Department of the Treasury 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)

T.....

Тахрау	/er's name	S	ocial sec	urity numb	per
VAS	SUKI NARASIMHA		490-5	57-865	2
Spous	e's name	S	pouse's	social secu	urity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (B	Enter ye	ear you	ı are au	thorizing.)
Enter	whole dollars only on lines 1 through 5.	<u> </u>			
Note	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income			. 1	161,786.
2	Total tax			2	27,191.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	33,555.
4	Amount you want refunded to you			. 4	7,734.
5	Amount you owe			5	
Par					our return)

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

Taxpayer's PIN: check one box only

×	I authorize	GLOBAL TAXES		to enter or generate my PIN	E
			ERO firm name		

7	8	6	5	2	
Ent dor	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 ►	Date ►
Practitioner PIN Method Returns Onl	ly—continue below
Part III Certification and Authentication – Practitioner PIN Me	ethod Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-sele	lected PIN. 2 2 2 4 9 6 0 8 2 7 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 >		Date 🕨	
	Must Retain This Form — See Ins This Form to the IRS Unless Req		
Fax Denemicarly Deduction Act Nation and your t		DEV 02/07/24 DDO	Earm 8870 (Bay, 01 2021)

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

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Onl	y—Do not w	/rite or sta	aple in this space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ding	·		, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	curity number
VASUKI			NAR	ASIMHA	4					490	57	8652
	pouse's	s first name and middle initial	Last r		-					Spouse	's socia	I security number
Homo addross	(numb)	er and street). If you have a P.O. box, see	instruc	tions					.pt. no.	Duccido		
		OOD LN N	instruc					1	.pt. 110.			ection Campaigr /ou, or your
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	te	ZIP co	ode	spouse	if filing	jointly, want \$3
MAPLE GR	ROVE		-			MN	1	553	69			nd. Checking a not change
Foreign country	name			Foreign p	rovince/state/	count	ty		n postal code			0
											Y	ou 🗌 Spouse
Filing Status	; 🗵	Single					Head of h	ouseh	old (HOH)			
Check only		Married filing jointly (even if only or	ne hac	l income)			_					
one box.	L	Married filing separately (MFS)							•	. ,		
		you checked the MFS box, enter the			pouse. If you	u che	ecked the HOF	l or QS	SS box, ent	er the ch	ild's na	ime if the
	qu	alifying person is a child but not you										
Digital		ny time during 2023, did you: (a) rec	•								—	57
Assets		hange, or otherwise dispose of a dig						et)? (Se	e instructio	ons.)	∐ Y	es 🛛 No
Standard Deduction	_	neone can claim: You as a de	•		•		a dependent					
		Spouse itemizes on a separate retur		_			_					
		Were born before January 2, 1	959	Are bl	•	ouse		14	ore January			s blind
Dependents		instructions): irst name Last name		(2) 5	Social security number	/	(3) Relationsh to you	ip (4	Child tax of			(see instructions): or other dependents
lf more than four	(1)											
dependents,												
see instructions and check	s —											
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions) .					. 1a		175,542.
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	a (see i	nstruction	ıs)					. 10	;	
attach Forms W-2G and	d	Medicaid waiver payments not rep	orted	on Form(s	s) W-2 (see i	nstru	ictions)			. 1d		
1099-R if tax	е	Taxable dependent care benefits f								. 1e	•	
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8	3839, line 29	•				. 1f		
lf you did not get a Form	g	Wages from Form 8919, line 6 .	· ·							. 1 g		
W-2, see	h	Other earned income (see instruct	,			· ·	· · · ·	· ·		. <u>1</u> h	<u>ا</u>	0.
instructions.	I	Nontaxable combat pay election (s	see ins	structions))	• •	1 i			_		175 540
AU 1 2 1 -	2	Add lines 1a through 1h Tax-exempt interest	 2a		· · ·	 ьт	•••••	· ·		. 1z	-	175,542.
Attach Sch. B if required.	2a	· ·	2a 3a				axable interest			. 2b . 3b	_	
	<u>3a</u> 4a		3a 4a				ordinary divider axable amoun			. 30	-	
Standard	4a 5a		4a 5a				axable amoun		• • •	. 40	_	
 Deduction for – Single or 	5a 6a		6a				axable amoun			. 6b	_	
Married filing	c	If you elect to use the lump-sum e		method	check here						,	
separately, \$13,850	7	Capital gain or (loss). Attach Sche				•	,	• •		7		
 Married filing jointly or 	8	Additional income from Schedule		•	•		-			. 8		-13,789.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 9		161,786.
surviving spouse, \$27,700	10	Adjustments to income from Sche								. 10	_	,
 Head of household, 	11	Subtract line 10 from line 9. This is				me .				. 11		161,786.
\$20,800	12	Standard deduction or itemized								. 12	-	20,991.
 If you checked any box under 	13	Qualified business income deduct					5-A			. 13	-	
Standard Deduction,	14	Add lines 12 and 13								. 14		20,991.
see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ss, enter	-0 This is y	/our l	taxable incom	ie .	<u> </u>	. 15	5	140,795.

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	(s): 1 🗌 881	4 2 4972	3 🗌		. 16	27,191.
Credits	17	Amount from Schedule 2, lin	ne3					. 17	
	18	Add lines 16 and 17						. 18	27,191.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			. 19	
	20	Amount from Schedule 3, lin	ne8					. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	27,191.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			. 23	0.
	24	Add lines 22 and 23. This is						. 24	27,191.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a	33,55	5.	
	b	Form(s) 1099				25b			
	с	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	,					. 25d	33,555.
If you have a	26	2023 estimated tax payment						. 26	
qualifying child,	27	Earned income credit (EIC)			No	27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .		-		30			
	31	Amount from Schedule 3. lin				31	1,37	<u>'0.</u>	
	32	Add lines 27, 28, 29, and 31	. These are vour	total other pa	avments and ref	undable credit			1,370.
	33	Add lines 25d, 26, and 32. T			-			. 33	34,925.
Refund	34	If line 33 is more than line 24						. 34	7,734.
lioiana	35a	Amount of line 34 you want						35a	7,734.
Direct deposit?	b	Routing number 0 9 1				Checking	Savir	ngs	
See instructions.	d	Account number 1 0 4					_	Ŭ	
	36	Amount of line 34 you want a				36			
Amount	37	Subtract line 33 from line 24				- 1			
You Owe	0.	For details on how to pay, g						. 37	
	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another	,			' See			
Designee		structions	•				Compl	ete below.	🗙 No
U	De	signee's		Phone				dentification	
	nai			no.			mber (P	,	
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here			piete. Deciaration (、	,				, .
	YO	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					TECHNICAL	CONSULTA		(see inst.)	,
See instructions.	Sp	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupat			If the IRS se	nt your spouse an
Keep a copy for your records.									ection PIN, enter it here
your records.								(see inst.)	
		one no. (612)770-592		Email address	CHINMAYA3				
Paid		eparer's name	Preparer's signat			Date	PTI		Check if:
Preparer	SYA	M PRIYA RAM SAGAR GUPTA		A RAM SAC	GAR GUPTA	03/20/202	_	2082703	Self-employed
Use Only	Fir	m's name GLOBAL TAX						Phone no. (678)965-9522
			Y CT E BRU	NSWICK N	J 08816			Firm's EIN	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PR	C		Form 1040 (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 20 23

Department of the Treasury Internal Revenue Service		Attachment Sequence No. 01			
Name(s) shown on Fo	Your soc	Your social security number			
VASUKI NARASIMHA 490-57-8					

Par	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	-13,789.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
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	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
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		
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			10 000
	1040, 1040-SR, or 1040-NR, line 8	• • • • • • •	10	-13,789.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	e 1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis	s government		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
с	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
 a	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the		-	
D	rental of personal property engaged in for profit			
с	Nontaxable amount of the value of Olympic and Paralympic medals		-	
C	and USOC prize money reported on line 8m			
d			-	
	Repayment of supplemental unemployment benefits under the Trade		-	
е	Act of 1974			
			-	
f			-	
g	Contributions by certain chaplains to section 403(b) plans 24g		-	
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)		-	
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	tax law violations		-	
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
z	Other adjustments. List type and amount:			
	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter	er here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10	<u></u>	26	
	BAA REVO)3/07/24 PRO	Schedule 1 (F	orm 1040) 202

Additional Credits and Payments

OMB No. 1545-0074 2

3

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

	Department of the Treasury nternal Revenue Service Go to www.irs.gov/Form1040 for instructions and the latest information.					Attachment Sequence No. 03	
	. ,	rm 1040, 1040-SR, or 1040-NR				security number	
VAS Par	UKI NARASIN	indable Credits		490-5	57-8	3652	
Par							
1	0	credit. Attach Form 1116 if required			1		
2	Credit for c Form 2441	hild and dependent care expenses from Form 244			2		
3	Education c	redits from Form 8863, line 19...........			3		
4	Retirement	savings contributions credit. Attach Form 8880			4		
5a	Residential	clean energy credit from Form 5695, line 15			5a		
b	Energy effic	ent home improvement credit from Form 5695, line 32	2		5b		
6	Other nonre	fundable credits:					
а	General bus	iness credit. Attach Form 3800	6a				
b	Credit for pr	ior year minimum tax. Attach Form 8801	6b				
С	Adoption cr	edit. Attach Form 8839	6c				
d	Credit for th	e elderly or disabled. Attach Schedule R	6d				
е	Reserved fo	r future use	6e				
f	Clean vehic	e credit. Attach Form 8936	6f				
g	Mortgage in	terest credit. Attach Form 8396	6g				
h	District of Co	olumbia first-time homebuyer credit. Attach Form 8859	6h				
i	Qualified ele	ctric vehicle credit. Attach Form 8834	6i				
j	Alternative f	uel vehicle refueling property credit. Attach Form 8911	6j				
k	Credit to ho	ders of tax credit bonds. Attach Form 8912	6k				
I	Amount on	Form 8978, line 14. See instructions	61				
m	Credit for pr	eviously owned clean vehicles. Attach Form 8936 .	6m				
z	Other nonre	fundable credits. List type and amount:					
			6z				
7	Total other r	nonrefundable credits. Add lines 6a through 6z			7		
8	Add lines 1 1040-NR, lir	through 4, 5a, 5b, and 7. Enter here and on Form 1 le 20		SR, or 	8		

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

(continued on page 2) Schedule 3 (Form 1040) 2023 Schedule 3 (Form 1040) 2023

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	1,370.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
z	Other payments or refundable credits. List type and amount:			
		13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	1,370.
	BAA REV	03/07/24 PRO	Schedul	e 3 (Form 1040) 2023

SCHE	DULE	A
(Form	1040)	

Itemized Deductions

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074 20

3

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

Department of the Treasury Internal Revenue Service Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Attachment Sequence No. 07

Name(s) shown on	Form	1040 or 1040-SR		Your se	ocial security number
VASUKI NA	RAS	IMHA		490-	57-8652
Medical and Dental Expenses		Caution: Do not include expenses reimbursed or paid by others. Medical and dental expenses (see instructions) Enter amount from Form 1040 or 1040-SR, line 11 Multiply line 2 by 7.5% (0.075) Subtract line 3 from line 1. If line 3 is more than line 1, enter -0	3	4	
	-			4	
Taxes You Paid		State and local taxes. State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box	5a 10,94 5b 3,089 5c 5d 5d 14,039 5e 10,000	9. 7.	
	6	Other taxes. List type and amount:			
			6		
		Add lines 5e and 6		7	10,000.
Interest You Paid Caution: Your mortgage interest deduction may be limited. See instructions.	2 k 0 0 9	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box	8a 10,993 8b 8c 8d 8e 10,993 9		10,991.
Gifts to		Gifts by cash or check. If you made any gift of \$250 or more, see			10,331.
Charity Caution: If you made a gift and got a benefit for it, see instructions.	12 13	instructions	11 12 13		
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (other disaster losses). Attach Form 4684 and enter the amount from line 1 instructions	8 of that form. Se		
Other Itemized Deductions	16	Other-from list in instructions. List type and amount:		16	
Total Itemized Deductions		Add the amounts in the far right column for lines 4 through 16. Also, e Form 1040 or 1040-SR, line 12		17	20,991.
		check this box			
For Paperwork	Red	uction Act Notice, see the Instructions for Form 1040.	EV 03/07/24 PRO	Sched	ule A (Form 1040) 2023

SCHE	DULE	Ε
(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

nternal	Revenue Service		Go to www.irs.gov/ScheduleE fo	r instru	uctions and	the la	test in	formation.		Sequence	ce No. 13
Name(s)	shown on return			Ye				Your soc	Your social security number		
VASU	KI NARASIMI	AF							490-5	57-8652	
Part			s From Rental Real Estate an								
	Note: If yo	u are in	the business of renting personal proper	rty, use	Schedule	C . See	instruc	ctions. If you a	re an ind	ividual, rep	ort farm
Α			ss from Form 4835 on page 2, line 40. ents in 2023 that would require you	to filo	Earm(a) 1(002 0	loo ino	tructions			
			you file required Form(s) 1099?								
						• •	• •			. <u> </u>	
1a	-		each property (street, city, state, ZII		,						
<u>A</u>	BHARATHI S	STREE'	T,SRINGERI CHICKAMAGALUF	r kai	RNATAKA	IN .	5771.	39			
B											
C							_				
1b	Type of Proper (from list below		For each rental real estate prope above, report the number of fair				⊦⊦a	ir Rental Days		nal Use ays	QJV
Α	3	<i>v)</i>	personal use days. Check the Q			•				ays 0	
B	3		if you meet the requirements to f			A B		365			
C			qualified joint venture. See instru	uctions	s. –	C					
-	of Property:					C					
	Single Family Re	acidone	e 3 Vacation/Short-Term Ren	tal	5 Land		7	Self-Rental			
	Multi-Family Re			ilai	6 Royal	tion			ibo)		
2	Wulli-Family net	sidence			0 HUyai	lies	0	Other (descr			
								Propertie	es:		
ncom	e:					Α		В			С
3				3		6	14.				
4	Royalties received	ved.		4							
Expen	ses:										
5				5							
6		-	structions)	6							
7	-		ance	7		1,4	78.				
8	Commissions			8							
9				9							
10	-	-	ssional fees	10							
11				11		1,2	14.				
12			d to banks, etc. (see instructions)	12							
13	Other interest			13							
14	-			14		2,1					
15				15		2,3	17.				
16				16						<u> </u>	
17				17		2,8				<u> </u>	
18		xpense	or depletion	18		4,3	56.			<u> </u>	
19	Other (list)			19							
20			ines 5 through 19	20		14,4	03.			<u> </u>	
21			line 3 (rents) and/or 4 (royalties). If								
			nstructions to find out if you must	04		13,7	89				
00				21	-	1, 1				+	
22			estate loss after limitation, if any, structions)	22	(1	2 70	9.)	r	,	N/	
23a			eported on line 3 for all rental prope			.s,/8	23a		614.		
23a b			ported on line 4 for all royalty prop			•	23a		011.	-	
D C			ported on line 12 for all properties				23D				
d			ported on line 18 for all properties		• • •	•	23d	4	,356.		
e			ported on line 20 for all properties			•	23u 23e		, <u>330.</u> ,403.		
24			amounts shown on line 21. Do not				200	<u></u>	. 24		
24 25			esses from line 21 and rental real estat		-		 nter to	· · · · ·		· · ·	13,789.
25 26			ite and royalty income or (loss).							<u> </u>	-5,109.
20			d IV, and line 40 on page 2 do no								
			0), line 5. Otherwise, include this a						. 26	-	-13,789.

DEPARTMENT OF REVENUE

2023 Form M1, Individual Income Tax Do not use staples on anything you submit.



	JKI st Name and Initial	NARASIMHA Last Name) 5 7 8 6 5 2 Social Security Number	052519 Your Date of B	987 irth (MM/DD/YYY)
If a Joint	Return, Spouse's First Name and Initial	Spouse's Last Name	Spou	se's Social Security Number	Spouse's Date	of Birth
	ARROWWOOD LN N Home Address		Chec	k if Address is:	New	Foreign
<u>MAPI</u> City	LE GROVE				55369 ZIP Code	
2023	B Federal Filing Status	place an X in one	box):			
X (1)) Single (2) Married Filing Jointly	(3) Married Filing Separate Spouse Name Spouse SSN		Head of Household	(5) Qualifying S	Surviving Spouse
	E Elections Campaign F \$5 to this fund, enter the code for the part		dates for state offices pay campai	gn expenses. This will not inc	crease your tax o	r reduce your refund
Your Cod		· · · · · · · · · · · · · · · · · · ·	n11 Grassro ic/Farmer-Labor12 Liberta		•	
From	n Your Federal Return (see instructions)				
A. Wage	175542 es, salaries, tips, etc. B. IRA, J	0 pensions, and annuities	C. Unemployment	D. Fede	140795 eral taxable inco	me
	Federal adjusted gross income (from Additions to income from line 10 o				1 — 2 —	<u>161786</u>
3	Add lines 1 and 2		-		3	161786
4	Itemized deductions (from Schedu	le M1SA) or your standard o	deduction (see instructions)		4 🔳	14080
5	Exemptions (from Schedule M1DQ	C)			5	
6	State income tax refund from line .	1 of federal Schedule 1			6	
7	Subtractions from line 35 of Sched	ule M1M and line 21 of Sche	edule M1MB (see instructior	s)	7 🗖	
8	Total subtractions. Add lines 4 thro	ough 7			8	14080
9	Minnesota taxable income. Subtro	act line 8 from line 3. If zero	or less, leave blank		9	147706
10	Tax from the table or schedules in	the Form M1 instructions		1	.0	10122
11	Alternative minimum tax (enclose	Schedule M1MT)			.1	
12	Add lines 10 and 11				.2	10122
13	Full-year residents: Enter the amo Part-year residents and nonresident line 13, from line 28 on line 13a, and 13a ■ 0 13a ■	nts: From Schedule M1NR, er	nter the amount from line 32		.3	10122

2023 M1, page 2



14	Other taxes, such as recapture amounts and the tax on lump-sum distributions (check appropriate boxes)		
	(a) Schedule M1HOME (b) Schedule M1529 (c) Schedule M1LS	14 🔳	
15	Tax before credits. Add lines 13 and 14	15	10122
16	Amount from line 21 of Schedule M1C, Nonrefundable Credits (enclose Schedule M1C)	16 🔳	
17 18	Subtract line 16 from line 15 (<i>if result is zero or less, leave blank</i>) Nongame Wildlife Fund contribution (<i>see instructions</i>)	17	10122
	This will reduce your refund or increase the amount you owe	18 🔳	
19	Add lines 17 and 18	.19	10122
20	Minnesota income tax withheld. Complete and enclose Schedule M1W to report Minnesota withholding from Forms W-2, 1099, and W-2G and Schedules KPI, KS, and KF	20 🔳	10948
21	Minnesota estimated tax and extension payments made for 2023	21 🔳	
22	Amount from line 11 of Schedule M1REF, Refundable Credits (see instructions; enclose Schedule M1REF)	22 🔳	
23 24	Total payments. Add lines 20 through 22 REFUND . If line 23 is more than line 19, subtract line 19 from line 23 (<i>see instructions</i>).	23	10948
	For direct deposit, complete line 25	24 🔳	826
25	Direct deposit of your refund (you must use an account not associated with a foreign bank): Checking Savings		
	Routing Number Account Number		
26 27	AMOUNT YOU OWE . If line 19 is more than line 23, subtract line 23 from line 19 (<i>see instructions</i>) Penalty amount from Schedule M15 (<i>see instructions</i>). Also subtract	26 🔳	
	this amount from line 24 or add it to line 26 (enclose Schedule M15)	27 🔳	
	Penalty and interest (see instructions)	28 🔳	
	DU PAY ESTIMATED TAX and want part of your refund credited to estimated tax, complete lines 29 and 30. Amount from line 24 you want sent to you	29	
30	Amount from line 24 you want applied to your 2024 estimated tax	30	
Гахра	yer(s): I declare that this return is correct and complete to the best of my knowledge and belief.		

Your Signature	Spouse's Signature (If Filing Jointly) Date (MM/DD/YYYY)					
6127705927	CHINMAYA392@GMAIL.COM					
Daytime Phone	Email Address					
SYAM PRIYA RAM SAGAR GUPTA	03202024	P02082703				
Paid Preparer's Signature	Date (MM/DD/YYYY)	PTIN or VITA/TCE # (required)				
6789659522						
Preparer's Daytime Phone	Preparer's Email Address					
I do not want my paid preparer to file my return electronically.	I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer or the third-party designee indicated on my federal return.					

Include a copy of your 2023 federal return and schedules. Mail to: Minnesota Individual Income Tax, Mail Station 0010, 600 N. Robert St., St. Paul, MN 55146-0010

DEPARTMENT OF REVENUE



2023 Schedule M1SA, Minnesota Itemized Deductions

	SUK I First Name and Initial	NARASIMHA Last Name			4905786 Your Social Sec	
Medi	cal and Dental Expenses					
1	Medical and dental expenses (see i	nstructions)	1 🔳			
2	Adjusted gross income (see instruct	tions)	2	161786		
2	Multiply line 2 by 10% (.10)		2	16179		
3	Subtract line 3 from line 1. If line 3				4	0
	You Paid				. 4 🔳 💷	
5	Real estate taxes (see instructions)		. 5 🔳	3089		
6	Personal property taxes (see instru	ctions)	. 6 🔳			
7	Add lines 5 and 6		7 🔳	3089		
8	Enter the lesser of line 7 or \$10,00	0 (\$5,000 if Married Filing Separate	ely) 8 🔳	3089		
9	Other taxes. List the type and amo	unt				
10	Add lines 8 and 9				10	3089
	est You Paid					
	Home mortgage interest and points	s on federal Form 1098	11	10991		
	Home mortgage interest and points					
	(see instructions)	. ,				
	. ,					
13	Investment interest expense		13			
14	Add lines 11 through 13				14	10991
Chari	table Contributions					
15	Charitable contributions by cash or	check (see instructions)	15			
16	Charitable contributions by other t	han cash or check (see instructions,) 16			
17	Carryover of charitable contribution	ns from a prior year	17			
	Add lines 15 through 17					
	alty and Theft Losses					
19	Casualty or theft loss (enclose Sche	dule M1CAT)			19	
Unrei	mbursed Employee Business Expen	ses				
20	Unreimbursed employee expenses	(enclose Schedule M1UE)	20			
21	Adjusted gross income (see instruct	tions)	21	161786		
22	$\mathbf{M}_{\mathbf{u}} = \mathbf{M}_{\mathbf{u}} + \mathbf{M}_{\mathbf{u}} = \mathbf{M}_{\mathbf{u}} = \mathbf{M}_{\mathbf{u}} + \mathbf{M}_{\mathbf{u}} = $		22	3236		
	Multiply line 21 by 2% (.02) Subtract line 22 from line 20. If zero				22 —	0
	r Miscellaneous Deductions	5 of less, enter 0			23	
24	Other miscellaneous deductions (s	an instructions)			24	
24	List type and amount	·			27 -	
25	Add lines 4, 10, 14, 18, 19, 23, and				25	14080
26	Complete the worksheet in the inst					
	is more than \$220,650 (\$110,325 if		Separately)		26 🔳	
		,	, , ,			
27	Subtract line 26 from line 25. Ente	r the result here and on line 4 of Fo	orm M1		27 🔳	14080
I						
	REV 02/08/24 PRO	103	31			

DEPARTMENT OF REVENUE



2023 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

VASUKI	NARASIMHA	490578652
Your First Name and Initial	Last Name	Your Social Security Number
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF showing Minnesota income tax withheld, complete this schedule to determine line 20 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. DO NOT send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

Α	B—Box 13	C—Box 15		D—Bo	x 16	E—Box 1	17
If the Form W-2 is for:	If Retirement Plan	Employer's se	even-digit Minnesota	State wages, tips, etc.		Minneso	ta tax withheld
 you, enter 1 	box is checked,	Tax ID Numb	er	(round to nearest whole dollar)		(round to	o nearest whole dollar)
• spouse, enter 2	mark an X below.						
a1 <u>1</u>	b1 ×	c1 MN	2610590	d1	142105	e1	8829
a2 <u>1</u>	b2	c2 MN	2886220	d2	33437	e2	2119
a3	b3	c3 MN		d3		e3	
a4	b4	c4 MN		d4		e4	
a5	b5	c5 MN		d5		e5	
Subtotal for additic	onal Forms W-2 (from	n line 5 on page	2)				
Total Minnesota ta	x withheld on all Fo	orms W-2 (add a	imounts in line 1, co	lumn E) .		1	10948
Minnesota tax with	held on Forms 1099), W-2G, and 104	42-S. If you have mo	ore than for	ur forms, complete line	e 6 on the bad	ck.
А		В		с		D	
If the Form 1099, W-20	G, or 1042-S is for:	Payer's sever	n-digit Minnesota Tax ID	Incom	e amount (see the table on	Minne	sota tax withheld
• you, enter 1		Number (if u	nknown, contact the pa	ver) the ba	ck for amounts to include)	(round	l to nearest whole dollar
• spouse, enter 2							
a1		61 MN		c1		d1	
a2		62 MN		c2		d2	
a3		ьз MN		c3		d3	
a4		b4 MN		c4		d4	
Subtotal for additic	onal 1099, W-2G, and	d 1042-S (from l	ine 6 on page 2)				
Total Minnesota ta	x withheld on all 10)99, W-2G, and	1042-S (add amoun	ts in line 2,	column D)	2	
Total Minnesota ta							
	•					3	
Total. Add the Min						4	10948
			le this schedule wit				
			red, include Schedu	-			
REV 02/0)8/24 PRO		103	1			