

FORM 40 Alabama 2023 Individual Income Tax Return RESIDENTS & PART-YEAR RESIDENTS



For the year Jan. 1 - Dec. 31, 2023, or other tax year:

Beginning: ● Ending: ●

Your social security number

● 347-91-8408

Spouse's SSN if joint return

●

●  Check if primary is deceased  
Primary's deceased date (mm/dd/yyyy) ●

●  Check if spouse is deceased  
Spouse's deceased date (mm/dd/yyyy) ●

Your first name

Initial

Last name

● LAKSHMI SAI PRANEETH ●

● KODURU

Spouse's first name

Initial

Last name

●

Present home address (number and street or P.O. Box number)

● 420 E MAGNOLIA AVE, APT CASTLE D301

City, town, or post office

State

ZIP code

● AUBURN UNIVERSITY

● AL

● 36830

Check if address is outside U.S. ●

Foreign Country

▶ CHECK BOX IF AMENDED RETURN ●

**Filing Status/Exemptions** 1 ●  \$1,500 Single 3 ●  \$1,500 Married filing separate. Complete Spouse SSN ●  NRA  
2 ●  \$3,000 Married filing joint 4 ●  \$3,000 Head of Family (with qualifying person). Complete Schedule HOF

	A - Alabama tax withheld		B - Income	
5a Alabama Income Tax Withheld (from Schedule W-2, line 18, column G) .....	5a	● 232	5b	● 7,299
5b Wages, salaries, tips, etc. (from Schedule W-2, line 18, column I plus J) .....				
6 Interest and dividend income (also attach Schedule B if over \$1,500) .....	6	●	6	●
7 Other income (from page 2, Part I, line 8) .....	7	●	7	●
8 <b>Total income.</b> Add amounts in the income column for line 5b through line 7 .....	8	●	8	● 7,299
9 Total adjustments to income (from page 2, Part II, line 16) .....	9	●	9	●
10 <b>Adjusted gross income.</b> Subtract line 9 from line 8. ....	10	●	10	● 7,299

**Deductions**

Check box a, if you **itemize deductions**, and enter amount from Schedule A, line 27.  
Check box b, if you **do not** itemize deductions, and enter **standard deduction** (see instructions)

● a  **Itemized Deductions** ● b  **Standard Deduction** .....

11	●	3,000	11	●	
12 Federal tax deduction (see instructions) <b>DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)</b>	12	● 0	12	●	
13 Personal exemption (from line 1, 2, 3, or 4) .....	13	● 1,500	13	●	
14 Dependent exemption (from page 2, Part III, line 2) .....	14	●	14	●	
15 <b>Total deductions.</b> Add lines 11, 12, 13, and 14 .....	15	●	15	●	4,500

**Tax**

16 **Taxable income.** Subtract line 15 from line 10 .....

17 **Income Tax due.** Enter amount from tax table or check if from ●  Form NOL-85A .....

18 **Net tax due Alabama.** Check box if computing tax using Schedule OC ● , otherwise enter amount from line 17. ....

19 Additional taxes (from Schedule ATP, Part I, Line 3) .....

20 **Alabama Election Campaign Fund.** You may make a voluntary contribution to the following:

a Alabama Democratic Party  \$1  \$2  none .....

b Alabama Republican Party  \$1  \$2  none .....

21 **Total tax liability and voluntary contribution.** Add lines 18, 19, 20a, and 20b .....

16	●	2,799	16	●	
17	●	100	17	●	100
18	●	100	18	●	100
19	●	0	19	●	0
20a	●		20a	●	
20b	●		20b	●	
21	●	100	21	●	100

**Payments**

22 Alabama income tax withheld (from column A, line 5a) .....	22	● 232	22	●	
23 2023 estimated tax payments/Automatic Extension Payment .....	23	●	23	●	
24 Amended Returns Only - Previous payments (see instructions) .....	24	●	24	●	
25 <b>Refundable Credits.</b> Enter the amount from Schedule OC, Section F, line F4 .....	25	●	25	●	
26 Payments from Schedule CP, Section B, Line 1 .....	26	●	26	●	
27 <b>Total payments.</b> Add lines 22, 23, 24, 25, and 26 .....	27	●	27	●	232
28 Amended Returns Only - Previous refund (see instructions) .....	28	●	28	●	
29 <b>Adjusted Total Payments.</b> Subtract line 28 from line 27 .....	29	●	29	●	232

**AMOUNT YOU OWE**

30 If line 21 is larger than line 29, subtract line 29 from line 21, and add line 31 and enter **AMOUNT YOU OWE.**  
Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.)

31 Penalties (from Schedule ATP, Part II, line 3) (see instructions) .....

30	●		30	●	
31	●		31	●	

**OVERPAID**

32 If line 29 is larger than line 21, subtract line 21 from line 29, and enter **AMOUNT OVERPAID** .....

33 Amount of line 32 to be applied to your **2024 estimated tax** .....

32	●	132	32	●	132
33	●		33	●	

**Donations**

34 **Total Donation Check-offs** from Schedule DC, line 2 .....

35 **REFUNDED TO YOU. (CAUTION: You must sign this return on the reverse side.)**  
If line 32 is greater than zero, subtract lines 31, 33, and 34 from line 32 .....

For Direct Deposit, check here ●  and complete Part V, Page 2.

34	●		34	●	
35	●	132	35	●	132



**PART I**

1	Alimony received	1	●
2	Business income or (loss) (attach Federal Schedule C or C-EZ) (see instructions)	2	●
3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)	3	●
4	Retirement Income (attach Schedule RS)	4	●
5	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	5	●
6	Farm income or (loss) (attach Federal Schedule F)	6	●
7	Other income (state nature and source — see instructions)	7	●
8	<b>Total other income.</b> Add lines 1 through 7. Enter here and also on page 1, line 7	8	●

**PART II**

1a	Your IRA deduction	1a	●
b	Spouse's IRA deduction	1b	●
2	Payments to a Keogh retirement plan and self-employment SEP deduction	2	●
3	Penalty on early withdrawal of savings	3	●
4	Alimony paid. Recipient's last name _____ SSN ● _____	4	●
5	Adoption expenses	5	●
6	Moving Expenses (Attach Federal Form 3903) to: City _____ State _____ ZIP _____	6	●
7	Self-employed health insurance deduction	7	●
8	Payments to Alabama College Counts 529 Fund or Alabama PACT Program	8	●
9	Health insurance deduction for small employer employee (see instructions)	9	●
10	Costs to retrofit or upgrade home to resist wind or flood damage	10	●
11	Deposits to a catastrophe savings account	11	●
12	Contributions to a health savings account	12	●
13	Deposits to an Alabama First-Time and Second Chance Home Buyer Savings Account (see instructions)	13	●
14	Firefighter's Insurance Premium	14	●
15	Contributions to an Achieving a Better Life Experience (ABLE) savings account	15	●
16	<b>Total adjustments.</b> Add lines 1 through 15. Enter here and also on page 1, line 9	16	●

**PART III**

1	Total number of dependents from Schedule DS, line 1b	1	●
2	<b>Amount allowed.</b> Multiply total number of dependents claimed on line 1 by the amount on the dependent chart in the instructions. Enter amount here and on page 1, line 14	2	●

**PART IV**

**General Information**

1 **Residency** Check only one box  Full Year  Part Year From \_\_\_\_\_ 2023 through \_\_\_\_\_ 2023.

2 Did you file an Alabama income tax return for the year 2022?  Yes  No If no, state reason I DONT HAVE INCOME

3 Give name and address of present employer(s). Yours ARAMARK FOOD & SUP SVCS AGENT FOR ARAMARK CAMPUS LLC P O BOX 8018 PHILADELPHIA PA 19101  
Your Spouse's \_\_\_\_\_

**All Taxpayers Must Complete This Section.**

4 Enter the Federal Adjusted Gross Income ● \$ 7,299 and Federal Taxable Income ● \$ 0 as reported on your 2023 Federal Individual Income Tax Return.

5 Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)?  Yes  No  
If yes, enter source(s) and amount(s) below: (other than state income tax refund)

Source ● _____	Amount ● _____
Source ● _____	Amount ● _____

**PART V** For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See instructions to see if you qualify.)

**Direct Deposit**

1 Routing Number: 065400137 2 Type:  Checking  Savings 3 Account Number: 887009667

4 Is this refund going to or through an account that is located outside of the United States?  Yes  No

**Drivers License Info**

DOB (mm/dd/yyyy) ● XX/XX/XXXX Your state ● XX DL# ● XXXXXXXX Iss date (mm/dd/yyyy) ● XX/XX/XXXX Exp date (mm/dd/yyyy) ● XX/XX/XXXX  
DOB (mm/dd/yyyy) ● \_\_\_\_\_ Spouse state ● \_\_\_\_\_ DL# ● \_\_\_\_\_ Iss date (mm/dd/yyyy) ● \_\_\_\_\_ Exp date (mm/dd/yyyy) ● \_\_\_\_\_

●  I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.  
**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.**

**Sign Here In Black Ink** Keep a copy of this return for your records.

Your Signature _____	Date _____	Daytime Telephone Number <u>(334) 748-6385</u>	Your Occupation <u>STUDENT WORKER</u>
Spouse's Signature (if joint return, BOTH must sign) _____	Date _____	Daytime Telephone Number _____	Spouse's Occupation _____

**Paid Preparer's Use Only**

Preparer's Signature SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 02/11/2024 Check if Self-employed  Preparer's SSN or PTIN P02082703 E.I. Number 84-3171965  
Firm's Name (or yours if self employed) GLOBAL TAXES LLC Daytime Telephone No. (678) 965-9522 ZIP Code 08816  
Address 245 ROONEY CT E BRUNSWICK NJ



SCHEDULE  
**ATP**

ALABAMA DEPARTMENT OF REVENUE  
INCOME TAX ADMINISTRATION DIVISION  
**Additional Taxes & Penalties**

**2023**

NAME(S) AS SHOWN ON THE TAX RETURN

SOCIAL SECURITY NUMBER

LAKSHMI SAI PRANEETH KODURU

347-91-8408

**PART I** Additional Taxes

1	Consumer Use Tax (see instructions). If you certify that no use tax is due, check box <input checked="" type="checkbox"/>	1	●	0
2	Catastrophe savings tax (see instructions)	2	●	
3	Total Additional Taxes. Add line 1 and line 2. Enter here and also on Form 40, page 1, line 19	3	●	0

**PART II** Penalties

1	Estimated Tax Penalty (see instructions). Farmers and Fishermen that meets IRC §6654, check box <input type="checkbox"/>	1	●	
2	First-time Second chance Home Buyer Savings Account penalty (from Schedule HBC, Part IV, Line 4)	2	●	
3	Total penalties. Add line 1 and line 2. Enter here and also on Form 40, page 1, line 31	3	●	



Alabama Department of Revenue  
**Wages, Salaries, Tips, etc.**

*Schedule W-2 must be completed fully and included with your return in order to receive proper credit for your Alabama income tax withheld. Attach a copy of all withholding statements to your return.*

NAME(S) AS SHOWN ON TAX RETURN

LAKSHMI SAI PRANEETH KODURU

PRIMARY'S SOCIAL SECURITY NO. SPOUSE'S SOCIAL SECURITY NO.

347-91-8408

A	B	C	D	E	F	G	H	I	J	
Employee's Social Security Number	Employer's Identification Number (EIN)	Statutory Employee	Schedule C/C-EZ Filed?	State Code	Alabama Employer's State ID Number	Alabama State Income Tax Withheld	Federal Wages (Box 1 of Form W-2)	Alabama State Wages (Box 16 of Form W-2)	Additional Taxable Wages - Other States	
1 • 347-91-8408	• 232573585	• <input type="checkbox"/>	• <input type="checkbox"/>	• AL	• 349002	• 232	• 7,299	• 7,299	•	
2 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
3 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
4 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
5 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
6 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
7 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
8 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
9 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
10 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
11 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
12 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
13 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
14 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
15 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
16	TOTAL ALABAMA TAX WITHHELD FROM W-2s. Total lines 1-15, Column G and enter the amount here . . .					• 232				
17	ALABAMA TAX WITHHELD FROM 1099s AND W-2Gs. Enter the total Alabama Income Tax Withheld from all Form 1099s and Form W-2Gs received. See instructions on where to report the income from these statements. . . . .					• 0				
18	TOTAL WAGES AND TOTAL ALABAMA TAX WITHHELD FROM W-2s, 1099s, AND W-2Gs. See instructions. . . . .					• 232	• 7,299	• 7,299	•	

**THIS SCHEDULE CAN ONLY BE SUBMITTED AND/OR PRINTED VIA LANDSCAPE**

For the year January 1 – December 31, 2023

Your first name and initial LAKSHMI SAI PRANEETH Last name KODURU

Home address (number and street). If a P.O. Box, see instructions. 420 E MAGNOLIA AVE, APT CASTLE Apt. no. D301 City, town or post office, state, and ZIP code AUBURN UNIVERSITY AL 36830

Your social security number 3 4 7 9 1 8 4 0 8 Spouse's soc. sec. no. if joint return Telephone number (optional) (334) 748-6385

Table with 2 columns: Line number and Amount. Line 1: Alabama taxable income 2,799; Line 2: Total tax liability 100; Line 3: Total payments 232; Line 4: Refund 132; Line 5: Amount you owe.

Part II Refund and Payment Information. Includes routing number (065400137), account number (887009667), type of account (Checking), and type of transaction (Direct Deposit).

Part III Declaration of Taxpayer. Under penalties of perjury, I declare that I have compared the information contained on my return with the information I have provided to my electronic return originator...

Sign Here

Your signature Date Spouse's signature. If a joint return, BOTH must sign. Date

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer. I declare that I have reviewed the above taxpayer's Alabama individual income tax return and that the entries on this form are complete and correctly represented based on all information of which I have any knowledge...

ERO's Use Only. Includes fields for ERO's signature, Date (02/11/2024), Check if also paid preparer, Preparer's PTIN, Firm's name (GLOBAL TAXES LLC), and address (245 ROONEY CT E BRUNSWICK NJ).

Paid Preparer's Use Only. 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. Includes fields for Preparer's signature, Date (02/11/2024), Check if self-employed, Preparer's PTIN (P02082703), Firm's name (SYAM PRIYA RAM SAGAR GUPTA TALLAM), and address (245 ROONEY CT E BRUNSWICK NJ).

DO NOT MAIL TO ALABAMA DEPT. OF REVENUE

