Form **1040** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return **2023** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

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	JAYA RATNAM
Last name	NARABIONE
Your social security number	191 15 1404
If joint return, spouse's first name and middle initial	PRUDENCE MARIE KIRAN
Last name	MUDUMALA
Spouse's social security number	APP LI ED F
Home address (number and street). If you have a P.O. box, see instructions.	155 SOUTH MAIN ST
Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below.	NORWALK
State	CT
ZIP code	06854
Foreign country name	
Foreign province/state/county	
Foreign postal code	

Presidential Election Campaign 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. ☐ You ☐ Spouse

Filing Status Check only one box.
- ☐ Single
- ☒ Married filing jointly (even if only one had income)
- ☐ Married filing separately (MFS)
- ☐ Head of household (HOH)
- ☐ Qualifying surviving spouse (QSS)

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 ☒ 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

Dependents (see instructions): If more than four dependents, see instructions and check here . . ☐

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Child tax credit	(4) Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.

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.

1a	Total amount from Form(s) W-2, box 1 (see instructions)		1a	66,820.
b	Household employee wages not reported on Form(s) W-2		1b	
c	Tip income not reported on line 1a (see instructions)		1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)		1d	
e	Taxable dependent care benefits from Form 2441, line 26		1e	
f	Employer-provided adoption benefits from Form 8839, line 29		1f	
g	Wages from Form 8919, line 6		1g	
h	Other earned income (see instructions)		1h	0.
i	Nontaxable combat pay election (see instructions)	1i		
z	Add lines 1a through 1h		1z	66,820.
2a	Tax-exempt interest	2a	2b b Taxable interest	
3a	Qualified dividends	3a	3b b Ordinary dividends	0.
4a	IRA distributions	4a	4b b Taxable amount	
5a	Pensions and annuities	5a	5b b Taxable amount	
6a	Social security benefits	6a	6b b Taxable amount	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐			
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐		7	-2.
8	Additional income from Schedule 1, line 10		8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**		9	66,818.
10	Adjustments to income from Schedule 1, line 26		10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**		11	66,818.
12	**Standard deduction or itemized deductions** (from Schedule A)		12	27,700.
13	Qualified business income deduction from Form 8995 or Form 8995-A		13	
14	Add lines 12 and 13		14	27,700.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**		15	39,118.

Tax and Credits

16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	4,255.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	4,255.
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	4,255.
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	4,255.

Payments

If you have a qualifying child, attach Sch. EIC.

25	Federal income tax withheld from:				
a	Form(s) W-2	25a	5,039.		
b	Form(s) 1099	25b			
c	Other forms (see instructions)	25c			
d	Add lines 25a through 25c			25d	5,039.
26	2023 estimated tax payments and amount applied from 2022 return			26	
27	Earned income credit (EIC)	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	5,039.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**			34	784.
35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐			35a	784.
b	Routing number 011103093	**c** Type: ☒ Checking ☐ Savings			
d	Account number 4425473735				
36	Amount of line 34 you want **applied to your 2024 estimated tax**	36			

Direct deposit? See instructions.

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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		NETWORKING ENGINEER	
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.)
		HOME MAKER	
Phone no.	Email address JAYARATNAM777@GMAIL.COM		

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA	SYAM PRIYA RAM SAGAR GUPTA	03/30/2024	P02082703	☐ Self-employed
Firm's name GLOBAL TAXES LLC			Phone no. (678)965-9522	
Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Firm's EIN	

SCHEDULE D (Form 1040)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

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.

OMB No. 1545-0074

2023

Attachment Sequence No. **12**

Name(s) shown on return: J NARABIONE & P MUDUMALA

Your social security number: 191-15-1404

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	120.	120.	0.	0.
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked	1,990.	1,992.		-2.
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked				

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**	-2.

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				
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked				
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**	

Part III **Summary**

16 Combine lines 7 and 15 and enter the result . . . . **16** -2.

- 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?
☐ **Yes.** Go to line 18.
☐ **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?
☐ **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.

☐ **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:

- The loss on line 16; or
- ($3,000), or if married filing separately, ($1,500)

} **21** (2.)

Note: When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?

☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16.

☒ **No.** Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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.

OMB No. 1545-0074

2023

Attachment Sequence No. **12A**

Name(s) shown on return	Social security number or taxpayer identification number
J NARABIONE & P MUDUMALA	191-15-1404

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.

- [x] **(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 *Column (e)* 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. (f) Code(s) from instructions	(g) Amount of adjustment	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	120.	120.	W	0.	0.
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) . .			120.	120.		0.	0.

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.

Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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.

OMB No. 1545-0074

2023

Attachment Sequence No. **12A**

Name(s) shown on return	Social security number or taxpayer identification number
J NARABIONE & P MUDUMALA	191-15-1404

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 *Column (e)* 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.** (f) Code(s) from instructions	(g) Amount of adjustment	(h) **Gain or (loss)** Subtract column (e) from column (d) and combine the result with column (g).
ROBINHOOD CRYPTO LLC	01/01/23	12/31/23	1,990.	1,992.			-2.
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) . .			1,990.	1,992.			-2.

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.

Form **W-7**
(Rev. August 2019)
Department of the Treasury
Internal Revenue Service

Application for IRS Individual Taxpayer Identification Number

▶ For use by individuals who are not U.S. citizens or permanent residents.
▶ See separate instructions.

OMB No. 1545-0074

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

Before you begin:
• ***Don't submit*** *this form if you have, or are eligible to get, a U.S. social security number (SSN).*

Application type (check one box):
☒ Apply for a new ITIN
☐ Renew an existing ITIN

Reason you're submitting Form W-7. Read the instructions for the box you check. **Caution:** If you check box **b, c, d, e, f,** or **g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions** (see instructions).

a ☐ Nonresident alien required to get an ITIN to claim tax treaty benefit
b ☐ Nonresident alien filing a U.S. federal tax return
c ☐ U.S. resident alien **(based on days present in the United States)** filing a U.S. federal tax return
d ☐ Dependent of U.S. citizen/resident alien — If **d,** enter relationship to U.S. citizen/resident alien (see instructions) ▶
e ☒ Spouse of U.S. citizen/resident alien — If **d** or **e,** enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ JAYA RATNAM NARABIONE 191-15-1404
f ☐ Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
g ☐ Dependent/spouse of a nonresident alien holding a U.S. visa
h ☐ Other (see instructions) ▶

Additional information for **a** and **f**: Enter treaty country ▶ and treaty article number ▶

Name (see instructions)
1a First name: PRUDENCE MARIE KIRAN | Middle name: | Last name: MUDUMALA

Name at birth if different ▶
1b First name: | Middle name: | Last name:

Applicant's Mailing Address
2 Street address, apartment number, or rural route number. **If you have a P.O. box, see separate instructions.**
155 SOUTH MAIN ST
City or town, state or province, and country. Include ZIP code or postal code where appropriate.
NORWALK CT USA 06854

Foreign (non-U.S.) Address (see instructions)
3 Street address, apartment number, or rural route number. **Don't use a P.O. box number.**
City or town, state or province, and country. Include postal code where appropriate.

Birth Information
4 Date of birth (month / day / year): 07/30/1989 | Country of birth: INDIA | City and state or province (optional):
5 ☐ Male ☒ Female

Other Information
6a Country(ies) of citizenship: INDIA
6b Foreign tax I.D. number (if any):
6c Type of U.S. visa (if any), number, and expiration date:

6d Identification document(s) submitted (see instructions) ☒ Passport ☐ Driver's license/State I.D. ☐ USCIS documentation ☐ Other
Issued by: INDIA No.: W8703433 Exp. date: 11/27/2032 Date of entry into the United States (MM/DD/YYYY):

6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?
☒ **No/Don't know.** Skip line 6f.
☐ **Yes.** Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).

6f Enter ITIN and/or IRSN ▶ **ITIN** **IRSN** and name under which it was issued ▶
First name | Middle name | Last name

6g Name of college/university or company (see instructions) ▶
City and state ▶ Length of stay ▶

Sign Here
Keep a copy for your records.

Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.

Signature of applicant (if delegate, see instructions) | Date (month / day / year) | Phone number

Name of delegate, if applicable (type or print) | Delegate's relationship to applicant ▶ ☐ Parent ☐ Court-appointed guardian ☐ Power of attorney

Acceptance Agent's Use ONLY
Signature | Date (month / day / year) | Phone | Fax
Name and title (type or print) | Name of company | EIN | PTIN | Office code

Arizona Form
AZ-8879

E-file Signature Authorization (Arizona Forms 140, 140A, 140EZ, 140NR and 140PY)

2023

Do not mail this form to the Arizona Department of Revenue. *The ERO must retain this document a minimum of four years.*

Your First Name and Initial	Last Name	Enter your SSN(s).	Your Social Security Number*
JAYA RATNAM	NARABIONE		191 15 1404
Your Spouse's First Name and Initial (if filed joint)	**Last Name**		**Spouse's Social Security No.***
PRUDENCE MARIE KIRAN	MUDUMALA		APP LI ED F

*Do Not Truncate

PART 1 – PURPOSE ***(If you are e-filing a Small Business Income Tax Return, also complete Form AZ-8879 SBI)***

- To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.
- To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

PART 2 – TAX RETURN INFORMATION

1	Arizona Adjusted Gross Income	66,818 00
2	Balance Of Tax	978 00
3	Arizona Income Tax Withheld	1,336 00

Check box 4 or box 5:

4 ☒ **REFUND:** *Enter the amount of refund* 358 00

5 ☐ **AMOUNT *YOU OWE*:** *Enter the amount owed* 00

PART 3 – FINANCIAL INSTITUTION INFORMATION

Must be present when requesting direct debit or deposit.

☐ Foreign Account Deposit/Debit: See instructions below.

TYPE OF ACCOUNT: ☒ Checking ☐ Savings

ROUTING NUMBER: 0 1 1 1 0 3 0 9 3

ACCOUNT NUMBER: 4 4 2 5 4 7 3 7 3 5

DIRECT DEBIT REQUEST DATE

DIRECT DEBIT PAYMENT AMOUNT $ .00

Box 4 Checkbox – Refund: You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

Box 5 Checkbox – Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your account. If you are due a refund, we will send you a check instead. If you owe tax, ***you must mail a check to the Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.***

PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION ***(Sign only after completing Part 2)***

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

6a ☒ I consent that my refund be directly deposited as designated in the electronic portion of my 2023 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

6b ☐ I do not want direct deposit of my refund or I am not receiving a refund.

6c ☐ I authorize the Arizona Department of Revenue (ADOR) 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 Arizona taxes owed on this return. 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.

If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of my tax liability by April 15, 2024, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, my state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.

I authorize GLOBAL TAXES LLC
(ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2023. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return, I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

PLEASE SIGN HERE

➔ YOUR PEN AND INK SIGNATURE ____________ DATE ____________

➔ SPOUSE'S PEN AND INK SIGNATURE ____________ DATE ____________

DO NOT STAPLE ANY ITEMS TO THE RETURN.

Place any required federal and AZ schedules or other documents after Form 140.

Arizona Form 140 — Resident Personal Income Tax Return

FOR CALENDAR YEAR **2023**

82F ☐ Check box 82F if filing under extension — OR FISCAL YEAR BEGINNING 2023 AND ENDING . 66F

1	Your First Name and Middle Initial: JAYA RATNAM	Last Name: NARABIONE	Your Social Security Number: 191 15 1404
1	Spouse's First Name and Middle Initial (if box 4 or 6 checked): PRUDENCE MARIE KIRAN	Last Name: MUDUMALA	Spouse's Social Security No.: APP LI ED F
2	Current Home Address - number and street, rural route: 155 SOUTH MAIN ST	Apt. No.	Daytime Phone (with area code) 94
3	City, Town or Post Office: NORWALK	State: CT	ZIP Code: 06854

Enter your SSN(s).

Last Names Used in Last Four Prior Year(s) (if different) 97

REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88

81 PM — 80 RCVD

FILING STATUS

4 ☒ Married filing joint return — 4a ☐ Injured Spouse Protection of Joint Overpayment

5 ☐ Head of household. Enter name of qualifying child or dependent on next line.

6 ☐ Married filing separate return. Enter spouse's name and Social Security Number above.

7 ☐ Single

EXEMPTIONS — *Enter the number claimed. Do not put a check mark.*

8 ☐ Age 65 or over (you and/or spouse)

9 ☐ Blind (you and/or spouse)

10a ☐ Dependents: Under age of 17. — 10b ☐ Dependents: Age 17 and over.

11a ☐ Qualifying parents and grandparents

If completing lines 8, 9, and 11a, also complete lines 38, 39, and 41. For lines 10a and 10b, also complete line 49.

Dependents

(**Box 10a and 10b**): Dependent Information. See instructions. **For more space, check the box ☐ and complete page 4, Part 1.**

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)		(b) SOCIAL SECURITY NUMBER	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2023	(e) ✓ Dependent Age included in: 1 (Box 10a)	2 (Box 10b)	(f) ✓ if you did not claim this person on your federal return due to educational credits
10c						☐	☐	☐
10d						☐	☐	☐
10e						☐	☐	☐

Qualifying Parents and Grandparents

(**Box 11a**): Qualifying parents and grandparents. See instructions. **For more space, check the box ☐ and complete page 4, Part 2.**

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)		(b) SOCIAL SECURITY NUMBER	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2023	(e) ✓ IF AGE 65 OR OVER	(f) ✓ IF DIED IN 2023
11b						☐	☐
11c						☐	☐

12	**Federal adjusted gross income (from your federal return)**	12	66,818 00
13	Small Business Income: 13S ☐ check the box if you are filing Arizona Form 140-SBI and enter the amount from Form 140-SBI, line 10	13	00
14	Modified federal adjusted gross income. Subtract line 13 from line 12	14	66,818 00
Additions			
15	Non-Arizona municipal interest	15	00
16	Partnership Income adjustment. See instructions	16	00
17	Total federal depreciation	17	00
18	Other Additions to Income: Complete *Other Additions to Arizona Gross Income* schedule on page 5	18	00
19	**Subtotal:** Add lines 14 through 18 and enter the total	19	66,818 00
Subtractions			
20	Total net capital gain or (loss). See instructions	20	-2 00
21	Total net short-term capital gain or (loss). See instructions	21	-2 00
22	Total net long-term capital gain or (loss). See instructions	22	00
23	Net long-term capital gain from assets acquired *after* December 31, 2011. See instructions.	23	0 00
24	Multiply line 23 by 25% (.25) and enter the result	24	0 00
25	Net capital gain derived from investment in qualified small business	25	00
26	Recalculated Arizona depreciation	26	00
27	Partnership Income adjustment. See instructions	27	00
28	Interest on U.S. obligations such as U.S. savings bonds and treasury bills	28	00
29a	Exclusion for federal, Arizona state or local government pensions (up to $2,500 per taxpayer)	29a	00
29b	Exclusion for benefits, annuities and pensions for retired/retainer pay of the uniformed services	29b	00
30	U.S. Social Security or Railroad Retirement Act benefits included as income on your federal return (taxable amount)	30	00
31	Certain wages of American Indians	31	00
32	Pay received for active service as a member of the reserves, national guard or the U.S. armed forces	32	00
33	Net operating loss adjustment. See instructions	33	00
34	Contributions to: 34a 529 College Savings Plans ____ 00 34b 529A (ABLE accounts) ____ 00 add 34a and 34b	34c	00
35	Subtract lines 24 through 34c from line 19. Enter the difference	35	66,818 00

Your Name (as shown on page 1)	Your Social Security Number
J NARABIONE & P MUDUMALA	191-15-1404

	36	Other Subtractions from Income. Complete *Other Subtraction from Arizona Gross Income* schedule on page 6	36	00
	37	Subtract line 36 from line 35. Enter the difference	37	66,818 00
Exemptions	38	Age 65 or over: Multiply the number in box 8 by $2,100	38	00
Exemptions	39	Blind: Multiply the number in box 9 by $1,500	39	00
Exemptions	40	Other Exemptions. See instructions 40E [ ] Multiply the number in box 40E by $2,300	40	00
Exemptions	41	Qualifying parents and grandparents: Multiply the number in box 11a by $10,000	41	00
	42	**Arizona adjusted gross income:** Subtract lines 38 through 41 from line 37. If less than zero, enter "0"	42	66,818 00
Balance of Tax	43	**Deductions:** ***Check box and enter amount.*** See instructions 43I ☐ **ITEMIZED** 43S ☒ **STANDARD**	43	27,700 00
Balance of Tax	44	If you checked box 43S and claim charitable contributions, check 44C ☐ **Complete page 3.** See instructions	44	00
Balance of Tax	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"	45	39,118 00
Balance of Tax	46	Tax: Multiply line 45 by 2.5% (.025). Enter the result	46	978 00
Balance of Tax	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31	47	00
Balance of Tax	48	Subtotal of tax: Add lines 46 and 47. Enter the total	48	978 00
Balance of Tax	49	Dependent Tax Credit. See instructions	49	00
Balance of Tax	50	Family income tax credit (from the worksheet - see instructions)	50	00
Balance of Tax	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 62	51	00
Balance of Tax	52	**Balance of tax:** Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than line 48, enter "0"	52	978 00
Total Payments and Refundable Credits	53	2023 AZ income tax withheld	53	1,336 00
Total Payments and Refundable Credits	54	2023 AZ estimated tax payments 54a [00] Claim of Right 54b [00] Add 54a and 54b	54c	00
Total Payments and Refundable Credits	55	2023 AZ extension payment (Form 204)	55	00
Total Payments and Refundable Credits	56	Increased Excise Tax Credit (from the worksheet - see instructions)	56	00
Total Payments and Refundable Credits	57	Property Tax Credit from Arizona Form 140PTC	57	00
Total Payments and Refundable Credits	58	Other refundable credits: Check the box(es) and enter the total amount 581 ☐ 308-I 582 ☐ 334 583 ☐ 349	58	00
Total Payments and Refundable Credits	59	**Total payments and refundable credits:** Add lines 53 through 58. Enter the total	59	1,336 00
Tax Due or Overpayment	60	**TAX DUE:** If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines 61, 62 and 63	60	00
Tax Due or Overpayment	61	**OVERPAYMENT:** If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment	61	358 00
Tax Due or Overpayment	62	Amount of line 61 to be applied to 2024 estimated tax	62	00
Tax Due or Overpayment	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference	63	358 00

64 - 74 Voluntary Gifts to:

			Solutions Teams Assigned to Schools	64	00	Arizona Wildlife	65	00
Child Abuse Prevention	66	00	Domestic Violence Services	67	00	Political Gift	68	00
Neighbors Helping Neighbors	69	00	Special Olympics	70	00	Veterans' Donations Fund	71	00
I Didn't Pay Enough Fund	72	00	Sustainable State Parks and Road Fund	73	00	Spay/Neuter of Animals	74	00

75 Political Party (if amount is entered on line 68 - check only one): 751 ☐ Democratic 752 ☐ Libertarian 753 ☐ Republican

Penalty	76	Estimated payment penalty	76	00
Penalty	77	771 ☐ Annualized/Other 772 ☐ Farmer or Fisherman 773 ☐ Form 221 included		
Penalty	78	Add lines 64 through 74 and 76; enter the total	78	00
Refund or Amount Owed	79	**REFUND:** Subtract line 78 from line 63. If less than zero, enter amount owed on line 80	79	358 00
Refund or Amount Owed		**Direct Deposit of Refund:** ***Check box 79A*** if your deposit will be ultimately placed in a **foreign account**; see instructions. 79A ☐		
Refund or Amount Owed		98 C ☒ Checking or S ☐ Savings — ROUTING NUMBER: 011103093 — ACCOUNT NUMBER: 4425473735		
Refund or Amount Owed	80	**AMOUNT OWED:** Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write your SSN on payment; and include with your return	80	00

PLEASE SIGN HERE

Under penalties of perjury, I declare that I have read this return and any documents with it, 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	OCCUPATION
		NETWORKING ENGINEER

SPOUSE'S SIGNATURE	DATE	SPOUSE'S OCCUPATION
		HOME MAKER

PAID PREPARER'S SIGNATURE	DATE	FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)
SYAM PRIYA RAM SAGAR GUPTA	03302024	GLOBAL TAXES LLC

PAID PREPARER'S STREET ADDRESS	PAID PREPARER'S TIN
245 ROONEY CT	P02082703

PAID PREPARER'S CITY	STATE	ZIP CODE	PAID PREPARER'S PHONE NUMBER
E BRUNSWICK NJ 08816			(678)965-9522

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. Include the payment with Form 140.
If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138.

Form CT-1040NR/PY 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 on Page 4 and Quick Reference (QR) Code, on Page 5.)
2. **Social Security Number -** The Social Security Number must appear at the top of Form CT-1040NR/PY, Pages 2, 3, and 4; Schedule CT-CHET; Supplemental Schedule CT-1040WH; Schedule CT-IT Credit, Pages 1 and 2; Schedule CT-PE; **and** Form CT-6251, Pages 1 and 2.
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.

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. (File Form CT-1040X electronically at **www.ct.gov/TSC** using the Taxpayer Service Center.)
9. Send **all** completed pages of CT-1040NR/PY, Schedule CT-CHET, Supplemental Schedule CT-1040WH, Schedule CT-IT Credit, Schedule CT-PE, and Form CT-6251. Send **all** four pages of your completed return, both pages of your 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 "2023 Form CT-1040NRPY" 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-1040NR/PY.

Do not send this sheet with your return.

NRPY1223V011555

Form CT-1040NR/PY - 2023

Connecticut Nonresident and Part-Year Resident Income Tax Return (Rev. 12/23)

Other tax year, beginning: and ending:

N S Y FJ N MFS N HOH N QSS

191 - 15 - 1404 APP - LI - ED F

JAYA RATNAM NARABIONE N Dec. N P
PRUDENCE MARIE MUDUMALA N Dec. Y N

155 SOUTH MAIN ST N CT-8379 N CT-2210 N CT-19IT

USA N CT-1040 CRC N Federal Form 1310

NORWALK CT 06854 - •

1.	Federal adjusted gross income (from federal Form 1040, Line 11 or federal Form 1040-SR, Line 11)		66818
2.	Additions to federal adjusted gross income (from Schedule 1, Line 40)	2.	0
3.	Add Line 1 and Line 2	3.	66818
4.	Subtractions from federal adjusted gross income (from Schedule 1, Line 52)	4.	0
5.	**Connecticut adjusted gross income:** Line 4 subtracted from Line 3.	5.	66818
6.	Income from Connecticut sources (from Schedule CT-SI, Line 30)	6.	0
7.	Greater of Line 5 or Line 6. If less than zero, "0" is entered on Line 12.	7.	66818
8.	Income tax	8.	2422
9.	Line 6 divided by Line 5. If Line 6 is equal to or greater than Line 5, 1.0000 is entered.	9.	0.0000
10.	Line 9 multiplied by Line 8	10	0
11.	Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 61)	11.	0
12.	Line 11 subtracted from Line 10. If Line 11 is greater than Line 10, "0" is entered.	12.	0
13.	Connecticut alternative minimum tax (from Form CT-6251)	13	0
14.	dd Line 12 and Line 13.	14.	0
15.	Total allowable credits (from Schedule CT-IT Credit, Part 1, Line 11)	15.	0
16.	**Connecticut income tax:** Line 15 subtracted from Line 14. If less than zero, "0" is entered.	16.	0
17.	Individual use tax (from Schedule 3, Line 62) If no tax is due, "0" is entered.	17.	0
18.	**Total tax:** Add Line 16 and Line 17.	18	0

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

NRPY1223V011555

NRPY1223V021555 ● 191151404

19. Amount from Line 18 19. ● 0

Forms W-2, W-2G, 1099, and Schedule CT K-1 Information

	Col. A - Employer's Federal ID #	**Col. B -** CT Wages, Tips, etc.	**Sch. CT K-1**	**Col. C -** CT Income Tax Withheld
20a.	-	● 0	●	0
20b.	-	● 0	●	0
20c.	-	● 0	●	0
20d.	-	● 0	●	0
20e.	-	● 0	●	0

20f. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) 20f. 0

20. **Total Connecticut income tax withheld:** Amounts in Column C.	20.	0
21. All 2023 estimated tax payments and any overpayments applied from a prior year	21.	0
22. Payments made with Form CT-1040 EXT	22.	0
22a. Claim of right credit (from Form CT-1040 CRC, Line 6)	22a.	0
22b. Pass-through entity tax credit (from Schedule CT-PE, Line 1). Schedule must be attached.	22b.	0
23. **Total payments and refundable credits:** Add Lines 20, 21, 22, 22a and 22b.	23.	0
24. Overpayment: If Line 23 is more than Line 19, Line 19 subtracted from Line 23.	24.	0
25. Amount of Line 24 you want **applied to your 2024 estimated tax**	25.	0
26. Amount of Line 24 ou want applied as a CHET contribution (from Schedule CT-CHET, Line 4)	26.	0
26a. Total contributions of refund to designated charities (from Schedule 4, Line 63)	26a.	0
27. **Refund:** Lines 25, 26, and 26a subtracted from Line 24	27.	0

If you have not elected to direct deposit, a refund check will be issued and processing may be delayed.

27a. Acct. type N Ck. N Sv. 27b. Rout. # c. Acct. #

27d. Refund going to a bank account outside the U.S. 27d. N

28. **Tax due:** If Line 19 is more than Line 23, Line 23 subtracted from Line 19.	28	0
29. If late: Penalty entered. Line 28 multiplied by 10% (.10).	2	0
30. If late: Interest entered. Line 28 multiplied by number of months or fraction of a month late, then by 1% (.01).	3	0
31. Interest on underpayment of estimated tax (from Form CT-2210.)	31.	0
32. **Total amount due:** Add Lines 28 through 31.	32.	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.

Sign Here
Keep a copy for your records.

Your signature ●		Date ●	Home/cell telephone number
Spouse's signature (if joint return) ●		Date ●	Daytime telephone number ●
Paid preparer's signature ● SYAM PRIYA RAM SAGAR GU	Date ● 033024	Telephone number ● 6789659522	Paid Preparer's PTIN P02082703
Paid preparer's name SYAM PRIYA RAM SAGAR GUPTA			FEIN
Firm's name, address and ZIP code GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWI NJ 08816 -			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)
●	●	● ____ ____ ____ ____ ____

NRPY1223V021555

Schedule 1 - Modifications to Federal Adjusted Gross Income

33. Interest on state and local government obligations other than Connecticut	33.	0
34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	34.	0
35. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	35.	0
36. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero.	36.	0
37. Loss on sale of Connecticut state and local government bonds	37.	0
38. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year.	38.	0
38a. 80% of Section 179 federal deduction.	38a.	0
39. Other - specify •	39.	0
40. **Total additions:** Add Lines 33 through 39.	40.	0
41. Interest on U.S. government obligations	41.	0
42. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	42.	0
43. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet)	43.	0
44. Refunds of state and local income taxes	44.	0
45. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	45.	0
46. Military retirement pay	46.	0
47. 50% of income received from Connecticut Teachers' Retirement System	47.	0
48. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero.	48.	0
49. Gain on sale of Connecticut state and local government bonds	49.	0
50. CHET contributions made in 2023 or an excess carried forward from a prior year Acct. #	5	0
50a. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding four years.	50a.	0
50b. 100 of pension or annuity income.	50b.	0
50c. Ordinary and necessary business expenses for taxpayers licensed under Chapter 420f or 420h that are not claimed for federal income tax purposes.	50c.	0
51. Other - specify •	51.	0
52. **Total subtractions:** Add Lines 41 through 51.	52.	0

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

53. Connecticut AGI during residency portion of taxable year	53.	0

		Col. A	**Col. B**
54. Qualifying jurisdiction's name and two-letter code	54.	•	•
55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return (from Schedule 2 Worksheet)	55.	0	0
56. Line 55 divided by Line 53. May not exceed 1.0000.	56.	0.0000	0.0000
57. Apportioned income tax	57.	0	0
58. Line 56 multiplied by Line 57	58.	0	0
59. Allowable income tax paid to a qualifying jurisdiction	5	0	0
60. Lesser of Line 58 or Line 59	60.	0	0

61. Total credit: Add Line 60, all columns.	61.	0

Schedule 3 - Individual Use Tax

62a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)	6 a.	0
62b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)	b.	0
62c. Use tax at 7.75% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)	62c.	0
62d. Use tax at 2.99% (from Connecticut Individual Use Tax Worksheet, Section D, Column 7)	62d.	0
62. Individual use tax: Add Lines 62a, 62b, 62c, and 62d.	62 •	0

Schedule 4 - Contributions to Designated Charities

63a. R	6 a.	0
63b. OT	63b.	0
63c. ES/W	63c.	0
63d. BCR	63d.	0
63e. SNS	63e.	0
63f. MR	63f.	0
63g. BS	63g.	0
63h. MHCIA	63h.	0
63. **Total Contributions:** Add Lines 63a through 63h.	63.	0

Taxpayer email

Department of Revenue Services
State of Connecticut
(Rev. 12/23)

Schedule CT-SI

Nonresident or Part-Year Resident Schedule of Income From Connecticut Sources

File and pay your taxes online! myconneCT Revenue Services

2023

Complete this schedule if you were a nonresident or part-year resident of Connecticut and attach it to Form CT-1040NR/PY. Do not use staples. Complete in blue or black ink only. Please note that each form is year specific. To prevent any delay in processing your return, the correct year's form **must** be submitted to the Department of Revenue Services (DRS).

Your first name and middle initial	Last name	Your Social Security Number
JAYA RATNAM	NARABIONE	1 9 1 : 1 5 : 1 4 0 4
If joint return, spouse's first name and middle initial	Last name	Spouse's Social Security Number
PRUDENCE MARIE KIRAN	MUDUMALA	A P P : L I : E D F

Visit **portal.ct.gov/DRS/Individuals/Individual-Income-Tax** before completing this schedule.

Part 1 - Connecticut Income - Part-Year Residents: Complete **Schedule CT-1040AW**, *Part-Year Resident Income Allocation*. Add Columns B and D for each line of Schedule CT-1040AW and enter the totals on Lines 1 through 30 below.
Nonresidents: Enter the income received from Connecticut sources.

1. Wages, salaries, tips, etc. ▶	1.	0	
2. Taxable interest ▶	2.		
3. Ordinary dividends ▶	3.		
4. Alimony received ▶	4		
5. Business income or (loss) ▶	5.		
6. Capital gain or (loss) ▶	6.	0	
7. Other gains or (losses) ▶	7.		
8. Taxable amount of IRA distributions ▶	8.		
9. Taxable amounts of pension and annuities ▶	9.		
10. Rental real estate, royalties, partnerships, S corporations, trusts, etc. ▶	10.		
11. Farm income or (loss) ▶	11.		
12. Unemployment compensation ▶	12.		
13. Taxable amount of social security benefits ▶	13.		
14. Other income: See instructions. ▶	14.		
15. Gross income from Connecticut sources: Add Lines 1 through 14. ▶	15.	0	00

Part 2 - Adjustments to Connecticut Income - Enter adjustments **directly** related to income reported above.

16. Educator expenses ▶	16.		
17. Certain business expenses of reservists, performing artists, and fee-basis government officials ▶	17.		
18. Health savings account deduction ▶	18.		
19. Moving expenses for members of the armed forces ▶	19.		
20. Deductible part of self-employment tax ▶	20.		
21. Self-employed SEP, SIMPLE, and qualified plans ▶	21.		
22. Self-employed health insurance deduction ▶	22.		
23. Penalty on early withdrawal of savings ▶	23.		
24. Alimony paid. Recipient's last name ▶ ____________ SSN ▶ ____ – ___ – ____ ▶	24.		
25 IRA deduction ▶	25.		
26. Student loan interest deduction ▶	26.		
27. Archer MSA deduction ▶	27.		
28. Other adjustments ▶	28.		
29. Total adjustments: Add Lines 16 through 28. ▶	29.		
30. **Income from Connecticut sources:** Subtract Line 29 from Line 15. Enter th amount here and on **Form CT-1040NR/PY**, Line 6. ▶	30.	0	00

Employee Apportionment Worksheet - Complete Lines A through G only when the income from employment is earned both inside and outside Connecticut and the exact amount of Connecticut income is not known. **Do not complete Lines A through G if you know the exact amount of your Connecticut-sourced income.**

A. Working days (or other basis) outside Connecticut	A		
B. Working days (or other basis) inside Connecticut			
C. Total working days: Add Line A and Line B.	C		
D. Nonworking days (Holidays, weekends, etc.)	D		
E. Connecticut ratio: Divide Line B by Line C. Round to four decimal places.	E		
F. Total income being apportioned			
G. Connecticut income: Multiply Line E by Line F. Enter here and on Schedule CT-SI, Line 1. Basis, if other than working days: ____________	G		