

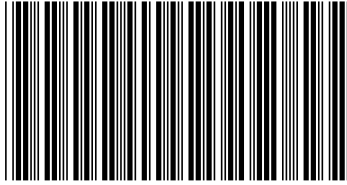
2023 NJ-1040NR  
New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

For Taxable Year January 1, 2023 – December 31, 2023 or Other Tax Year  
Beginning \_\_\_\_\_, 2023 Ending \_\_\_\_\_, 2024

1555

NJ-1040NR  
2023  
Page 1



040NV01230

Your Social Security Number  
268199621

Last Name, First Name, Initial (Joint filers enter first name and middle initial of each. Enter spouse/CU partner last name only if different.)  
YANALA ARJUN REDDY

Spouse's/CU Partner's Social Security Number

State of Residency (outside NJ)  
DELAWARE

Home Address (Number and Street, incl. apt. # or rural route)  
522 MCFARLAND DR

Driver's License # (Voluntary)  
2243128

State  
DE

City, Town, Post Office  
NEWARK

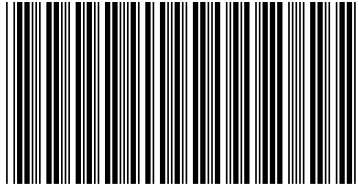
State ZIP Code  
DE 19702

- This is an amended return
- Federal extension application attached or enter confirmation number \_\_\_\_\_
- The address above is a foreign address
- Your address has changed
- Death certificate for deceased taxpayer is attached (See instructions)
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer

**NJ Residency Status** If you were a New Jersey resident for ANY part of the tax year, give the period of New Jersey residency. From: To:

<b>Gubernatorial Elections Fund</b>	Do you want to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner want to designate \$1? Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.	Yes	No
		Yes	No





040NV02230

Name(s) as shown on Form NJ-1040NR  
YANALA ARJUN REDDY

Your Social Security Number  
268199621

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**Filing Status**  
(Check only ONE box)

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

**Exemptions**

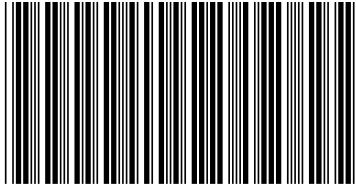
6. Regular	Self	Spouse/CU Partner	Domestic Partner	6.	1		
7. Age 65 or over	Self	Spouse/CU Partner		7.			
8. Blind or Disabled	Self	Spouse/CU Partner		8.			
9. Veteran Exemption	Self	Spouse/CU Partner					9.
10. Number of your qualified dependent children							10.
11. Number of other dependents				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

**Dependent Information**

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

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

15. Wages, salaries, tips, and other employee compensation Check box if you completed lines 69 through 75	15.	150600	.	15.	0	.
16. Interest	16.	.	.	16.	.	.
17. Dividends	17.	.	.	17.	.	.
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4)	18.	.	.	18.	.	.
19. Net gains or income from disposition of property (From line 68)	19.	.	.	19.	.	.
20. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4)	20.	0	.	20.	0	.
21. Net gambling winnings (See Instructions)	21.	.	.	21.	.	.
22. Taxable pensions, annuities, and IRA distributions/withdrawals	22.	.	.		.	.
23. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)	23.	.	.	23.	.	.
24. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)	24.	.	.	24.	.	.
25. Alimony and separate maintenance payments received	25.	.	.		.	.
26. Other – State Nature and Source _____	26.	.	.	26.	.	.
27. TOTAL INCOME (Add lines 15 through 26)	27.	150600	.	27.	0	.



040NV03230

Name(s) as shown on Form NJ-1040NR  
YANALA ARJUN REDDY

Your Social Security Number  
268199621

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28a. Pension/Retirement Exclusion (See Instructions)	28a.	.	.
28b. Other Retirement Income Exclusion (See Worksheet and Instructions)	28b.	.	28b. .
28c. Total Exclusion Amount (Add line 28a and line 28b)	28c.	.	28c. .
29. Gross Income (Subtract line 28c from line 27)	29.	150600	29. 0 .
30. Total Exemption Amount (See Instructions)	30.	1000	.
31. Medical Expenses (See Worksheet and Instructions)	31.	.	.
32. Alimony and separate maintenance payments	32.	.	.
33. Qualified Conservation Contribution	33.	.	.
34. Health Enterprise Zone Deduction	34.	.	.
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0	.
36. Organ/Bone Marrow Donation Deduction (See instructions)	36.	.	.
37a. NJBEST Deduction	37a.	.	.
37b. NJCLASS Deduction	37b.	.	.
37c. NJ Higher Education Tuition Deduction	37c.	.	.
38. Total Exemptions and Deductions (Add lines 30 through 37c)	38.	1000	.
39. <b>Taxable Income</b> (Subtract line 38 from line 29, column A)	39.	149600	.
40. Tax on amount on line 39 (From Tax Table)	40.	7403	.
41. Income Percentage B. (line 29) / A. (line 29) = <u>0.00</u> %			
42. <b>New Jersey Tax</b> (Multiply amount from line 40 by income percentage from line 41)	42.		0 .
43. Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)	43.		.
44. Gold Star Family Counseling Credit (See Instructions)	44.		.
45. Credit for Employer of Organ/Bone Marrow Donor (See instructions)	45.		.
46. Total Credits (Add lines 43, 44, and 45)	46.		.
47. Balance of Tax After Credits (Subtract line 46 from line 42)	47.		0 .
48. Interest on Underpayment of Estimated Tax.	48.		.
Check box if Form NJ-2210NR is enclosed			
49. Total Tax Due (Add line 47 and line 48)	49.		0 .
50. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) (Part-year nonresidents, see instructions)	50.	.	.
51. New Jersey Estimated Tax Payments/Credit from 2022 return	51.	.	.
52. Tax paid on your behalf by Partnership(s)	52.	.	.
53. Excess NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	53.	.	.
54. Excess NJ Disability Insurance Withheld (Enclose Form NJ-2450)	54.	.	.
55. Excess NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	55.	.	.
56. Pass-Through Business Alternative Income Tax Credit (See instructions)	56.	.	.

Also enter on line 51:

- Payments made in connection with sale of NJ real property
- Payments by S corporation for nonresident shareholder



Name(s) as shown on Form NJ-1040NR  
**YANALA ARJUN REDDY**

Your Social Security Number  
**268199621**

**1555**

57.	Total Payments/Credits (Add lines 50 through 56)	57.	.
58.	If line 57 is less than line 49, you have tax due. Subtract line 57 from line 49 and enter the amount you owe If you owe tax, you can still make a donation on line 61A through 61F	58.	0 .
59.	If line 57 is more than line 49, you have an overpayment. Subtract line 49 from line 57 and enter the overpayment	59.	.
60.	Amount from line 59 you want to credit to your 2024 tax	60.	.
61.	Amount you want to credit to:		
	(A) N.J. Endangered Wildlife Fund	61A.	.
	(B) N.J. Children's Trust Fund	61B.	.
	(C) N.J. Vietnam Veterans' Memorial Fund	61C.	.
	(D) N.J. Breast Cancer Research Fund	61D.	.
	(E) U.S.S. N.J. Educational Museum Fund	61E.	.
	(F) Designated Contribution	Code	61F.
			.
62.	Total Adjustments to Tax Due/ Overpayment (Add lines 60 through 61F)	62.	.
63.	Balance due (If line 58 is more than zero, add line 58 and 62)	63.	.
64.	Refund amount (If line 59 is more than zero, subtract line 62 from line 59)	64.	.

NOTE:  
An entry on lines 60 through 61F will reduce your tax refund

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, this declaration is based on all information of which the preparer has any knowledge.

> \_\_\_\_\_  
Your Signature Date

> \_\_\_\_\_  
Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)

Paid Preparer's Signature

Federal Identification Number

**SYAM PRIYA RAM SAGAR GUPTA TALLAM**

**P02082703**

Firm's Federal Employer Identification Number

Firm's Name **GLOBAL TAXES LLC**

**84-3171965**

Pay amount on line 63 in full. Write Social Security number(s) on check or money order and make payable to:

State of New Jersey - TGI  
Division of Taxation  
Revenue Processing Center  
PO Box 244  
Trenton, NJ 08646-0244

You can also make a payment on our website:  
[nj.gov/taxation](http://nj.gov/taxation)

Name(s) as shown on Form NJ-1040NR YANALA ARJUN REDDY	Your Social Security Number 268199621
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<b>Part I</b>	<b>Net Gains or Income From Disposition of Property</b>	List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible as reported on federal Schedule D.
---------------	---	---

(a) Kind of property and description	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price	(e) Cost or other basis as adjusted (see instructions) and expense of sale	(f) Gain or (loss) (d less e)
65.					

66. Capital Gains Distribution .....	66.	
67. Other Net Gains .....	67.	
68. Net Gains (Add lines 65, 66, and 67) (Enter here and on line 19) (If loss, enter zero) .....	68.	

<b>Part II</b>	<b>Allocation of Wage and Salary Income Earned Partly Inside and Outside New Jersey</b>	See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used. <b>Note:</b> Residents of states that impose a <b>convenience of the employer test</b> , see instructions before completing Part II.
----------------	---	---

69. Amount reported on line 15 in column A required to be allocated .....	69.	
70. Total days in taxable year .....	70.	
71. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.) .....	71.	
72. Total days worked in taxable year (subtract line 71 from line 70) .....	72.	
73. Deduct days worked outside New Jersey.....	73.	
74. Days worked in New Jersey (subtract line 73 from line 72).....	74.	

75. **Allocation Formula**      \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 (Enter amount from line 69)      (Salary earned inside N.J.)      (Include this amount on line 15, col. B)

<b>Part III</b>	<b>Allocation of Business Income to New Jersey</b>	(See instructions if other than Formula Basis of allocation is used.)
-----------------	--	---

Business Allocation Percentage (From Schedule NJ-NR-A)

Enter below the line number and amount of each item of business income reported in column A that is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.

From Line No. \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_ % = \$ \_\_\_\_\_

From Line No. \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_ % = \$ \_\_\_\_\_

From Line No. \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_ % = \$ \_\_\_\_\_

Name(s) as shown on Form NJ-1040NR YANALA ARJUN REDDY	Social Security Number 268-19-9621
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**Schedule NJ-BUS-1**  
(Form NJ-1040NR)

New Jersey Gross Income Tax  
Business Income Summary Schedule

**2023**

**Part I Net Profits From Business** List the net profit (loss) from business(es). See Instructions.

	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.			
2.			
3.			
4.	Net Profit or (Loss). (Add lines 1, 2, and 3) (Enter here and on line 18, column A. If loss, enter zero on line 18, column A.)		4.

**Part II Net Gains or Income From Rents, Royalties, Patents, and Copyrights** List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions.  
Type of Property:  
1-Rental real estate 2-Royalties 3-Patents 4-Copyrights

	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type – Enter number from list above	Income or (Loss)
1.	301MAHESHWARI SWETCHA APTS	268199621	1	-21,763.
2.				
3.				
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 20, column A. If loss, enter zero on line 20, column A.)			4. -21,763.

**Part III Distributive Share of Partnership Income** List the distributive share of income (loss) from partnership(s). See instructions.

	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)	Share of tax paid on your behalf by Partnerships	Share of Pass-Through Business Alternative Income Tax
1.					
2.					
3.					
4.	Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, column A. If loss, enter zero on line 23, column A.)				
5.	Total Share of tax paid on your behalf by Partnerships (Add lines 1, 2, and 3.) Enter total here and include on line 52.				
6.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 56.)				

**Part IV Net Pro Rata Share of S Corporation Income** List the pro rata share of income (usable loss) from S corporation(s). See instructions.

	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)	Share of Pass-Through Business Alternative Income Tax
1.				
2.				
3.				
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 24, column A. If loss, enter zero on line 24, column A.)			4.
5.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 56.)			5.

Name(s) as shown on Form NJ-1040NR YANALA ARJUN REDDY	Social Security Number 268-19-9621
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**Schedule NJ-BUS-2**  
(Form NJ-1040NR)

New Jersey Gross Income Tax  
Alternative Business Calculation Adjustment

**2023**

Part I Income (Loss)		Column A		Column B		
		Reportable Regular Business Income		Alternative Business Income (Loss)		
1.	Net Profits From Business	1a.	0.	1b.	0.	
2.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	2a.	0.	2b.	-21,763.	
3.	Distributive Share of Partnership Income	3a.	0.	3b.	0.	
4.	Net Pro Rata Share of S Corporation Income	4a.	0.	4b.	0.	
5.	Loss Carryforward From Tax Year 2022			5b.	( )	
6.	Totals	6a.	0.	6b.	-21,763.	
<b>Part II Adjustment Calculation</b>						
7.	Total Regular Business Income	7.	0.			
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.			
9.	Business Increment (Subtract line 8 from line 7)	9.	0.			
10.	Adjustment Percentage	10.	0.50			
11.	Alternative Business Calculation Adjustment (line 9 x 0.50)	11.	0.			
<b>Part III Loss Carryforward to Tax Year 2024</b>						
12.	Loss Carryforward to Tax Year 2024	12.		(	-21,763.	)

**Instructions**

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

**Keep a copy of this schedule for your records**

**Statement for Wages, Salaries, and Tips**  
**NJ-1040 or NJ-1040NR, line 15**

**2023**

Name <u>YANALA ARJUN REDDY</u>	Social Security No. <u>268-19-9621</u>
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	Income from all sources	Income attributed to New Jersey (part-year resident or non- resident only)
<b>Not applicable if a part-year nonresident with NJ source income.</b>		
<b>1</b> Wages, from Form W-2 . . . . .	150,600.	0.
<b>Deductions from wages:</b> Complete the following if included on line 1 above and meet all requirements (see help)		
<b>a</b> Meals and lodging . . . . .		
<b>b</b> Employee business expenses . . . . .		
<b>c</b> Moving expenses . . . . .		
<b>d</b> Compensation for injuries or sickness . . . . .		
<b>e</b> Total deductions from wages . . . . .		
<b>f</b> Taxable wages . . . . .	150,600.	0.
<b>2</b> Miscellaneous income, Form 8919 . . . . .		
<b>3</b> Excess employee business expense reimbursement . . . . .		
<b>4</b> Taxable tips, from Form 4137, plus non-cash tips . . . . .		
<b>5</b> Excess moving expense reimbursement . . . . .		
<b>6</b> Wages earned as a household employee (if less than \$2,000 and without a Form W-2) . . . . .		
<b>7</b> Wages from a foreign source . . . . .		
<b>8</b> Ordinary income from ESPP stock sale and incentive stock options . . . . .		
<b>9</b> Military spouses residency relief act (see New Jersey instructions) . .		
<b>10</b> Other: _____ _____ _____ _____ _____		
<b>11 Total wages, salaries, tips, etc</b> . . . . .	150,600.	0.
Enter on line 15 of NJ-1040 or NJ-1040NR		





# DELAWARE 2023

DIVISION OF REVENUE FOR PIT-RES

## DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN



For Fiscal Year beginning \_\_\_\_\_ and ending \_\_\_\_\_

Your Taxpayer ID  
2 6 8 1 9 9 6 2 1

Spouse Taxpayer ID

Amended Return  
Must include page 3

**Filing Status (Must check one)**

1.  Single, Divorced, Widow(er)    2.  Joint    3.  Married & Filing Separate Forms
4.  Married & Filing Combined Separate on this form    5.  Head of Household

Your First Name                      M.I.    Last Name                      Suffix  
ARJUN    REDDY                                           YANALA

Spouse First Name                      M.I.    Last Name                      Suffix

Present Home Address (Number and Street)                      Apartment #  
522 MCFARLAND DR

City                      State    Zip Code  
NEWARK                      DE    19702

Form PIT-UND Attached  
  
Claimed as Dependant on someone else's return

If you were a part-year resident in 2023, give the dates you resided in Delaware:

mm-dd-yyyy

mm-dd-yyyy

**Column A is for Spouse information, Filing status 4 only. All other filing status use Column B.**

		COLUMN A		COLUMN B
<b>+</b> SECTION A - ADDITIONS				
1. FEDERAL AGI AMOUNT FROM FEDERAL FORM 1040	1.	.00	1.	150600 .00
2. INTEREST ON STATE & LOCAL OBLIGATIONS OTHER THAN DELAWARE	2.	.00	2.	.00
3. FIDUCIARY ADJUSTMENT, OIL DEPLETION	3.	.00	3.	.00
4. TOTAL - Add Lines 1 through 3	4.	.00	4.	150600 .00
<b>-</b> SECTION B - SUBTRACTIONS				
5. INTEREST RECEIVED ON U.S. OBLIGATIONS	5.	.00	5.	.00
6. PENSION/RETIREMENT EXCLUSIONS (For a definition of eligible income, see instructions)				
6. Column A if Spouse had a Military Pension                      Column B if You had a Military Pension	6.	.00	6.	.00
7. DELAWARE STATE TAX REFUND, FIDUCIARY ADJUSTMENT, WORK OPPORTUNITY TAX CREDIT, DELAWARE NOL CARRYFORWARD, ETC. (See instructions)	7.	.00	7.	.00
8a. TAXABLE SOCIAL SECURITY/RR RETIREMENT BENEFITS/HIGHER EDUCATION EXCLUSION/CERTAIN LUMP SUM DISTRIBUTIONS (See instructions)	8a.	.00	8a.	.00
8b. 529 CONTRIBUTION TO DELAWARE-SPONSORED TUITION PROGRAM OR ABLE PROGRAM				
8b. Column A if Spouse 529 ABLE                      Column B if You 529 ABLE	8b.	.00	8b.	.00
9. Add Lines 5 through 8b	9.	.00	9.	.00
10. Subtract Line 9 from Line 4	10.	.00	10.	150600 .00
11. EXCLUSION FOR CERTAIN PERSONS 60 AND OVER OR DISABLED (See instructions)	11.	.00	11.	.00
12. DELAWARE ADJUSTED GROSS INCOME. Subtract Line 11 from Line 10. Enter here.	12.	.00	12.	150600 .00
<b>≡</b> SECTION C - DEDUCTIONS    If columns A and B are used and you are unable to specifically allocate deductions between spouses, you must prorate in accordance with income.				
13. TOTAL ITEMIZED DEDUCTIONS FROM DELAWARE SCHEDULE A (Must attach PIT-RSA)	13.	.00	13.	.00
14. FOREIGN TAXES PAID (See instructions)	14.	.00	14.	.00
15. CHARITABLE MILEAGE DEDUCTION (See instructions)	15.	.00	15.	.00
16. SUBTOTAL - Add Line 13 through Line 15	16.	.00	16.	.00
17. FORM PIT-CRS TAX CREDIT ADJUSTMENT (See instructions)	17.	.00	17.	.00
18. NET ITEMIZED DEDUCTIONS - Subtract Line 17 from Line 16. Enter here and on Line 19 (See instructions)	18.	.00	18.	.00
19. If you elect the DELAWARE STANDARD DEDUCTION check here				
a. <input checked="" type="checkbox"/> Filing Statuses 1, 3, & 5 enter \$3250 in Column B; Filing Status 2 enter \$6500 in Column B; Filing Status 4 enter \$3250 in Column A and in Column B				
b. If you elect DELAWARE ITEMIZED DEDUCTIONS check here				
Filing Statuses 1, 2, 3, and 5, enter itemized deductions from Line 18 in Column B; Filing Status 4 enter itemized deductions from Line 18 in Columns A and B				
	19.	.00	19.	3250 .00
20. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - see instructions)				
Multiply the number of boxes checked below by \$2500. If you are filing a combined separate return (Filing status 4), enter the total for each appropriate column. All others enter total in Column B.				
Column A - if Spouse was: 65 or over    blind                      Column B - if You were: 65 or over    blind	20.	.00	20.	.00
21. TOTAL DEDUCTIONS - Add Line 19 and Line 20 and enter here.	21.	.00	21.	3250 .00
<b>▣</b> SECTION D - CALCULATIONS				
22. TAXABLE INCOME - Subtract Line 21 from Line 12, and compute tax on this amount	22.	.00	22.	147350 .00
23. TAX LIABILITY FROM TAX RATE TABLE/SCHEDULE (See instructions)	23.	.00	23.	8709 .00
24. TAX ON LUMP SUM DISTRIBUTION (Form PIT-STC)	24.	.00	24.	.00



# DELAWARE 2023

DIVISION OF REVENUE PIT-RES

## DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN



Column A is for Spouse information, Filing status 4 only. All other filing status use Column B.

	COLUMN A		COLUMN B
25. <b>TOTAL TAX</b> - Add Line 23 and Line 24	25.	.00	25. 8709 .00
26a. <b>PERSONAL CREDITS</b> Enter number of exemptions <b>1</b> x \$110 On Line 26a, enter the number of exemptions for: Column A      Column B <b>1</b>	26a.	.00	26a. 110 .00
26b. <b>CHECK BOXES</b> Spouse 60 or over (Column A)      Self 60 or over (Column B) Enter number of boxes checked on Line 26b      x \$110	26b.	.00	26b. .00
27. <b>TAX IMPOSED BY OTHER STATES</b> (Must attach copy of PIT-RSS and other state return.)	27.	.00	27. .00
28. <b>VOLUNTEER FIREFIGHTER CO. #</b> Spouse (Column A)      Self (Column B)      Enter credit amount	28.	.00	28. .00
29. <b>OTHER NON-REFUNDABLE CREDITS</b> (See instructions)	29.	.00	29. 0 .00
30. <b>CHILD CARE CREDIT</b> . Must attach Form 2441. (Enter 50% of Federal credit)	30.	.00	30. .00
31. <b>TOTAL NON-REFUNDABLE CREDITS</b> (See instructions)	31.	.00	31. 110 .00
32. <b>BALANCE</b> - Subtract Line 31 from Line 25. If Line 31 is greater than Line 25, enter 0.	32.	.00	32. 8599 .00
33. <b>EARNED INCOME TAX CREDIT</b> . <b>REFUNDABLE</b> <b>NON-REFUNDABLE</b> (See instructions)	33.	.00	33. .00
34. <b>DELAWARE TAX WITHHELD</b> (Attach W2s/1099s)	34.	.00	34. 8692 .00
35. <b>ESTIMATED TAX PAID &amp; PAYMENTS WITH EXTENSIONS</b>	35.	.00	35. .00
36. <b>S CORP PAYMENTS</b>	36.	.00	36. .00
37. <b>REFUNDABLE BUSINESS CREDITS</b>	37.	.00	37. .00
38. <b>CAPITAL GAINS TAX PAYMENTS</b> (Attach Form REW-EST)	38.	.00	38. .00
39. <b>TOTAL REFUNDABLE CREDITS</b> For amended return, enter Line 39 then proceed to Line 47 on page 3 (All else, see instructions)	39.	.00	39. 8692 .00
40. <b>BALANCE DUE</b> If Line 33 plus Line 39 is less than or equal to Line 32, <b>Subtract</b> the sum of Line 33 and Line 39 from Line 32.	40.	.00	40. 0 .00
41. <b>OVERPAYMENT</b> If Line 33 plus Line 39 is greater than Line 32, <b>Subtract</b> Line 32 from the sum of Line 33 and Line 39.	41.	.00	41. 93 .00
42. <b>CONTRIBUTIONS TO SPECIAL FUNDS</b> . If electing a contribution, complete and attach PIT-RSS.	42.	.00	42. .00
43. <b>AMOUNT OF LINE 41 TO BE APPLIED TO 2024 ESTIMATED TAX ACCOUNT</b>	43.	.00	43. .00
44. <b>PENALTIES AND INTEREST DUE</b> . If Line 40 is greater than \$800, see estimated tax instructions	44.	.00	44. .00
45. <b>NET BALANCE DUE</b> . For Filing Status 4, see instructions. For all other filing statuses <b>Add</b> Line 40, Line 42, and Line 44.	45.	.00	45. .00
46. <b>NET REFUND</b> . For Filing Status 4, see instructions. For all other filing statuses, <b>Subtract</b> Line 42, Line 43, and Line 44 from Line 41.	46.	.00	46. 93 .00

**SECTION E - DIRECT DEPOSIT INFORMATION**

If you would like your refund deposited directly to your checking or savings account, complete Section E below. See instructions for details.

ACCOUNT TYPE	ROUTING NUMBER	ACCOUNT NUMBER
<input checked="" type="checkbox"/> CHECKING		
<input type="checkbox"/> SAVINGS	0 2 1 2 0 2 3 3 7	7 6 3 1 9 0 2 6 8

Is this refund going to or through an account that is located outside of the United States?  
**YES**  **NO**

**DMV STATE ID #**

**BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete.

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SPOUSE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ BUSINESS PHONE NUMBER **425-324-8335**

EMAIL ADDRESS \_\_\_\_\_

**PAID PREPARER INFORMATION**

**SYAM PRIYA RAM SAGAR GUPTA TALLAM** 02/02/2024

PAID PREPARER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS

245 ROONEY CT

CITY STATE ZIP CODE

E BRUNSWICK NJ 08816

EIN, SSN or PTIN PHONE NUMBER

843171965 678-965-9522

EMAIL ADDRESS

SYAM@GTAXFILE.COM

**BALANCE DUE WITH PAYMENT ENCLOSED (LINE 45) MAIL COMPLETED FORM TO:**  
 Delaware Division of Revenue  
 PO Box 508, Wilmington, DE 19899-0508  
 Make check payable to: Delaware Division of Revenue

**REFUND (LINE 46) MAIL COMPLETED FORM TO:**  
 Delaware Division of Revenue  
 PO Box 8710  
 Wilmington, DE 19899-8710

**ALL OTHER RETURNS MAIL COMPLETED FORM TO:**  
 Delaware Division of Revenue  
 PO Box 8711  
 Wilmington, DE 19899-8711

PLEASE REMEMBER TO ATTACH W-2, 1099-R AND APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN



# DELAWARE 2023

DIVISION OF REVENUE FORM  
PIT-RES

## DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN



**FOR AMENDED RETURNS ONLY**

COLUMN A

COLUMN B

<b>47. TOTAL REFUNDABLE CREDITS</b> - Add Line 39 and any EITC on Line 33.	<b>47.</b>	.00		47.		.00
<b>48. AMOUNT PAID ON ORIGINAL RETURN</b>	<b>48.</b>	.00		48.		.00
<b>49. SUBTOTAL.</b> Add Lines 47 and 48.	<b>49.</b>	.00		49.		.00
<b>50. REFUND RECEIVED</b> (If any, see instructions)	<b>50.</b>	.00		50.		.00
Estimated tax carryover and/or Special Funds contributions as shown on original return	<b>51.</b>	.00		51.		.00
<b>52. Subtract</b> Line 50 and Line 51 from Line 49.	<b>52.</b>	.00		52.		.00
<b>53. BALANCE DUE.</b> If Line 32 is greater than Line 52, Subtract 52 from 32.	<b>53.</b>	.00		53.		.00
<b>54. OVERPAYMENT.</b> If Line 52 is greater than Line 32, Subtract 32 from 52.	<b>54.</b>	.00		54.		.00
<b>55. AMOUNT OF LINE 54 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT</b> (See instructions)				55.		.00
<b>56. PENALTIES AND INTEREST DUE</b>				56.		.00
<b>57. NET BALANCE DUE</b> For Filing Status 4, see instructions. For all other filing statuses <b>Add</b> Line 53, Line 55, and Line 56.				57.		.00
<b>58. NET REFUND</b> For Filing Status 4, see instructions. For all other filing statuses, <b>Subtract</b> Line 55 and Line 56 from Line 54.				58.		.00

**59. Is an amended Federal return being filed?** **Yes** **No**  
 If no, please explain. If the changes pertain to the DE return only, list the line numbers being amended.

**60. Has the Delaware Division of Revenue advised you your original return is being audited?** **Yes** **No**  
**61. Is this amended return being filed as a protective claim?** **Yes** **No**

A detailed explanation of all changes must be provided in this space. All supporting schedules and/or documentation must be attached.

**NET BALANCE DUE WITH  
 PAYMENT ENCLOSED (LINE 57)**   
**MAIL COMPLETED FORM TO:**  
 Delaware Division of Revenue  
 PO Box 508, Wilmington, DE 19899-0508  
 Make check payable to: Delaware Division of Revenue

**NET REFUND (LINE 58)**   
**MAIL COMPLETED FORM TO:**  
 Delaware Division of Revenue  
 PO Box 8710  
 Wilmington, DE 19899-8710

**ALL OTHER RETURNS**   
**MAIL COMPLETED FORM TO:**  
 Delaware Division of Revenue  
 PO Box 8711  
 Wilmington, DE 19899-8711

**PLEASE REMEMBER TO ATTACH W-2, 1099-R AND APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN**



# DELAWARE 2023

DIVISION OF REVENUE FORM  
PIT-RSS

## DELAWARE RESIDENT SCHEDULES



<b>FIRST NAME</b>	<b>LAST NAME</b>	<b>TAXPAYER ID</b>
ARJUN REDDY	YANALA	2 6 8 1 9 9 6 2 1

**Columns:** Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See instructions for worksheet.) Taxpayers using filing statuses 1,2,3, or 5 are to complete Column B only.

### DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE

Enter the credit in the highest to lowest amount order.

See the instructions and complete the worksheet prior to completing DE Schedule I.

		Filing Status 4 ONLY Spouse Information <b>COLUMN A</b>	All other filing statuses You or You plus Spouse <b>COLUMN B</b>
1. Tax imposed by State of (Enter 2 character state name)	1.	.00	1. .00
2. Tax imposed by State of (Enter 2 character state name)	2.	.00	2. .00
3. Tax imposed by State of (Enter 2 character state name)	3.	.00	3. .00
4. Tax imposed by State of (Enter 2 character state name)	4.	.00	4. .00
5. Tax imposed by State of (Enter 2 character state name)	5.	.00	5. .00
6. Enter the total here and on Form PIT-RES Page 2, Line 27. <b>You must attach a copy of the other state return(s) with your Delaware tax return</b>	6.	.00	6. .00

### DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)

Complete the Earned Income Tax Credit for each child YOU CLAIMED the Earned Income Credit for on your federal return.

#### QUALIFYING CHILD INFORMATION

<b>7a. CHILD'S FIRST NAME</b>	<b>7b. CHILD'S LAST NAME</b>	<b>8. CHILD'S SSN</b>	<b>9. CHILD'S DATE OF BIRTH</b>
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		CHILD 1	CHILD 2	CHILD 3
10. Was the child under age 24 at the end of 2023, a student, and younger than you (or your spouse, if filing jointly)?	10.	Yes No	Yes No	Yes No
11. Was the child permanently and totally disabled during any part of 2023?	11.	Yes No	Yes No	Yes No
12. <b>DELAWARE STATE INCOME TAX LESS NON-REFUNDABLE CREDITS</b> - Enter the higher tax amount from Column A or Column B of Form PIT-RES Line 32	12.			.00
13. <b>FEDERAL EARNED INCOME TAX CREDIT (EITC)</b> - Enter amount from IRS form 1040 or 1040-SR, Line 27	13.			.00
14. <b>REFUNDABLE EITC CALCULATION</b> - Multiply Line 13 x 0.045 and enter here	14.			.00
15. <b>NON-REFUNDABLE EITC CALCULATION</b> - Multiply Line 13 x 0.20 and enter here	15.			.00
16. <b>REFUNDABLE EITC</b> - If Line 14 is greater than or equal to Line 12, enter the amount from Line 14 here and on Line 33 of Form PIT-RES and check the refundable box on Line 33 of Form PIT-RES	16.			.00
17. <b>NON-REFUNDABLE EITC</b> - If Line 14 is less than Line 12, compare Line 12 to Line 15, enter the smaller amount here and on Line 33 of Form PIT-RES, and check the non-refundable box on Line 33 of Form PIT-RES	17.			.00

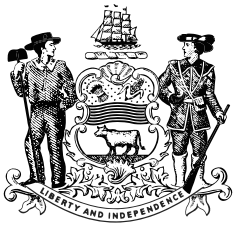
### DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

See instructions for a description of each worthwhile fund listed below.

See the instructions for ALL required documentation to attach.

18. A. Non-Game Wildlife .00	H. DE National Guard .00	O. Senior Trust Fund .00
B. Beau Biden Fund .00	I. Juvenile Diabetes Fund .00	P. Veterans Trust Fund .00
C. Emergency Housing .00	J. Multiple Sclerosis Soc. .00	Q. Protect DE's Child Fund .00
D. Breast Cancer Edu. .00	K. Ovarian Cancer Fndn .00	R. Food Bank of DE .00
E. Organ Donations .00	L. <i>Intentionally left blank</i>	S. DE Hab For Humanity .00
F. Diabetes Education .00	M. White Clay Creek .00	T. B+ Childhood Cancer .00
G. Veterans Home .00	N. Home of the Brave .00	U. Combined Campaign for Justice .00
19. Enter the total Contribution amount here and on Form PIT-RES, Line 42	19.	.00

**This page MUST be sent in with your Delaware return if any of the schedules (above) are completed.**



**DELAWARE** **2023**  
 DIVISION OF REVENUE F O R M  
 PIT-RSS  
**DELAWARE RESIDENT SCHEDULES**



**DE SCHEDULE IV - W-2 AND 1099-R INFORMATION**

Complete this Schedule listing all of your, and if applicable, your spouse's, forms W-2 and 1099-R showing Delaware Income Tax withheld. Forms W-2 and 1099-R showing income tax withheld must still be attached to the front of your return if you elect to file by paper. Failure to do so may delay the processing of your return.

TYPE	EMPLOYER NAME	EMPLOYER TAXPAYER ID	STATE	STATE WAGES	STATE WITHHOLDING	TAXPAYER OR SPOUSE
X W-2	RANDSTAD PROFESSIONAL US LLC	263305087	DE	150600	8692	X Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse
W-2						Taxpayer
1099-R						Spouse

**DE SCHEDULE V - DELAWARE S CORPORATION PAYMENTS**

Complete this Schedule by listing all estimated Delaware tax payments made by an S Corporation on behalf of you or your spouse. Failure to do so may delay the processing of your return.

S CORPORATION FEIN	NAME OF S CORPORATION	PAYEE ID	AMOUNT OF ESTIMATED PAYMENT
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