required for processing

REV 01/09/24 PRO

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue 2023



2400411545

(INCOME STATEMENT E)

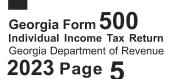
YOUR SOCIAL SECURITY NUMBER 318-11-1962

(INCOME STATEMENT F)

Page 4

(INCOME STATEMENT D)

3.	WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN EMPLOYER/PAYER STATE WITHHOLDING ID GA WAGES / INCOME		G2-LP G2-RP	I. WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN 3. EMPLOYER/PAYER STATE WITHHOLDING ID 4. GA WAGES / INCOME
5.	GA TAX WITHHELD	5. GA TAX WITHHELD		5. GA TAX WITHHELD
23.	Georgia Income Tax Withheld on Wages (Enter Tax Withheld Only and include W-2s		23.	5252
24.	Other Georgia Income Tax Withheld (Must include G2-A, G2-FL, G2-LP and/or G		24.	
25.	Estimated Tax paid for 2023 and Form IT	,	25.	
26.	Schedule 2B Refundable Tax Credits (Cannot be claimed unless filed electronic		26.	
27.	Total prepayment credits (Add Lines 23, 2	- /	27.	5252
28.	If Line 22 exceeds Line 27, subtract Line balance due		28.	
29.	If Line 27 exceeds Line 22, subtract Line 2 overpayment		29.	102
30.	Amount to be credited to 2024 ESTIMA	TED TAX	30.	0
31.	Georgia Wildlife Conservation Fund (No	gift of less than \$1.00)	31.	
32.	Georgia Fund for Children and Elderly (N	No gift of less than \$1.00)	32.	
33.	Georgia Cancer Research Fund (No gift	of less than \$1.00)	33.	
34.	Georgia Land Conservation Program (No	gift of less than \$1.00)	34.	
35.	Georgia National Guard Foundation (No g	gift of less than \$1.00)	35.	
36.	Dog & Cat Sterilization Fund (No gift of lo	ess than \$1.00)	36.	
37.	Saving the Cure Fund (No gift of less the	an \$1.00)	37.	
38.	Realizing Educational Achievement Can Happ (No gift of less than \$1.00)	pen (REACH) Program	38.	





2400411555

YOUR SOCIAL SECURITY NUMBER 318-11-1962

39	. Public Safety Memorial Gran	t (No gift of less than \$1.00)	39.		
40	. Disabled Veterans' Scholarsh	nip Fund (No gift of less thar	ı \$1.00)	40.		
41	. Form 500 UET (Estimated to	ax penalty) 500 UET exce	eption attached	41.		
42.	Penalty: Late Payment and/o	r Late Filing		42.		
43.	Interest			43.		
44.	(If you owe) Add Lines 28, MAKE CHECK PAYABLE TO Mail To: GEORGIA DEPARTI PO BOX 740399 ATLANTA, 0	GEORGIA DEPARTMENT OF MENT OF REVENUE PROCES	F REVENUE,	44.		
45.	(If you are due a refund) Subt THIS IS YOUR REFUND Refund Due Mail To: GEORGIA PO BOX 740380 ATLANTA, GA	A DEPARTMENT OF REVENU	45			102
	If you do not enter Direct De	eposit information or if yo	u are a first time fi	ler you will	be issued a paper check.	
45a	. Direct Deposit (U.S. Accounts Only)	Type: Checking X Savings		•		
	Routing		Account			
	Number 081904808	<i>r</i> applicable schedules, fo	Number	2910041		
_ T	axpayer's Signature (Check box if deceased)	Spouse's Sig	nature	(Check box if deceased)	
	Taxpayer's Date of Death		Spouse's D	ate of Death		
	Taxpayer's Signature Date	Taxpayer's Ph 404-386-			Spouse's Signature Date	
	By providing my e-mail address I am a my account(s). Taxpayer's E-mail Address	authorizing the Georgia Department	of Revenue to electronic	cally notify me a	t the below e-mail address regarding	any updates to
	. алрау от о 🗕 тап / каатооо				I authorize DOR to with the named pre	
	VENKATA SAI PAVAN KU	JMAR DUDIPALLI		Prepare 678-	er's Phone Number 965-9522	
	Signature of Preparer Name of Preparer Other Than VENKATA SAI PAVAI	Taxnaver				
					er's FEIN 145487	





Schedule 3 Page 1

YOUR SOCIAL SECURITY NUMBER 318-11-1962

2023 (Approved software version)

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

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

Column A must equal Column B plus Column C.

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

Column A must equal Column B plus Column	C. See IT-511 Tax	1 Tax Booklet for other state(s) tax credits.			
FEDERAL INCOME AFTER GEORGIA ADJUSTMEN (COLUMN A)	T INCOME NOT TAXABLE TO GEORGIA (COLUMN B)	GEORGIA INCOME (COLUMN C)			
1. WAGES, SALARIES, TIPS, etc 244680	1. WAGES, SALARIES, TIPS, etc 148440	1. WAGES, SALARIES, TIPS, etc 96240			
2. INTEREST AND DIVIDENDS	2. INTEREST AND DIVIDENDS	2. INTEREST AND DIVIDENDS			
3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)			
4. OTHER INCOME OR (LOSS) -32226	4. OTHER INCOME OR (LOSS) -32226	4. OTHER INCOME OR (LOSS)			
5. TOTAL INCOME: TOTAL LINES 1 THRU 4 212454	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 116214	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 96240			
6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040			
7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1			
8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7			
212454	116214	96240			
	e 8, Column A enter percentage or check not be negative and cannot exceed 100%)	9. 45.30 %			
10a. Itemized or Standard Deduction	or Georgia Itemized (See IT-511 Tax Booklet)	10a. 5400			
10b. Additional Standard Deduction Self: 65 or over? Blind? Spouse: 65	or over? Blind? Total X 1,300=	10b.			
11. Personal Exemptions from Form 500 or F	Form 500X (See IT-511 Tax Booklet)				
11a. Enter the number on Line 6c from Form 500 filing status A or D or multiply by \$3,700 for		11a. 2700			
11b. Enter the number on Line 7c from Form 50	O or Form 500X multiply by \$3,000	11b.			
12. Total Deductions and Exemptions: Add	Lines 10a, 10b, 11a, and 11b	12. 8100			
13. *Multiply Line 12 by Ratio on Line 9 and		13. 3669			
 Income before GA NOL: Subtract Line 1 Enter here and on Line 15a, Page 3 of F 		14. 92571			

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

E1040		artment of the Treasury—Internal Revenue Serves. Individual Income Tail		urn	202	3	OMB No. 1545	-0074	IRS Use	Only—	·Do not w	rite or staple i	n this space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, en	ding _			, 20		See sep	oarate inst	ructions.
Your first name SAI RAJE If joint return, sp	SH I		Last na	/ALA							318	cial securit	=
8900 LYF City, town, or p	RA DI	er and street). If you have a P.O. box, see R ce. If you have a foreign address, also co			low.	Sta		ZIP co			Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a		
COLUMBUS Foreign country				Foreign p	rovince/state/	OH count		432 Foreig	40 In postal c			ow will not or refund.	change Spouse
Filing Status Check only one box.	If y	Single Married filing jointly (even if only of Married filing separately (MFS) you checked the MFS box, enter the alifying person is a child but not you	e name o ur deper	of your s ndent:				surviv	ring spou	use (C enter	the chi	ld's name	if the
Digital Assets Standard	Som	ny time during 2023, did you: (a) rec nange, or otherwise dispose of a dig neone can claim:	gital asse ependen	et (or a fin	nancial inter Your spous	est ir e as	n a digital asse a dependent					☐ Yes	⊠ No
Deduction		Spouse itemizes on a separate returnum:		u were a		alien ouse		n hefo	ore Janua	arv 2	1959	☐ I s bli	ind
	s (see	(see instructions): (1) First name Last name			Social security		(3) Relationsh to you	14		he box	k if qualit	fies for (see	instructions): ner dependents
than four dependents, see instructions and check here	 S]]]			[[]]]]
Income Attach Form(s)	1a b	Total amount from Form(s) W-2, b Household employee wages not r	,		•			· ·	· ·	<u> </u>	1a 1b		<u> </u>
W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	c d e f	Medicaid waiver payments not rep	p income not reported on line 1a (see instructions)						1c 1d 1e 1f				
If you did not get a Form W-2, see instructions.	g h i	Wages from Form 8919, line 6. Other earned income (see instruct Nontaxable combat pay election (tions)					: : <u>:</u>			1g 1h		0.
Attach Sch. B if required.	2a 2a 3a 4a	Add lines 1a through 1h Tax-exempt interest Qualified dividends IRA distributions	2a 3a 4a			b O	axable interest Ordinary divider axable amount	nds .		· ·	1z 2b 3b 4b		14,680.
Standard Deduction for— Single or Married filing separately,	5а 6а с	Pensions and annuities	5a 6a	method,	check here	b Tab Ta	axable amount axable amount	t		 	5b 6b		
\$13,850 Married filing jointly or Qualifying surviving spouse,	7 8 9	Capital gain or (loss). Attach Schedule D if required. If not required, check here					8 9		32 , 226.				
\$27,700 Head of household, \$20,800 If you checked	10 11 12	Adjustments to income from Sche Subtract line 10 from line 9. This is Standard deduction or itemized	s your a I deduct	djusted : ions (fro	gross inco m Schedule	me e A)	· · · · · · · · · · · · · · · · · · ·	 	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	10 11 12		12,454. 13,850.
any box under Standard Deduction, see instructions.	13 14	Qualified business income deduct Add lines 12 and 13								 	13 14	1	13,850.

Form 1040 (2023	3)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		. 16	42,385.	
Credits	17	Amount from Schedule 2, lin	ne 3					. 17		
	18	Add lines 16 and 17						. 18	42,385.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			. 19		
	20	Amount from Schedule 3, lin	ne 8					. 20		
	21	Add lines 19 and 20						. 21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	42,385.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21 .			. 23	402.	
	24	Add lines 22 and 23. This is	your total tax					. 24	42,787.	
Payments	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	42,96	66.		
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c		0.		
	d	Add lines 25a through 25c						. 25d	42,966.	
If you have a	26	2023 estimated tax paymen	ts and amount a _l	pplied from 20	22 return			. 26		
qualifying child, attach Sch. EIC. 1	27	Earned income credit (EIC)			No .	27				
attacii Scii. Elc.	28	Additional child tax credit from	m Schedule 8812			28				
	29	American opportunity credit	from Form 8863	s, line 8 . .		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	ne 15			31	5,23	38.		
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credi	ts .	. 32	5,238.	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 33	48,204.	
Refund	34	If line 33 is more than line 24	1, subtract line 2،	4 from line 33.	This is the amou	nt you overpa	id .	. 34	5,417.	
	35a	Amount of line 34 you want			is attached, che	ck here		☐ 35a	5,417.	
Direct deposit?	b							ngs		
See instructions.	d	Account number 2 9 1	0 0 4 1	5 2 1 3	3 2					
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						. 37		
rou Owe	38	Estimated tax penalty (see in	-	•				. 31		
Third Party		you want to allow another								
Designee		•	•				. Compl	ete below.	X No	
Designee		esignee's		Phone				dentification		
	na	me		no.		r	umber (F	PIN)		
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation			If the IRS se	nt you an Identity	
		v							PIN, enter it here	
Joint return?					SOFTWARE 1			(see inst.)		
See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.		Date	' Ic				he IRS sent your spouse an entity Protection PIN, enter it here e inst.)		
	Ph	one no. (404)386-949	8	Email address	RAJESHPUVV.	ALA@GMAIL	.COM			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTI	Ν	Check if:	
Preparer	VENE	KATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI	PAVAN KUM	AR DUDIPALLI		P02	2470833	Self-employed	
Use Only	Firm's name GLOBAL TAXES LLC						Phone no.	(678)965-9522		
————	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816						Firm's EIN	88-2145487		

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

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

SAI RAJESH KUMAR PUVVALA

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

Par	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E	5	-32,226.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()		
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
- 1	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	-	
u	Wages earned while incarcerated	8u	-	
Z	Other income. List type and amount:			
_	Total ather income. Add lines On through On	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Ente	nere and on Form	10	-32-226

Schedule 1 (Form 1040) 2023 Page **2**

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

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SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR SAI RAJESH KUMAR PUVVALA

Pai	tl Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	402.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(cc	ontinu	ued on page 2)

Schedule 2 (Form 1040) 2023 Page **2**

Part II Other Taxes (continued)

7	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:			
		17a		
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
_	· · · · · · · · · · · · · · · · · · ·			
	ł	17c		
a	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17 i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
I	Tax on accumulation distribution of trusts	171		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170		
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount:			
		17z		
8	Total additional taxes. Add lines 17a through 17z		18	
9	Reserved for future use		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your total other taxe	s. Enter here and		
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	402.

SCHEDULE 3 (Form 1040)

Department of the Treasury

Additional Credits and Payments

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 03

Internal Revenue Service Go to www.irs.gov/Fo
Name(s) shown on Form 1040, 1040-SR, or 1040-NR

SAI RAJESH KUMAR PUVVALA

Par	Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441	, line 11. Attach	2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5a	Residential clean energy credit from Form 5695, line 15		5a	
b	Energy efficient home improvement credit from Form 5695, line 32		5b	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Reserved for future use	6e		
f	Clean vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
I	Amount on Form 8978, line 14. See instructions	61		
m	Credit for previously owned clean vehicles. Attach Form 8936.	6m		
Z	Other nonrefundable credits. List type and amount:			
		6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 10	040, 1040-SR, or		
	1040-NR, line 20		8	
		(C	ontin	ued on page 2)

Schedule 3 (Form 1040) 2023 Page **2**

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions)		10	
11	Excess social security and tier 1 RRTA tax withheld		11	5,238.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
Z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through 13z		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	5 , 238.

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