

IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**
▶ **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name VENKATESWARLU GOPAGONI	Social security number 796-80-8493
Spouse's name SWETHA ORUGANTI	Spouse's social security number 724-59-7301

Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	75,152.
2 Total tax	2	1,953.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	7,819.
4 Amount you want refunded to you	4	5,866.
5 Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

0	8	4	9	3
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ *Venkateswarlu* Date ▶ 02-05-2024

Spouse's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

9	7	3	0	1
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

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	2	4	9	6	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 2020

See separate instructions.

Your first name and middle initial: VENKATESWARLU; Last name: GOPAGONI; Your social security number: 796 80 8493

If joint return, spouse's first name and middle initial: SWETHA; Last name: ORUGANTI; Spouse's social security number: 724 59 7301

Home address (number and street): 1504 LEMON BALM CT; City, town, or post office: LAWRENCEVILLE; State: GA; ZIP code: 30045; Foreign country name: ; Foreign province/state/country: ; Foreign postal code: ; Presidential Election Campaign: [] You [] Spouse

Filing Status: [] Single [] Head of household (HOH) [X] Married filing jointly (even if only one had income) [] Married filing separately (MFS) [] Qualifying surviving spouse (QSS)

Digital Assets: At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset... [] Yes [X] No

Standard Deduction: Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness: You: [] Were born before January 2, 1959 [] Are blind Spouse: [] Was born before January 2, 1959 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Rows include VEDANSH and RISHANK.

Income section table with columns 1a-1z. 1a Total amount from Form(s) W-2, box 1: 89,621. 1h Other earned income: 0. 1z Add lines 1a through 1h: 89,621.

Table with columns 2a-6a, 2b-6b, 7-15. 2a Tax-exempt interest, 2b Taxable interest, 3a Qualified dividends, 3b Ordinary dividends, 4a IRA distributions, 4b Taxable amount, 5a Pensions and annuities, 5b Taxable amount, 6a Social security benefits, 6b Taxable amount, 7 Capital gain or (loss), 8 Additional income from Schedule 1, line 10, 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income: 75,152. 11 Subtract line 10 from line 9. This is your adjusted gross income: 75,152. 12 Standard deduction or itemized deductions (from Schedule A): 34,362. 14 Add lines 12 and 13: 34,362. 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income: 40,790.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Table with columns for line numbers (16-24) and amounts. Includes sections for Tax and Credits, with sub-rows for various tax components like Form(s) W-2, Form(s) 1099, and total tax.

Table with columns for line numbers (25-33) and amounts. Includes sections for Payments, with sub-rows for federal income tax withheld, 2023 estimated tax payments, and total payments.

Table with columns for line numbers (34-36) and amounts. Includes sections for Refund, with sub-rows for overpaid amount, routing number, and amount applied to 2024 estimated tax.

Table with columns for line numbers (37-38) and amounts. Includes sections for Amount You Owe, with sub-rows for amount owed and estimated tax penalty.

Third Party Designee section. Includes a question: 'Do you want to allow another person to discuss this return with the IRS?' with Yes/No options and fields for name, phone, and PIN.

Sign Here section. Includes a declaration statement and signature lines for the preparer and spouse, with fields for date, occupation, and ID protection PIN.

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

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
VENKATESWARLU GOPAGONI & SWETHA ORUGANTI

Your social security number
796-80-8493

Part 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. Attach Schedule E	5	-14,469.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	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	
l	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	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) 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 nonqualified 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 . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-14,469.

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

11	Educator expenses		11
12	Certain business expenses of reservists, performing artists, and fee-basis government 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		
c	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:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	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 . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.

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

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2023

Attachment
Sequence No. **07**

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

VENKATESWARLU GOPAGONI & SWETHA ORUGANTI

Your social security number

796-80-8493

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.					
	1 Medical and dental expenses (see instructions)		1			
	2 Enter amount from Form 1040 or 1040-SR, line 11 2					
	3 Multiply line 2 by 7.5% (0.075)		3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-				4		
Taxes You Paid	5 State and local taxes.					
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/>		5a	2,966.		
	b State and local real estate taxes (see instructions)		5b	6,489.		
	c State and local personal property taxes		5c			
	d Add lines 5a through 5c		5d	9,455.		
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)		5e	9,455.		
	6 Other taxes. List type and amount: _____		6			
7 Add lines 5e and 6				7	9,455.	
Interest You Paid	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>					
	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited		8a	24,907.		
	b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address		8b			
	c Points not reported to you on Form 1098. See instructions for special rules		8c			
	d Reserved for future use		8d			
	e Add lines 8a through 8c		8e	24,907.		
9 Investment interest. Attach Form 4952 if required. See instructions		9				
10 Add lines 8e and 9				10	24,907.	
Gifts to Charity	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions		11			
	12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500		12			
	13 Carryover from prior year		13			
	14 Add lines 11 through 13				14	
Casualty and Theft Losses	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions				15	
Other Itemized Deductions	16 Other—from list in instructions. List type and amount: _____				16	
Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12			17	34,362.	
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>					

**SCHEDULE E
(Form 1040)**

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return

VENKATESWARLU GOPAGONI & SWETHA ORUGANTI

Your social security number

796-80-8493

Part I Income or Loss From Rental Real Estate and Royalties

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

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

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

A	UDAYNAGAR COLONY HYDERABAD TELANGANA IN 500079
B	
C	

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

Type of Property:

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

Income:	Properties:		
	A	B	C
3 Rents received	3 600.		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7 1,890.		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11 1,250.		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14 4,560.		
15 Supplies	15 4,960.		
16 Taxes	16		
17 Utilities	17 2,560.		
18 Depreciation expense or depletion	18		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 15,220.		
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	21 -14,620.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (14,620.)		
23a Total of all amounts reported on line 3 for all rental properties	23a 600.		
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c		
d Total of all amounts reported on line 18 for all properties	23d		
e Total of all amounts reported on line 20 for all properties	23e 15,220.		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24		
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25 (14,620.)		
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	26 -14,620.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2023

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

VENKATESWARLU GOPAGONI & SWETHA ORUGANTI

796-80-8493

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section Yes No

Table with 6 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if basis computation is required, (f) Check if any amount is not at risk. Row A: ADATABYTE INC, S, [], 92-1558828, [], [].

Summary table for Part II with columns: (g) Passive loss allowed, (h) Passive income from Schedule K-1, (i) Nonpassive loss allowed, (j) Section 179 expense deduction, (k) Nonpassive income from Schedule K-1. Totals: 151.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A and B.

Summary table for Part III with columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Totals: 35, 36, 37.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) – Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Row 39: Combine columns (d) and (e) only.

Part V Summary

Summary table for Part V with columns: Description, Line number, Amount. Row 40: Net farm rental income or (loss) from Form 4835. Row 41: Total income or (loss). Row 42: Reconciliation of farming and fishing income. Row 43: Reconciliation for real estate professionals.

**SCHEDULE 8812
(Form 1040)**

**Credits for Qualifying Children
and Other Dependents**

OMB No. 1545-0074

2023

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **47**

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Name(s) shown on return

Your social security number

VENKATESWARLU GOPAGONI & SWETHA ORUGANTI

796-80-8493

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	75,152.
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	0.
3	Add lines 1 and 2d	3	75,152.
4	Number of qualifying children under age 17 with the required social security number	4	1
5	Multiply line 4 by \$2,000	5	2,000.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	1
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7	500.
8	Add lines 5 and 7	8	2,500.
9	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> • Married filing jointly—\$400,000 • All other filing statuses—\$200,000 	9	400,000.
10	Subtract line 9 from line 3. <ul style="list-style-type: none"> • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. 	10	0.
11	Multiply line 10 by 5% (0.05)	11	0.
12	Is the amount on line 8 more than the amount on line 11?	12	2,500.
<input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. <input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from Credit Limit Worksheet A	13	4,453.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	14	2,500.

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 <input type="checkbox"/>		
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: _____ x \$1,600. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16b	
TIP: The number of children you use for this line is the same as the number of children you used for line 4.			
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)	18a	
b	Nontaxable combat pay (see instructions)	18b	
19	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,800 or more? <input type="checkbox"/> No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	20	

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions.		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22	
23	Add lines 21 and 22	23	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. }	24	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	26	

Part II-C Additional Child Tax Credit

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28		
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Paid Preparer's Due Diligence Checklist
*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*
To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
Go to www.irs.gov/Form8867 for instructions and the latest information.

Taxpayer name(s) shown on return VENKATESWARLU GOPAGONI & SWETHA ORUGANTI	Taxpayer identification number 796-80-8493
Preparer's name VENKATA SAI PAVAN KUMAR DUDIPALLI	Preparer tax identification number P02470833

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - 1. A copy of this Form 8867.
 - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Passive Activity Loss Limitations

See separate instructions.
 Attach to Form 1040, 1040-SR, or 1041.
 Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return: **VENKATESWARLU GOPAGONI & SWETHA ORUGANTI** Identifying number: **796-80-8493**

Part I 2023 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a Activities with net income (enter the amount from Part IV, column (a))	1a	0.		
b Activities with net loss (enter the amount from Part IV, column (b))	1b	(14,620.)		
c Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	()		
d Combine lines 1a, 1b, and 1c	1d			-14,620.

All Other Passive Activities

2a Activities with net income (enter the amount from Part V, column (a))	2a	151.		
b Activities with net loss (enter the amount from Part V, column (b))	2b	(0.)		
c Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	()		
d Combine lines 2a, 2b, and 2c	2d			151.

3 Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3			-14,469.
--	----------	--	--	----------

If line 3 is a loss and: • Line 1d is a loss, go to Part II.
 • Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4 Enter the smaller of the loss on line 1d or the loss on line 3	4			14,469.
5 Enter \$150,000. If married filing separately, see instructions	5	150,000.		
6 Enter modified adjusted gross income, but not less than zero. See instructions Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.	6	89,621.		
7 Subtract line 6 from line 5	7	60,379.		
8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8			25,000.
9 Enter the smaller of line 4 or line 8. If line 3 includes any CRD, see instructions	9			14,469.

Part III Total Losses Allowed

10 Add the income, if any, on lines 1a and 2a and enter the total	10			151.
11 Total losses allowed from all passive activities for 2023. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11			14,620.

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
UDAYNAGAR COLONY	0.	14,620.			14,620.
Total. Enter on Part I, lines 1a, 1b, and 1c	0.	14,620.			

For Paperwork Reduction Act Notice, see instructions.

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
ADATABYTE INC	151.	0.		151.	
Total. Enter on Part I, lines 2a, 2b, and 2c	151.	0.			

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
UDAYNAGAR COLONY	E Ln 22	14,620.	1.00000000	14,469.	151.
Total		14,620.	1.00	14,469.	151.

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
UDAYNAGAR COLONY	E Ln 22	151.	1.00000000	0.
Total		151.	1.00	0.

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
UDAYNAGAR COLONY	E Ln 22	14,620.	0.	14,620.
Total		14,620.	0.	14,620.



231010013

Keep this form for your records. Do not send this form to the State of Maryland unless specifically requested to do so. See Instructions.

Print Using Blue or Black Ink Only.

VENKATESWARLU First Name MI GOPAGONI Last Name 796808493 SSN/Taxpayer Identification Number

SWETHA Spouse's First Name MI ORUGANTI Spouse's Last Name 724597301 SSN/Taxpayer Identification Number

Part I Tax Return Information (whole dollars only)

- 1. Amount of overpayment to be applied to 2024 estimated tax 1. 00
2. Amount of overpayment to be refunded to you REFUND 2. 1008 00
3. Total amount due (Pay in full by April 15, 2024. See instructions.) 3. 00

Part II Taxpayer Declaration and Signature Authorization

Under penalties of perjury, I declare that I have compared the information contained on my electronic return with the information that I provided to my Electronic Return Originator (ERO) or entered on-line and that the name(s) and amounts described above agree with the amounts shown on the corresponding lines of my 2023 Maryland electronic income tax return.

Your PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 0 8 4 9 3 as my signature on my tax year 2023 electronically filed income tax return.

[] I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Your signature Date

Spouse's PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 9 7 3 0 1 as my signature on my tax year 2023 electronically filed income tax return.

[] I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Spouse's signature Date

Practitioner PIN Method Returns Only

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 2 4 9 6 6 1 9 8 9

I certify this numeric entry is my PIN, which is my signature for the tax year 2023 electronically filed income tax return for the taxpayer(s). I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-file Providers.

ERO's signature Date

DO NOT MAIL



235050013

OR FISCAL YEAR BEGINNING 2023, ENDING

Print Using Blue or Black Ink Only

796808493 Social Security Number 724597301 Spouse's Social Security Number

VENKATESWARLU First Name MI

GOPAGONI Last Name

SWETHA Spouse's First Name MI

Does your name match the name on your social security card? If not, to ensure you get credit for your personal exemptions, contact SSA at 1-800-772-1213 or visit ssa.gov.

ORUGANTI Spouse's Last Name

Place your W-2 wage and tax statements and ATTACH HERE with ONE staple. Do not attach check or money order

1504 LEMON BALM CT Current Mailing Address Line 1 (Street No. and Street Name or PO Box) Maryland County

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.) City, Town or Taxing Area

LAWRENCEVILLE GA 30045 City or Town State ZIP Code + 4

Foreign Country Name Foreign Province/State/County

Foreign Postal Code

FILING STATUS See Instruction 1 to determine if you are required to file.

- CHECK ONE BOX 1. Single (If you can be claimed on another person's tax return, use Filing Status 6.) 2. Married filing joint return or spouse had no income 3. Married filing separately, Spouse's SSN 4. Head of household 5. Qualifying Surviving Spouse with dependent child 6. Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 8.)

RESIDENCE INFORMATION See Instruction 9.

Enter 2-letter state code for your state of legal residence. GA
If PA resident, enter both County and City, Borough or Township
Were you a resident of another state for the entire year of 2023? If no, attach explanation.
Are you or your spouse a member of the military?
Did you file a Maryland income tax return for 2022? Yes No If "Yes," was it a Resident or a Nonresident return?
Dates you resided in Maryland for 2023. If none, enter "NONE": FROM None TO None (MMDDYYYY).

Check here for Maryland taxes withheld in error. (See Instruction 4.)

EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, you must attach the Dependents' Information Form 502B to this form in order to receive the applicable exemption amount.

- A. Yourself Spouse Enter number checked 2 See Instruction 10 A.\$ 6400 00
B. 65 or over Blind Enter number checked X \$1,000 B.\$ 00
C. Enter number from line 3 of Dependent Form 502B 2 See Instruction 10 C.\$ 6400 00
D. Enter Total Exemptions (Add A, B and C.) 4 Total Amount D.\$ 12800 00



235050113

Name VENKATESWARLU GOPAGONI & SWETHA ORUGANTI SSN 796808493

Table with 4 columns: (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows include Wages, salaries, tips, etc.; Taxable interest income; Dividend income; Taxable refunds, credits or offsets of state and local income taxes; Alimony received; Business income or (loss); Capital gain or (loss); Other gains or (losses); Taxable amount of pensions, IRA distributions, and annuities; Rents, royalties, partnerships, estates, trusts, etc.; Farm income or (loss); Unemployment compensation (insurance); Taxable amount of Social Security and Tier 1 Railroad Retirement benefits; Other income (including lottery or other gambling winnings); Total income; Total adjustments to income from federal return; Adjusted gross income.

ADDITIONS TO INCOME (See Instruction 12.)
18. Non-Maryland loss and adjustments.
19. Other (Enter code letter(s) from Instruction 12.)
20. Total additions (Add lines 18 and 19. See instructions.)
21. Total federal adjusted gross income and Maryland additions (Add lines 17 (Column 1) and 20.)

SUBTRACTIONS FROM INCOME (See Instruction 13.)
22. Taxable Military Income of Nonresident
23. Other (Enter code letter(s) from Instruction 13.)
24. Total subtractions (Add lines 22 and 23. See instructions.)
25. Maryland adjusted gross income before subtraction of non-Maryland income. (Subtract line 24 from line 21.)

DEDUCTION METHOD See Instruction 15. (All taxpayers must select one method and check the appropriate box.)
26. a. STANDARD DEDUCTION METHOD (Enter amount on line 26a.)
ITEMIZED DEDUCTION METHOD (Complete lines 26b, c and d.)
b. Total federal itemized deductions (from line 17, federal Schedule A)
c. State and local income taxes (See Instruction 16.)
d. Net itemized deductions (Subtract line 26c from line 26b.)
e. Deduction amount (Multiply lines 26a or 26d by the AGI factor.)
27. Net income (Subtract line 26 from line 25.)
28. Total exemption amount (from EXEMPTIONS area, page 1) See Instruction 10
29. Enter your AGI factor (from worksheet in Instruction 14)
30. Maryland exemption allowance (Multiply line 28 by line 29.)
31. Taxable net income (Subtract line 30 from line 27.) Figure tax on Form 505NR.

MARYLAND TAX COMPUTATION - COMPLETE FORM 505NR BEFORE CONTINUING.
32. a. Maryland tax from line 16 of Form 505NR (Attach Form 505NR.)
b. Special nonresident tax from line 17 of Form 505NR (Attach Form 505NR.)
c. Recaptured credit from Part DD, line 1 of Form 502CR. (Attach Form 502CR.)
d. Total Maryland tax (Add lines 32a through 32c.)
33. Poverty level credit from worksheet in Instruction 20.



Name VENKATESWARLU GOPAGONI & SWETHA ORUGANTI SSN 796808493

Table with 34 rows of tax items and amounts. Includes categories like 'Other income tax credits', 'Business tax credits', 'Total credits', 'Maryland tax after credits', 'Contributions', 'Total Maryland income tax and contributions', 'Total Maryland tax withheld', '2023 estimated tax payments', 'Nonresident tax paid', 'Refundable income tax credits', 'Total payments and credits', 'Balance due', 'Overpayment', 'Interest charges', and 'TOTAL AMOUNT DUE'.

DIRECT DEPOSIT OF REFUND (See Instruction 23.) Verify that all account information is correct and clearly legible.

If you are requesting direct deposit of your refund, complete the following. For Splitting Direct Deposit, use Form 588.

- Check here [X] Check here if you authorize the State of Maryland to issue your refund by direct deposit.
Check here [] Check here if this refund will go to an account outside of the United States.

54a. Type of account: [X] Checking [] Savings
54b. Routing Number (9-digits) 052001633
54c. Account Number 446040501673
54d. Name(s) GLOBAL TAXES LLC as it appears on the bank account

Check here [] if you authorize your preparer to discuss this return with us. Check here [] if you authorize your paid preparer not to file electronically. Check here [] if you agree to receive your 1099G Income Tax Refund statement electronically (See Instruction 25). Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Your signature Date Spouse's signature Date
5712975061 Taxpayer(s) daytime phone number
VENKATA SAI PAVAN KUMAR DUDIPALLI Signature of Preparer other than taxpayer (Required by Law)
245 ROONEY CT Street address of Preparer/Firm
GLOBAL TAXES LLC Printed name of the Preparer/Firm's name
E BRUNSWICK NJ 08816 City, State, ZIP Code + 4
6789659522 Telephone number of Preparer
P02470833 Preparer's PTIN (Required by law)

CODE NUMBERS (3 digits per line)

For returns filed without payments, mail your completed return to:

Comptroller of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, MD 21411-0001

To make an online payment, scan the QR code below and follow instructions.

For returns filed with payments, attach check or money order to Form PV. Make checks payable to Comptroller of Maryland. On your check or money order, you must include the social security number/Individual Taxpayer Identification Number of the taxpayer if filing individually, if filing jointly, you must include the social security number/ITIN of the primary taxpayer on the check. Failure to include this information will delay the processing of your payment. Do not attach Form PV or check/money order to Form 505. Place Form PV with attached check/money order on TOP of Form 505 and mail to:

Comptroller of Maryland
Payment Processing
PO Box 8888
Annapolis, MD 21401-8888



23505N013

Print Using Blue or Black Ink Only

VENKATESWARLU First Name, MI, GOPAGONI Last Name, Social Security Number 796808493, SWETHA Spouse's First Name, MI, ORUGANTI Spouse's Last Name, Spouse's Social Security Number 724597301

If you are filing Form 505, use the Form 505NR Instructions appearing on page 2 of this form. If you are filing Form 515, use the Form 505NR Instructions appearing in Instruction 18 of the Form 515 Instructions.

PART I - CALCULATION OF TAX WITHOUT ALLOWING CERTAIN MODIFICATIONS

- 1. Enter Taxable net income from Form 505, line 31 (or Form 515, line 32) 45425 00
2. Enter tax from Tax Table or Computation Worksheet Schedules I or II. Continue to Part II. 2105 00

PART II - CALCULATION OF MARYLAND TAX

- 3. Enter your federal adjusted gross income from Form 505 (or Form 515), line 17 (Column 1) 75152 00
3a. Earned Income (See instructions.) 89621 00
4. Enter your federal adjusted gross income plus additions from Form 505 (or 515) line 21. 89621 00
5. Enter the Taxable Military Income of a Nonresident from line 22 of Form 505. 00
6a. Enter your subtractions from line 23 of Form 505 or Form 515 00
6b. Enter non-Maryland income from Form 505 (or 515) not included on lines 5 or 6a of this form (See instructions.) 20578 00
7. Add lines 5 through 6b. 20578 00
8. Maryland Adjusted Gross Income. Subtract line 7 from line 4. 69043 00

If you are using the standard deduction, recalculate the standard deduction based on the income on line 8 and enter on line 8a . . . 8a. 00

- 9. Maryland Income Factor. Divide line 8 by line 3. The factor cannot exceed 1.000000 and cannot be less than 0. If line 8 is 0 or less, the factor is 0. If line 8 is greater than 0 and line 3 is 0 or less, the factor is 1.000000. 9. 918711
10. Deduction amount.
If you are using the standard deduction, multiply the standard deduction on line 8a by line 9 of this form and enter on line 10a . . . 10a. 00
If you are itemizing your deductions, multiply the deduction on Form 505, line 26d, by line 9 of this form and enter on line 10b. . . 10b. 28844 00

Form 515 Users, see Instruction 18 in Form 515 Instructions.

- 11. Net income (Subtract line 10a or 10b from line 8.) 40199 00
12. Exemption amount. Multiply the total exemption amount on Form 505, line 28 (or Form 515, line 29) by line 9. 11760 00
13. Maryland Taxable Net Income (Subtract line 12 from line 11.) 28439 00
14. Enter the tax amount from line 2 of this form. 2105 00
15. Maryland Nonresident factor: Divide the amount on line 13 on this form by line 1. If more than 1.000000, enter 1.000000. If 0 or less, the factor is 0. 626065
16. Maryland Tax. Multiply line 14 by line 15. Enter this amount on Form 505, line 32a (Form 515, line 33). 1318 00
17. Special nonresident tax. Multiply line 13 of this form by 0.0225. Enter this amount on Form 505, line 32b. If line 13 is 0 or less, enter 0. 640 00

FOR FORM 515 FILERS ONLY.

If you are: (1) a nonresident employed in Maryland and (2) you are a resident of a local jurisdiction that imposes a local income or earnings tax on Maryland residents, then you must file a Form 515 to report and pay a tax on your Maryland wages. Form 515 filers pay a local income tax instead of the Special Nonresident Tax.

- 18. Local Income Tax. Multiply line 13 of this form by the local rate of the Maryland county (or Baltimore City) where you are employed. Enter this amount on Form 515, line 39. If line 13 is 0 or less, enter 0. 00



796808493
Your Social Security Number

724597301
Spouse's Social Security Number

Print Using Blue or Black Ink Only

VENKATESWARLU
Your First Name MI

GOPAGONI
Your Last Name

SWETHA
Spouse's First Name MI

ORUGANTI
Spouse's Last Name

Summary

- 1. Enter the total number checked below for Regular dependents (4) 1. _____ 2
- 2. Enter the total number checked below for dependents 65 or over (5) 2. _____
- 3. Total dependent exemptions (Add lines 1 and 2 and enter the total here and on line (C) of the Exemptions area of Form 502, 505 or 515.) 3. _____ 2

Dependents (If a dependent listed below is age 65 or over, check both 4 and 5.)

▶ 1.	First Name VEDANSH	MI	▶	Last Name GOPAGONI		Check here ▶ <input type="checkbox"/> if this dependent does not have health care coverage
▶ 2.	Social Security Number 856162366		3.	Relationship SON	Regular 4. <input checked="" type="checkbox"/>	65 or over 5. <input type="checkbox"/>
						DOB (MM/DD/YYYY) ▶ _____

▶ 1.	First Name RISHANK	MI	▶	Last Name GOPAGONI		Check here ▶ <input type="checkbox"/> if this dependent does not have health care coverage
▶ 2.	Social Security Number 971978177		3.	Relationship SON	Regular 4. <input checked="" type="checkbox"/>	65 or over 5. <input type="checkbox"/>
						DOB (MM/DD/YYYY) ▶ _____

▶ 1.	First Name	MI	▶	Last Name		Check here ▶ <input type="checkbox"/> if this dependent does not have health care coverage
▶ 2.	Social Security Number		3.	Relationship	Regular 4. <input type="checkbox"/>	65 or over 5. <input type="checkbox"/>
						DOB (MM/DD/YYYY) ▶ _____

▶ 1.	First Name	MI	▶	Last Name		Check here ▶ <input type="checkbox"/> if this dependent does not have health care coverage
▶ 2.	Social Security Number		3.	Relationship	Regular 4. <input type="checkbox"/>	65 or over 5. <input type="checkbox"/>
						DOB (MM/DD/YYYY) ▶ _____

▶ 1.	First Name	MI	▶	Last Name		Check here ▶ <input type="checkbox"/> if this dependent does not have health care coverage
▶ 2.	Social Security Number		3.	Relationship	Regular 4. <input type="checkbox"/>	65 or over 5. <input type="checkbox"/>
						DOB (MM/DD/YYYY) ▶ _____

▶ 1.	First Name	MI	▶	Last Name		Check here ▶ <input type="checkbox"/> if this dependent does not have health care coverage
▶ 2.	Social Security Number		3.	Relationship	Regular 4. <input type="checkbox"/>	65 or over 5. <input type="checkbox"/>
						DOB (MM/DD/YYYY) ▶ _____

INSTRUCTIONS FOR INDIVIDUAL AND FIDUCIARIES ESTIMATED TAX (500ES)

WHO MUST FILE ESTIMATED TAX. Each individual or fiduciary subject to Georgia income tax who reasonably expects to have gross income during the year which exceeds (1) personal exemption, plus (2) credit for dependents, plus (3) estimated deductions, plus (4) \$1,000 of income not subject to withholding.

EXCEPTION. Estimated tax is not required if, under an agreement between the employer and the employee, additional tax is withheld to cover income that normally would require estimated tax to be filed. Individuals whose gross income from farming or fishing is at least two thirds of the total gross income from all sources may: (a) file as other taxpayers or (b) file their return by March 1 and pay the full amount of tax due by that date. Fiduciaries shall not be required to pay estimated tax with respect to any taxable year ending before the date two years after the date of the decedent's death in the case of:

- 1. The estate of such decedent; or
2. A testamentary trust as defined in IRC Section 6654(l)(2)(B).

PURPOSE OF ESTIMATED TAX. The purpose is to enable taxpayers having income not subject to withholding to currently pay their income tax. Taxpayers are also required to file an annual return claiming credit thereon for amounts paid or credited to their estimated tax.

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PENALTIES. Failure to comply with the provisions of this law relative to underpayment of installments may result in the assessment of additional charges as a penalty. Willful failure to pay estimated tax will constitute a misdemeanor.

STANDARD DEDUCTION.

Single, Head of household, or Married filing separately..... \$12,000
Married filing jointly\$24,000
(After 12/31/23, there are no more additional \$1,300 deductions for taxpayers who are age 65 or older or blind.)

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Make check or money order payable to:

"Georgia Department of Revenue"

Payment should be mailed to:
Processing Center
Georgia Department of Revenue
PO Box 740319
Atlanta, Georgia 30374-0319

You may also pay estimated tax with a credit card. Visit our website at dor.georgia.gov for more information.

HOW TO COMPLETE FORM 500 ES.

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Maximum Retirement Income Exclusion:

If age 62-64 or less than 62 and permanently disabled.....\$35,000
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If under the age of 62..... \$17,500
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Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

PLEASE DO NOT STAPLE. PLEASE REMOVE ALL ATTACHED CHECK STUBS.

----- Cut along dotted line -----

500 ES (Rev. 06/21/23)
Individual and Fiduciary Estimated Tax
Payment Voucher



2450011512

Individual or Fiduciary Name and Address:

V GOPAGONI & S ORUGANTI
1504 LEMON BALM CT
LAWRENCEVILL GA 30045

Calendar Year **2024**

or Fiscal Year Ending _____ TYPE OF RETURN: 09-Individual 10-Fiduciary

Table with 6 columns: Taxpayer's SSN or Fiduciary FEIN, Spouse's SSN, Tax Year, Quarter, Due Date, Vendor Code. Values: 796-80-8493, 724-59-7301, 2024, 1, 04/15/2024, 115

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Address Change

PROCESSING CENTER
GEORGIA DEPARTMENT OF REVENUE
PO BOX 740319
ATLANTA GA 30374-0319

Amount Paid \$ 378.00

50000796808493204152424109200000000011500000378002

REV 01/09/24 PRO

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500 ES (Rev. 06/21/23)
Individual and Fiduciary Estimated Tax
Payment Voucher



2450011512

Individual or Fiduciary Name and Address:

V GOPAGONI & S ORUGANTI
1504 LEMON BALM CT

LAWRENCEVILL GA 30045

Calendar Year **2024**

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GEORGIA DEPARTMENT OF REVENUE
PO BOX 740319
ATLANTA GA 30374-0319

Amount Paid \$ 378.00

5000079680849320615242420920000000011500000378009

REV 01/09/24 PRO

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Individual and Fiduciary Estimated Tax
Payment Voucher



2450011512

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 LAWRENCEVILL GA 30045

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796-80-8493	724-59-7301	2024	3	09/15/2024	115

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5000079680849320915242430920000000011500000378004

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500 ES (Rev. 06/21/23)
Individual and Fiduciary Estimated Tax
Payment Voucher



2450011512

Individual or Fiduciary Name and Address:

V GOPAGONI & S ORUGANTI
 1504 LEMON BALM CT

LAWRENCEVILL GA 30045

Calendar Year **2024**

or Fiscal Year Ending _____ TYPE OF RETURN: 09-Individual 10-Fiduciary

Taxpayer's SSN or Fiduciary FEIN	Spouse's SSN	Tax Year	Quarter	Due Date	Vendor Code
796-80-8493	724-59-7301	2024	4	01/15/2025	115

PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.

Address Change

PROCESSING CENTER
 GEORGIA DEPARTMENT OF REVENUE
 PO BOX 740319
 ATLANTA GA 30374-0319

Amount Paid \$ 378.00

50000796808493201152524409200000000011500000378009

REV 01/09/24 PRO

Dos and Don'ts Checklist for the Individual/Fiduciary (525-TV) Payment Voucher

Payments can be made electronically on the Georgia Tax Center (GTC) gtc.dor.ga.gov/ .

- Do:**
- Use a payment voucher with a valid scanline.
 - Only complete this voucher if you owe taxes.
 - Complete the voucher in its entirety.
 - Write your SSN or FEIN on your check or money order.
 - Make your check or money order payable to: Georgia Department of Revenue
 - Remember if the due date falls on a weekend or holiday, the tax shall be due on the next day that is not a weekend or holiday.
 - Mail your voucher and payment to the address listed below if your return was filed electronically.

**Processing Center
Georgia Department of Revenue
PO Box 740323
Atlanta, Georgia 30374-0323**

- Mail your return, payment voucher and payment to the address that appears on the return if filing a paper return.

- Do not:**
- Mail this entire page.
 - Staple your payment and voucher together.
 - Print on both sides of the paper.
 - Handwrite any information.

Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

----- Cut along dotted line -----

<p>525-TV (Rev. 06/05/23) Individual and Fiduciary Payment Voucher</p> <p>2023</p>	 2452511513	<p>Individual or Fiduciary Name and Address:</p> <p>VENKATESWARLU GOPAGONI SWETHA 1504 LEMON BALM CT LAWRENCEVILLE GA 30045</p>		
<p> <input type="checkbox"/> Amended Return <input type="checkbox"/> Paper Return <input checked="" type="checkbox"/> Electronically Filed TYPE OF RETURN: <input checked="" type="checkbox"/> 09-Individual <input type="checkbox"/> 10-Fiduciary </p>				
Taxpayer's SSN or Fiduciary FEIN 796-80-8493	Spouse's SSN (if joint or combined return) 724-59-7301	Tax Year 2023	Daytime Telephone Number 571-297-5061	Vendor Code 115

PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.

PROCESSING CENTER
GEORGIA DEPARTMENT OF REVENUE
PO BOX 740323
ATLANTA GA 30374-0323

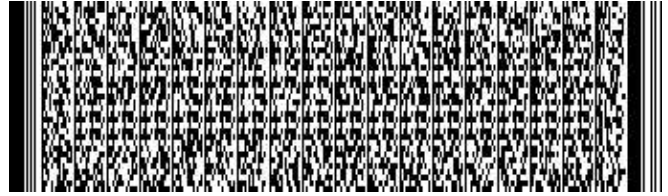
Amount Paid \$ 144.00

525007968084932230921200000000000000011500000144002

REV 01/09/24 PRO



2400411515



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

Individual Income Tax Return
Georgia Department of Revenue

2023 (Approved software version)

Page 1

Fiscal Year Beginning Ending STATE ISSUED YOUR DRIVER'S LICENSE/STATE ID

YOUR FIRST NAME MI YOUR SOCIAL SECURITY NUMBER
1. VENKATESWARLU 796-80-8493

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

SPOUSE'S FIRST NAME MI SPOUSE'S SOCIAL SECURITY NUMBER
SWETHA 724-59-7301

LAST NAME SUFFIX
ORUGANTI

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED
2. 1504 LEMON BALM CT

CITY (Please insert a space if the city has multiple names) STATE ZIP CODE
3. LAWRENCEVILLE GA 30045

(COUNTRY IF FOREIGN)

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

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT TO 3. NONRESIDENT

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

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

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

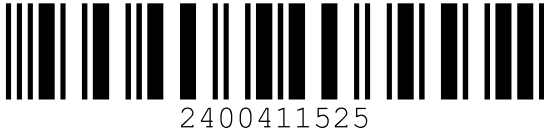
6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself X 6b. Spouse X 6c. 2

7a. Number of Qualified Dependents* 2 7b. Number of Unborn Dependents 7c. Total Number of Dependents 2

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

All Pages (1-5) are required for processing

REV 01/09/24 PRO



YOUR SOCIAL SECURITY NUMBER
 796-80-8493

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

First Name, MI. VEDANSH **Last Name** GOPAGONI
Social Security Number 856-16-2366 **Relationship to You** SON

First Name, MI. RISHANK **Last Name** GOPAGONI
Social Security Number 971-97-8177 **Relationship to You** SON

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 minus sign (-). Example -3456.

8. Federal adjusted gross income (From Federal Form 1040).....	8.	75152
(Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.		
9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet)	9.	
10. Georgia adjusted gross income (Net total of Line 8 and Line 9).....	10.	75152
11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION).....	11a.	
(See IT-511 Tax Booklet)		
b. Self: 65 or over? Blind? Total x 1,300=.....	11b.	
Spouse: 65 or over? Blind?		
c. Total Standard Deduction (Line 11a + Line 11b).....	11c.	
Use EITHER Line 11c OR Line 12c (Do not write on both lines)		
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A.		
a. Federal Itemized Deductions (Schedule A- Form 1040).....	12a.	34362
b. Less adjustments: (See IT-511 Tax Booklet)	12b.	2966
c. Georgia Total Itemized Deductions.....	12c.	31396
13. Subtract either Line 11c or Line 12c from Line 10; enter balance.....	13.	43756



YOUR SOCIAL SECURITY NUMBER
 796-80-8493

14a. Enter the number from Line 6c. 2 Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	7400
14b. Enter the number from Line 7c. 2 Multiply by \$3,000.....	14b.	6000
14c. Add Lines 14a. and 14b. Enter total	14c.	13400
15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14).....	15a.	30356
15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information)....	15b.	
15c. Georgia Taxable Income (Line 15a less Line 15b).....	15c.	30356
16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet)	16.	1510
17. Low Income Credit 17a. 17b.	17c.	
18. Other State(s) Tax Credit (Include a copy of the other state(s) return)	18.	1366
19. Credits used from IND-CR Summary Worksheet	19.	
20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)	20.	
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.	1366
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.	144

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

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

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



YOUR SOCIAL SECURITY NUMBER
 796-80-8493

Page 4

(INCOME STATEMENT D)

1. WITHHOLDING TYPE:
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. EMPLOYER/PAYER FEDERAL
 ID NUMBER (FEIN) SSN

(INCOME STATEMENT E)

1. WITHHOLDING TYPE:
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. EMPLOYER/PAYER FEDERAL
 ID NUMBER (FEIN) SSN

(INCOME STATEMENT F)

1. WITHHOLDING TYPE:
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. EMPLOYER/PAYER FEDERAL
 ID NUMBER (FEIN) SSN

3. EMPLOYER/PAYER STATE WITHHOLDING ID 3. EMPLOYER/PAYER STATE WITHHOLDING ID 3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME 4. GA WAGES / INCOME 4. GA WAGES / INCOME
5. GA TAX WITHHELD 5. GA TAX WITHHELD 5. GA TAX WITHHELD

23. Georgia Income Tax Withheld on Wages and 1099s	23.	0
<small>(Enter Tax Withheld Only and include W-2s and/or 1099s)</small>		
24. Other Georgia Income Tax Withheld.....	24.	
<small>(Must include G2-A, G2-FL, G2-LP and/or G2-RP)</small>		
25. Estimated Tax paid for 2023 and Form IT-560	25.	
26. Schedule 2B Refundable Tax Credits.....	26.	
<small>(Cannot be claimed unless filed electronically)</small>		
27. Total prepayment credits (Add Lines 23, 24, 25 and 26).....	27.	0
28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due.....	28.	144
29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment	29.	
30. Amount to be credited to 2024 ESTIMATED TAX	30.	
31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00).....	31.	
32. Georgia Fund for Children and Elderly (No gift of less than \$1.00).....	32.	
33. Georgia Cancer Research Fund (No gift of less than \$1.00)	33.	
34. Georgia Land Conservation Program (No gift of less than \$1.00).....	34.	
35. Georgia National Guard Foundation (No gift of less than \$1.00)	35.	
36. Dog & Cat Sterilization Fund (No gift of less than \$1.00).....	36.	
37. Saving the Cure Fund (No gift of less than \$1.00).....	37.	
38. Realizing Educational Achievement Can Happen (REACH) Program	38.	
<small>(No gift of less than \$1.00)</small>		

All Pages (1-5) are required for processing



2400411555

YOUR SOCIAL SECURITY NUMBER
796-80-8493

- 39. Public Safety Memorial Grant (No gift of less than \$1.00)..... 39.
- 40. Disabled Veterans' Scholarship Fund (No gift of less than \$1.00)..... 40.
- 41. Form 500 UET (Estimated tax penalty) 500 UET exception attached..... 41.
- 42. Penalty: Late Payment and/or Late Filing..... 42.
- 43. Interest 43.
- 44. (If you owe) Add Lines 28, 31 through 43 44. 144
**MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE,
Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,
PO BOX 740399 ATLANTA, GA 30374-0399**

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

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

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

Routing Number	Account Number
-------------------	-------------------

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

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

Taxpayer's Signature (Check box if deceased)

Spouse's Signature (Check box if deceased)

Taxpayer's Date of Death

Spouse's Date of Death

Taxpayer's Signature Date

Taxpayer's Phone Number
571-297-5061

Spouse's Signature Date

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

Taxpayer's E-mail Address

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

VENKATA SAI PAVAN KUMAR DUDIPALLI

Signature of Preparer

Name of Preparer Other Than Taxpayer
VENKATA SAI PAVAN KUMAR D

Preparer's Phone Number
678-965-9522

Preparer's FEIN
88-2145487

Preparer's Firm Name
GLOBAL TAXES LLC

Preparer's SSN/PTIN/SIDN
P02470833

All Pages (1-5) are required for processing

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20 _____ See separate instructions.

Your first name and middle initial: VENKATESWARLU Last name: GOPAGONI Your social security number: 796 80 8493

If joint return, spouse's first name and middle initial: SWETHA Last name: ORUGANTI Spouse's social security number: 724 59 7301

Home address (number and street): 1504 LEMON BALM CT Apt. no.: State: GA ZIP code: 30045 Foreign country name: Foreign province/state/country: Foreign postal code: Presidential Election Campaign: You Spouse

Filing Status: Single, Married filing jointly (checked), Married filing separately (MFS), Head of household (HOH), Qualifying surviving spouse (QSS)

Digital Assets: At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset... Yes No

Standard Deduction: Someone can claim: You as a dependent, Your spouse as a dependent, Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness: You: Were born before January 2, 1959, Are blind, Spouse: Was born before January 2, 1959, Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Rows include VEDANSH and RISHANK.

Income section table with columns 1a-1z. 1a Total amount from Form(s) W-2, box 1: 89,621. 1h Other earned income: 0. 1z Add lines 1a through 1h: 89,621.

Table with columns 2a-6a, 2b-6b, 7-15. 2a Tax-exempt interest, 2b Taxable interest, 3a Qualified dividends, 3b Ordinary dividends, 4a IRA distributions, 4b Taxable amount, 5a Pensions and annuities, 5b Taxable amount, 6a Social security benefits, 6b Taxable amount, 7 Capital gain or (loss), 8 Additional income from Schedule 1, line 10, 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income: 75,152. 11 Subtract line 10 from line 9. This is your adjusted gross income: 75,152. 12 Standard deduction or itemized deductions (from Schedule A): 34,362. 14 Add lines 12 and 13: 34,362. 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income: 40,790.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	4,453.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	4,453.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2,500.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	2,500.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	1,953.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	1,953.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	7,819.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	7,819.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC) <input type="checkbox"/> NO	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31		
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		
33	Add lines 25d, 26, and 32. These are your total payments	33	7,819.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	5,866.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	5,866.
	b	Routing number 052001633 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 446040501673		
36	Amount of line 34 you want applied to your 2024 estimated tax	36		

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes.** Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation ARCHITECT	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation HOME MAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (571) 297-5061	Email address VGOPAGONI83@GMAIL.COM		

Paid Preparer Use Only

Preparer's name VENKATA SAI PAVAN KUMAR DUDIPALLI	Preparer's signature VENKATA SAI PAVAN KUMAR DUDIPALLI	Date	PTIN P02470833	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816		Phone no. (678) 965-9522	Firm's EIN 88-2145487

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
VENKATESWARLU GOPAGONI & SWETHA ORUGANTI

Your social security number
796-80-8493

Part 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. Attach Schedule E	5	-14,469.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	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	
l	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	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) 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 nonqualified 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 . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-14,469.

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

11	Educator expenses		11
12	Certain business expenses of reservists, performing artists, and fee-basis government 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		
c	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:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	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 . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.

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

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2023

Attachment
Sequence No. **07**

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

VENKATESWARLU GOPAGONI & SWETHA ORUGANTI

Your social security number

796-80-8493

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.					
	1 Medical and dental expenses (see instructions)		1			
	2 Enter amount from Form 1040 or 1040-SR, line 11	2				
	3 Multiply line 2 by 7.5% (0.075)		3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-				4		
Taxes You Paid	5 State and local taxes.					
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/>	5a	2,966.			
	b State and local real estate taxes (see instructions)	5b	6,489.			
	c State and local personal property taxes	5c				
	d Add lines 5a through 5c	5d	9,455.			
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	9,455.			
	6 Other taxes. List type and amount: _____	6				
7 Add lines 5e and 6				7	9,455.	
Interest You Paid	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>					
	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	24,907.			
	b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address _____	8b				
	c Points not reported to you on Form 1098. See instructions for special rules	8c				
	d Reserved for future use	8d				
	e Add lines 8a through 8c	8e	24,907.			
9 Investment interest. Attach Form 4952 if required. See instructions	9					
10 Add lines 8e and 9				10	24,907.	
Gifts to Charity	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11				
	12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	12				
	13 Carryover from prior year	13				
	14 Add lines 11 through 13				14	
Casualty and Theft Losses	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions				15	
Other Itemized Deductions	16 Other—from list in instructions. List type and amount: _____				16	
Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12				17	34,362.
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>					



235050013

OR FISCAL YEAR BEGINNING 2023, ENDING

Print Using Blue or Black Ink Only

796808493 Social Security Number 724597301 Spouse's Social Security Number

VENKATESWARLU First Name MI

GOPAGONI Last Name

SWETHA Spouse's First Name MI

Does your name match the name on your social security card? If not, to ensure you get credit for your personal exemptions, contact SSA at 1-800-772-1213 or visit ssa.gov.

ORUGANTI Spouse's Last Name

Place your W-2 wage and tax statements and ATTACH HERE with ONE staple. Do not attach check or money order

1504 LEMON BALM CT Current Mailing Address Line 1 (Street No. and Street Name or PO Box) Maryland County

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.) City, Town or Taxing Area

LAWRENCEVILLE GA 30045 City or Town State ZIP Code + 4

Foreign Country Name Foreign Province/State/County

Foreign Postal Code

FILING STATUS See Instruction 1 to determine if you are required to file.

- CHECK ONE BOX 1. Single (If you can be claimed on another person's tax return, use Filing Status 6.) 2. Married filing joint return or spouse had no income 3. Married filing separately, Spouse's SSN 4. Head of household 5. Qualifying Surviving Spouse with dependent child 6. Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 8.)

RESIDENCE INFORMATION See Instruction 9.

Enter 2-letter state code for your state of legal residence. GA Were you a resident of another state for the entire year of 2023? If no, attach explanation. Are you or your spouse a member of the military? Did you file a Maryland income tax return for 2022? Dates you resided in Maryland for 2023. If none, enter "NONE": FROM None TO None (MMDDYYYY).

Check here for Maryland taxes withheld in error. (See Instruction 4.)

EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, you must attach the Dependents' Information Form 502B to this form in order to receive the applicable exemption amount.

A. Yourself Spouse Enter number checked 2 See Instruction 10 A.\$ 6400 00 B. 65 or over Blind Enter number checked X \$1,000 B.\$ 00 C. Enter number from line 3 of Dependent Form 502B 2 See Instruction 10 C.\$ 6400 00 D. Enter Total Exemptions (Add A, B and C.) 4 Total Amount D.\$ 12800 00



235050113

Name VENKATESWARLU GOPAGONI & SWETHA ORUGANTI SSN 796808493

Table with 4 columns: (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows include Wages, salaries, tips, etc.; Taxable interest income; Dividend income; Taxable refunds, credits or offsets of state and local income taxes; Alimony received; Business income or (loss); Capital gain or (loss); Other gains or (losses); Taxable amount of pensions, IRA distributions, and annuities; Rents, royalties, partnerships, estates, trusts, etc.; Farm income or (loss); Unemployment compensation (insurance); Taxable amount of Social Security and Tier 1 Railroad Retirement benefits; Other income (including lottery or other gambling winnings); Total income; Total adjustments to income from federal return; Adjusted gross income.

ADDITIONS TO INCOME (See Instruction 12.)
18. Non-Maryland loss and adjustments.
19. Other (Enter code letter(s) from Instruction 12.)
20. Total additions (Add lines 18 and 19. See instructions.)
21. Total federal adjusted gross income and Maryland additions (Add lines 17 (Column 1) and 20.)

SUBTRACTIONS FROM INCOME (See Instruction 13.)
22. Taxable Military Income of Nonresident
23. Other (Enter code letter(s) from Instruction 13.)
24. Total subtractions (Add lines 22 and 23. See instructions.)
25. Maryland adjusted gross income before subtraction of non-Maryland income. (Subtract line 24 from line 21.)

DEDUCTION METHOD See Instruction 15. (All taxpayers must select one method and check the appropriate box.)
26. a. STANDARD DEDUCTION METHOD (Enter amount on line 26a.)
ITEMIZED DEDUCTION METHOD (Complete lines 26b, c and d.)
b. Total federal itemized deductions (from line 17, federal Schedule A)
c. State and local income taxes (See Instruction 16.)
d. Net itemized deductions (Subtract line 26c from line 26b.)
e. Deduction amount (Multiply lines 26a or 26d by the AGI factor.)
27. Net income (Subtract line 26 from line 25.)
28. Total exemption amount (from EXEMPTIONS area, page 1) See Instruction 10
29. Enter your AGI factor (from worksheet in Instruction 14)
30. Maryland exemption allowance (Multiply line 28 by line 29.)
31. Taxable net income (Subtract line 30 from line 27.) Figure tax on Form 505NR.

MARYLAND TAX COMPUTATION - COMPLETE FORM 505NR BEFORE CONTINUING.
32. a. Maryland tax from line 16 of Form 505NR (Attach Form 505NR.)
b. Special nonresident tax from line 17 of Form 505NR (Attach Form 505NR.)
c. Recaptured credit from Part DD, line 1 of Form 502CR. (Attach Form 502CR.)
d. Total Maryland tax (Add lines 32a through 32c.)
33. Poverty level credit from worksheet in Instruction 20.



235050213

Name VENKATESWARLU GOPAGONI & SWETHA ORUGANTI SSN 796808493

Table with 34 rows of tax items and amounts. Includes categories like 'Other income tax credits', 'Business tax credits', 'Total credits', 'Maryland tax after credits', 'Contributions', 'Total Maryland income tax and contributions', 'Total Maryland tax withheld', '2023 estimated tax payments', 'Nonresident tax paid', 'Refundable income tax credits', 'Total payments and credits', 'Balance due', 'Overpayment', 'Interest charges', and 'TOTAL AMOUNT DUE'.

DIRECT DEPOSIT OF REFUND (See Instruction 23.) Verify that all account information is correct and clearly legible.

If you are requesting direct deposit of your refund, complete the following. For Splitting Direct Deposit, use Form 588.

- Check here [X] if you authorize the State of Maryland to issue your refund by direct deposit.
Check here [] if this refund will go to an account outside of the United States.

54a. Type of account: [X] Checking [] Savings
54b. Routing Number (9-digits) 052001633
54c. Account Number 446040501673
54d. Name(s) GLOBAL TAXES LLC as it appears on the bank account

Check here [] if you authorize your preparer to discuss this return with us. Check here [] if you authorize your paid preparer not to file electronically. Check here [] if you agree to receive your 1099G Income Tax Refund statement electronically (See Instruction 25). Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Your signature Date Spouse's signature Date
5712975061 Taxpayer(s) daytime phone number
VENKATA SAI PAVAN KUMAR DUDIPALLI Signature of Preparer other than taxpayer (Required by Law)
245 ROONEY CT Street address of Preparer/Firm
GLOBAL TAXES LLC Printed name of the Preparer/Firm's name
E BRUNSWICK NJ 08816 City, State, ZIP Code + 4
6789659522 Telephone number of Preparer
P02470833 Preparer's PTIN (Required by law)

CODE NUMBERS (3 digits per line)

For returns filed without payments, mail your completed return to:

Comptroller of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, MD 21411-0001

To make an online payment, scan the QR code below and follow instructions.

For returns filed with payments, attach check or money order to Form PV. Make checks payable to Comptroller of Maryland. On your check or money order, you must include the social security number/Individual Taxpayer Identification Number of the taxpayer if filing individually, if filing jointly, you must include the social security number/ITIN of the primary taxpayer on the check. Failure to include this information will delay the processing of your payment. Do not attach Form PV or check/money order to Form 505. Place Form PV with attached check/money order on TOP of Form 505 and mail to:

Comptroller of Maryland
Payment Processing
PO Box 8888
Annapolis, MD 21401-8888



23505N013

Print Using Blue or Black Ink Only

VENKATESWARLU First Name, MI, GOPAGONI Last Name, Social Security Number 796808493, SWETHA Spouse's First Name, MI, ORUGANTI Spouse's Last Name, Spouse's Social Security Number 724597301

If you are filing Form 505, use the Form 505NR Instructions appearing on page 2 of this form. If you are filing Form 515, use the Form 505NR Instructions appearing in Instruction 18 of the Form 515 Instructions.

PART I - CALCULATION OF TAX WITHOUT ALLOWING CERTAIN MODIFICATIONS

- 1. Enter Taxable net income from Form 505, line 31 (or Form 515, line 32) 45425 00
2. Enter tax from Tax Table or Computation Worksheet Schedules I or II. Continue to Part II. 2105 00

PART II - CALCULATION OF MARYLAND TAX

- 3. Enter your federal adjusted gross income from Form 505 (or Form 515), line 17 (Column 1) 75152 00
3a. Earned Income (See instructions.) 89621 00
4. Enter your federal adjusted gross income plus additions from Form 505 (or 515) line 21. 89621 00
5. Enter the Taxable Military Income of a Nonresident from line 22 of Form 505. 00
6a. Enter your subtractions from line 23 of Form 505 or Form 515 00
6b. Enter non-Maryland income from Form 505 (or 515) not included on lines 5 or 6a of this form (See instructions.) 20578 00
7. Add lines 5 through 6b. 20578 00
8. Maryland Adjusted Gross Income. Subtract line 7 from line 4. 69043 00

If you are using the standard deduction, recalculate the standard deduction based on the income on line 8 and enter on line 8a . . . 8a. 00

- 9. Maryland Income Factor. Divide line 8 by line 3. The factor cannot exceed 1.000000 and cannot be less than 0. If line 8 is 0 or less, the factor is 0. If line 8 is greater than 0 and line 3 is 0 or less, the factor is 1.000000. 9. 918711
10. Deduction amount.
If you are using the standard deduction, multiply the standard deduction on line 8a by line 9 of this form and enter on line 10a . . . 10a. 00
If you are itemizing your deductions, multiply the deduction on Form 505, line 26d, by line 9 of this form and enter on line 10b. . . 10b. 28844 00

Form 515 Users, see Instruction 18 in Form 515 Instructions.

- 11. Net income (Subtract line 10a or 10b from line 8.) 40199 00
12. Exemption amount. Multiply the total exemption amount on Form 505, line 28 (or Form 515, line 29) by line 9. 11760 00
13. Maryland Taxable Net Income (Subtract line 12 from line 11.) 28439 00
14. Enter the tax amount from line 2 of this form. 2105 00
15. Maryland Nonresident factor: Divide the amount on line 13 on this form by line 1. If more than 1.000000, enter 1.000000. If 0 or less, the factor is 0. 626065
16. Maryland Tax. Multiply line 14 by line 15. Enter this amount on Form 505, line 32a (Form 515, line 33). 1318 00
17. Special nonresident tax. Multiply line 13 of this form by 0.0225. Enter this amount on Form 505, line 32b. If line 13 is 0 or less, enter 0. 640 00

FOR FORM 515 FILERS ONLY.

If you are: (1) a nonresident employed in Maryland and (2) you are a resident of a local jurisdiction that imposes a local income or earnings tax on Maryland residents, then you must file a Form 515 to report and pay a tax on your Maryland wages. Form 515 filers pay a local income tax instead of the Special Nonresident Tax.

- 18. Local Income Tax. Multiply line 13 of this form by the local rate of the Maryland county (or Baltimore City) where you are employed. Enter this amount on Form 515, line 39. If line 13 is 0 or less, enter 0. 00



796808493
Your Social Security Number

724597301
Spouse's Social Security Number

Print Using Blue or Black Ink Only

VENKATESWARLU
Your First Name MI

GOPAGONI
Your Last Name

SWETHA
Spouse's First Name MI

ORUGANTI
Spouse's Last Name

Summary

- 1. Enter the total number checked below for Regular dependents (4) 1. _____ 2
- 2. Enter the total number checked below for dependents 65 or over (5) 2. _____
- 3. Total dependent exemptions (Add lines 1 and 2 and enter the total here and on line (C) of the Exemptions area of Form 502, 505 or 515.) 3. _____ 2

Dependents (If a dependent listed below is age 65 or over, check both 4 and 5.)

▶ 1.	First Name VEDANSH	MI	▶	Last Name GOPAGONI		Check here ▶ <input type="checkbox"/> if this dependent does not have health care coverage
▶ 2.	Social Security Number 856162366		3.	Relationship SON	Regular 4. <input checked="" type="checkbox"/>	65 or over 5. <input type="checkbox"/>
						DOB (MM/DD/YYYY) ▶ _____

▶ 1.	First Name RISHANK	MI	▶	Last Name GOPAGONI		Check here ▶ <input type="checkbox"/> if this dependent does not have health care coverage
▶ 2.	Social Security Number 971978177		3.	Relationship SON	Regular 4. <input checked="" type="checkbox"/>	65 or over 5. <input type="checkbox"/>
						DOB (MM/DD/YYYY) ▶ _____

▶ 1.	First Name	MI	▶	Last Name		Check here ▶ <input type="checkbox"/> if this dependent does not have health care coverage
▶ 2.	Social Security Number		3.	Relationship	Regular 4. <input type="checkbox"/>	65 or over 5. <input type="checkbox"/>
						DOB (MM/DD/YYYY) ▶ _____

▶ 1.	First Name	MI	▶	Last Name		Check here ▶ <input type="checkbox"/> if this dependent does not have health care coverage
▶ 2.	Social Security Number		3.	Relationship	Regular 4. <input type="checkbox"/>	65 or over 5. <input type="checkbox"/>
						DOB (MM/DD/YYYY) ▶ _____

▶ 1.	First Name	MI	▶	Last Name		Check here ▶ <input type="checkbox"/> if this dependent does not have health care coverage
▶ 2.	Social Security Number		3.	Relationship	Regular 4. <input type="checkbox"/>	65 or over 5. <input type="checkbox"/>
						DOB (MM/DD/YYYY) ▶ _____

▶ 1.	First Name	MI	▶	Last Name		Check here ▶ <input type="checkbox"/> if this dependent does not have health care coverage
▶ 2.	Social Security Number		3.	Relationship	Regular 4. <input type="checkbox"/>	65 or over 5. <input type="checkbox"/>
						DOB (MM/DD/YYYY) ▶ _____