Internal Revenue Service

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)

l axpayer's name	Social security number						
ANUPAM OMPOLU	282-95-6167						
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 57,663.						
2 Total tax	2 5,039.						
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 11,800.						
4 Amount you want refunded to you	4 6,761.						
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

X	I authorize	GLOBAL TAXES	LLC	to enter or generate my PIN
			ERO firm name	

5	6	1	6	7	
Ent don	er fiv n't er	ve di nter a	gits, all ze	but ros	as my

signature on the income tax return (original or amended) I am now authorizing.

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

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

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 >										
Practitioner PIN Method Returns Only—continue below										
Part III	Certification and Authentication – Practitioner PIN Method Only									
ERO's EFII	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2	 	 0 all zei		2	7 1	1

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 ►			
ERO Must Retain This F Don't Submit This Form to the I			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 02/11/24 PRO	Form 8879 (Rev. 01-2021)

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta >		turn	202	3	OMB No. 1545	-0074	IRS Use Only	/—Do not w	vrite or sta	aple in this space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	curity number
ANUPAM			OMP	OLU								6167
	oouse's	s first name and middle initial	Last r							-		I security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	pt. no.	Preside	ntial Ele	ection Campaigr
995 SOUI	HERI	N ARTERY						6	09		,	ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode			jointly, want \$3 nd. Checking a
QUINCY				-		MZ	ł	021	69	, v		not change
Foreign country	/ name			Foreign p	rovince/state/o	count	ty	Foreig	n postal code	your tax	k or refu	und.
											Yo	ou 🗌 Spouse
Filing Status		Single					Head of he	ouseh	old (HOH)			
Check only		Married filing jointly (even if only o	ne hac	d income)			_					
one box.		Married filing separately (MFS)							ing spouse			
		you checked the MFS box, enter the			pouse. If you	u che	ecked the HOF	l or Q	SS box, ente	er the ch	ild's na	me if the
	qu	alifying person is a child but not you	ır depe	endent:								
Digital	At ar	ny time during 2023, did you: (a) rec	eive (a	s a reward	d, award, or	payr	ment for prope	rty or :	services); or	· (b) sell,		
Assets	exch	hange, or otherwise dispose of a digi	ital ass	set (or a fi	nancial intere	est ir	n a digital asse	et)? (Se	e instructio	ns.)	Y	es 🛛 No
Standard	Som	neone can claim: 🗌 You as a de	pende	ent 🗌	Your spouse	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	1					
Age/Blindness	S You	: Were born before January 2, 1	959	Are b	lind Spc	ouse	: 🗌 Was bor	n befo	ore January	2, 1959		s blind
Dependents				<u> </u>	Social security		(3) Relationsh	14				(see instructions):
If more	•	irst name Last name		(2)	number		to you		Child tax c	redit	Credit fo	or other dependents
than four												
dependents,												
see instructions and check	s —											
here												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	see instruc	ctions) .					. 1a	l	63,983.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1b	,	
W-2 here. Also	С	Tip income not reported on line 1a	ı (see i	nstructior	ıs)					. 10	;	
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)					. 1d					
1099-R if tax	е	Taxable dependent care benefits f	rom F	orm 2441,	, line 26					. 1e	•	
was withheld.	f	Employer-provided adoption bene								. 1f		
lf you did not get a Form	g	Wages from Form 8919, line 6 .	• •							. 1g		
W-2, see	h	Other earned income (see instruction	,				· · · ·	· ·		. 1h		0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions))		1 i					62 002
	<u>z</u>	Add lines 1a through 1h	 . i		· · · ·	· ·				. 1z		63,983.
Attach Sch. B if required.	2a	· · -	2a				axable interest			. 2b		
	<u>3a</u>		3a				Ordinary divider			. 3b		
Standard	4a		4a				axable amoun			. 4b		
Deduction for –	5a		5a				axable amoun		• • •	. 5b		
 Single or Married filing 	6a	, _	6a	mathad			axable amount	t	· · ·	. 6b)	
separately, \$13,850	с 7	If you elect to use the lump-sum e				•	,	• •	l			
 Married filing 	7 8	Capital gain or (loss). Attach Scher Additional income from Schedule		•	•		, check here	• •	l	7 . 8		-6,320.
jointly or Qualifying	о 9	Additional income from Schedule Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	,				 a	• •		· 0		57,663.
surviving spouse, \$27,700	9 10	Add lifes 12, 20, 30, 40, 50, 60, 7, Adjustments to income from Sche					•	• •		· 9		5,,005.
 Head of 	11	Subtract line 10 from line 9. This is		-		 ne		• •		. 11		57,663.
household, \$20,800	12	Standard deduction or itemized								. 12	-	13,850.
 If you checked any box under 	13	Qualified business income deduction		•		,	5-A			. 13	-	,000.
Standard Deduction,	14	Add lines 12 and 13								. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ess, enter	-0 This is v	our f	taxable incom	ie .		. 15		43,813.
				-,					-			

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	3)						Page 2
Tax and	16	Tax (see instructions). Check if any from Form	n(s): 1 🗌 881	4 2 4972	3 🗌	16	5,039.
Credits	17	Amount from Schedule 2, line 3				17	,
	18	Add lines 16 and 17				18	5,039.
	19	Child tax credit or credit for other dependen	ts from Sched	ule 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	5,039.
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21 .		23	0.
	24	Add lines 22 and 23. This is your total tax				24	5,039.
Payments	25	Federal income tax withheld from:					
-	а	Form(s) W-2			25a 11	,800.	
	b	Form(s) 1099			25b		
	с	Other forms (see instructions)			25c		
	d	Add lines 25a through 25c				25	d 11,800.
If you have a	26	2023 estimated tax payments and amount a	applied from 20	22 return		26	;
qualifying child,	27	Earned income credit (EIC)		No	27		
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812	2		28		
	29	American opportunity credit from Form 886	3, 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	r total other pa	ayments and refu	undable credits	32	2
	33	Add lines 25d, 26, and 32. These are your to	otal payments			33	11,800.
Refund	34	If line 33 is more than line 24, subtract line 2	4 from line 33.	This is the amou	nt you overpaid	34	6,761.
	35a	Amount of line 34 you want refunded to you		is attached, che	ck here	. 🗌 35	a 6,761.
Direct deposit?	b	Routing number 0 2 1 2 0 0 3			Checking	Savings	
See instructions.	d	Account number 3 8 1 0 5 3 0	7 1 6 8	3 2			
	36	Amount of line 34 you want applied to your	2024 estimate	edtax	36		
Amount	37	Subtract line 33 from line 24. This is the am	ount you owe				
You Owe		For details on how to pay, go to www.irs.go	v/Payments or	see instructions		37	,
	38	Estimated tax penalty (see instructions) .			38		
Third Party	Do	you want to allow another person to dis	cuss this retu	rn with the IRS?	See		_
Designee	ins	tructions			🗌 Yes. Co	omplete below	/. 🗶 No
	De na	signee's	Phone no.			onal identificatio per (PIN)	n
Ciara		der penalties of perjury, I declare that I have examine		accompanying sche			st of my knowledge and
Sign		ief, they are true, correct, and complete. Declaration					
Here	Yo	ur signature	Date	Your occupation		If the IRS	sent you an Identity
						Protection	PIN, enter it here
Joint return?				IT PROFESS	SIONALS	(see inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupat	ion		sent your spouse an otection PIN, enter it here
your records.						(see inst.)	otection Pin, enter it here
	Ph	one no. (203)809-9097	Email address		- COM	, ,	
		parer's name Preparer's signa	1	ANU26@LIVI		PTIN	Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA				P0208270	
Preparer		n's name GLOBAL TAXES LLC	TADAG INAN	OUFIA IAUUAM	02/20/2024	P0200270. Phone no.	
Use Only		n's address 245 ROONEY CT E BRU	INGWICK N	J 08816		Firm's EIN	
Go to wave in a		1040 for instructions and the latest information.	TIOMICIC IN		DEV 00/11/21		Form 1040 (2023)
00 10 WWW.IIS.go	JV/IFO/I	noto in instructions and the latest information.		BAA	REV 02/11/24 PRO		FORM IUTU (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 2 3

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
ANUPAM OMPOLU		282-95	-6167
		-	

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 3 Business income or (loss). Attach Schedule C 3 4 Other gains or (losse). Attach Schedule F 3 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 6 6 Farm income or (loss). Attach Schedule F 6 7 Other income: 8a (9 Other income or (loss). Attach Schedule F 6 7 Other income: 8a (9 Toreign earned income exclusion from Form 2555 8d (1 Income from Form 8853 8f 1 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 8i 1 Income from the rental of personal property if you engaged in the rental for profit but were not in the business of senting such property 8i <	Par	t Additional Income			
2a Alimony received 2a b Date of original divorce or separation agreement (see instructions): 3 B Uther gains or (losse), Attach Schedule C 3 4 Other gains or (losse), Attach Form 4797 4 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 6 Tunemployment compensation 6 7 Unemployment compensation 7 6 Gambling 7 7 Gambling 8a (6 Foreign earned income exclusion from Form 2555 8d (6 Income from Form 8853 8e 7 Activity not engaged in for profit income 8i 9 Activity not engaged in for profit income 8i 1 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 8n 9 Section 951(a) inclusion (see instructions) 8a 9 Section 951(a) inclusion (see instructions) 8a 9 Total other income. Add lines 8a through 82 8a 9 Total other income. Add lines 8a through 82 8a <	1	Taxable refunds, credits, or offsets of state and local income taxes		1	
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3 Business income or (loss). Attach Schedule C 3 4 Other gains or (losses). Attach Schedule F 4 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 -6,320. 6 Farm income or (loss). Attach Schedule F. 6 -6,320. 7 Unemployment compensation 7 8 Net operating loss 8a -6 6 Gambling 8a -7 7 Other income: 8a -7 8 Cancellation of debt 8c 8d 6 Cancellation of debt 8c 8d 9 Income from Form 8853 8d 8d 9 Activity not engaged in for profit income 8d 8d 9 Torkity not engaged in for profit income 8d 8d 1 Income from the rental of personal property if you engaged in the rental for profit butwere not in the business of renting such property 8d 8d 1 Income from Startuctions) 8d 8d 8d 8d 1 Income from Torus ABLE account (see instructions) 8d 8d 8d <th>b</th> <th>Date of original divorce or separation agreement (see instructions):</th> <th></th> <th></th> <th></th>	b	Date of original divorce or separation agreement (see instructions):			
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8 Other income: 8a () a Net operating loss 8a () b Gambling 8b 8c c Cancellation of debt 8c 8d () e Income from Form 8853 8d ()) e Income from Form 8853 8d ()) f Income from Form 8859 8f)) g Alaska Permanent Fund dividends 8g))) h Jury duty pay 8h))) i Prizes and awards 8i))))) i Prizes and awards 8i)))))) i 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 8k)))))))))))))))))))	6	Farm income or (loss). Attach Schedule F.		6	
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b Gambling Bb c Cancellation of debt Bc d Foreign earned income exclusion from Form 2555 Bd d Income from Form 8853 Bc g Alaska Permanent Fund dividends Bg g Alaska Permanent Fund dividends Bg h Jury duty pay Bh Bi i Prizes and awards Bi Bi j Activity not engaged in for profit income Bi Bi j Activity not engaged in for profit income Bi Bi j Activity not engaged in for profit income Bi Bi j Activity not engaged in for profit income Bi Bi j Activity not engaged in for profit income Bi Bi j Activity not engaged in for profit income Bi Bi j Activity not engaged in for profit income Bi Bi j Activity not engaged in for profit income Bi Bi j Moreas and USOC prize money (see instructions) Bi Bi j Section 951(a) inclusion (see instructions)	8	Other income:			
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j Activity not engaged in for profit income k Stock options k Stock options 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 m Olympic and Paralympic medals and USOC prize money (see instructions) m Section 951(a) inclusion (see instructions) n Section 951(a) inclusion (see instructions) p Section 951A(a) inclusion (see instructions) p Section 461(l) excess business loss adjustment g Taxable distributions from an ABLE account (see instructions) g Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d u Wages earned while incarcerated z Other income. List type and amount: g Total other income. Add lines 8a through 8z 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	h				
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instructions)			81		
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q Taxable distributions from an ABLE 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 nonqualifed deferred compensation plan or a nongovernmental section 457 plan 8t u Wages earned while incarcerated 8u 8u o Other income. List type and amount: 8z 9 Total other income. Add lines 8a through 8z 9 10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 9	0				
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 s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan u Wages earned while incarcerated Other income. List type and amount: 9 Total other income. Add lines 8a through 8z 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 -6, 320. 	•				
1040, line 1a or 1d 1000, line 1a or 1d 10000, line			8r	_	
t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan 8t u Wages earned while incarcerated 8u z Other income. List type and amount: 8z 9 Total other income. Add lines 8a through 8z 9 10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 9	S				
a nongovernmental section 457 plan			8s (4	
u Wages earned while incarcerated 8u 8u z Other income. List type and amount: 8z 9 9 Total other income. Add lines 8a through 8z 9 9 10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 9	t				
z Other income. List type and amount: 8z 9 9 Total other income. Add lines 8a through 8z				_	
9 Total other income. Add lines 8a through 8z. 9 10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 9			80	_	
9 Total other income. Add lines 8a through 8z	Z	Other Income. List type and amount:	0-		
10Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 810-6, 320.	~				
1040, 1040-SR, or 1040-NR, line 8					
	10	Lombine lines I through / and 9. This is your additional income. Enter	nere and on Form		6 220
	Ear D-				

F tice, see your ta ipe retu istructio

Schedule 1 (Form 1040) 2023

Par	Adjustments to Income				
11	Educator expenses			. 11	
12	Certain business expenses of reservists, performing artists, and fee-	basis	aovernmer	nt 🗌	
	officials. Attach Form 2106			. 12	
13	Health savings account deduction. Attach Form 8889				
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				
18	Penalty on early withdrawal of savings				
19a	Alimony paid				1
b	Recipient's SSN				
с	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction				
21	Student loan interest deduction				
22	Reserved for future use				
23	Archer MSA deduction			. 23	
24	Other adjustments:				
a		24a			
	Deductible expenses related to income reported on line 8l from the				
		24b			
с	Nontaxable amount of the value of Olympic and Paralympic medals				
-		24c			
d		24d			
e	Repayment of supplemental unemployment benefits under the Trade				
•		24e			
f		24f			
g		24g		_	
U	Attorney fees and court costs for actions involving certain unlawful	- 3		_	
		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				
		24i			
i		24i			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k			
7	Other adjustments. List type and amount:				
-		24z			
25	Total other adjustments. Add lines 24a through 24z			. 25	1
26	Add lines 11 through 23 and 25. These are your adjustments to income .				+
	Form 1040, 1040-SR, or 1040-NR, line 10				
	BAA		11/24 PRO		ule 1 (Form 1040) 202

SCHEDULE E	
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

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

Department of the Treasury

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

2023
Attachment Sequence No. 13

Internal	Revenue Service		Go to	www.irs.gov/ScheduleE f	or instr	uctions a	nd the la	atest ir	nformation.		Sequen	ice No. 13
Name(s) shown on return	-								Your soci	al security	number
ANUE	AM OMPOLU									282-9	5-6167	
Part	I Income	or Lo	ss From	Rental Real Estate a	nd Ro	yalties						
	Note: If yo	ou are ir	n the busine	ss of renting personal prope	erty, use	Schedul	e C . See	e instru	ctions. If you	are an indi	vidual, rep	ort farm
				orm 4835 on page 2, line 40		– ()						
				23 that would require you								
BI			-								. Ye	es 🗌 No
1a	Physical add	ress of	each prop	erty (street, city, state, Z	IP cod	e)						
Α	5-4-1310/	4, PHZ	ASE 3 VA	ANASTHALIPURAM TE	LANG	ANA IN	5000	70				
В												
С												
1b	Type of Prope	erty 2 For each rental real estate property listed Fair Rental Personal Use										
	(from list below			report the number of fai					Days		ays	QJV
Α	3	,		al use days. Check the C			Α		365		0	
В				neet the requirements to			B				0	
C			qualifie	ed joint venture. See instr	ructions	s.	C					
	of Property:	I					•					
	Single Family R	losidon	<u>6</u> 3	Vacation/Short-Term Re	ntal	5 Lano	4	7	Self-Rental			
	Multi-Family Re			Commercial	mai	6 Roya						
2	Mani-r army rie	Sideric	-C -	Commercial		0 1109	antes	0	Other (desc			
									Propert	ies:		
ncon	ne:						Α		В			С
3	Rents received	d			3		3	85.				
4	Royalties rece	ived .			4							
Exper	ises:											
5	Advertising				5							
6	Auto and trave	el (see i	nstruction	s)	6							
7	Cleaning and I	mainte	nance		7		1,1	24.				
8	Commissions				8							
9	Insurance .				9							
10	Legal and othe	er profe	essional fe	es	10							
11	Management f	fees .			11		7	46.				
12	Mortgage inter	rest pa	id to bank	s, etc. (see instructions)	12							
13					13							
14					14		1,2	35.				
15	-				15			87.				
16					16		-					
17	Utilities				17		2,0	13.				
18				ion	18		-					
19	Other (list)	•	•		40							
20		s. Add	lines 5 thr	ough 19	20		6,7	05.				
21	•			its) and/or 4 (royalties). If								
				ns to find out if you must								
					21		-6,3	20.				
22				ss after limitation, if any,								
				s)	22	(6,32	20.)	()	(
23a				n line 3 for all rental prop		P		23a	\ \	385.		
b				n line 4 for all royalty pro				23b				
c				n line 12 for all properties	-			23c				
d				n line 18 for all properties			•	23d				
e				n line 20 for all properties			•	23e		6,705.		
24				shown on line 21. Do no				200		. 24		
25				line 21 and rental real esta				nter to	tal losses ho		(6,320.
26											\	5,520.
20	rotal rental re	ear est	ate and r	oyalty income or (loss).	. Comb	me imes	24 and	ı∠ɔ. E	ther the res	սւլ		

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

-6,320.

26

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888 Form Department of the Treasury

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

Go to www.irs.gov/Form8889 for instructions and the latest information

	Sequence No. 52
	ber of HSA beneficiary. HSAs, see instructions
282-95-	6167

2

Internal	Revenue Service		S	equence No. 52
) shown on Form 1040, 1040-SR, or 1040-NR		nave HS	f HSA beneficiary. As, see instructions.
	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance			
Part	HSA Contributions and Deduction. See the instructions before completing and both you and your spouse each have separate HSAs, complete a separate			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) of			
	See instructions		🖄 Se	lf-only 🗌 Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those nunextended due date of your tax return that were for 2023. Do not include employer contributions through a cafeteria plan, or rollovers. See instructions	ontributions,	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during were, or were considered, an eligible individual with the same coverage, enter \$3,850 family coverage). All others , see the instructions for the amount to enter	(\$7,750 for	3	3,850.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during include any amount contributed to your spouse's Archer MSAs	Form 8853, g 2023, also	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			
	coverage under an HDHP at any time during 2023, see the instructions for the amount to e		6	3,850.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had fam under an HDHP at any time during 2023, enter your additional contribution amount. See in		7	0.
8	Add lines 6 and 7		8	3,850.
9	Employer contributions made to your HSAs for 2023	612.		
10	Qualified HSA funding distributions 10			61.0
11	Add lines 9 and 10		11	612.
12	Subtract line 11 from line 8. If zero or less, enter -0		12	3,238.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), P Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instruction		13	0.
Part			irate l	ISAs complete
	a separate Part II for each spouse.		liutoi	
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 contributions (and the earnings on those excess contributions) included on line 14a	any excess		
	withdrawn by the due date of your return. See instructions		14b	
	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, 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 Addition Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on are subject to the additional 20% tax. Also, include this amount in the total on Sched 1040), Part II, line 17c	ule 2 (Form	17b	
Part	completing this part. If you are filing jointly and both you and your spouse ea complete a separate Part III for each spouse.	ich have sep		
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		20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schere 1040), Part II, line 17d	•		
			21	

For Paperwork Reduction Act Notice, see your tax return instructions.

REV 02/11/24 PRO BAA



Form M-8453 Individual Income Tax Declaration for Electronic Filing

2023
Massachusetts
Department of
Revenue

Your first name and initial	Last	name		Your Social Security number		
ANUPAM OMPOLU	LU 282956167					
If a joint return, spouse's first name and initial	Last	name	Spouse's Social Security number			
Present street address (and apartment number)						
995 SOUTHERN ARTERY APT NO 609						
City/Town/Post Office	State	Zip	Filing status:		O Married filing jointly	
QUINCY	MA	02169		 Married filing separately 	O Head of household	

1 Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12)	57663
2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36)	2262
3 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38)	
4 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42)	2025
	670
6 Tax due (from Form 1, line 54, or Form 1-NR/PY, line 58)	

Part 2. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2023 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signature

Date

Spouse's signature Date

Part 3. Declaration and Signature of Electronic Return Originator (ERO)

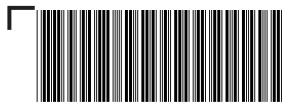
I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and 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. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

ERO's signature and SSN or PTIN		Date	EIN		O Fill in if
		02202024	843171	965	self-employed
Firm name (or yours, if self-employed	d) and address	City/Town	State	Zip	O Fill in if also
GLOBAL TAXES LLC	245 ROONEY CT	E BRUNSWICK	NJ	08816	paid preparer

Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Paid preparer's signature and SSN or PTIN	Date	EIN		O Fill in if
P02082703	02202024	843171	965	self-employed
Firm name (or yours, if self-employed) and address	City/Town	State	Zip	
SYAM PRIYA RAM SAGAR GUPTA TALLAM 245 ROONEY CT	E BRUNSWICK	NJ	08816	



2023 Form 1

MA23001011555 Massachusetts Resident Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

FOR FULL YEAR RESIDENTS UNLY

For the year January 1–December 31, 2023 or other taxable Year beginning Ending

ANUPAM	OMPOL	J	282956167			
995 SOUTHERN ARTER	RY	QU	INCY		MA 02169	
					609	
Fill in if: Amended return	Other jurisdictio	n change Enter date of chan	ge			
Federal amendment	Amended re	eturn due to IRS BBA Partnersh	nip Audit			
State Election Campaign Fund:				\$1 You	\$1 Spouse TOTAL	
Fill in if veteran of Operations Enduring Fre	edom, Iraqi Fre	edom, Noble Eagle or Sinai Pe	ninsula	You	Spouse	
Taxpayer deceased				You	Spouse	
Fill in if under age 18				You	Spouse	
Fill in if name change				You	Spouse	
a. Total federal income		57663		Fill in if non	custodial parent	
b. Federal adjusted gross income		57663		Fill in if filing	II in if filing Schedule TDS	
1. Filing status (select one only):	X Single			Fill in if filin	g Schedule FCI	
	Married	l filing jointly		Fill in if repo	orting crypto currency	
	Married	I filing separate return NF	A			
	Head o	f household You are	a custodial parent who has r	eleased claim	to exemption for child(ren)	
2. Exemptions						
a. Personal exemptions				2a	4400	
b. Number of dependents. (Do no	t include yourse	elf or your spouse.) Enter numb	er ×	\$1,000 = 2b		
c. Age 65 or over before 2024	You +	Spouse =		× \$700 = 2c		
d. Blindness	You +	Spouse =	×	\$2,200 = 2d		
e. Medical/dental				2e		
f. Adoption				2f		
g. Total exemptions. Add items 2a	a through 2f. Ent	er here and on line 18		2g	4400	
SIGN HERE. Under penalties of perjur	y, I declare tha	t to the best of my knowledg	e and belief this return and	enclosures ar	re true, correct and complete.	
Your signature	Date	Spouse's signate	ure	Date		
				203-8	809-9097	

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



2023 Form 1, pg. 2 MA23001021555

Massachusetts Resident Income Tax Return

282956167

3.	Wages, salaries, tips	3	63983
4.	Taxable pensions and annuities	4	
5.	Mass. bank interest: a. – b. exemption	= 5	
6a.	Business/profession income/loss	6a	
6b.	Farming income/loss	6b	
7.	Rental, royalty and REMIC, partnership, S corp., trust income/loss	7	-6320
8a.	Unemployment	8a	
8b.	Mass. lottery winnings	8b	
9.	Other income from Schedule X, line 7	9	
10.	TOTAL 5.0% INCOME	10	57663
11a.	Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	11a	2000
11b.	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	11b	
12.	Reserved for future use	12	
13.	Reserved for future use	13	
14.	Rental deduction. a. 12000	÷ 2 = 14	4000
15.	Other deductions from Schedule Y, line 19	15	
16.	Total deductions. Add lines 11 through 15	16	6000
17.	5.0% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0"	17	51663
18.	Exemption amount	18	4400
19.	5.0% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0"	19	47263
20.	INTEREST AND DIVIDEND INCOME	20	
21.	TOTAL TAXABLE 5.0% INCOME. Add lines 19 and 20	21	47263
22.	TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the		
	amount in Schedule D, line 21 by .0585	22	2363
23.	INCOME FROM SCHEDULE B. Not less than "0."		
	a. × .085 = 23a		
	b. x .12 = 23b		
	TOTAL TAX ON INCOME FROM SCHEDULE B. Add lines 23a and 23b	23	
		4	

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1



2023 Form 1, pg. 3

MA23001031555 Massachusetts Resident Income Tax Return 282956167

24. TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS 24 Fill in if any excess exemptions were used in calculating lines 20, 23 or 24 25. Credit recapture amount (from Credit Recapture Schedule) 25 26. Additional tax on installment sale 26 27. If you qualify for No Tax Status, fill in and enter "0" on line 28 28. TOTAL INCOME TAX. 2363 a. Income tax. Add lines 22 through 26 28a b. 4% Surtax. (from Schedule 4% Surtax, line 7) 28b 2363 c. Total tax. Add lines 28a and 28b 28 29. Limited Income Credit 29 30. Income tax due to another state or jurisdiction 30 31. Other credits from Credit Manager Schedule 31 32. INCOME TAX AFTER CREDITS. Subtract the total of lines 29 through 31 from line 28. Not less than "0" 32 2363 33. Voluntary Contributions a. Endangered Wildlife Conservation 33a b. Organ Transplant Fund 33b c. Massachusetts Public Health HIV and Hepatitis Fund 33c d. Massachusetts U.S. Olympic Fund 33d e. Massachusetts Military Family Relief Fund 33e f. Homeless Animal Prevention and Care 33f Total. Add lines 33a through 33f 33 34. Use tax due on Internet, mail order and other out-of-state purchases 34 35 **35.** Health care penalty a. You + b. Spouse 36. Amended return only. Overpayment from original return 36 2363 37. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 32 through 36 37 38. a. Massachusetts income tax withheld from Form(s) W-2 38a 3035 b. Massachusetts income tax withheld from Form(s) 1099 38b 38c c. Massachusetts income tax withheld from other forms 3035 Total. Add lines 38a through 38c 38



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MA23001041555 Massachusetts Resident Income Tax Return 282956167

39. 40. 41. 42. 43.	2022 overpayment applied to your 2023 estimated tax 2023 Massachusetts estimated tax payments Payments made with extension Amended return only. Payments made with original return. Not less than "0" Earned Income Credit. a. Number of qualifying children b. Amount from U.S. I Note: You cannot claim the Earned Income Credit if your filing status is married filin for an exception (see instructions). Fill in if you qualify for this exception	g separately unless you qualify	
	Senior Circuit Breaker Credit Reserved for future use	44 45	
	Child and Family Tax Credit	40	
	a.	× \$310 = 46	
47.	Other Refundable Credits	47	
48.	Total Refundable Credits. Add lines 43 through 47	48	
49.	Excess Paid Family Leave Withholding	49	
50.	TOTAL. Add lines 38 through 42 and lines 48 and 49	50	3035
51.	Overpayment. Subtract line 37 from line 50	51	672
52.	Amount of overpayment you want applied to your 2024 estimated tax	52	680
53.	Refund. Subtract line 52 from line 51. Mail to: Massachusetts DOR, PO Box 7000,	Boston, MA 02204 53	672
	Direct deposit of refund. Type of account X checking savings		
	RTN # 021200339 account # 381053071682		
54.	Tax due. Pay online at www.mass.gov/dor/payonline.Mail to: Mass. DOR, PO BInterestPenaltyM-2210 amt.	ox 7003, Boston, MA 02204 54	EX enclose Form M-2210
May t	ne Department of Revenue discuss this return with the preparer shown here?		
•	ot want preparer to file my return electronically	(this may delay your refund)	Paid preparer's
	paid preparer's name	Date Check if self-employed	SSN/PTIN
	M PRIYA RAM SAGAR GUPTA TALLAM		P02082703
Paid p	preparer's signature	Paid preparer's phone	Paid preparer's EIN
-		678-965-9522	84-3171965
SYA	AM PRIYA RAM SAGAR GUPTA TALLAM		
	BE SUBE TO INCLUDE THIS PAGE W	TH FORM 1. PAGE 1	

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2023 Schedule INC

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ANUPAM	OMPOI	LŪ	2829561	67	
Form W-2 and	1099 Inform	ation			
A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
814017137	3035	63983	5163		W2

TOTALS 3035 63983	5163
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2023 Schedule HC

MA23029011555

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions). **Note:** Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return. ANUPAM OMPOLU

282956167

1a.	Date of birth	08311981	1b. Spouse's date of birth	1c. Family size	1	

Federal adjusted gross income	
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3. Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. Note: MassHealth, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions.

See instructions if, during 2023, you turned 18, you	3a You:	X Full-year MCC	Part-year MCC	No MCC/None
were a part-year resident or a taxpayer was deceased.	3a Spouse:	Full-year MCC	Part-year MCC	No MCC/None
If you filled in the full-year or part-year MCC oval, go to line 4. If yo	ou filled in No MC	C/None, go to line 6.		

4. Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2023, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were enrolled in private insurance and MassHealth or Commonwealth Care and enter your private insurance information in line(s) 4f and/or 4g and go to line 5.

 Private insurance, including ConnectorCare (completes line(s) 4f and/or 4g below) 	You	Spouse
4b. MassHealth. Fill in and go to line 5	X You	Spouse
4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5	You	Spouse
4d. U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5	You	Spouse
4e. Other program (enter the program name(s) only in lines 4f and/or 4g below). Note: Health Safety Net	You	Spouse
is not considered insurance or minimum creditable coverage.		

- 4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.
- 4g. Spouse Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.
- 5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Other wise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2023, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

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282956167 MA23029021555

You might be eligible for low- or no-cost health insurance coverage.

If you (and/or your spouse, if married filing jointly) do not have health insurance coverage, you might be eligible for health insurance coverage programs made available by the Commonwealth of Massachusetts. By filling in the oval below, you authorize DOR to share information from your tax return and attached schedules with the Health Connector. If you are married filing jointly, both spouses must check the box for the Health Connector to receive all of your information. The Health Connector will assess your eligibility for those coverage options, including low- or no-cost coverage, and contact you with information. See instructions.

You: I authorize DOR to share this tax return including attached schedules with the Massachusetts Health Connector for the purpose of assessing my eligibility for insurance affordability programs and contacting me with information about the same.

Spouse: I authorize DOR to share this tax return including attached schedules with the Massachusetts Health Connector for the purpose of assessing my eligibility for insurance affordability programs and contacting me with information about the same.

Your Health Insurance

6. Was your income in 2023 at or below 150% of the federal poverty level? 6 Yes No If you answer Yes, you are not subject to a penalty in 2023. Skip the remainder of this schedule and complete your tax return. If you answer No and you were enrolled in a health insurance plan that met the MCC requirements for part, but not all, of 2023, go to line 7. If you answer No and you had no insurance or you were enrolled in a plan that did not meet the MCC requirements during the period that the mandate applied, go to line 8a.

7. Complete this section only if you, and/or your spouse if married filing jointly, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2023. Fill in below the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, fill in the months you were covered by a plan that met the MCC requirements at least 15 days or more. If, during 2023, you turned 18, you were a part-year resident or a taxpayer was deceased, fill in the oval(s) below for the month(s) that met the MCC requirements during the period that the mandate applied. See instructions.

You may only fill in the month(s) you had health insurance that met MCC requirements. If you had health insurance, but it did not meet MCC requirements, you must skip this section and go to line 8a.

Months Covered By Health Insurance

You:	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Spouse:	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
If you had four or more consecutive months either with no insurance or insurance that did not meet the MCC requirements (four or more blank months in a row),												

go to line 8a. Otherwise, a penalty does not apply to you in 2023. Skip the remainder of this schedule and complete your tax return.

Religious Exemption and Certificate of Exemption

8a.	Religious exemption: Are you claiming an exemption from the requirement to purchase health insurance based	8a You	Yes	No
	on your sincerely held religious beliefs that cause you to object to substantially all forms of treatment covered by			
	health insurance?	Spouse	Yes	No
If you a	nswer Yes, go to line 8b. If you answer No, go to line 9.			
8b.	If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2023 tax year?	8b You	Yes	No
		Spouse	Yes	No
If you a	nswer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to li	ne 8b, go to line 9		
9.	Certificate of exemption: Have you obtained a Certificate of Exemption issued by the Massachusetts Health	9 You	Yes	No
	Connector for the 2023 tax year?	Spouse	Yes	No
If you a	nswer Yes, enter the certificate number, skip the remainder of this schedule and continue completing your tax			

return. If you answer No to line 9, go to line 10.





2023 Schedule HC, pg. 3

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Affordability as Determined By State Guidelines

Note: This section will require the use of worksheets and tables found in the instructions. You must complete the worksheet(s) to determine if health insurance was affordable to you during the 2023 tax year.

10. Did your employer offer affordable health insurance that met minimum creditable coverage requirements	10 You	Yes	No
as determined by completing the Schedule HC Worksheet for Line 10 in the instructions?	Spouse	Yes	No
Fill in No if your employer did not offer health insurance that met minimum creditable coverage requirements, you were not eligit	ble for health insu	irance offere	ed by
your employer, you were self-employed or you were unemployed.			
11. Were you eligible for government-subsidized health insurance as determined by completing the Schedule HC	11 You	Yes	No
Worksheet for Line 11 in the instructions?	Spouse	Yes	No
If you answer No, go to line 12. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your	penalty amount.		
12. Were you able to purchase affordable private health insurance that met minimum creditable coverage requirements	12 You	Yes	No
as determined by completing the Schedule HC Worksheet for Line 12 in the instructions?	Spouse	Yes	No
If you answer No, you are not subject to a penalty. Continue completing your tax return. If you answer Yes, go to the Health Care	e Penalty Worksh	eet in the	

instructions to calculate your penalty amount.

Complete Only If You Are Filing An Appeal

You must complete the Health Care Penalty Worksheet to determine your penalty amount before completing this section.

You may have grounds to appeal if you were unable to obtain affordable insurance that meets the minimum creditable coverage requirements in 2023 due to a hardship or other circumstances. The grounds for appeal are explained in more detail in the instructions. If you believe you have grounds for appealing the penalty, fill in the field(s) below. The appeal will be heard by the Massachusetts Health Connector. By filling in the field below, you (or your spouse if married filing jointly) are authorizing DOR to share information from your tax return, including this schedule, with the Massachusetts Health Connector for purposes of deciding your appeal. **You will receive a follow-up letter asking you to state your grounds for appeal in writing, and submit supporting documentation. Failure to respond to that letter within the time specified in the letter will lead to dismissal of your appeal and will result in a future assessment of a penalty.** Once your documentation is received, it will be reviewed by the Massachusetts Health Connector and you may be required to attend a hearing on your case. You will be required to file your claims under the pains and penalties of perjury.

Note: If you are filing an appeal, make sure you have calculated the penalty amount that you are appealing, but do not assess yourself or enter a penalty amount on your Form 1 or Form 1-NR/PY. Also, do not include any hardship documentation with your original return. You will be required to submit substantiating hardship documentation at a later date during the appeal process.

You: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

Spouse: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

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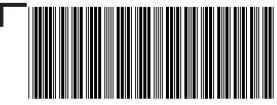


2023 Schedule E

MA23013041555

ANUPAM OMPOLU 282956167 Income or Loss from Real Estate and Royalties Income 1. Rents received 1 385 2. Royalties received 2 Expenses 3. Advertising 3 4. Auto and travel 4 1124 5. Cleaning and maintenance 5 6. Commissions 6 7 7. Insurance 8. Legal and other professional fees 8 746 9 9. Management fees 10. Mortgage interest paid to banks, etc. 10 11. Other interest 11 1235 12. Repairs 12 1587 13. Supplies 13 14. Taxes 14 2013 15. Utilities 15 16. Other expenses 16 17. Add lines 3 through 16 17 6705 18. Depreciation expense or depletion 18 6705 19. Total expenses. Add lines 17 and 18 19 -6320 20. Income or loss from rental real estate or royalty properties 20 -6320 21. Deductible rental real estate loss 21 22. Income. Enter positive amounts shown on line 20 22 -6320 23. Losses. Add royalty losses from line 20 and real estate losses from line 21 23 -6320 24. Rental real estate and royalty income or loss 24

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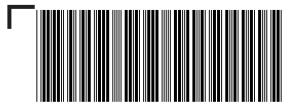
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Income or Loss from Partnerships and S Corporations 25. Passive loss allowed

	· · ·	
25.	Passive loss allowed	25
26.	Passive income	26
27.	Non-passive loss	27
28.	Section 179 expense deduction	28
29.	Non-passive income	29
30.	Combine lines 26 and 29	30
31.	Combine lines 25, 27 and 28	31
32.	Partnership and S corporation income or loss. Combine lines 30 and 31	32
33.	Interest (other than MA banks) and dividends if included in line 32	33
34.	Interest from Massachusetts banks if included in line 32	34
35.	Total income or loss from partnerships and S corporations	35
36.	Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year	
_	disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses	
Inco	ome or Loss from Estates and Trusts	
37.	Passive deduction or loss allowed	37
38.	Passive income	38
39.	Non-passive deduction or loss	39
40.	Non-passive other income	40
41.	Add lines 38 and 40	41
42.	Add lines 37 and 39	42
43.	Estate and trust income or loss. Combine lines 41 and 42	43
44.	Estate or non-grantor-type trust income	44
45.	Grantor-type trust and non-Massachusetts estate and trust income	45
46.	Interest and dividends if included in line 45	46
47.	Adjustments to 5.0% income	47
48.	Subtotal. Combine lines 46 and 47	48
	Income or loss from grantor type and non-Mass estates and trusts	49
Inco	ome or Loss from REMICs	
50.	Excess inclusion	50
51.	Taxable income or loss	51
52.	Income	52
53.	Combine lines 51 and 52	53





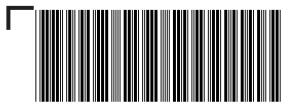
2023 Schedule E, pg. 3

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Farm Income

	Net farm rental income or loss nmary	54	
55.	Income or loss. Combine lines 24, 35, 49, 53 and 54	55	-6320
56.	Massachusetts differences Enclose statements	56	
57.	Abandoned building renovation deduction	57	
58.	Total income or loss. Combine lines 55 through 57	58	-6320





2023 Schedule E-1

MA23013011555

ANUPAM OMPOLU 282956167 5-4-1310/4, PHASE 3 5-4-1310/4, PHASE 3 VANASTHALIPURAM Check one: X Real estate Royalty X Rental property used for short-term rentals

Income or Loss from Real Estate and Royalties

Inco	ome		
1.	Rents received	1	385
2.	Royalties received	2	
Exp	enses		
3.	Advertising	3	
4.	Auto and travel	4	
5.	Cleaning and maintenance	5	1124
6.	Commissions	6	
7.	Insurance	7	
8.	Legal and other professional fees	8	
9.	Management fees	9	746
10.	Mortgage interest paid to banks, etc	10	
11.	Other interest	11	
12.	Repairs	12	1235
13.	Supplies	13	1587
14.	Taxes	14	
15.	Utilities	15	2013
16.	Other expenses	16	
17.	Add lines 3 through 16	17	6705
18.	Depreciation expense or depletion	18	
19.	Total expenses. Add lines 17 and 18	19	6705
20.	Income or loss from rental real estate or royalty properties	20	-6320
21.	Deductible rental real estate loss	21	-6320
22.	Income. Enter positive amounts shown on line 20	22	
23.	Losses. Enter royalty losses from line 20 or rental real estate loss from line 21	23	-6320
24.	Rental real estate and royalty income or loss	24	-6320
25.	Check if this rental property was used by you or your family for more than 14 days or more than		

25. Check if this rental property was used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value