

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 MRUDULA Last name SUNDRU Your social security number 296 95 7352

If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 363 ODYSSEY LANE Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. MILPITAS State CA ZIP code 95035 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status Single Married filing jointly (even if only one had income) 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 (or a financial interest in a digital asset)? (See instructions.) 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

Income section table with rows 1a through 1z and columns for amounts and taxable amounts

Table with rows 2a through 6a and columns for taxable interest, ordinary dividends, and taxable amounts

Table with rows 7 through 15 and columns for capital gain, total income, adjusted gross income, standard deduction, and taxable income

| | | | | |
|------------------------|--|--|-----------|--------|
| 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 | 8,843. |
| | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 8,843. |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 | 19 | |
| | 20 | Amount from Schedule 3, line 8 | 20 | 930. |
| | 21 | Add lines 19 and 20 | 21 | 930. |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 7,913. |
| | 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 | 7,913. | |

| | | | | |
|-----------------|---|---|------------|---------|
| Payments | 25 | Federal income tax withheld from: | | |
| | a | Form(s) W-2 | 25a | 12,512. |
| | b | Form(s) 1099 | 25b | |
| | c | Other forms (see instructions) | 25c | |
| | d | Add lines 25a through 25c | 25d | 12,512. |
| | 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 | 12,512. | |

| | | | | |
|---------------|--|---|------------|--------|
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 4,599. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 4,599. |
| | b | Routing number 3 2 2 2 7 1 6 2 7 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d | Account number 3 8 5 6 1 7 1 0 2 | | |
| 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 BUSINESS ANALYST | 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 | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. (631) 741-9949 | Email address SUNDRUMRUDULA@GMAIL.COM | | |

Paid Preparer Use Only

| | | | | |
|---|--|--------------------|-------------------|---|
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA | Date 03/16/2024 | PTIN P02082703 | 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 | | | | |

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

MRUDULA SUNDRU

Your social security number

296-95-7352

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 | -14,717. |
| 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 ABLÉ 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 | -14,717. |

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 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2023
Attachment
Sequence No. **03**

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

Your social security number
296-95-7352

Part I Nonrefundable Credits

| | | | |
|-----------|---|-----------|------|
| 1 | Foreign tax credit. Attach Form 1116 if required | 1 | |
| 2 | Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 | 2 | |
| 3 | Education credits from Form 8863, line 19 | 3 | 930. |
| 4 | Retirement savings contributions credit. Attach Form 8880 | 4 | |
| 5a | Residential clean energy credit from Form 5695, line 15 | 5a | |
| b | Energy efficient home improvement credit from Form 5695, line 32 | 5b | |
| 6 | Other nonrefundable credits: | | |
| a | General business credit. Attach Form 3800 | 6a | |
| b | Credit for prior year minimum tax. Attach Form 8801 | 6b | |
| c | Adoption credit. Attach Form 8839 | 6c | |
| d | Credit for the elderly or disabled. Attach Schedule R | 6d | |
| e | Reserved for future use | 6e | |
| f | Clean vehicle credit. Attach Form 8936 | 6f | |
| g | Mortgage interest credit. Attach Form 8396 | 6g | |
| h | District of Columbia first-time homebuyer credit. Attach Form 8859 | 6h | |
| i | Qualified electric vehicle credit. Attach Form 8834 | 6i | |
| j | Alternative fuel vehicle refueling property credit. Attach Form 8911 | 6j | |
| k | Credit to holders of tax credit bonds. Attach Form 8912 | 6k | |
| l | Amount on Form 8978, line 14. See instructions | 6l | |
| m | Credit for previously owned clean vehicles. Attach Form 8936 | 6m | |
| z | Other nonrefundable credits. List type and amount: _____ _____ | 6z | |
| 7 | Total other nonrefundable credits. Add lines 6a through 6z | 7 | |
| 8 | Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 | 8 | 930. |

(continued on page 2)

Part II Other Payments and Refundable Credits

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

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Supplemental Income and Loss

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

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

OMB No. 1545-0074

2023
Attachment
Sequence No. **13**

Name(s) shown on return

MRUDULA SUNDRU

Your social security number

296-95-7352

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 156, LAKSHMI VIHAR COLONY SERI LINGAMPALLE HYDERABAD, TELANGANA IN 500019

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 | |
| 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 | 3 601. | | |
| 4 Royalties received | 4 | | |
| Expenses: | | | |
| 5 Advertising | 5 | | |
| 6 Auto and travel (see instructions) | 6 | | |
| 7 Cleaning and maintenance | 7 1,754. | | |
| 8 Commissions | 8 | | |
| 9 Insurance | 9 | | |
| 10 Legal and other professional fees | 10 | | |
| 11 Management fees | 11 2,514. | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | |
| 13 Other interest | 13 | | |
| 14 Repairs | 14 2,869. | | |
| 15 Supplies | 15 2,310. | | |
| 16 Taxes | 16 | | |
| 17 Utilities | 17 2,510. | | |
| 18 Depreciation expense or depletion | 18 3,361. | | |
| 19 Other (list) _____ | 19 | | |
| 20 Total expenses. Add lines 5 through 19 | 20 15,318. | | |
| 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 -14,717. | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 (14,717.) | | |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a 601. | | |
| 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 3,361. | | |
| e Total of all amounts reported on line 20 for all properties | 23e 15,318. | | |
| 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 (14,717.) | | |
| 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 -14,717. | | |

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-14,717.

Schedule E (Form 1040) 2023

Education Credits
(American Opportunity and Lifetime Learning Credits)

Department of the Treasury
Internal Revenue Service

Attach to Form 1040 or 1040-SR.
Go to www.irs.gov/Form8863 for instructions and the latest information.

2023
Attachment
Sequence No. **50**

Name(s) shown on return

Your social security number

MRUDULA SUNDRU

296 | 95 | 7352



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part I Refundable American Opportunity Credit

| | | | |
|----------|---|----------|--|
| 1 | After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . . | 1 | |
| 2 | Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse | 2 | |
| 3 | Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead | 3 | |
| 4 | Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit | 4 | |
| 5 | Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse | 5 | |
| 6 | If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) | 6 | |
| 7 | Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/> | 7 | |
| 8 | Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below. | 8 | |

Part II Nonrefundable Education Credits

| | | | |
|-----------|---|-----------|---------|
| 9 | Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) | 9 | |
| 10 | After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 | 10 | 4,650. |
| 11 | Enter the smaller of line 10 or \$10,000 | 11 | 4,650. |
| 12 | Multiply line 11 by 20% (0.20) | 12 | 930. |
| 13 | Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse | 13 | 90,000. |
| 14 | Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead | 14 | 75,365. |
| 15 | Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19 | 15 | 14,635. |
| 16 | Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse | 16 | 10,000. |
| 17 | If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) | 17 | 1.000 |
| 18 | Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) | 18 | 930. |
| 19 | Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3 | 19 | 930. |

| | |
|---|--|
| Name(s) shown on return MRUDULA SUNDRU | Your social security number 296 95 7352 |
|---|--|



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information. See instructions.

| | | | |
|---|--|--|--|
| <p>20 Student name (as shown on page 1 of your tax return) MRUDULA SUNDRU</p> | <p>21 Student social security number (as shown on page 1 of your tax return) 296-95-7352</p> | | |
| <p>22 Educational institution information (see instructions)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <p>a. Name of first educational institution Campbellsville University Inc.</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 1 University Drive CAMPBELLSVILLE KY 42718</p> <p>(2) Did the student receive Form 1098-T from this institution for 2023? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2022 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. 61-0469267</p> </td> <td style="width:50%; vertical-align: top;"> <p>b. Name of second educational institution (if any)</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p>(2) Did the student receive Form 1098-T from this institution for 2023? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2022 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p> </td> </tr> </table> | | <p>a. Name of first educational institution Campbellsville University Inc.</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 1 University Drive CAMPBELLSVILLE KY 42718</p> <p>(2) Did the student receive Form 1098-T from this institution for 2023? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2022 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. 61-0469267</p> | <p>b. Name of second educational institution (if any)</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p>(2) Did the student receive Form 1098-T from this institution for 2023? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2022 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p> |
| <p>a. Name of first educational institution Campbellsville University Inc.</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 1 University Drive CAMPBELLSVILLE KY 42718</p> <p>(2) Did the student receive Form 1098-T from this institution for 2023? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2022 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. 61-0469267</p> | <p>b. Name of second educational institution (if any)</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p>(2) Did the student receive Form 1098-T from this institution for 2023? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2022 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p> | | |
| <p>23 Has the American opportunity credit been claimed for this student for any 4 prior tax years? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.</p> | | | |
| <p>24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2023 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. <input checked="" type="checkbox"/> Yes — Go to line 25. <input type="checkbox"/> No — Stop! Go to line 31 for this student.</p> | | | |
| <p>25 Did the student complete the first 4 years of postsecondary education before 2023? See instructions. <input checked="" type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input type="checkbox"/> No — Go to line 26.</p> | | | |
| <p>26 Was the student convicted, before the end of 2023, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input type="checkbox"/> No — Complete lines 27 through 30 for this student.</p> | | | |



You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

American Opportunity Credit

| | |
|--|-----------|
| 27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000 | 27 |
| 28 Subtract \$2,000 from line 27. If zero or less, enter -0- | 28 |
| 29 Multiply line 28 by 25% (0.25) | 29 |
| 30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1 | 30 |

Lifetime Learning Credit

| | |
|---|-----------|
| 31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10 | 31 |
| | 4,650. |



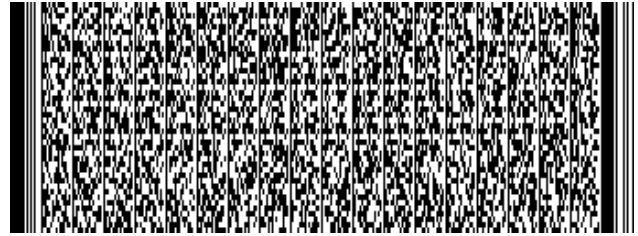
Illinois Department of Revenue
2023 Form IL-1040
 Individual Income Tax Return

or for fiscal year ending ___/___/___

Step 1: Personal Information Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.

A

296-95-7352 1995
 MRUDULA SUNDRU



363 ODYSSEY LANE
 MILPITAS CA 95035
 SUNDRUMRUDULA@GMAIL.COM

B Filing status: Single Married filing jointly Married filing separately Widowed Head of household

C Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You Spouse

D Check the box if this applies to you during 2023: Nonresident - **Attach** Sch. NR Part-year resident - **Attach** Sch. NR

Step 2: Income

(Whole dollars only)

| | |
|---|--------------------|
| 1 Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. | 1 75,365.00 |
| 2 Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. | 2 .00 |
| 3 Other additions. Attach Schedule M. | 3 .00 |
| 4 Total income. Add Lines 1 through 3. | 4 75,365.00 |

Step 3: Base Income

| | |
|--|--------------------|
| 5 Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. | 5 .00 |
| 6 Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1. | 6 .00 |
| 7 Other subtractions. Attach Schedule M. | 7 .00 |
| 8 Add Lines 5, 6, and 7. This is the total of your subtractions. | 8 .00 |
| 9 Illinois base income. Subtract Line 8 from Line 4. | 9 75,365.00 |

Step 4: Exemptions - See instructions for income limitations

| | |
|--|--------------------|
| 10 a Enter the exemption amount for yourself and your spouse. See instructions. | a 2,425.00 |
| b Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 = | b .00 |
| c Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 = | c .00 |
| d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC. | d 0.00 |
| Exemption allowance. Add Lines 10a through 10d. | 10 2,425.00 |

Step 5: Net Income and Tax

| | |
|---|---------------------|
| 11 Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR. | 11 87,657.00 |
| 12 Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. | 12 4,339.00 |
| 13 Recapture of investment tax credits. Attach Schedule 4255. | 13 .00 |
| 14 Income tax. Add Lines 12 and 13. Cannot be less than zero. | 14 4,339.00 |

Step 6: Tax After Nonrefundable Credits

| | |
|---|--------------------|
| 15 Income tax paid to another state while an Illinois resident. Attach Schedule CR. | 15 .00 |
| 16 Property tax, K-12 education expense, and volunteer emergency worker credit amount from Schedule ICR. Attach Schedule ICR. | 16 .00 |
| 17 Credit amount from Schedule 1299-C. Attach Schedule 1299-C. | 17 .00 |
| 18 Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. | 18 0.00 |
| 19 Tax after nonrefundable credits. Subtract Line 18 from Line 14. | 19 4,339.00 |

Step 7: Other Taxes

| | |
|--|--------------------|
| 20 Household employment tax. See instructions. | 20 .00 |
| 21 Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank. | 21 0.00 |
| 22 Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges. | 22 .00 |
| 23 Total Tax. Add Lines 19, 20, 21, and 22. | 23 4,339.00 |

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V





24 Total tax from Page 1, Line 23. 24 4,339.00

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 4,459.00
26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 .00
27 Pass-through withholding. Attach Schedule K-1-P or K-1-T. 27 .00
28 Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T. 28 .00
29 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 9. Attach Schedule IL-E/EIC. 29 .00
30 Total payments and refundable credit. Add Lines 25 through 29. 30 4,459.00

Step 9: Total

31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 120.00
32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 .00

Step 10: Underpayment of Estimated Tax Penalty and Donations

33 Late-payment penalty for underpayment of estimated tax. 33 .00
a Check if at least two-thirds of your federal gross income is from farming.
b Check if you or your spouse are 65 or older and permanently living in a nursing home.
c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210.
d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.
34 Voluntary charitable donations. Attach Schedule G. 34 .00
35 Total penalty and donations. Add Lines 33 and 34. 35 .00

Step 11: Refund or Amount you owe

36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment. 36 120.00
37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 37 120.00
38 I choose to receive my refund by
a direct deposit - Complete the information below if you check this box.

You may also contribute to college savings funds here. See instructions!
Routing number 3 2 2 2 7 1 6 2 7 X Checking or Savings
Account number 3 8 5 6 1 7 1 0 2

b paper check.
39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions. 39 .00
40 If you have an amount on Line 32, add Lines 32 and 35. If you have an amount on Line 31, and this amount is less than Line 35, subtract Line 31 from Line 35. If Lines 31 and 32 are blank (zero), enter the amount from Line 35. This is the amount you owe. See instructions. 40 .00

Step 12: Health Insurance Checkbox and Signature

41 Check this box and include your email address in Step 1 if IDOR may share your income information with other Illinois state agencies in order to determine your eligibility for health insurance benefits. See instructions for more information.

Signature - Note: If this is a joint return, both you and your spouse must sign below. Under penalties of perjury, I state that I have examined this return, and to the best of my knowledge, it is true, correct, and complete.

Table with 6 columns: Sign Here, Your signature, Date (mm/dd/yyyy), Spouse's signature, Date (mm/dd/yyyy), Daytime phone number. Includes fields for Paid Preparer Use Only (Print/Type paid preparer's name, Signature, Date, Check if self-employed, PTIN) and Third Party Designee (Designee's name, phone number, Check if Department may discuss).

Refer to the 2023 IL-1040 Instructions for the address to mail your return.



Illinois Department of Revenue
2023 Schedule NR
 Attach to your Form IL-1040

**Nonresident and Part-Year Resident
 Computation of Illinois Tax**

IL Attachment No. 2

MRUDULA SUNDRU
 Your name as shown on your Form IL-1040

2 9 6 - 9 5 - 7 3 5 2
 Your Social Security number

Step 1: Provide the following information

- Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?
 Yes No If you answered "Yes," you cannot use this form (see instructions).
- If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2023.
a I lived in **Illinois** from ___ / ___ / **23** to ___ / ___ / **23** I lived in _____ from ___ / ___ / **23** to ___ / ___ / **23**
 Month Day Year Month Day Year State Month Day Year Month Day Year
b My spouse lived in **Illinois** from ___ / ___ / **23** to ___ / ___ / **23**, and _____ from ___ / ___ / **23** to ___ / ___ / **23**
 Month Day Year Month Day Year State Month Day Year Month Day Year
- If you were a resident of any of the states listed below during the tax year, if you were in Illinois only to accompany your spouse who was in the military, or if you elected to use your service member spouse's state of residence for tax purposes, check the appropriate box.
 Iowa Kentucky Michigan Wisconsin Military Spouse
- List any state other than Illinois or any states already indicated on Line 2 or 3 above, that you claimed residency for tax purposes in 2023. Enter the two-letter abbreviation of that state.

Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. **Attach Schedule NR to your Form IL-1040.**

Step 3: Figure the Illinois portion of your federal adjusted gross income

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

| | Column A Federal Total | Column B Illinois Portion |
|---|---------------------------|------------------------------|
| 5 Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z) | 5 90,082.00 | 90,082.00 |
| 6 Taxable interest (federal Form 1040 or 1040-SR, Line 2b) | 6 .00 | .00 |
| 7 Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b) | 7 .00 | .00 |
| 8 Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1) | 8 .00 | .00 |
| 9 Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a) | 9 .00 | .00 |
| 10 Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3) | 10 .00 | .00 |
| 11 Capital gain or loss (federal Form 1040 or 1040-SR, Line 7) | 11 .00 | .00 |
| 12 Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4) | 12 .00 | .00 |
| 13 Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b) | 13 .00 | .00 |
| 14 Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b) | 14 .00 | .00 |
| 15 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040 or 1040-SR, Schedule 1, Line 5) | 15 -14,717.00 | 0.00 |
| 16 Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6) | 16 .00 | .00 |
| 17 Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7) | 17 .00 | .00 |
| 18 Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b) | 18 .00 | .00 |
| 19 Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9) Include winnings from the Illinois State Lottery as Illinois income in Column B. | 19 .00 | .00 |
| 20 Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income. | 20 | 90,082.00 |

Continue with Step 3 on Page 2 →



Step 3: Continued - Adjustments to Income

| | Column A Federal Total | Column B Illinois Portion |
|--|---------------------------|------------------------------|
| 21 Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20. | 21 | 90,082.00 |
| 22 Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11) | 22 .00 | .00 |
| 23 Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12) | 23 .00 | .00 |
| 24 Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13) | 24 .00 | .00 |
| 25 Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14) | 25 .00 | .00 |
| 26 Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15) | 26 .00 | .00 |
| 27 Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 16) | 27 .00 | .00 |
| 28 Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17) | 28 .00 | .00 |
| 29 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18) | 29 .00 | .00 |
| 30 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a) | 30 .00 | .00 |
| 31 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20) | 31 .00 | .00 |
| 32 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21) | 32 .00 | .00 |
| 33 RESERVED | 33 | |
| 34 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23) | 34 .00 | .00 |
| 35 Other adjustments (see instructions) | 35 .00 | .00 |
| 36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income. | 36 | .00 |
| 37 Enter your adjusted gross income as reported on your Form IL-1040, Line 1. | 37 75,365.00 | |
| 38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income. | 38 | 90,082.00 |

Step 4: Figure your Illinois additions and subtractions

In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

| | Column A Form IL-1040 Total | Column B Illinois Portion |
|---|--------------------------------|------------------------------|
| 39 Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) | 39 .00 | .00 |
| 40 Other additions (Form IL-1040, Line 3) | 40 .00 | .00 |
| 41 Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. | 41 | 90,082.00 |
| 42 Federally taxed Social Security and retirement income (Form IL-1040, Line 5) | 42 .00 | .00 |
| 43 Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) | 43 .00 | .00 |
| 44 Other subtractions (Form IL-1040, Line 7) | 44 .00 | .00 |
| 45 Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. | 45 | .00 |

Step 5: Figure your Illinois income and tax

| | | |
|--|--------------|-----------|
| 46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. | 46 | 90,082.00 |
| 47 Enter the base income from Form IL-1040, Line 9. | 47 75,365.00 | |
| 48 Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. | 48 1.000 | |
| 49 Enter your exemption allowance from your Form IL-1040, Line 10. | 49 2,425.00 | |
| 50 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. | 50 | 2,425.00 |
| 51 Subtract Line 50 from Line 46. This is your Illinois net income . Enter the amount here and on your Form IL-1040, Line 11. → | 51 | 87,657.00 |
| 52 Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than zero. Enter the amount here and on your Form IL-1040, Line 12. This is your tax . → | 52 | 4,339.00 |



Illinois Department of Revenue

2023 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. IL Attachment No. 31

Use the reference for Column A shown in the chart below.

| Form Type | Letter Code for Column A | Form Type | Letter Code for Column A |
|-----------|--------------------------|-----------|--------------------------|
| W-2 | W | 1099-DIV | D |
| W-2G | WG | 1099-INT | I |
| 1099-R | R | 1042-S | S |
| 1099-G | G | 1099-B | B |
| 1099-MISC | M | 1099-K | K |
| 1099-OID | O | 1099-NEC | N |

Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

MRUDULA SUNDRU

Your name as shown on Form IL-1040

2 9 6 - 9 5 - 7 3 5 2
Your Social Security number

| Column A Form type | Column B Employer/Payer Identification Number | Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc. | Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc. | Column E Illinois Income Tax Withheld |
|-----------------------|---|---|--|---|
| 1 W | 46-4030721 000 | \$ 90,082.00 | \$ 90,082.00 | \$ 4,459.00 |
| 2 | | \$.00 | \$.00 | \$.00 |
| 3 | | \$.00 | \$.00 | \$.00 |
| 4 | | \$.00 | \$.00 | \$.00 |
| 5 | | \$.00 | \$.00 | \$.00 |

Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

Your spouse's name as shown on Form IL-1040

Your spouse's Social Security number

| Column A Form type | Column B Employer/Payer Identification Number | Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc. | Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc. | Column E Illinois Income Tax Withheld |
|-----------------------|---|---|--|---|
| 6 | | \$.00 | \$.00 | \$.00 |
| 7 | | \$.00 | \$.00 | \$.00 |
| 8 | | \$.00 | \$.00 | \$.00 |
| 9 | | \$.00 | \$.00 | \$.00 |
| 10 | | \$.00 | \$.00 | \$.00 |

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld.

Enter this amount here and on Form IL-1040, Line 25.

11 \$ 4,459.00

➔ Attach all Schedules IL-WIT to your IL-1040. ➔



2023 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail) Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

MRUDULA SUNDRU 296-95-7352
First name and middle initial Spouse's first name (and last name if different) Last name Social Security number
363 ODYSSEY LANE Mailing address
MILPITAS CA 95035 (631) 741-9949
City State ZIP Daytime phone number

Step 2: Complete information from tax return

Choose one: [X] IL-1040 [] IL-1040-X

1 Net income from Form IL-1040 or IL-1040-X, Line 11 1 87,657 | 00
2 Tax from Form IL-1040 or IL-1040-X, Line 14 2 4,339 | 00
3 Illinois Income Tax withheld from Form IL-1040 or IL-1040-X, Line 25 only (enter "0" if none) 3 4,459 | 00
4 Overpayment from Form IL-1040, Line 36 or IL-1040-X, Line 35 4 120 | 00
5 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 5 | 00
6 Filing status: [X] Single [] Married filing jointly [] Married filing separately [] Widowed [] Head of household

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check.

7 Routing no. (RN): 3 2 2 2 7 1 6 2 7
8 Account no. (AN): 3 8 5 6 1 7 1 0 2
9 Type of account: [X] Checking [] Savings
10 Date the payment is to be electronically withdrawn: / /
11 Electronic funds withdrawal amount: | 00
12 Name on account:

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- [X] I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
[] I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2023 Illinois Original or Amended Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
[] I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 or IL-1040-X and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign here Your signature Date Spouse's signature (if joint return, both must sign) Date

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic Form IL-1040 or IL-1040-X, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

ERO's signature Date 03/16/2024 Check if paid preparer: [X] (See instructions.)
GLOBAL TAXES LLC Firm's name or your name if self-employed
245 ROONEY CT Mailing address
E BRUNSWICK NJ 08816
City State ZIP
P 0 2 0 8 2 7 0 3 Your PTIN
8 4 - 3 1 7 1 9 6 5 Federal employer identification number (FEIN)
(678) 965-9522 Daytime phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

Do not mail Form IL-8453 and these documents unless requested for review.



Form CT-1040 Required Fields

The following fields are required to be automatically populated or completed for taxpayers to continue filing, or must be completed in response to the selection of other fields.

Required to be Automatically-Populated Fields

Each page of each form submitted to DRS must include the following automatically populated fields:

1. **Document Identification Numbers** - Three occurrences of the Document Identification Number (DIN) must be on each page. The QR Code and two DINs must be on each scannable page. (See Document Identification Number and Quick Reference (QR) Code, on Page 4.)
2. **Social Security Number** - The Social Security Number must appear at the top of Form CT-1040, Pages 2, 3, and 4.
3. In addition, the following **Checklist for filing your Connecticut income tax return** must be included when hard copies of the form are printed. Taxpayers should not send the checklist to DRS with the return.

Do not send this sheet with your return.

Checklist for filing your Connecticut income tax return:

1. Be sure that Page 1 of your return is not printed on the back of this sheet.
2. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
3. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
4. **Do not attach or send copies of forms W-2 or 1099.**
5. Verify that the address lines on the return are correct and proper abbreviations are used.
6. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 18a through 18e, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
7. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
8. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return.
9. Send **all** completed pages of CT-1040, Schedule CT-EITC, Schedule CT-CHET, Supplemental Schedule CT-1040WH, Schedule CT-IT Credit, Schedule CT-PE, Schedule CT-Dependent, and Form CT-6251. Send **all** four pages of your completed return, both pages of your completed CT-EITC schedule, the completed Schedule CT-CHET, and any other supporting schedules.
10. Make check payable to: Commissioner of Revenue Services
11. To ensure proper posting, write your SSN(s) (optional) and "2022 Form CT-1040" on your check.
12. To mail your return, use the following addresses:
 - For all tax returns with payment:
 - Department of Revenue Services
 - PO Box 2977
 - Hartford CT 06104-2977
 - For refunds and tax returns without payment:
 - Department of Revenue Services
 - PO Box 2976
 - Hartford CT 06104-2976
13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 25a through 25d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited. Alpha characters are not allowed in Routing or Account Number fields.
15. When making payment using Form CT-1040V, **DO NOT** attach copies of your previously filed Form CT-1040.

Do not send this sheet with your return.

10401223V011555



Form CT-1040 - 2023
Connecticut Resident Income Tax Return
(Rev. 12/23)

Page 1 of 4

Other tax year, beginning: and ending:

Y S N FJ N MFS N HOH N QSS
296 - 95 - 7352 - -

MRUDULA SUNDRU N Dec.

N Dec.

363 ODYSSEY LN N CT-8379 N CT-2210 N CT-19IT

USA N CT-1040 CRC N Federal Form 1310 N Schedule CT-Dependent

MILPITAS CA 95035 - •

| | | |
|---|-----|-------|
| 1. Federal adjusted gross income (from federal Form 1040, Line 11, or federal Form 1040-SR, Line 11) | 1. | 75365 |
| 2. Additions to federal adjusted gross income (from Schedule 1, Line 38) | 2. | 0 |
| 3. Add Line 1 and Line 2 | 3. | 75365 |
| 4. Subtractions from federal adjusted gross income (from Schedule 1, Line 50) | 4. | 0 |
| 5. Connecticut adjusted gross income: Line 4 subtracted from Line 3. | 5. | 75365 |
| 6. Income tax | 6. | 3776 |
| 7. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 59) | 7. | 3776 |
| 8. Line 7 subtracted from Line 6. If Line 7 is greater than Line 6, "0" is entered. | 8. | 0 |
| 9. Connecticut alternative minimum tax (from Form CT-6251) | 9. | 0 |
| 10. Add Line 8 and Line 9. | 10. | 0 |
| 11. Credit for property taxes paid on your primary residence, motor vehicle, or both (from Schedule 3, Line 68) | 11. | 0 |
| 12. Line 11 subtracted from Line 10. If less than zero, "0" is entered. | 12. | 0 |
| 13. Total allowable credits (from Schedule CT-IT Credit, Part 1, Line 11) | 13. | 0 |
| 14. Connecticut income tax: Line 13 subtracted from Line 12. If less than zero, "0" is entered. | 14. | 0 |
| 15. Individual use tax (from Schedule 4, Line 69). If no tax is due, "0" is entered. | 15. | 0 |
| 16. Total tax: Add Line 14 and Line 15. | 16. | 0 |

Clip check here. Do not use staples. Do not send Forms W-2 or 1099, or Schedules CT K-1.



10401223V011555

Form CT-1040, Page 2 of 4

10401223V021555



• 296957352

17. Amount from Line 16

17. 0

Forms W-2, W-2G, and 1099 Information

| Col. A - Employer or Payer's Fed. ID # | Col. B - CT Wages, Tips, etc. | Col. C - CT Income Tax Withheld |
|--|-------------------------------|---------------------------------|
| 18a. - | • 0 | 0 |
| 18b. - | • 0 | 0 |
| 18c. - | • 0 | 0 |
| 18d. - | • 0 | 0 |
| 18e. - | • 0 | 0 |

18f. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) 18f. 0

| | | |
|--|------|---|
| 18. Total Connecticut income tax withheld: Amounts in Column C. | 18. | 0 |
| 19. All 2023 estimated tax payments and any overpayments applied from a prior year | 19. | 0 |
| 20. Payments made with Form CT-1040 EXT | 20. | 0 |
| 20a. Earned income tax credit (from Schedule CT-EITC, Line 16). | 20a. | 0 |
| 20b. Claim of right credit (from Form CT-1040 CRC, Line 6). | 20b. | 0 |
| 20c. Pass-through entity tax credit: (from Schedule CT-PE, Line 1). Schedule must be attached. | 20c. | 0 |
| 21. Total payments and refundable credits: Add Lines 18, 19, 20, 20a, 20b and 20c. | 21. | 0 |
| 22. Overpayment: If Line 21 is more than Line 17, Line 17 subtracted from Line 21. | 22. | 0 |

| | | |
|---|------------|---|
| 23. Amount of Line 22 you want applied to your 2024 estimated tax | 23. | 0 |
| 24. Amount of Line 22 you want applied as a CHET contribution (from Schedule CT-CHET, Line 4) | 24. | 0 |
| 24a. Total contributions of refund to designated charities (from Schedule 5, Line 70) | 24a. | 0 |

25. **Refund:** Lines 23, 24, and 24a subtracted from Line 22. **25.** 0
If you have not elected to direct deposit, a refund check will be issued and processing may be delayed.

25a. Acct. type N Ck. N Sv. 25b. Rout. # 25c. Acct. #

| | | |
|---|------------|------|
| 25d. Refund going to a bank account outside the U.S. 25d. <input type="checkbox"/> N | | |
| 26. Tax due: If Line 17 is more than Line 21, Line 21 subtracted from Line 17. | 26. | 0 |
| 27. If late: Penalty entered. Line 26 multiplied by 10% (.10). | 27. | 0 |
| 28. If late: Interest entered. Line 26 multiplied by number of months or fraction of a month late, then by 1% (.01). | 28. | 0 |
| 29. Interest on underpayment of estimated tax (from Form CT-2210) | 29. | 0 |
| 30. Total amount due: Add Lines 26 through 29. | 30. | 0.00 |

Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

| | | |
|--|------------------|--|
| Your signature • | Date • | Home/cell telephone number 6317419949 |
| Spouse's signature (if joint return) • | Date • | Daytime telephone number • |
| Paid preparer's signature • SYAM PRIYA RAM SAGAR GUPT | Date • 031624 | Telephone number • 6789659522 |
| Paid preparer's name SYAM PRIYA RAM SAGAR GUPTA | | Paid Preparer's PTIN P02082703 |
| Firm's name, address and ZIP code • 245 ROONEY CT E BRUNSWI NJ 08816 - | | FEIN Self-employed N |

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

| | | |
|----------------------|-----------------------|---|
| Designee's name • | Telephone number • | Personal identification number (PIN) • |
|----------------------|-----------------------|---|

10401223V021555

Sign Here
Keep a copy for your records.

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Schedule 1 - Modifications to Federal Adjusted Gross Income

| | | |
|---|------|---|
| 31. Interest on state and local government obligations other than Connecticut | 31. | 0 |
| 32. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations | 32. | 0 |
| 33. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income | 33. | 0 |
| 34. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero. | 34. | 0 |
| 35. Loss on sale of Connecticut state and local government bonds | 35. | 0 |
| 36. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year. | 36. | 0 |
| 36a. 80% of Section 179 federal deduction. | 36a. | 0 |
| 37. Other - specify • | 37. | 0 |
| 38. Total additions: Add Lines 31 through 37. | 38. | 0 |
| 39. Interest on U.S. government obligations | 39. | 0 |
| 40. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations | 40. | 0 |
| 41. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet) | 41. | 0 |
| 42. Refunds of state and local income taxes | 42. | 0 |
| 43. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities | 43. | 0 |
| 44. Military retirement pay | 44. | 0 |
| 45. 50% of income received from Connecticut Teachers' Retirement System | 45. | 0 |
| 46. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero. | 46. | 0 |
| 47. Gain on sale of Connecticut state and local government bonds | 47. | 0 |
| 48. CHET contributions made in 2023 or an excess carried forward from a prior year Acct. #: | 48. | 0 |
| 48a. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding four years. | 48a. | 0 |
| 48b. 100% of pension or annuity income. | 48b. | 0 |
| 48c. Ordinary and necessary business expenses for taxpayers licensed under Chapter 420f or 420h that are not claimed for federal income tax purposes. | 48c. | 0 |
| 49. Other - specify • | 49. | 0 |
| 50. Total subtractions: Add Lines 39 through 49. | 50. | 0 |

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

| | | |
|--|-----|---------------|
| 51. Modified Connecticut adjusted gross income | 51. | 75365 |
| | | Col. A |
| 52. Qualifying jurisdiction's name and two-letter code | 52. | ILLINOIS |
| | | IL |
| 53. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return (from Schedule 2 worksheet) | 53. | 90082 |
| 54. Line 53 divided by Line 51 | 54. | 1.0000 |
| 55. Income tax liability: Line 11 subtracted from Line 6. | 55. | 3776 |
| 56. Line 54 multiplied by Line 55 | 56. | 3776 |
| 57. Income tax paid to a qualifying jurisdiction | 57. | 4339 |
| 58. Lesser of Line 56 or Line 57 | 58. | 3776 |
| 59. Total credit: Add Line 58, all columns. | 59. | 3776 |

10401223V031555

10401223V041555



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Schedule 3 - Property Tax Credit

| <i>Qualifying Property</i> | <i>Primary Residence</i> | <i>Auto 1</i> | <i>Auto 2</i> |
|--|--------------------------|---------------|---------------|
| Name of Connecticut Tax Town or District • | • | • | • |
| Description of Property • | • | • | • |
| Date(s) Paid • | • | • | • |
| Amount Paid 60. | 0 | 61. | 0 |
| 63. Total property tax paid: Add Lines 60, 61, and 62. | | | 63. 0 |
| 64. Maximum property tax credit allowed | | | 64. • |
| 65. Lesser of Line 63 or Line 64. | | | 65. • 0 |
| 66. Property tax credit limitation decimal amount: If zero, the amount from Line 65 is entered on Line 68. | | | 66. • 0.00 |
| 67. Line 65 multiplied by Line 66. | | | 67. • 0 |
| 68. Line 67 subtracted from Line 65. | | | 68. 0 |

Schedule 4 - Individual Use Tax

| | | |
|--|-------|---|
| 69a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7) | 69a. | 0 |
| 69b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7) | 69b. | 0 |
| 69c. Use tax at 7.75% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7) | 69c. | 0 |
| 69d. Use tax at 2.99% (from Connecticut Individual Use Tax Worksheet, Section D, Column 7) | 69d. | 0 |
| 69. Individual use tax: Add Lines 69a, 69b, 69c, and 69d. | 69. • | 0 |

Schedule 5 - Contributions to Designated Charities

| | | |
|--|------|---|
| 70a. AR | 70a. | 0 |
| 70b. OT | 70b. | 0 |
| 70c. ES/W | 70c. | 0 |
| 70d. BCR | 70d. | 0 |
| 70e. SNS | 70e. | 0 |
| 70f. MR | 70f. | 0 |
| 70g. CBS | 70g. | 0 |
| 70h. MHCIA | 70h. | 0 |
| 70. Total Contributions: Add Lines 70a through 70h. | 70. | 0 |
| Taxpayer email | | |

10401223V041555

Connecticut
**Summary of Credit for Income Taxes Paid
to Qualifying Jurisdictions**

2022

▶ Keep for your records

| | |
|--|---------------------------------------|
| Name as Shown on Return MRUDULA SUNDRU | Social Security Number 296-95-7352 |
| Qualifying jurisdiction's name | Illinois |
| Qualifying jurisdiction's two-letter code | IL |
| A Non-Connecticut income included in modified Connecticut adjusted gross income and reported on qualifying jurisdiction's income tax return (from Schedule 2 worksheet) ▶ | 90,082. |
| B Divide line A by modified Connecticut adjusted gross income (may not exceed 1.0000) ▶ | 1.0000 |
| C Income tax liability from Form CT-1040 or Form CT-1040NR/PY ▶ | 3,776. |
| D Multiply line B by line C ▶ | 3,776. |
| E Income tax paid to other jurisdiction ▶ | 4,339. |
| F Enter the smaller of line D or line E ▶ | 3,776. |
| Qualifying jurisdiction's name | |
| Qualifying jurisdiction's two-letter code | |
| A Non-Connecticut income included in modified Connecticut adjusted gross income and reported on qualifying jurisdiction's income tax return (from Schedule 2 worksheet) ▶ | |
| B Divide line A by modified Connecticut adjusted gross income (may not exceed 1.0000) ▶ | |
| C Income tax liability from Form CT-1040 or Form CT-1040NR/PY ▶ | |
| D Multiply line B by line C ▶ | |
| E Income tax paid to other jurisdiction ▶ | |
| F Enter the smaller of line D or line E ▶ | |
| Qualifying jurisdiction's name | |
| Qualifying jurisdiction's two-letter code | |
| A Non-Connecticut income included in modified Connecticut adjusted gross income and reported on qualifying jurisdiction's income tax return (from Schedule 2 worksheet) ▶ | |
| B Divide line A by modified Connecticut adjusted gross income (may not exceed 1.0000) ▶ | |
| C Income tax liability from Form CT-1040 or Form CT-1040NR/PY ▶ | |
| D Multiply line B by line C ▶ | |
| E Income tax paid to other jurisdiction ▶ | |
| F Enter the smaller of line D or line E ▶ | |