



# Form M-8453 Individual Income Tax Declaration for Electronic Filing

**2023**  
**Massachusetts**  
**Department of**  
**Revenue**

Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2023.

Your first name and initial RAGHUL SRINIVASAN	Last name	Your Social Security number 686731526
If a joint return, spouse's first name and initial	Last name	Spouse's Social Security number
Present street address (and apartment number) 2500 AVENT FERRY RD APT NO 104		
City/Town/Post Office RALEIGH	State NC	Zip 27606
Filing status: <input checked="" type="radio"/> Single <input type="radio"/> Married filing jointly <input type="radio"/> Married filing separately <input type="radio"/> Head of household		

### Part 1. Tax Return Information for Electronic Filing

1 Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12) . . . . .	1	32702
2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36) . . . . .	2	1444
3 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38) . . . . .	3	
4 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42) . . . . .	4	1607
5 Refund amount (from Form 1, line 53, or Form 1-NR/PY, line 57) . . . . .	5	163
6 Tax due (from Form 1, line 54, or Form 1-NR/PY, line 58) . . . . .	6	

### Part 2. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2023 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signature	Date	Spouse's signature	Date
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### Part 3. Declaration and Signature of Electronic Return Originator (ERO)

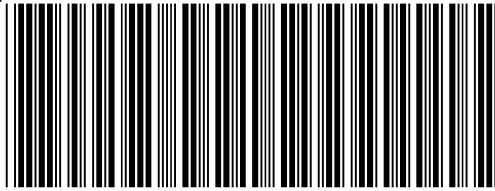
I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

ERO's signature and SSN or PTIN	Date	EIN	<input type="radio"/> Fill in if self-employed
	02112024	843171965	
Firm name (or yours, if self-employed) and address	City/Town	State	Zip
GLOBAL TAXES LLC 245 ROONEY CT	E BRUNSWICK	NJ	08816
			<input type="radio"/> Fill in if also paid preparer

### Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and 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. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Paid preparer's signature and SSN or PTIN	Date	EIN	<input type="radio"/> Fill in if self-employed
P02082703	02112024	843171965	
Firm name (or yours, if self-employed) and address	City/Town	State	Zip
SYAM PRIYA RAM SAGAR GUPTA TALLAM 245 ROONEY CT	E BRUNSWICK	NJ	08816



**2023 Form 1-NR/PY**

MA23006011555

Massachusetts Nonresident/Part-Year Resident  
Income Tax Return

For the year January 1–December 31, 2023 or other taxable

Year beginning Ending

RAGHUL

SRINIVASAN

686731526

2500 AVENT FERRY RD

RALEIGH

NC 27606  
104

Fill in if: Amended return Other jurisdiction change Enter date of change  
Federal amendment Amended return due to IRS BBA Partnership Audit

**State Election Campaign Fund:**

Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula

Taxpayer deceased

Fill in if under age 18

Fill in if name change

Check one:  Nonresident

Part-year resident

Filing as both nonresident and part-year resident

Nonresident composite

a. Total federal income 37626

b. Federal adjusted gross income 37626

1. Filing status (select one only):  Single

Married filing jointly

Married filing separate return NRA

Head of household

You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents. Enter dates as Massachusetts resident: From To

3. Total days as Massachusetts resident ÷ 365 = 3

\$1 You \$1 Spouse TOTAL

You Spouse

You Spouse

You Spouse

You Spouse

Fill in if noncustodial parent

Fill in if filing Schedule TDS

Fill in if filing Schedule FCI

Fill in if reporting crypto currency

**SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.**

Your signature

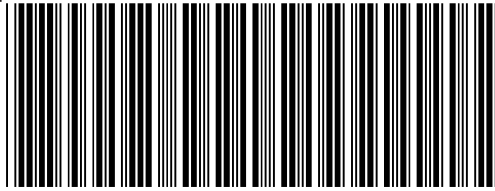
Date

Spouse's signature

Date

860-962-1742

**PRIVACY ACT NOTICE AVAILABLE UPON REQUEST**



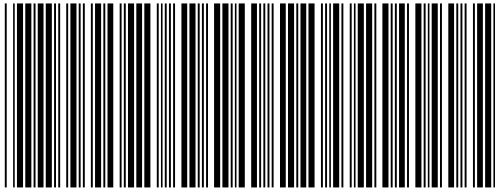
# 2023 Form 1-NR/PY, pg. 2

MA23006021555  
Massachusetts Nonresident/  
Part-Year Resident Income Tax Return  
686731526

## 4. Exemptions:

a. Personal exemptions		<b>4a</b>	4400
b. Number of dependents. (Do not include yourself or your spouse.) Enter number		x \$1,000 = <b>4b</b>	
c. Age 65 or over before 2024	You + Spouse =	x \$700 = <b>4c</b>	
d. Blindness	You + Spouse =	x \$2,200 = <b>4d</b>	
e. Medical/dental		<b>4e</b>	
f. Adoption		<b>4f</b>	
g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a		<b>4g</b>	4400
5. Wages, salaries, tips		<b>5</b>	32702
6. Taxable pensions and annuities		<b>6</b>	
7. Mass. bank interest: a.	- b. exemption	<b>= 7</b>	
8. Business/profession income/loss a.	+ b. Farming income/loss	<b>= 8</b>	
9. Rental, royalty and REMIC, partnership, S corp., trust income/loss		<b>9</b>	
10a. Unemployment		<b>10a</b>	
10b. Mass. lottery winnings		<b>10b</b>	
11. Other income		<b>11</b>	
12. <b>TOTAL 5.0% INCOME</b>		<b>12</b>	32702
<b>13. NONRESIDENT APPORTIONMENT WORKSHEET.</b> You cannot apportion Mass. wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Mass. source income. Only use when income from employment/business is earned both inside and outside Mass. and the exact Mass. amount is not known. Basis: working days miles sales other:			
Working days (or other basis) outside Massachusetts		<b>13a</b>	
Working days (or other basis) inside Massachusetts		<b>13b</b>	
Total working days		<b>13c</b>	
Nonworking days (holidays, weekends, etc.)		<b>13d</b>	
Massachusetts ratio		<b>13e</b>	
Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2		<b>13f</b>	
Massachusetts income		<b>13g</b>	

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2023 Form 1-NR/PY, pg. 3

MA23006031555

Massachusetts Nonresident/

Part-Year Resident Income Tax Return

RAGHUL

SRINIVASAN

686731526

14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO

a. Total 5.0% income	14a	32702
b. Interest income	14b	
c. Total capital gain income	14c	
d. Total income this return	14d	32702
e. Non-Massachusetts source income. <b>Not less than "0"</b>	14e	4924
f. Total income	14f	37626
g. Deduction and exemption ratio	14g	0.8691

15a. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement

15a

15b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement

15b

16. Reserved for future use

16

17. Reserved for future use

17

18. Rental deduction. a.

÷ 2 = 18

Nonresidents, fill in if during 2023 you did not have a family home or any dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future

19. Other deductions from Schedule Y, line 19

19

20. Total deductions. Add lines 15 through 19

20

21. 5.0% INCOME AFTER DEDUCTIONS. Subtract line 20 from line 12. **Not less than "0"**

21

32702

22. Exemption amount. a. 4400

22

3824

23. 5.0% INCOME AFTER EXEMPTIONS. Subtract line 22 from line 21. **Not less than "0"**

23

28878

24. INTEREST AND DIVIDEND INCOME

24

25. TOTAL TAXABLE 5.0% INCOME. Add lines 23 and 24

25

28878

26. TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 21 by .0585

26

1444

27. INCOME FROM SCHEDULE B. Not less than "0."

a. x .085 = 27a

b. x .12 = 27b

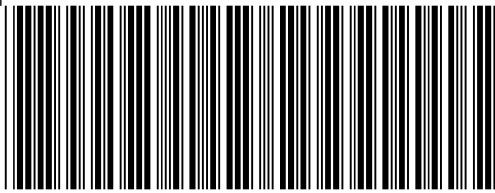
TOTAL TAX ON INCOME FROM SCHEDULE B. Add lines 27a and 27b

27

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1







**2023 Schedule INC**  
MA23INC011555

RAGHUL

SRINIVASAN

686731526

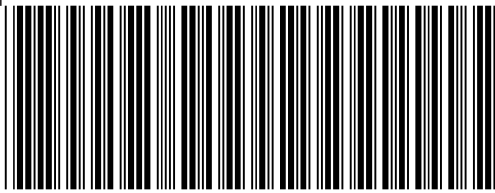
**Form W-2 and 1099 Information**

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
042348234	1607	32702			W2

TOTALS

1607

32702



# 2023 Schedule NTS-L-NRPY

MA23021011555

No Tax Status and Limited Income Credit

686731526

## Schedule NTS-L-NRPY. No Tax Status and Limited Income Credit

1. Total 5.0% income	1	32702
2. Adjustments to income	2	
3. Adjusted 5.0% income. Subtract line 2 from line 1. Do not enter if less than "0"	3	32702
4. Interest exemption used	4	
5. Adjusted gross interest, dividends and certain capital gains	5	
6. Long-term capital gain	6	
7. Additional income/loss while a nonresident/part-year resident	7	4924
8. Total income. Combine lines 3 through 7	8	37626
9. Additional adjustments to income while a nonresident/part-year resident	9	
10. Massachusetts Adjusted Gross Income (AGI)	10	37626
If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status		
11. If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$14,400 to that amount	11	
12. If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$25,200 to that amount	12	
13. No Tax Status threshold	13	
14. Income for Limited Income Credit	14	
15. Tax before adjustments	15	
16. Tax for Limited Income Credit	16	
17. Limited Income Credit	17	



**D-400V (50)**

10-18-22

**Instructions for Form D-400V, Payment Voucher**

**What Is Form D-400V and Why Should You Use It?**

It is a statement you send with your payment of a balance due on Form D-400. Using Form D-400V allows the Department to process your payment more accurately and efficiently. We strongly encourage you to use Form D-400V.

**Making an Online Payment**

To pay your tax via our online payment portal please visit [www.ncdor.gov](http://www.ncdor.gov) and select file and pay or use your mobile device to scan the QR code below.



**Benefits of Paying Taxes Online**

- Secure and convenient
- Schedule payments in advance
- Bank drafts (free), MasterCard or Visa (\$2 convenience fee for every \$100 paid)
- Your payment will be processed efficiently and you will receive receipt of payment.

**Preparing and Sending Your Payment**

1. Make your check or money order payable in U.S. dollars to the **NC Department of Revenue**. **Note:** The Department will not accept a check, money order, or cashier's check unless it is drawn on a U.S. (domestic) bank and the funds are payable in U.S. dollars.
2. Make sure the courtesy box and legal line on your check match.
3. Enter the last four digits of your SSN, Tax Year, and "D-400" on the memo line of your check or money order. If you are filing a joint return, enter the last four digits of the first SSN on your return.
4. Make sure your check or money order is signed.
5. Make sure your name, address, and daytime phone number appear on your check or money order.
6. Cut across the dotted line and send the completed voucher and your check or money order to the "Mail to" address on the voucher.

**What if You File Electronically?**

If you choose to file electronically and have a balance due, follow your transmitter's or preparer's instructions for making your payment.

**Important Reminders**

- Do not submit this voucher if you submitted an electronic payment.
- Do not staple, tape, paper clip or otherwise attach your check or money order to the voucher.
- Do not fold this voucher or check.
- Do not use a photocopy of this voucher.
- Do not use another person's voucher.
- Do not send cash.
- Do not make any modifications to the voucher.
- Make sure your signature appears on your check or money order.
- Make sure the correct name, address, SSN, daytime phone number, and tax year appear on the voucher and your check or money order.



Cut Here



**D-400V (50)**

9-16-08

**Individual Income Payment Voucher**

North Carolina Department of Revenue

REV 12/13/23 PRO

686731526 SRIN 2500 27606

RAGHUL SRINIVASAN

2500 AVENT FERRY RD APT 104 For Calendar Year 2023

RALEIGH NC 27606

**AMOUNT OF THIS PAYMENT**

This must match the amount shown on your check or money order.

\$

127.00

Taxpayer/Paid Preparer: SYAM PRIYA RAM SAGAR G

Date: 02 11 24 Phone: (678) 965-9522

7270150106



20231 6867315266 0000000 06408

Mail to:

NCDOR, PO Box 25000, Raleigh, NC 27640-0640

**D-400 (50)** 8-16-23 **Individual Income Tax Return 2023**

< Staple All Pages of Your Return and W-2s Here

North Carolina Department of Revenue

Amended Return

DOR  
Use  
Only

For calendar year 2023, or fiscal year beginning <u>23</u> and ending <u>23</u>		Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
RAGHUL SRINIVASAN 2500 AVENT FERRY RD 104 Your SSN: 686731526 RALEIGH NC 27606 WAKE Spouse's SSN:		Is your spouse a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>
Filing Status <input checked="" type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er)		Were you granted an automatic extension to file your 2023 federal income tax return, e.g., Form 1040? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Were you a resident of N.C. for the entire year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Return for deceased taxpayer. Date of death: _____		Year spouse died: _____
Was your spouse a resident for the entire year? Yes <input type="checkbox"/> No <input type="checkbox"/> Return for deceased spouse. Date of death: _____		
N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> . To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.)		
<input type="checkbox"/> Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 2024, and a U.S. citizen or resident.		
<input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.		

FS	1	PP	Y	DT	N	OC	N	TPRES	Y	SPRES	N	VT	N	SVT	N
SRIN	2500	27606	DS	N	EA	N	TD			SD				FDEXT	N
RAGHUL				SRINIVASAN				686731526				WAKE			
												NC	27606		
2500	AVENT	FERRY	RD				104	RALEIGH							
06		37626		16			1027	26C						0	
07		0		18	Y		0	26E						0	
09		0		20A			28	EU							
10A		0		20B			0	27					127		
10B		0		21A			0	29						0	
11	S	Y	I	N			21B	0						0	
11		12750		21C			0	31						0	
13		00000		21D			0	32						0	
14		24876		26A			127	34						0	
15		1182		26B			0								
TN	8609621742			PN			6789659522	PP						P02082703	



<b>Sign Return Below</b> <input type="checkbox"/> <b>Refund Due</b> <u>0</u> <input checked="" type="checkbox"/> <b>Payment Due</b> <u>127</u>	
I declare and certify 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. <input type="checkbox"/> Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.	
Your Signature _____ Date _____	Spouse's Signature (If filing joint return, both must sign.) _____ Date _____
8609621742 Contact Phone No. (Include area code)	
<b>PAID PREPARER USE ONLY</b> If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.	
SYAM PRIYA RAM SAGAR GUPT 02 11 24 _____ (678) 965-9522 _____ P02082703 _____	Preparer's Signature Date Preparer's Contact Phone Number (Include area code) Preparer's FEIN, SSN, or PTIN

If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001  
If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640

**D-400 Line-by-Line Information**

6.	Federal Adjusted Gross Income	6.	37626
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	37626
9.	Deductions From Federal Adjusted Gross Income	9.	0
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	0
	b. Enter the amount of the child deduction	10b.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	12750
12.	a. Add Lines 9, 10b, and 11	12a.	12750
	b. Subtract Line 12a from Line 8	12b.	24876
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	24876
15.	N.C. Income Tax	15.	1182
16.	Tax Credits	16.	1027
17.	Subtract Line 16 from Line 15	17.	155
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	155

**North Carolina Income Tax Withheld**

20a.	Your tax withheld	20a.	28
20b.	Spouse's tax withheld	20b.	0

**Other Tax Payments**

21a.	2023 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Additional Payments	22.	0
23.	Add Lines 20a through 22	23.	28
24.	Previous Refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	28
26a.	<b>Tax Due</b>	26a.	127
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	<b>Pay this Amount</b>	27.	<b>127</b>
28.	<b>Overpayment</b>	28.	0

**Amount of Refund to Apply to:**

29.	Amount of Line 28 to be applied to 2024 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	<b>Amount to be Refunded</b>	34.	<b>0</b>

D-400TC (50)

8-16-23

2023 Individual Income Tax Credits

North Carolina Department of Revenue

DOR Use Only

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

Important: Refer to the instructions before completing this form.

Last Name (First 10 Characters) SRINIVASAN Your Social Security Number 686731526

Table with 8 columns: Line, Amount, Code, Digit, Code, Digit, Digit, Digit. Rows include 01, 02, 04, 06, 07A.

Part 1. Credit for Income Tax Paid to Another State or Country - N.C. Residents Only

If you claim a tax credit for taxes paid to more than one state or country, do not complete Lines 1-6. Instead, complete the "Out-of-State Tax Credit Worksheet" in the instructions to determine the amount to enter on Line 7a.

Table with 3 columns: Line, Description, Amount. Rows 1-7b.

Part 2. Credits for Rehabilitating Historic Structures

On Lines 8a, 9a, 10a, and 11a, enter the amount of expenditures or expenses only if tax year 2023 is the first year the credit is taken.

Note: For Lines 8a and 9a, the expenditures and expenses must have been incurred prior to January 1, 2015.

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

Table with 3 columns: Line, Description, Amount. Rows 8a-13.

Part 3. Computation of Total Tax Credits to be Taken for Tax Year 2023

Table with 3 columns: Line, Description, Amount. Rows 14-20.

