

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

Taxpayer's name CHAITANYA KODALI	Social security number 165-55-3722
Spouse's name	Spouse's social security number

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

Enter whole dollars only on lines 1 through 5.

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

1 Adjusted gross income	1	112,959.
2 Total tax	2	17,169.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	18,409.
4 Amount you want refunded to you	4	1,240.
5 Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

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

5	3	7	2	2
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 as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

2	2	2	4	9	6	0	8	2	7	1
---	---	---	---	---	---	---	---	---	---	---

 Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

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

Your first name and middle initial CHAITANYA Last name KODALI Your social security number 165 55 3722

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. 5601 CASTLE CT Apt. no. #206 Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. RACINE WI ZIP code 53406 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 [X] Single [] Head of household (HOH) [] Married filing jointly (even if only one had income) [] Married filing separately (MFS) [] Qualifying surviving spouse (QSS)
Check only one box.
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

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 [X] No

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

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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes header 'Dependents (see instructions):' and a note 'If more than four dependents, see instructions and check here.' with a checkbox.

Income table with columns 1a-1z and 1a-1z. Rows include: 1a Total amount from Form(s) W-2, box 1 (see instructions) 120,050.; 1b Household employee wages not reported on Form(s) W-2; 1c Tip income not reported on line 1a (see instructions); 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions); 1e Taxable dependent care benefits from Form 2441, line 26; 1f Employer-provided adoption benefits from Form 8839, line 29; 1g Wages from Form 8919, line 6; 1h Other earned income (see instructions) 0.; 1i Nontaxable combat pay election (see instructions) 1i; 1z Add lines 1a through 1h 120,050.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. Rows include: 2a Tax-exempt interest 2a; 3a Qualified dividends 3a 38.; 4a IRA distributions 4a; 5a Pensions and annuities 5a; 6a Social security benefits 6a; 2b Taxable interest 2b; 3b Ordinary dividends 3b 45.; 4b Taxable amount 4b; 5b Taxable amount 5b; 6b Taxable amount 6b.

Table with columns 7-15. Rows include: 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here [] 7 142.; 8 Additional income from Schedule 1, line 10 [] 8 -7,278.; 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 112,959.; 10 Adjustments to income from Schedule 1, line 26 10; 11 Subtract line 10 from line 9. This is your adjusted gross income 11 112,959.; 12 Standard deduction or itemized deductions (from Schedule A) 12 13,850.; 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 1.; 14 Add lines 12 and 13 14 13,851.; 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 15 99,108.

Attach Sch. B if required.

Standard Deduction for—
• Single or Married filing separately, \$13,850
• Married filing jointly or Qualifying surviving spouse, \$27,700
• Head of household, \$20,800
• If you checked any box under Standard Deduction, see instructions.

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	17,169.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	17,169.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	17,169.
	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	17,169.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	18,409.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	18,409.
	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	18,409.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,240.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,240.
Direct deposit? See instructions.	b	Routing number 065400137 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 986126800		
	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 QUALITY ENGINEER	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.	Email address SAI.CHAITANYA341@GMAIL.COM		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/20/2024	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 84-3171965

**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
CHAITANYA KODALI

Your social security number
165-55-3722

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	-9,473.
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		
	Other Income from box 3 of 1099-Misc 2,195.			2,195.
9	Total other income. Add lines 8a through 8z		9	2,195.
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	-7,278.

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 D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to www.irs.gov/ScheduleD for instructions and the latest information.

Attachment
Sequence No. **12**

Name(s) shown on return

CHAITANYA KODALI

Your social security number

165-55-3722

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	89,612.	89,687.	10.	-65.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked	187,000.	175,000.	-11,997.	3.
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 -62.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	2,022.	2,109.	0.	-87.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	291.	0.		291.
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15 204.

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	142.
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
17	Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	()
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) shown on return

Social security number or taxpayer identification number

CHAITANYA KODALI

165-55-3722

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Main Home Sale: 625 OLD HICKORY RD	02/24/23	08/11/23	187,000.	175,000.	E	-11,997.	3.
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).			187,000.	175,000.		-11,997.	3.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side
 CHAITANYA KODALI

Social security number or taxpayer identification number
 165-55-3722

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	FUNDRISE REAL ESTATE INTERVAL FUND, LLC	01/01/22	06/30/23	291.	0.			291.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) . . .				291.	0.			291.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

CHAITANYA KODALI

165-55-3722

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 15-21-149/3/1, BALAJINAGAR HYDERABAD TELANGANA IN 500072

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

Income:	Properties:		
	A	B	C
3 Rents received	3 590.		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7 1,236.		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11 1,485.		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14 2,541.		
15 Supplies	15 2,719.		
16 Taxes	16		
17 Utilities	17 2,082.		
18 Depreciation expense or depletion	18		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 10,063.		
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 -9,473.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (9,473.)		
23a Total of all amounts reported on line 3 for all rental properties	23a 590.		
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c		
d Total of all amounts reported on line 18 for all properties	23d		
e Total of all amounts reported on line 20 for all properties	23e 10,063.		
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 (9,473.)		
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 -9,473.		

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form8889 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
 CHAITANYA KODALI

Social security number of HSA beneficiary.
 If both spouses have HSAs, see instructions.
 165-55-3722

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	<input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2 0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter	3 3,850.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4 0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5 3,850.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6 3,850.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions	7 0.
8	Add lines 6 and 7	8 3,850.
9	Employer contributions made to your HSAs for 2023	9 250.
10	Qualified HSA funding distributions	10
11	Add lines 9 and 10	11 250.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12 3,600.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13 0.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b
c	Subtract line 14b from line 14a	14c
15	Qualified medical expenses paid using HSA distributions (see instructions)	15
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/>	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18
19	Qualified HSA funding distribution	19
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	20
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21

Qualified Business Income Deduction Simplified Computation

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Attachment
Sequence No. **55**

Go to www.irs.gov/Form8995 for instructions and the latest information.

Name(s) shown on return

CHAITANYA KODALI

Your taxpayer identification number

165-55-3722

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.
Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i			
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	
3	Qualified business net (loss) carryforward from the prior year	3	()
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	6.
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	6.
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10
11	Taxable income before qualified business income deduction (see instructions)	11	99,109.
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	180.
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	98,929.
14	Income limitation. Multiply line 13 by 20% (0.20)		14
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)		15
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17

Passive Activity Loss Limitations

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

Name(s) shown on return: **CHAITANYA KODALI** Identifying number: **165-55-3722**

Part I 2023 Passive Activity Loss
Caution: Complete Parts IV and V before completing Part I.

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

1a Activities with net income (enter the amount from Part IV, column (a))	1a	0 .		
b Activities with net loss (enter the amount from Part IV, column (b))	1b	(9,473 .)		
c Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	()		
d Combine lines 1a, 1b, and 1c	1d			-9,473 .

All Other Passive Activities

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

3 Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3			-9,473 .
--	----------	--	--	----------

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

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

Part II Special Allowance for Rental Real Estate Activities With Active Participation
Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4 Enter the smaller of the loss on line 1d or the loss on line 3	4		9,473 .
5 Enter \$150,000. If married filing separately, see instructions	5	150,000 .	
6 Enter modified adjusted gross income, but not less than zero. See instructions Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.	6	122,432 .	
7 Subtract line 6 from line 5	7	27,568 .	
8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8		13,784 .
9 Enter the smaller of line 4 or line 8. If line 3 includes any CRD, see instructions	9		9,473 .

Part III Total Losses Allowed

10 Add the income, if any, on lines 1a and 2a and enter the total	10		0 .
11 Total losses allowed from all passive activities for 2023. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11		9,473 .

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
15-21-149/3/1, BALAJINAGAR	0 .	9,473 .			9,473 .
Total. Enter on Part I, lines 1a, 1b, and 1c	0 .	9,473 .			

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

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

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

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
15-21-149/3/1, BALAJINAGAR	E Ln 22	9,473.	1.00000000	9,473.	0.
Total		9,473.	1.00	9,473.	0.

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total			1.00	

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Total				

Nonresident & part-year resident Wisconsin income tax

For the year Jan. 1-Dec. 31, 2023, or other tax year beginning _____, 2023 ending _____, 20__.

Check here if this is an amended return [] Complete form using BLACK INK

NOTE

DO NOT STAPLE

PAPER CLIP withholding statements here

Your legal last name: KODALI, Legal first name: CHAITANYA, M.I., Your social security number: 165553722

Home address: 5601 CASTLE CT, Apt. no. #206, City: RACINE, State: WI, Zip code: 53406

Filing status: [X] Single

Resident status: [X] Part-year resident of Wisconsin from 07 01 2023 to 12 31 2023



Table with 4 columns: Income, NO COMMAS NO CENTS, A. Federal column, B. Wisconsin column. Rows include Wages, salaries, tips, etc. (120050.00), Taxable interest (.00), Ordinary dividends (45.00), etc.



PAPER CLIP check or money order here

L-0601

Adjustments to Income		A. Federal column	B. Wisconsin column
17	Educator expenses	.00	.00
18	Certain business expenses of reservists, performing artists, and fee-basis government officials	.00	.00
19	Health savings account deduction	.00	.00
20	Moving expenses for members of the armed forces	.00	.00
21	Deductible part of self-employment tax	.00	.00
22	Self-employed SEP, SIMPLE, and qualified plans	.00	.00
23	Self-employed health insurance deduction	.00	.00
24	Penalty on early withdrawal of savings	.00	.00
25	Alimony paid	.00	.00
26	IRA deduction	.00	.00
27	Student loan interest deduction	.00	.00
28	Other adjustments (see page 26). Include Schedule M if line 28b has an amount	.00	.00
29	Total adjustments to income. Add lines 17 through 28	.00	.00
Adjusted Gross Income			
30	Wisconsin income. Subtract line 29, column B from line 16, column B		77256.00
31	Federal income. Subtract line 29, column A from line 16, column A	110764.00	
32	Divide line 30 by line 31. Carry the decimal to four places. If amount on line 30 is more than amount on line 31, fill in 1.0000. (See page 27)		.6975

Tax Computation			
33	Fill in the larger of Wisconsin income from line 30, column B or federal income from line 31, column A. But , if Wisconsin income from line 30 is zero or less, fill in 0 (zero)	33	110764.00
34a	If you (or your spouse) can be claimed as a dependent on anyone else's return, check here and see the "Exception" in the instructions for line 34c on page 28	34a	<input type="checkbox"/>
34b	Aliens (see page 28 to determine if you must check line 34b)	34b	<input type="checkbox"/>
34c	Find the standard deduction for amount on line 31 using table on page 48	34c	1678.00
35	Subtract line 34c from line 33. If line 34c is more than line 33, fill in 0 (zero)	35	109086.00
36	Exemptions (Caution: see page 28)		
a	Fill in exemptions allowed <u>1</u> x \$700	36a	700.00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <u> </u> x \$250	36b	.00
c	Add lines 36a and 36b	36c	700.00
37	Subtract line 36c from line 35. If line 36c is more than line 35, fill in 0 (zero)	37	108386.00
38	Tax (see table on page 51)	38	5371.00
39	Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR)	39	146.00
40	Additional child and dependent care tax credit		
	Federal credit from Form 2441 <u> </u> x 50% =	40	.00
41	School property tax credits (part-year and full-year residents only)		
a	Rent paid in 2023—heat included <u>.00</u>	} Find credit from table page 32	41a .00
	Rent paid in 2023—heat not included <u>.00</u>		
b	Property taxes paid on home in 2023 <u>.00</u>	} Find credit from table page 33	41b .00
42	Add credits on lines 39, 40, 41a, and 41b	42	146.00
43	Subtract line 42 from line 38. If line 42 is more than line 38, fill in 0 (zero)	43	5225.00
44	Fill in ratio from line 32	44	.6975
45	Multiply line 43 by ratio on line 44	45	3644.00

Name(s) shown on Form 1NPR CHAITANYA KODALI		Your social security number 165553722
46	Fill in amount from line 45	46 <u>3644.00</u>
47	Working families tax credit. (Full-year Wisconsin residents only)	47 <u>.00</u>
48	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR)	48 <u>.00</u>
49	Nonrefundable credits from Schedule CR, line 34. Include Schedule CR	49 <u>.00</u>
50	Net income tax paid to another state. Include Schedule OS	50 <u>.00</u>
51	Add lines 47 through 50	51 <u>.00</u>
52	Subtract line 51 from line 46. If line 51 is more than line 46, fill in 0 (zero). This is your net tax	52 <u>3644.00</u>
53	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 36) If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/>	53 <u>.00</u>
54	Donations (decreases refund or increases amount owed)	
a	Endangered resources <u>.00</u>	e Military family relief <u>.00</u>
b	Cancer research <u>.00</u>	f Second Harvest/Feeding Amer. <u>.00</u>
c	Veterans trust fund <u>.00</u>	g Red Cross WI Disaster Relief <u>.00</u>
d	Multiple sclerosis <u>.00</u>	h Special Olympics Wisconsin <u>.00</u>
	Total (add lines a through h) →	54i <u>.00</u>
55	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 37) <u>.00</u> x .33 =	55 <u>.00</u>
56	Other penalties (see page 38)	56 <u>.00</u>
57	Add lines 52 through 56	57 <u>3644.00</u>

Payments and Credits

58	Wisconsin income tax withheld. Include readable withholding statements	58 <u>4184.00</u>
59	2023 Wisconsin estimated tax paid and amount applied from 2022 return	59 <u>.00</u>
60	Earned income credit. (Full-year Wisconsin residents only) Number of qualifying children <input type="checkbox"/> Federal credit <u>.00</u> x <input type="checkbox"/> % =	60 <u>.00</u>
61	Farmland preservation credit. a. Schedule FC, line 17	61a <u>.00</u>
	b. Schedule FC-A, line 13	61b <u>.00</u>
62	Repayment credit	62 <u>.00</u>
63	Homestead credit. (Full-year Wisconsin residents only)	63 <u>.00</u>
64	Eligible veterans and surviving spouses property tax credit	64 <u>.00</u>
65	Refundable credits from Schedule CR, line 40	65 <u>.00</u>
66	AMENDED RETURN ONLY – amount previously paid (see page 44)	66 <u>.00</u>
67	Add lines 58 through 66	67 <u>4184.00</u>
68	AMENDED RETURN ONLY – amount previously refunded (see page 44)	68 <u>.00</u>
69	Subtract line 68 from line 67	69 <u>4184.00</u>

Refund or Amount You Owe

70	If line 69 is more than line 57, subtract line 57 from line 69. This is the AMOUNT OVERPAID	70 <u>540.00</u>
71	Amount of line 70 you want REFUNDED TO YOU	71 <u>540.00</u>
72	Amount of line 70 to be APPLIED TO YOUR 2024 ESTIMATED TAX	72 <u>0.00</u>



Paper clip a copy of your federal income tax return and schedules to this return.

73	If line 69 is less than line 57, subtract line 69 from line 57 . . . This is the AMOUNT UNDERPAID	73	<u> </u>	.00
74	Underpayment interest. Fill in exception code – see Sch. U → <u> </u>	74	<u> </u>	.00
75	Add lines 73 and 74. This is the AMOUNT YOU OWE	75	<u> </u>	.00
76	Interest (see page 47)	76	<u> </u>	.00

Third Party Designee Do you want to allow another person to discuss this return with the department (see page 47)? **Yes** Complete the following. **No**

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

--	--	--	--	--

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Your signature _____ Date _____ Wisconsin Identity Protection PIN (7 characters) _____

Sign here ▶

Spouse's signature (if filing jointly, BOTH must sign) _____ Date _____ Wisconsin Identity Protection PIN (7 characters) _____

Sign here ▶

Caution: Only enter a Wisconsin Identity Protection PIN if you received one from the department (see page 47).

Mail your return to: Wisconsin Department of Revenue
 (if tax is due) PO Box 268 Madison WI 53790-0001
 (if refund or no tax due) PO Box 59 Madison WI 53785-0001

Schedule 1 – Wisconsin Itemized Deduction Credit (see line 39 instructions)

1	Medical and dental expenses from federal Schedule A (Form 1040). See instructions for exceptions	1	<u> </u>	.00
2	Interest paid from federal Schedule A (Form 1040). See instructions for exceptions	2	<u> </u>	4590.00
3	Gifts to charity from federal Schedule A (Form 1040). See instructions for exceptions	3	<u> </u>	.00
4	Casualty losses from federal Schedule A (Form 1040)	4	<u> </u>	.00
5	Add lines 1 through 4	5	<u> </u>	4590.00
6	Wisconsin standard deduction from Form 1NPR, line 34c	6	<u> </u>	1678.00
7	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0 (zero)	7	<u> </u>	2912.00
8	Rate of credit is .05 (5%)	8	<u> </u>	x .05
9	Multiply line 7 by line 8. Fill in here and on line 39 of Form 1NPR	9	<u> </u>	146.00

Schedule 2 – Married Couple Credit May be claimed only when both spouses have earned income taxable by Wisconsin.

	(A) YOURSELF	(B) YOUR SPOUSE
1	<u> </u>	<u> </u>
2	<u> </u>	<u> </u>
3	<u> </u>	<u> </u>
4	<u> </u>	<u> </u>
5	<u> </u>	<u> </u>
6	<u> </u>	<u> </u>
7	<u> </u>	<u> </u>
8	<u> </u>	<u> </u>

Legal Residence (Domicile) Questionnaire

Your answers to these questions will be used to determine your legal residence. Certain types of income are either taxable or nontaxable to Wisconsin based upon whether you were a legal resident of Wisconsin at the time you received such income. Form 1NPR may be returned to you or its processing delayed if the questionnaire is not completed. If the questionnaire does not fit your situation or you want to submit additional information, include an additional sheet describing your particular circumstances.

NAME(S) CHAITANYA KODALISOCIAL SECURITY NUMBER 165553722

Please one: (If married filing joint return check one box for each spouse.)

You Spouse

- Full-year Wisconsin resident; did not change domicile from Wisconsin during 2023.
- Changed legal residence from Wisconsin during 2023; have not moved back to Wisconsin.
- Changed legal residence from Wisconsin during or before 2023; have moved back to Wisconsin.
- Changed legal residence to Wisconsin from _____ (state or country) on _____ (date) during 2023; no previous Wisconsin residency. If you check this box, do not complete the rest of the questionnaire.
- Was a nonresident of Wisconsin for all of 2023. Resident of _____ (Nonresident alien; please indicate country)

If you changed your legal residence from Wisconsin during 2022 or 2023 and you did not previously complete a questionnaire for that change, answer the following questions.

1. a. On what date did you move from Wisconsin? _____
b. When you moved from Wisconsin, did you intend to move back to Wisconsin? _____ If yes, when? _____
c. If you moved back to Wisconsin, indicate date and explain the circumstances under which you moved back to Wisconsin. _____
2. Did you establish a legal residence in another state? _____ If yes, in which state and on what date? _____
3. After establishing legal residency in the new state, list the dates you were in Wisconsin. _____
4. When were you physically present in your new state of legal residence (please list dates)? _____
5. Did your spouse and dependent children (if any) move to your new state of legal residence? _____ If yes, when? _____
6. a. On what date did you begin working in your new state of legal residence? _____
b. Was your job permanent, temporary, or seasonal? Check one and explain _____
7. In your new state of legal residence, referred to in question 2, did you:
 - a. Register to vote? _____ If yes, when? _____ If no, why not? _____
 - b. Purchase a home? _____ If yes, when? _____ If no, why not? _____
 - c. Obtain a driver's license? _____ If yes, when? _____ If no, why not? _____
 - d. Register an auto or other vehicle? _____ If yes, when? _____ If no, why not? _____
 - e. File resident income tax returns? _____ If yes, what years filed? _____ If no, why not? _____
8. Since changing your legal residence from Wisconsin, have you:
 - a. Performed services for income in Wisconsin? _____ If yes, when? _____
 - b. Purchased/renewed Wisconsin auto license plates? _____ If yes, when? _____
 - c. Renewed a Wisconsin driver's license? _____ If yes, when? _____
 - d. Voted in Wisconsin, in person or by absentee ballot? _____ If yes, when? _____
 - e. Attended or sent your children to Wisconsin schools? _____ If yes, when? _____
 - f. Purchased a Wisconsin resident hunting, fishing, or trapping license? _____ If yes, when? _____
Type of license? _____ County purchased in? _____
 - g. Listed Wisconsin as your state of legal residence for purposes of your auto insurance? _____
 - h. Listed Wisconsin as your state of legal residence for purposes of your will? _____
 - i. Listed Wisconsin as your state of legal residence for purposes of any legal proceedings? _____ If yes, when? _____
 - j. Obtained or renewed any Wisconsin trade or professional licenses or union memberships? _____ If yes, when? _____
9. If you answered "yes" to any of the questions 8a through 8j, please explain why you have taken such action. _____
10. Did you or your spouse own the real estate you occupied as your home while living in Wisconsin? _____ If yes, have you disposed of it? _____ If yes, when? _____ If you still own the Wisconsin home, what use do you make of it and how often? _____
11. If you established a legal residence in a new state but are using a Wisconsin address on your 2023 tax returns, please explain. _____

Schedule **WD**

Wisconsin
Department of Revenue

Capital Gains and Losses

◆ Include with Wisconsin Form 1 or 1NPR ◆

2023

Name(s) shown on Form 1 or Form 1NPR

CHAITANYA KODALI

Your social security number

165-55-3722

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

Note: Round all amounts (use a minus sign (-) for negative amounts)	(d) Proceeds (sales price)	(e) Cost or other basis	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or loss Subtract column (e) from column (d) and combine the result with column (g)
1a Amount from line 1a of Schedule D	.00	.00		.00
1b Amount from line 1b of Schedule D	89612.00	89687.00	10.00	-65.00
2 Amount from line 2 of Schedule D	.00	.00	.00	.00
3 Amount from line 3 of Schedule D	187000.00	175000.00	-11997.00	3.00
4 Short-term gain from Form 6252 and short-term gain or loss from Forms 4684, 6781, and 8824			4	.00
5 Net short-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	.00
6 Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)			6	.00
7 Short-term capital loss carryover from 2022 Wisconsin Schedule WD, line 34. Enter amount as a negative number			7	.00
8 Net short-term capital gain or loss. Combine lines 1a through 7 in column (h)			8	-62.00

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

Note: Round all amounts (use a minus sign (-) for negative amounts)	(d) Proceeds (sales price)	(e) Cost or other basis	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or loss Subtract column (e) from column (d) and combine the result with column (g)
9a Amount from line 8a of Schedule D	.00	.00		.00
9b Amount from line 8b of Schedule D	2022.00	2109.00	0.00	-87.00
10 Amount from line 9 of Schedule D	291.00	0.00	.00	291.00
11 Amount from line 10 of Schedule D	.00	.00	.00	.00
12 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or loss from Forms 4684, 6781, and 8824			12	.00
13 Net long-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			13	.00
14 Capital gain distributions			14	.00
15 Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)			15	.00
15a Adjustment from Wisconsin Schedule QI. Enter amount as a negative number			15a	.00
16 Long-term capital loss carryover from 2022 Wisconsin Schedule WD, line 39. Enter amount as a negative number			16	.00
17 Net long-term capital gain or loss. Combine lines 9a through 16 in column (h)			17	204.00

Go on to Part III →



Name CHAITANYA KODALI	Social Security Number 165-55-3722
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Part III Summary of Parts I and II (see instructions) - use a minus sign (-) for negative amounts.

18 Combine lines 8 and 17, and fill in the net gain or loss here (if line 18 is a loss, go to line 28)	18	<u>142.00</u>
19 Fill in the smaller of line 17 or 18, or -0- if a loss or no entry on line 17	19	<u>142.00</u>
20 Fill in 30% of line 19	20	<u>43.00</u>
21 Fill in the amount of long-term capital gain from the sale of farm assets listed on Form 8949 and taxable to Wisconsin plus gain from the sale of farm assets that is included on line 12 or 13 of Schedule WD. If zero, skip lines 22 through 25 and fill in the amount from line 20 on line 26	21	<u>.00</u>
22 Gain included in line 17. Do not include any losses in this amount	22	<u>.00</u>
23 Divide line 21 by line 22. Carry the decimal to 4 places	23	<u>_____</u>
24 Multiply line 19 by the decimal amount on line 23	24	<u>.00</u>
25 Fill in 30% of line 24	25	<u>.00</u>
26 Add lines 20 and 25	26	<u>43.00</u>
27 Subtract line 26 from line 18	27	<u>99.00</u>
28 If line 18 shows a loss, fill in the smaller of:	(a) The loss on line 18,	
	(b) \$3,000/\$1,500 (see instructions), or	
	(c) Wisconsin ordinary income (see instructions)	<u>.00</u>

Note: When figuring whether a, b, or c is smaller, treat all numbers as if they are positive.

Part IV Computation of Wisconsin Adjustment to Income

29 Adjustment (see instructions for Part IV and Schedule I adjustments)		
a Fill in gain from line 7 of federal Form 1040 or 1040-SR, or gain from line 1e of Schedule I, if filed (if a loss, fill in -0-)	29a	<u>142.00</u>
b Fill in gain from Part III, line 27, (if blank, fill in -0-)	29b	<u>.00</u>
c If line 29b is more than 29a, subtract line 29a from line 29b. See instructions on where to enter this amount	29c	<u>.00</u>
d If line 29b is less than 29a, subtract line 29b from line 29a. See instructions on where to enter this amount	29d	<u>.00</u>
e Fill in loss from line 7 of federal Form 1040 or 1040-SR, as a positive amount or the loss from line 2c of Schedule I, if filed (if a gain, fill in -0-)	29e	<u>0.00</u>
f Fill in loss from Part III, line 28 as a positive amount	29f	<u>.00</u>
g If line 29f is more than 29e, subtract line 29e from line 29f. See instructions for where to enter this amount	29g	<u>.00</u>
h If line 29f is less than 29e, subtract line 29f from line 29e. See instructions for where to enter this amount	29h	<u>.00</u>

Part V Computation of Capital Loss Carryovers from 2023 to 2024 (Complete this part if the loss on line 18 is more than the loss on line 28.)

30 Fill in loss shown on line 8 as a positive amount. If none, fill in -0- and skip lines 31 through 34	30	<u>.00</u>
31 Fill in gain shown on line 17. If that line is blank or shows a loss, fill in -0-	31	<u>.00</u>
32 Subtract line 31 from line 30	32	<u>.00</u>
33 Fill in the smaller of line 28 or line 32, treating both as positive amounts	33	<u>.00</u>
34 Subtract line 33 from line 32. This is your short-term capital loss carryover from 2023 to 2024	34	<u>.00</u>
35 Fill in loss from line 17 as a positive amount. If none, fill in -0- and skip lines 36 through 39	35	<u>.00</u>
36 Fill in gain shown on line 8. If that line is blank or shows a loss, fill in -0-	36	<u>.00</u>
37 Subtract line 36 from line 35	37	<u>.00</u>
38 Subtract line 33 from line 28, treating both as positive amounts. (Note: If you skipped lines 31 through 34, fill in amount from line 28 as a positive amount.)	38	<u>.00</u>
39 Subtract line 38 from line 37. This is your long-term capital loss carryover from 2023 to 2024	39	<u>.00</u>



MS8453-IIT

**Mississippi
Individual Income Tax Declaration
For Electronic Filing
2023**

Submission Number

Taxpayer First Name CHAITANYA		Initial	Last Name KODALI		YOU MUST ENTER SSN
Spouse First Name		Initial	Last Name		
Mailing Address (Number and Street, Including Rural Route) 5601 CASTLE CT Apt. #206					
City RACINE	State WI	Zip 53406	County Code 90		
					Taxpayer SSN 165553722
					Spouse SSN

PART I: TAX RETURN INFORMATION (ROUND TO THE NEAREST DOLLAR)

1 Mississippi taxable income (Form 80-105, line 16; 80-205, line 19)	1	38912
2 Total Mississippi tax (Form 80-105, line 23; 80-205, line 25)	2	1446
3 Mississippi tax payments (Form 80-105, line 28; 80-205, line 30)	3	1813
4 Refund (Form 80-105, line 34; 80-205, line 35)	4	367
5 Amount you owe (Form 80-105, line 37; 80-205, line 38)	5	

PART II: DIRECT DEPOSIT/DIRECT DEBIT

1 Routing number	065400137	3 Type of account:	Checking	<input checked="" type="checkbox"/>	Savings
2 Account number	986126800				
4 Routing number		6 Type of account:	Checking		Savings
5 Account number					

My request for direct deposit/direct debit of my refund/payment includes my authorization for the Mississippi Department of Revenue to furnish my financial institution with my routing number, account number, account type, and social security number to insure my refund/payment is properly processed.

PART III: DECLARATION OF TAXPAYER

Under penalties of perjury, I declare that I have compared the information contained on my income tax return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my Mississippi income tax return. To the best of my knowledge and belief, my return is true, correct and complete. This declaration is to be maintained by the electronic return originator and provided to Mississippi Department of Revenue on request.

Taxpayer Signature _____ Date _____ Spouse Signature _____ Date _____

PART IV: DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

Under penalties of perjury, I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correctly represented to the best of my knowledge. I have obtained the taxpayer's signature and will maintain this return for the Mississippi Department of Revenue as part of my permanent records. Upon written request, I will furnish this return to the Mississippi Department of Revenue. I have provided the taxpayer with a copy of all forms and information to be filed electronically with the Mississippi Department of Revenue and have followed all other requirements described in the Mississippi Handbook for Electronic Filers and any additional requirements specified by the Mississippi Department of Revenue. If I am the paid 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 is based on all information of which preparer has any knowledge.

ERO Use Only	ERO Signature	Date	Check if Also Paid Preparer	Check if Self-Employed	ERO SSN or PTIN
		02202024			
	Firm Name (or yours if self-employed), address and ZIP code			EIN	
	GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816			843171965	
				Phone No.	(678)965-9522

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer Use Only	Preparer Signature	Date	Check if Also Paid Preparer	Check if Self-Employed	Preparer SSN or PTIN
	SYAM PRIYA RAM SAGAR GUPTA	02202024	<input checked="" type="checkbox"/>		P02082703
	Firm Name (or yours if self-employed), address and ZIP code			EIN	
	GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816			843171965	
				Phone No.	(678)965-9522



Mississippi Non-Resident / Part-Year Resident Individual Income Tax Return 2023

Amended

Non-Resident Part-Year, Tax Year Beginning 01012023 and Ending 07012023

Taxpayer First Name CHAITANYA	Initial	Last Name KODALI	
Spouse First Name	Initial	Last Name	
Mailing Address (Number and Street, Including Rural Route) 5601 CASTLE CT Apt. #206			
City RACINE	State WI	Zip 53406	County Code 90

SSN **165553722**
Spouse SSN

- 1 Married - Combined or Joint Return (\$12,000)
- 2 Married - Spouse Died in Tax Year (\$12,000)
- 3 Married - Filing Separate Returns (\$12,000)
- 4 Head of Family (\$8,000)
- 5 Single (\$6,000)

EXEMPTIONS

Dependents (in column B, enter "C" for child, "P" for parent or "R" for relative)

6 (A) Name	(B)	(C) Dependent SSN

8 Taxpayer Age 65 or Over Spouse Age 65 or Over
Taxpayer Blind Spouse Blind

9 Total dependents line 7 plus number of boxes checked line 8
10 Line 9 x \$1,500 10
11 Enter filing status exemption 11 6000
12 Total (line 10 plus line 11) 12 6000

7 Total number of dependents (from line 6 and Form 80-491)

PRORATION (COMPLETE PAGE 2 BEFORE PROCEEDING FURTHER)

13a Mississippi adjusted gross income 42938 b Adjusted gross income from all sources 112959 c Line 13a divided by line 13b 38.012	14a Standard or itemized deductions 4590 b Mississippi deductions (line 14a multiplied by line 13c) 1745	15a Exemptions (from line 12; if married filing separate, use 1/2 amount) 6000 b Mississippi exemption (line 15a multiplied by line 13c) 2281
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MISSISSIPPI INCOME TAX

	Column A (Taxpayer)	Column B (Spouse)
16 Mississippi adjusted gross income (from page 2, line 67 or line 68)	16A 42938	16B
17 Deductions (from line 14b; if itemized, attach Form 80-108)	17A 1745	17B
18 Exemptions (from line 15b)	18A 2281	18B
19 Mississippi taxable income (line 16 minus line 17 and line 18)	19A 38912	19B
20 Income tax due (from Schedule of Tax Computation, see instructions)		20 1446
21 Other credits (from Form 80-401, line 1)		21 0
22 Net income tax due (line 20 minus line 21)		22 1446
23 Consumer use tax (see instructions)		23
24 Catastrophe savings tax (see instructions)		24
25 Total Mississippi income tax due (line 22 plus line 23 and line 24)		25 1446
26 Mississippi income tax withheld (complete Form 80-107)		26 1813
27 Estimated tax payments, extension payments and/or amount paid on original return		27
28 Credit for tax paid on an electing Pass-Through Entity Tax Return (from Form 80-161, line 3D)		28
29 Refund received and/or amount carried forward from original return (amended return only)		29
30 Total payments (line 26 plus line 27 and line 28 minus line 29)		30 1813
31 Overpayment (if line 30 is more than line 25, subtract line 25 from line 30; if zero, skip to line 36)		31 367
32 Interest and penalty (from Form 80-320, line 11 and/or line 12)		32
33 Adjusted overpayment (line 31 minus line 32)		33 367
34 Overpayment to be applied to next year estimated tax account Farmers or Fishermen (see instructions)		34 0
35 Overpayment refund (line 33 minus line 34) REFUND		35 367
<input checked="" type="checkbox"/> Direct Deposit Request (check box and go to page 3)		
36 Balance due (if line 25 is more than line 30, subtract line 30 from line 25)	BALANCE DUE	36
37 Interest and penalty (from Form 80-320, line 19)		37
38 Total due (line 36 plus line 37)	AMOUNT YOU OWE	38

Installment Agreement Request
(see instructions for eligibility; attach Form 71-661)



Mississippi Non-Resident / Part-Year Resident Individual Income Tax Return 2023

SSN 16553722

INCOME	Total Income From All Sources		Mississippi Income ONLY	
39 Wages, salaries, tips, etc. (complete Form 80-107)	39	120050	39	42893
40 Business income (loss) (attach Federal Schedule C or C-EZ)	40		40	
41 Capital gain (loss) (attach Federal Schedule D, if applicable)	41	142	41	0
42 Rent, royalties, partnerships, S corporations, trusts, etc. (from Form 80-108, part IV)	42	-9473	42	0
43 Farm income (loss) (attach Federal Schedule F)	43		43	
44 Interest income (from Form 80-108, part II, line 3)	44		44	
45 Dividend income (from Form 80-108, part II, line 6)	45	45	45	45
46 Alimony received	46		46	
47 Taxable pensions and annuities (complete Form 80-107)	47		47	
48 Unemployment compensation (complete Form 80-107)	48		48	
49 Other income (loss) (from Form 80-108, part V, line 10)	49	2195	49	0
50 Total income (add lines 39 through 49)	50	112959	50	42938

ADJUSTMENTS	Total Income From All Sources		Mississippi Income ONLY	
51 Payments to IRA	51		51	
52 Payments to self-employed SEP, SIMPLE and qualified retirement plans	52		52	
53 Interest penalty on early withdrawal of savings	53		53	
54 Alimony paid (complete below)	54		54	
Name	SSN	State	Date of Divorce	
55 Moving expense (attach Federal Form 3903)	55		55	
56 National Guard or Reserve pay (enter the lesser of amount or \$15,000)	56		56	
57 Mississippi Prepaid Affordable College Tuition (MPACT)	57		57	
58 Mississippi Affordable College Savings (MACS)	58		58	
59 Self-employed health insurance deduction	59		59	
60 Health savings account deduction	60		60	
61 Catastrophe savings account deduction	61		61	
62 Self-employment tax deduction	62		62	
63 First-time home buyer saving account deduction	63		63	
64 Agricultural disaster program compensation deduction	64		64	
65 Mississippi Achieving a Better Life Experience (ABLE) Act deduction	65		65	
66 Total adjustments (add lines 51 through 65)	66		66	
67 Adjusted gross income (line 50 minus line 66; enter total AGI on page 1, line 13b and Mississippi AGI line 13a)	67	112959	67	42938
68 Split Mississippi AGI on line 67 between taxpayer and spouse	T 68	42938	S 68	

AMENDED RETURN - EXPLANATION OF CHANGES TO ORIGINAL RETURN (attach additional statement if needed)



802052333163

Mississippi Non-Resident / Part-Year Resident Individual Income Tax Return 2023

SSN 165553722

DIRECT DEPOSIT INFORMATION

1 Overpayment refund (from page 1, line 35) 1 367

a Routing Number 1	Account Number 1	<input checked="" type="checkbox"/> Checking	<input type="checkbox"/> Savings	Direct Deposit 1 Amount
065400137	986126800			1a 367
b Routing Number 2	Account Number 2	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	Direct Deposit 2 Amount
				1b

SIGNATURE

This return may be discussed with the preparer Yes No

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

Taxpayer Signature	Date	Taxpayer Phone Number	P02082703 Paid Preparer PTIN
Spouse Signature	Date	6789659522 Paid Preparer Phone Number	syam@gtaxfile.com Paid Preparer Email Address
SYAM PRIYA RAM SAGAR GU Paid Preparer Signature	0220202 Date	245 ROONEY CT Paid Preparer Address	E BRUNSWICK NJ 08816 City State Zip Code

Mail REFUND returns to: Department of Revenue, P.O. Box 23058, Jackson, MS 39225-3058
Mail all other returns to: Department of Revenue, P.O. Box 23050, Jackson, MS 39225-3050

Duplex and Photocopies NOT Acceptable



Mississippi Adjustments And Contributions 2023

Taxpayer Name
KODALI, CHAITANYA

SSN **165553722**

PART I: SCHEDULE A - ITEMIZED DEDUCTIONS (ATTACH FEDERAL FORM 1040 SCHEDULE A)

In the event you filed using the standard deduction on your federal return and wish to itemize for Mississippi purposes, use Federal Form 1040 Schedule A as a worksheet and transfer the information from the specific lines indicated to this Schedule A.

1 Federal adjusted gross income from Federal Form 1040, line 11	1	112959		
2 a Medical and dental expenses	2a			
b Multiply line 1 by 7.5% (.075)	2b			
c Medical and dental expense deduction (line 2a minus line 2b)			2c	
3 a Total taxes paid	3a	5997		
b Less state income taxes (or other taxes in lieu of)	3b	5997		
c Total taxes paid deduction (line 3a minus line 3b)			3c	
4 Total interest paid			4	4590
5 Charitable contributions			5	
6 Total casualty or theft loss (attach Federal Form 4684)			6	
7 a Other miscellaneous deductions	7a			
b Less Mississippi gambling losses	7b			
c Total other miscellaneous deductions (line 7a minus line 7b)			7c	
8 Mississippi itemized deductions (add lines 2c, 3c, 4, 5, 6, 7c); enter here and on Resident Form 80-105, page 1, line 14 or Non-Resident Form 80-205, page 1, line 14a			8	4590

PART II: SCHEDULE B - INTEREST AND DIVIDEND INCOME (FROM FEDERAL FORM 1040, SCHEDULE B)

1 Interest income from all sources	1			0
2 Amount of Mississippi nontaxable interest in line 1	2			
3 Total Mississippi interest (line 1 minus line 2, enter here and on Form 80-105, line 43 or Form 80-205, line 44)	3			0
4 Total dividends from all sources	4			45
5 Amount of Mississippi nontaxable distributions reported in line 4	5			0
6 Total Mississippi dividends (line 4 minus line 5, enter here and on Form 80-105, line 44 or Form 80-205, line 45)	6			45

PART III: VOLUNTARY CONTRIBUTION CHECK-OFFS (RESIDENTS ONLY)

You may elect to voluntarily contribute all or part (at least \$1) of your income tax refund to one or more of the funds listed below. Refer to the instruction booklet 80-100 (may be downloaded from our website at www.dor.ms.gov) for an explanation of the purpose of each of these funds and how the refund donations will be used.

Military Family Relief Fund
Burn Care Fund
Wildlife Heritage Fund
Educational Trust Fund

Wildlife Fisheries and Parks Foundation
Commission for Volunteer Service Fund

Enter total of check-offs here and on Form 80-105, page 1, line 33



Mississippi Adjustments And Contributions 2023

SSN 165553722

PART IV: INCOME (LOSS) FROM RENTS, ROYALTIES, PARTNERSHIPS, S CORPORATIONS, TRUSTS AND ESTATES

A INCOME (LOSS) FROM RENTAL REAL ESTATE AND ROYALTIES

1 Total rental real estate and royalty income (loss) (from Federal Schedule E, Part 1 and Part 5; attach Federal Schedule E)	A1	-9473
2 Add: depletion claimed in excess of cost basis	A2	
3 Rental real estate and royalty income (loss) for Mississippi purposes (line 1 plus line 2)	A3	-9473

B INCOME (LOSS) FROM PARTNERSHIPS, S CORPORATIONS, ESTATES AND TRUSTS

(ATTACH MISSISSIPPI K-1S AS APPLICABLE)

COLUMN A	COLUMN B	COLUMN C
NAME OF ENTITY	FEIN (MUST INCLUDE FEIN)	INCOME (LOSS) MISSISSIPPI K-1S

1 Total income (loss) from partnerships, s corporations, estates and trusts (Column C) B1

C Total of Section A and Section B income (loss)(line A3 plus line B1); enter here and on Form 80-105, line 41 or Form 80-205, line 42	C	-9473
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PART V: SCHEDULE N - OTHER INCOME (LOSS) AND SUPPLEMENTAL INCOME

1 Net operating loss (enter from Form 80-155, line 2)	1	
2 First-time home buyer unqualified expenses	2	
3 Catastrophe savings taxable distribution	3	

List other types of income (loss)

4 Other income from Form 1099-MISC	4	2195
5	5	
6	6	
7	7	
8	8	
9	9	
10 Total Schedule N Other Income (Loss); enter here and on Form 80-105, page 2, line 48 or Form 80-205, page 2, line 49	10	2195



Mississippi Income / Withholding Tax Schedule 2023

Primary Taxpayer Name (as shown on Forms 80-105, 80-205 and 81-110)
KODALI, CHAITANYA

THIS FORM MUST BE FILED EVEN IF YOU HAVE NO MISSISSIPPI WITHHOLDING

1	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	<p style="text-align: center; font-size: small;">Check appropriate box</p> <p>X W-2 W-2G 1099</p> <p style="text-align: center;">If 1099-R, Code in Box 7 760433811</p> <p style="text-align: center;">Employer or Payer ID from W-2 or 1099 CHAITANYA KODALI</p> <p style="text-align: center;">Taxpayer Name 165553722</p> <p style="text-align: center;">Taxpayer Social Security Number</p>	<p>MS 0</p> <p style="font-size: small;">State State Wages, Tips, Etc.</p> <p style="text-align: right;">0</p> <p style="text-align: center;">Mississippi Withholding Only</p> <p>WI 77157</p> <p style="font-size: small;">State Income from Other State</p>	<p>CNH INDUSTRIAL AMERICA LL</p> <p style="font-size: small;">Employer or payer name</p> <p>5729 WASHINGTON AVE</p> <p style="font-size: small;">Address</p> <p>RACINE WI 53406</p> <p style="font-size: small;">City, State, ZIP</p>

2	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	<p style="text-align: center; font-size: small;">Check appropriate box</p> <p>X W-2 W-2G 1099</p> <p style="text-align: center;">If 1099-R, Code in Box 7 133366161</p> <p style="text-align: center;">Employer or Payer ID from W-2 or 1099 CHAITANYA KODALI</p> <p style="text-align: center;">Taxpayer Name 165553722</p> <p style="text-align: center;">Taxpayer Social Security Number</p>	<p>MS 42893</p> <p style="font-size: small;">State State Wages, Tips, Etc.</p> <p style="text-align: right;">1813</p> <p style="text-align: center;">Mississippi Withholding Only</p> <p style="font-size: small;">State Income from Other State</p>	<p>MILWAUKEE ELECTRIC TOOL C</p> <p style="font-size: small;">Employer or payer name</p> <p>13135 W.LISBON ROAD</p> <p style="font-size: small;">Address</p> <p>BROOKFIELD WI 53005</p> <p style="font-size: small;">City, State, ZIP</p>

3	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	<p style="text-align: center; font-size: small;">Check appropriate box</p> <p>W-2 W-2G X 1099</p> <p style="text-align: center;">If 1099-R, Code in Box 7 134994650</p> <p style="text-align: center;">Employer or Payer ID from W-2 or 1099 CHAITANYA KODALI</p> <p style="text-align: center;">Taxpayer Name 165553722</p> <p style="text-align: center;">Taxpayer Social Security Number</p>	<p>MS 0</p> <p style="font-size: small;">State State Wages, Tips, Etc.</p> <p style="text-align: right;">0</p> <p style="text-align: center;">Mississippi Withholding Only</p> <p style="font-size: small;">State Income from Other State</p>	<p>JPMORGAN CHASE BANK, N.A.</p> <p style="font-size: small;">Employer or payer name</p> <p style="font-size: small;">Address</p> <p style="font-size: small;">City, State, ZIP</p>

4	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	<p style="text-align: center; font-size: small;">Check appropriate box</p> <p>W-2 W-2G X 1099</p> <p style="text-align: center;">If 1099-R, Code in Box 7 132967453</p> <p style="text-align: center;">Employer or Payer ID from W-2 or 1099 CHAITANYA KODALI</p> <p style="text-align: center;">Taxpayer Name 165553722</p> <p style="text-align: center;">Taxpayer Social Security Number</p>	<p>MS 0</p> <p style="font-size: small;">State State Wages, Tips, Etc.</p> <p style="text-align: right;">0</p> <p style="text-align: center;">Mississippi Withholding Only</p> <p style="font-size: small;">State Income from Other State</p>	<p>APEX CLEARING</p> <p style="font-size: small;">Employer or payer name</p> <p style="font-size: small;">Address</p> <p style="font-size: small;">City, State, ZIP</p>