R-8453 (1/24) LA 8453	1002	2023 Indi	vidual			Iisiana Declaratio		ctron	ic Fil	ing									
IDEPART	JISIANA MENT & REVENUE																		
Your first name and initial PRAVALIKA SF	RTBHASHYAM			Last na	ame	Y	'our Social Security Number	1	0	4	3	8 [5	4	1 8	3 0	b		
Spouse's first name and ir				Last na	ame	Soci	Spouse's al Security Number	2		Ì	_			-		T	٦		
	umber and street including ap	partment numb	er or rural	route)			Daytime Telephone	2	2	5	3	4 8	8	6	9 3	3 6	6	20	23
9989 BURBANE City, town, or post office	CDR #F96						Number State	2	2	5	S	4 ZIP	S	0	9 3		0		
BATON ROUGE							LA					708	10						
Part A				Тах	Retu	rn Inform	ation												
Balance Due				ור	00		Refund I			Т		Г		Т	٦	Г			00
Part B			t of Be	_ ·		onal) 🛛 o			it (0	ntio	nal	<u>, L</u>		_	,			66	. 😶
			l of he	iunu	(Opti		Direct	Debi		puo	IIai	,							
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0 6 5 4 0	0 1 3 7											, [\Box ,	Ĺ			00
Account Number									Nitho	draw	al [Date							
8 9 3 5 7	2 5 7 5			Π	٦					٦		Π			Ì	Т	٦		
					-				ΜN	-		DD			YYYY			_	
Type of Account: (Check one.)	Checking	Savings								-		nt 🗌			ial Pa	-		t 🗌 credit	oord
PART C				Decla	aratio	n of Taxp	aver	L		yme	7111	mau				aue		EV 12/19/	
	my refund be direct	tly deposit				-	-	lare t	hat t	he ir	nfor	mati	on s	sho	wn ii	n Pa	art	B is co	rrect. If
	joint return, this is a	•		-															
	direct deposit of my und direct deposited							r am	not r	ece	ivin	g a r	efui	nd.	l un	ders	sta	nd that	by not
(direct debit) authorize the	e Louisiana Departn entry to the financia financial institutions er inquiries and resc	al institutio s involved	on acco in prod	ount ir cessir	ndicat ng the	ed in Part	B for pa	aymei	nt of	my	sta	ite ta	xes	ov	ved o	on t	this	return	. I also
	that if I have filed a y tax liability, I will r														t rec	eive	e fu	ll and t	imely
	I have examined my v knowledge and be					epared for	electron	ic tra	nsmi	issio	n t	o the	Sta	ate	of Lo	ouisi	ian	a and,	to
Please sign h	ere Your sigr										/: f	i a i a t w			_	_		Data	
Part D	Declaration an			Floot		ate		use's	-		· · ·			,				Date	
I declare that I hav the best of my kno	ve reviewed the abo wledge based on th e Louisiana Departr	ove taxpa le informa	yer's re tion sul	eturn a bmitte	and th ed/furr	nat the ent hished by t	ries on t he taxpa	he re iyer. I	eturn also	are de	co clar	mple e tha	te a at I h	and	corr				
Please sign here													_						
Mark box	Preparer's signature	9	ę	Social S	-	Number or I				Da							-	none	
└ if also ERO	onic Return Originator's	signature		Social S		84-3171 Number or I			02,	26/ Da		4	(578	3-96			22 none	

This form is to be maintained by ERO. Do not submit to LDR.

IT-540-2D (Page 1 of 4)

Name Change

2023 LOUISIANA RESIDENT - 2D

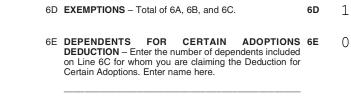
Deceden Filing	it	PRAVALIKA SRIBHASHYAM					Your SSN	1	04385	4180
Spouse Deceden	ıt						Spouse's	SSN		
Address Change		9989 BURBANK DR			APT	F96				
Amendeo Return	d	BATON ROUGE	LA	. 7	0810		Telephon	ie 2	25348	6936
NOL Carryback	k									
	EU ING	STATUS: Enter the appropriate number in the	073119 Your Date of		1	Spous	e's Date of Birth	1		
		tus box. It must agree with your federal return.	6	EXE	EMPTIONS:					
	E	Enter a " 1 " in box if single .	6A	X	Yourself	65 or older	Blind	Qualifyir Survivin Spouse		
		Enter a "2" in box if married filing jointly .	6B		Spouse	65 or	Blind		6A & 6B	1
		Enter a " 3 " in box if married filing separately .	00		Spouse	older	Biiriu			
	-	Enter a " 4 " in box if head of household . If the qualifying person is not your dependent, enter name	here.							
		Enter a " 5 " in box if qualifying surviving spou f the qualifying person is not your dependent, enter name								

6C DEPENDENTS - Enter dependent information below. If you have more than 6 dependents, attach a statement to your return with the required information. Enter the number of dependents claimed on Federal Form 1040 or 1040-SR here.

First Name Last Name Social Security Number Birth Date (mm/dd/yyyy) Relationship to you **IMPORTANT!** 6D EXEMPTIONS - Total of 6A, 6B, and 6C. 6D All four (4) pages of this return MUST be mailed

in together along with your W-2s and completed schedules. Please paperclip. Do not staple.

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6F TOTAL EXEMPTIONS - Subtract Line 6E from Line 6D. 6F 1



FOR OFFICE USE ONLY



DEV ID

1002

0

6C

If you are not required to file a federal return, indicate wages here.

Mark this box and enter zero "0" on Line 12

7	FEDERAL ADJUSTED GROSS INCOME – If your Federal Adjusted From Louisiana Gross Income is less than zero, enter "0". Schedule E, attached	7	4000
8A	FEDERAL ITEMIZED DEDUCTIONS	8A	0
8B	FEDERAL ITEMIZED DEDUCTION FOR MEDICAL AND DENTAL EXPENSES	8B	0
8C	FEDERAL STANDARD DEDUCTION	8C	0
8D	EXCESS FEDERAL ITEMIZED DEDUCTIONS – Subtract Line 8C from Line 8B.	8D	0
9	YOUR LOUISIANA TAX TABLE INCOME – Subtract Line 8D from Line 7. If less than zero, enter '0'. Use this figure to find your tax in the tax tables.	9	4000
10	YOUR LOUISIANA INCOME TAX – Enter the amount from the tax table that corresponds with your filing status.	10	0
11	NONREFUNDABLE PRIORITY 1 CREDITS – From Schedule C, Line 6 .	11	0
12	TAX LIABILITY AFTER NONREFUNDABLE PRIORITY 1 CREDITS – Subtract Line 11 from Line 10. If the result is less than zero, or you are not required to file a federal return, enter zero "0".	12	0
13	2023 LOUISIANA REFUNDABLE CHILD CARE CREDIT – Your Federal Adjusted Gross Income must be EQUAL TO OR LESS THAN \$25,000 to claim the credit on this line. See the instructions and the Refundable Child Care Credit Worksheet.	s 13	0
13A	Enter the qualified expense amount from the Refundable Child Care Credit Worksheet, Line 3.	13A	0
13B	Enter the amount from the Refundable Child Care Credit Worksheet, Line 6.	13B	0
14	2023 LOUISIANA REFUNDABLE SCHOOL READINESS CREDIT – Your federal Adjusted Gross Income must be EQUAL TO OR LESS THAN \$25,000 to claim the credit on this line. See the Refundable School Readiness Credit Worksheet.	14	0
	5 0 4 0 3 0 2 0		
15	EARNED INCOME CREDIT – See Louisiana Earned Income Credit (LA EIC) worksheet, Line 3.	15	0
16	OTHER REFUNDABLE PRIORITY 2 CREDITS – From Schedule F, Line 9.	16	0
17	TOTAL REFUNDABLE PRIORITY 2 CREDITS – Add lines 13, and 14 through 16. Do not include amounts on Lines 13A and 13B.	17	0
18	TAX LIABILITY AFTER REFUNDABLE PRIORITY 2 CREDITS	18	0
19	OVERPAYMENT AFTER REFUNDABLE PRIORITY 2 CREDITS	19	0
20	NONREFUNDABLE PRIOIRTY 3 CREDITS – From Schedule J, Line 16.	20	0
21	ADJUSTED LOUISIANA INCOME TAX- Subtract Line 20 from Line 18.	21	0

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22A	CONSUMER USE TAX – You must mark one of these boxes.	Х	No use tax due. Amount from the Consumer Use Tax Worksheet.	22A	0
22B	ELECTRIC AND HYBRID VEHICLE ROAD USAGE FEE	Х	No usage fee due. Amount from Form R-19000A.	22B	0
23	TOTAL INCOME TAX, CONSUMER USE TAX, AND ELECTRIC A FEE – Add Lines 21, 22A and 22B.	ND HY	BRID VEHICLE ROAD USAGE	23	0
24	OVERPAYMENT OF REFUNDABLE PRIORITY 2 CREDITS - Ent	er the a	mount from Line 19.	24	0
25	REFUNDABLE PRIORITY 4 CREDITS – From Schedule I, Line 6.			25	0
PAYME	ENTS				
26	AMOUNT OF LOUISIANA TAX WITHHELD FOR 2023 – Attach F	orms	W-2 and 1099.	26	66
27	AMOUNT OF CREDIT CARRIED FORWARD FROM 2022			27	0
28	AMOUNT OF ESTIMATED PAYMENTS MADE FOR 2023			28	0
29	AMOUNT OF EXTENSION PAYMENT			29	0
30	TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS - Add Line	es 24 th	arough 29.	30	66
31	OVERPAYMENT – If Line 30 is greater than Line 23, subtract Line be reduced by the Underpayment of Estimated Tax Penalty. Other			31	66
32	UNDERPAYMENT PENALTY – See the instructions for Underpayer If you are a farmer, check the box.	ment P	enalty and Form R-210R.	32	0
33	ADJUSTED OVERPAYMENT – If Line 31 is greater than Line 32, s Line 33. If Line 32 is greater than Line 31, subtract Line 31 from Line			33	66
34	TOTAL DONATIONS – From Schedule D, Line 22.			34	0
REFUN	ID DUE				
35	SUBTOTAL - Subtract Line 34 from Line 33. This amount of overp	baymen	t is available for credit or refund.	35	66
36	AMOUNT OF LINE 35 TO BE CREDITED TO 2024 INCOME TAX		CREDIT	36	0
	AMOUNT TO BE REFUNDED – Subtract Line 36 from Line 35. If m the address on the bottom of page 4.	nailing to	o LDR, use		
37	Enter a "2" in box if you want to receive your refund by paper chec Enter a "3" in box if you want to receive your refund by direct of information below. If information is unreadable, you are filing for the do not make a refund selection, you will receive your refund by paper	deposit. first tim	ne, or if you	37	66
	DIRECT DEPOSIT INFORMATION				
	Type: Checking X Savings		s refund be forwarded to a financial ion located outside the United States'	? Yes	No X
	Routing Number 065400137	Accou Numb			



Enter the first 4 letters of your last name in these boxes. REV 12/19/23 PRO

SRIB

AMOUNTS DUE LOUISIANA

38	AMOUNT YOU OWE – If Line 23 is greater than Line 30, subtract Line 30 from Line 23.	38	0
39	ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND	39	0
40	ADDITIONAL DONATION TO THE COASTAL PROTECTION AND RESTORATION FUND	40	0
41	ADDITIONAL DONATION TO LOUISIANA FOOD BANK ASSOCIATION	41	0
42	INTEREST – From the Interest Calculation Worksheet, Line 5.	42	0
43	DELINQUENT FILING PENALTY – From the Delinquent Filing Penalty Calculation Worksheet, Line 3.	43	0
44	DELINQUENT PAYMENT PENALTY – From Delinquent Payment Penalty Calculation Worksheet, Line 7.	44	0
45	UNDERPAYMENT PENALTY – See the instructions from Underpayment Penalty and Form R-210R. If you are a farmer, check the box.	45	0
46	BALANCE DUE LOUISIANA – Add Lines 38 through 45 If mailing to LDR, use address below. For electronic payment options, see instructions.	46	0

IMPORTANT!

All four (4) pages of this return MUST be mailed in together along with your W-2s and completed schedules. Please paperclip. **Do not staple.**

Status 010

Contribution and Donation 0000

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. If I made a contribution to a START Savings Program, I consent that my Social Security Number may be given to the Louisiana Office of Student Financial Assistance to properly identify the START Savings Program account holder. If married filing jointly, both Social Security Numbers may be submitted. I understand that by submitting this form I authorize the disbursement of individual income tax refunds through the method as described on Line 37.

Your Signature		D	Date (mn	n/dd/yyyy)	Spouse's Signature (If filing join	tly, both must sign.)		Date (mm/dd/yyyy)
PAID	Print/Type Preparer's Na SYAM PRIYA RA		UP	Preparer's S	Signature	Date (mm/dd/yyyy) 02/26/2024	Check] if Self-employed	
PREPARER USE ONLY	Firm's Name ≻ GL	OBAL TAXES	С	Firm's FEIN ►	84-	3171965		
	Firm's Address ► 24	5 ROONEY (CT E	E BRUNS	WICKNJ 08816	Telephone 🕨	678	965-9522

Name

SRIB

Individual Income Tax Return Calendar year return due 5/15/24

P02082703

PTIN, FEIN, or LDR

Account Number of Paid Preparer

Mail to: Department of Revenue

PO BOX 3440 BATON ROUGE LA 70821-3440

For Office Use Only.

DO NOT SEND CASH.

