

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

Taxpayer's name VIJAY KRISHNA	Social security number 792-45-9075
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	14,435.
2 Total tax	2	479.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	545.
4 Amount you want refunded to you	4	66.
5 Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

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

5	9	0	7	5
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 as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

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

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

 Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

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

See separate instructions.

Your first name and middle initial VIJAY Last name KRISHNA Your social security number 792 45 9075

If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 1375 FOREST AVE Apt. no. K8 Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. PORTLAND ME 04101 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

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

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

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

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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents

Income table with columns 1a-1i and 1z. 1a Total amount from Form(s) W-2, box 1 (see instructions) 11,287. 1b Household employee wages not reported on Form(s) W-2. 1c Tip income not reported on line 1a (see instructions). 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions). 1e Taxable dependent care benefits from Form 2441, line 26. 1f Employer-provided adoption benefits from Form 8839, line 29. 1g Wages from Form 8919, line 6. 1h Other earned income (see instructions) 0. 1i Nontaxable combat pay election (see instructions). 1z Add lines 1a through 1h 11,287.

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

Table with columns 7-15. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here. 8 Additional income from Schedule 1, line 10. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 14,675. 10 Adjustments to income from Schedule 1, line 26. 11 Subtract line 10 from line 9. This is your adjusted gross income 14,435. 12 Standard deduction or itemized deductions (from Schedule A) 13,850. 13 Qualified business income deduction from Form 8995 or Form 8995-A. 14 Add lines 12 and 13 13,850. 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 585.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ . . .	16	59 .
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	59 .
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	59 .
	21	Add lines 19 and 20	21	59 .
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0 .
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	479 .
	24	Add lines 22 and 23. This is your total tax	24	479 .

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	545 .
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	545 .
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	545 .

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	66 .
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	66 .
Direct deposit? See instructions.	b	Routing number: 1 1 1 0 0 0 6 1 4 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number: 5 3 5 5 3 8 2 3 8		
	36	Amount of line 34 you want applied to your 2024 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

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

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

Your signature	Date	Your occupation EMPLOYEE	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (720) 725-2706 Email address KRISHNAVIJAY84@YAHOO.COM

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA	Date 03/18/2024	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Phone no. (678) 965-9522
Firm's EIN				

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
VIJAY KRISHNA

Your social security number
792-45-9075

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C	3	3,388.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an 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 nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
z	Other income. List type and amount: _____	8z	
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	10	3,388.

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	240.
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions): _____			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount: _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26	240.

**SCHEDULE 2
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
VIJAY KRISHNA

Your social security number
792-45-9075

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . .	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	479.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/>	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

Part II Other Taxes *(continued)*

17	Other additional taxes:			
a	Recapture of other credits. List type, form number, and amount: _____	17a		
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
c	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
l	Tax on accumulation distribution of trusts	17l		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o		
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount: _____	17z		
18	Total additional taxes. Add lines 17a through 17z			18
19	Reserved for future use			19
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			21
				479.

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
VIJAY KRISHNA

Your social security number
792-45-9075

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	59.
5a	Residential clean energy credit from Form 5695, line 15	5a	
b	Energy efficient home improvement credit from Form 5695, line 32	5b	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Reserved for future use	6e	
f	Clean vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
m	Credit for previously owned clean vehicles. Attach Form 8936	6m	
z	Other nonrefundable credits. List type and amount: _____ _____	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	59.

(continued on page 2)

Part 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	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
a	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
c	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-SR, or 1040-NR, line 31		15	

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service

**Profit or Loss From Business
(Sole Proprietorship)**

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.
Go to www.irs.gov/ScheduleC for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. **09**

Name of proprietor VIJAY KRISHNA		Social security number (SSN) 792-45-9075
A Principal business or profession, including product or service (see instructions) DOOR DASH	B Enter code from instructions 4 8 5 3 0 0	
C Business name. If no separate business name, leave blank. VIJAY KRISHNA SERVICES	D Employer ID number (EIN) (see instr.)	
E Business address (including suite or room no.) 1375 FOREST AVE, Apt. K8 City, town or post office, state, and ZIP code PORTLAND, ME 04101		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2023, check here <input type="checkbox"/>		
I Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	36,897.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	36,897.
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	36,897.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	36,897.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9	15,379.	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	8,376.
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	1,754.
17	Legal and professional services	17		25	Utilities	25	6,236.
18	Total expenses before expenses for business use of home. Add lines 8 through 27b	18		26	Wages (less employment credits)	26	
19	Tentative profit or (loss). Subtract line 28 from line 7	19		27a	Other expenses (from line 48)	27a	1,764.
20	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	20		27b	b Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
21	Net profit or (loss). Subtract line 30 from line 29.	21		28	Total expenses before expenses for business use of home. Add lines 8 through 27b	28	33,509.
22	• If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 .	22		29	Tentative profit or (loss). Subtract line 28 from line 7	29	3,388.
23	• If a loss, you must go to line 32.	23		30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
24	32 If you have a loss, check the box that describes your investment in this activity. See instructions.	24		31	Net profit or (loss). Subtract line 30 from line 29.	31	3,388.
25	• If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 .	25		32a	<input type="checkbox"/> All investment is at risk.	32a	
26	• If you checked 32b, you must attach Form 6198 . Your loss may be limited.	26		32b	<input type="checkbox"/> Some investment is not at risk.	32b	

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: **a** Cost **b** Lower of cost or market **c** Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
If "Yes," attach explanation **Yes** **No**

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . .	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) 11/15/2019

44 Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle for:

a Business 23,480 **b** Commuting (see instructions) _____ **c** Other 30,283

45 Was your vehicle available for personal use during off-duty hours? **Yes** **No**

46 Do you (or your spouse) have another vehicle available for personal use?. **Yes** **No**

47a Do you have evidence to support your deduction? **Yes** **No**

b If "Yes," is the evidence written? **Yes** **No**

Part V Other Expenses. List below business expenses not included on lines 8–26, line 27b, or line 30.

OTHER EXPENSES		1,764.
48 Total other expenses. Enter here and on line 27a	48	1,764.

**SCHEDULE SE
(Form 1040)**

Self-Employment Tax

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

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

2023
Attachment
Sequence No. **17**

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

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)
VIJAY KRISHNA

Social security number of person
with **self-employment** income 792-45-9075

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a**

b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ **1b** ()

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** 3,388.

3 Combine lines 1a, 1b, and 2 **3** 3,388.

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 3,129.

Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here **4b**

c Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue **4c** 3,129.

5a Enter your **church employee income** from Form W-2. See instructions for definition of church employee income **5a**

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- **5b** 0.

6 Add lines 4c and 5b **6** 3,129.

7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2023 **7** 160,200

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$160,200 or more, skip lines 8b through 10, and go to line 11 **8a** 11,419.

b Unreported tips subject to social security tax from Form 4137, line 10 **8b**

c Wages subject to social security tax from Form 8919, line 10 **8c**

d Add lines 8a, 8b, and 8c **8d** 11,419.

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** 148,781.

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** 388.

11 Multiply line 6 by 2.9% (0.029) **11** 91.

12 Self-employment tax. Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3** **12** 479.

13 Deduction for one-half of self-employment tax.
Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15** **13** 240.

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

Schedule SE (Form 1040) 2023

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income¹ wasn't more than \$9,840, **or (b)** your net farm profits² were less than \$7,103.

14 Maximum income for optional methods	14	6,560
15 Enter the smaller of: two-thirds (² / ₃) of gross farm income ¹ (not less than zero) or \$6,560. Also, include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits³ were less than \$7,103 and also less than 72.189% of your gross nonfarm income,⁴ **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14	16	
17 Enter the smaller of: two-thirds (² / ₃) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	17	

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Credit for Qualified Retirement Savings Contributions

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8880 for the latest information.

2023
Attachment
Sequence No. **54**

Name(s) shown on return
VIJAY KRISHNA

Your social security number
792-45-9075



You **cannot** take this credit if **either** of the following applies.

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$36,500 (\$54,750 if head of household; \$73,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2006; (b) is claimed as a dependent on someone else's 2023 tax return; or (c) was a **student** (see instructions).

- 1 Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2023. **Do not** include rollover contributions
- 2 Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2023 (see instructions)
- 3 Add lines 1 and 2
- 4 Certain distributions received **after** 2020 and **before** the due date (including extensions) of your 2023 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception
- 5 Subtract line 4 from line 3. If zero or less, enter -0-
- 6 In each column, enter the **smaller** of line 5 or \$2,000
- 7 Add the amounts on line 6. If zero, **stop**; you can't take this credit
- 8 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11*
- 9 Enter the applicable decimal amount from the table below.

	(a) You	(b) Your spouse
1		
2	133.	
3	133.	
4		
5	133.	
6	133.	
7		133.
8	14,435.	

If line 8 is—		And your filing status is—		
Over—	But not over—	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying surviving spouse
Enter on line 9—				
---	\$21,750	0.5	0.5	0.5
\$21,750	\$23,750	0.5	0.5	0.2
\$23,750	\$32,625	0.5	0.5	0.1
\$32,625	\$35,625	0.5	0.2	0.1
\$35,625	\$36,500	0.5	0.1	0.1
\$36,500	\$43,500	0.5	0.1	0.0
\$43,500	\$47,500	0.2	0.1	0.0
\$47,500	\$54,750	0.1	0.1	0.0
\$54,750	\$73,000	0.1	0.0	0.0
\$73,000	---	0.0	0.0	0.0

Note: If line 9 is zero, **stop**; you can't take this credit.

- | | | | |
|----|---|----|-----|
| 10 | Multiply line 7 by line 9 | 10 | 67. |
| 11 | Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions | 11 | 59. |
| 12 | Credit for qualified retirement savings contributions. Enter the smaller of line 10 or line 11 here and on Schedule 3 (Form 1040), line 4 | 12 | 59. |

* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

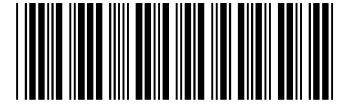
Additional Information From 2023 Federal Tax Return**Schedule C (DOOR DASH): Profit or Loss from Business****Line 25****Itemization Statement**

Description	Amount
GAS	5,785.
PHONE	327.
INTERNET	124.
Total	6,236.



2023

MAINE INDIVIDUAL INCOME TAX FORM 1040ME



09

01 01 2023 to 12 31 2023 See instructions. Print neatly in blue or black ink only.

Check here if this is an AMENDED return.

23022V0

VIJAY Your First Name

MI 792 45 9075 Your Social Security Number

KRISHNA Your Last Name

Spouse's Social Security Number

Spouse's First Name

MI Home Phone Number

Spouse's Last Name

720 725 2706 Work Phone Number

1375 FOREST AVE, APT. K8 Current Mailing Address (PO Box, number, street and apartment number)

PORTLAND City or Town

ME 04101 State ZIP Code

Foreign country name

Foreign province/state/county

Foreign postal code

A. Maine Property Tax Fairness Credit / Maine Sales Tax Fairness Credit - Maine residents and part-year residents only. See Schedule PTFC/STFC. Check this box if you are filing a return only to claim the Property Tax Fairness Credit on line 25d and/or the Sales Tax Fairness Credit on line 25e. Otherwise, leave this box blank. Follow the instructions on Schedule PTFC/STFC.

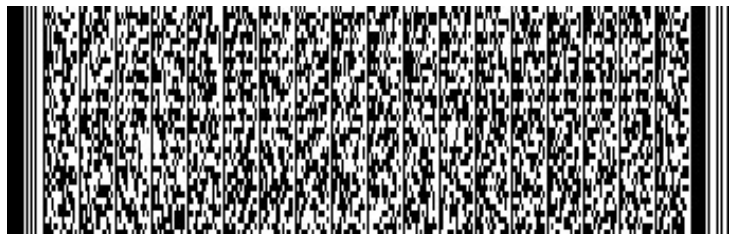
1. Maine Clean Election Fund. Maine Residents Only. Check here if you, or your spouse, if filing jointly, want \$3 to go to this fund.

You Spouse

2. Check here if you were engaged in COMMERCIAL FARMING OR FISHING during 2023.....

FILING STATUS (Check one)

- 3. X Single
4. Married filing jointly (Even if only one had income)
5. Married filing separately. Enter spouse's social security number and full name above.
6. Head of household (With qualifying person)
7. Qualifying surviving spouse with dependent child (Year spouse died)



RESIDENCY STATUS (Check one)

- 8. Resident 8a. Safe Harbor Resident 11. Nonresident Alien (Maine nonresident) Check here if you are filing Schedule NRH
9. Part-Year Resident 10. X Nonresident 11a. Nonresident Alien (Maine resident)

12. CHECK IF: You were: 12a. 65 or over 12b. blind Spouse was: 12c. 65 or over 12d. blind

13. Enter the TOTAL number of EXEMPTIONS. See instructions..... 13. 1
13a. Enter the TOTAL number of qualifying children and dependents. Also see Form 1040ME, Schedule A, line 8 13a. 0

Table with 2 columns: Description and Amount. Rows include: 14. FEDERAL ADJUSTED GROSS INCOME (14435.00), 15a. INCOME ADDITION MODIFICATIONS (.00), 15b. INCOME SUBTRACTION MODIFICATIONS (.00), 16. MAINE ADJUSTED GROSS INCOME (14435.00), 17. DEDUCTION (13850.00), 18. EXEMPTION (4700.00)

Calculate Your Taxable Income

CAUTION - your exemption amount may be limited. See instructions.

Continue on Form 1040ME, page 2



2302101

DO NOT ENTER \$ signs, commas, or decimals:

Calculate Your Tax and Nonrefundable Credits	19 TAXABLE INCOME. (Line 16 minus lines 17 and 18.).....	19	-4115.00
	20 INCOME TAX. (Find the tax for the amount on line 19 in the tax table in this booklet or compute your tax using the tax table or tax rate schedules available at www.maine.gov/revenue/tax-return-forms .).....	20	0.00
	20a TAX CREDIT RECAPTURE AMOUNTS (Enclose worksheet(s) - see instructions).	20a	.00
	21 NONRESIDENT CREDIT. (For part-year residents, nonresidents and safe harbor residents only.) From Schedule NR, line 9 or NRH, line 11..... (You MUST attach a copy of your federal return and TDY papers, if applicable.)	21	0.00
	22 TOTAL TAX. (Line 20 plus line 20a minus line 21)	22	0.00
	23 NONREFUNDABLE TAX CREDITS. (From Maine Schedule A, line 23.)	23	0.00
	24 NET TAX. (Line 22 minus line 23.) (Nonresidents see instructions.)	24	0.00
	25 TAX PAYMENTS.		
	a Maine income tax withheld. (Enclose W-2, 1099 and 1099ME forms.).....➔	25a	358.00
	b 2023 estimated tax payments and 2022 credit carried forward, extension payments and payments with original return. (Include any REAL ESTATE WITHHOLDING tax payments.).....	25b	.00
c REFUNDABLE TAX CREDITS. (From Maine Schedule A, line 7.)	25c	.00	
d Property Tax Fairness Credit (Schedule PTFC/STFC, line 15). (See instructions.)... (For Maine residents and part-year residents only.)	25d	.00	
e Sales Tax Fairness Credit. (Schedule PTFC/STFC, line 16 or 16a).	25e	.00	
f TOTAL. (Add lines 25a, b, c, d, and e.)	25f	358.00	
26 If this is an amended return, enter overpayment, if any, on original return or as previously adjusted.....	26	.00	
27 Line 25f minus line 26. (If negative, enter a minus sign in the box to the left of the number.)	27	358.00	
28 INCOME TAX OVERPAID. If line 27 is larger than line 24, enter amount overpaid. (Line 27 minus line 24 - if line 24 is negative, enter line 27 here.)	28	358.00	
29 INCOME TAX UNDERPAID. If line 24 is larger than line 27, enter amount underpaid. (Line 24 minus line 27.) (See instructions.)	29	.00	
Calculate Use Tax / Voluntary Contributions / Refund Due	30 USE TAX (SALES TAX). (See instructions.).....	30	0.00
	30a SALES TAX ON CASUAL RENTALS OF LIVING QUARTERS. (See instructions.)....	30a	.00
	31 CHARITABLE CONTRIBUTIONS and PARK PASSES. (From Maine Schedule CP, line 12.)	31	.00
	32 NET OVERPAYMENT. (Line 28 minus lines 30, 30a and 31.) – Note: If total of lines 30, 30a and 31 is greater than line 28, enter as amount due on line 34a.	32	358.00
	33 Amount of line 32 to be CREDITED to 2024 estimated tax. 33a	33b	0.00 REFUND ➔

IF YOU WOULD LIKE YOUR REFUND SENT DIRECTLY TO YOUR BANK ACCOUNT (\$20,000 or less), see page 5 of the instructions and fill in the lines below.

Check here if this refund will go to an account outside the United States. **33c** Routing Number 111000614

..... **33d** Account Number 535538238

33e Type of Account: Checking Savings



DO NOT ENTER \$ signs, commas, or decimals.

2302111

Name(s) as shown on Form 1040ME

Your Social Security Number

VIJAY KRISHNA

792 45 9075

TAX DUE

- 34a **TAX DUE.** (Add lines 29, 30, 30a and 31.) - **Note:** If total of lines 30, 30a and 31 is greater than line 28, enter the difference as an amount due on this line. 34a .00
- b **Underpayment Penalty.** (Attach Form 2210ME.)
Check here if you checked the box on Form 2210ME, line 17. 34b .00
- c **TOTAL AMOUNT DUE.** (Add lines 34a and 34b.) (Pay in full with return.) 34c .00



MAINE TAX PORTAL at revenue.maine.gov or ENCLOSE CHECK payable to: Treasurer, State of Maine. DO NOT SEND CASH.

IMPORTANT NOTE

If taxpayer is deceased, enter date of death.

(Month) (Day) (Year)

If spouse is deceased, enter date of death.

(Month) (Day) (Year)

See the instructions and check each box that applies.

HEALTH CARE COVERAGE

- 35a. I would like the Maine DHHS, Office of the Health Insurance Marketplace ("CoverME.gov") to contact me to see if I or my household qualify for free or reduced-cost health coverage. I authorize MRS to share the information indicated in boxes 35b through 35e with the CoverME.gov.
- 35b. I do not have health care coverage
- 35c. My spouse does not have health care coverage.
- 35d. One or more of my dependent(s) do not have health care coverage
- 35e. My preferred method of contact is (select one):
Mailing address listed on page 1
Phone number listed on page 1
Email address listed below

Third Party Designee

Do you want to allow another person to discuss this return with Maine Revenue Services? Yes (complete the following). No.

(See page 5 of the instructions.)

Designee's name:

Phone no.:

Personal identification #:

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.

SIGN HERE Keep a copy of this return for your records.

Your signature

Vijay

Date signed

EMPLOYEE
Your occupation

Spouse's signature (If joint return, both must sign)

Date signed

Spouse's occupation

Your email address

Paid Preparer's Use Only

SYAM PRIYA RAM SAGAR GUPTA
Preparer's signature

03 18 2024
Date signed

678 965 9522
Preparer's phone number

GLOBAL TAXES LLC
Print preparer's name and name of business

P02082703
Preparer's SSN or PTIN

Avoid errors that delay processing of returns:

- Use black or blue ink. Do not use red ink.
- Be sure to enter amounts on correct lines.
- Leave unused lines blank. **Do not enter zero.**
- **Line A.** Check the Property Tax Fairness Credit/Sales Tax Fairness Credit box, if it applies.
- **Line 20.** Use the correct column from the tax table for your filing status.
- **Refund.** If you overpaid your tax, enter the amount you want to be refunded on line 33b.
- Double check social security numbers, filing status, and number of exemptions.
- Double check mathematical calculations.
- Be sure to sign your return.
- Enclose W-2 forms with the return.

If requesting a REFUND, mail to: Maine Revenue Services, P.O. Box 1066, Augusta, ME 04332-1066
If NOT requesting a refund, mail to: Maine Revenue Services, P.O. Box 1067, Augusta, ME 04332-1067



DO NOT SEND PHOTOCOPIES OF RETURNS

VIJAY KRISHNA

7, 9, 2, - 4, 5, - 9, 0, 7, 5,

Attachment
Sequence No. 10

WORKSHEET A - Residency Information Worksheet for Part-year Residents/Nonresidents/Safe Harbor Residents

Enclose with your Form 1040ME

The following individuals must complete Worksheet A: 1) All part-year residents whether moving into or out of Maine during the tax year; 2) nonresidents and safe harbor residents who are filing a Maine return for the first time, and 3) former Maine residents who are filing as nonresidents or safe harbor residents for the first time. Failure to enclose a completed Worksheet A with your 1040ME may delay processing of your return.

1555

REV 01/29/24 PRO

	Yourself	Spouse
1. NAME.....	1. VIJAY KRISHNA	
a. Social security number.....	1a. 792-45-9075	
b. Date of birth.....	1b. 12 04 1984	
c. Occupation.....	1c. EMPLOYEE	

Unless otherwise indicated, enter "Yes" or "No" on each line. During 2023:

- I was domiciled in (Enter state(s))..... 2. TX
- I was in the military and stationed in (Enter state or country) 3. _____
 - My designated state of legal residence was (Enter state) 3a. _____
- The number of days I spent in Maine (for any purpose) was 4. 0
- I own(ed) a home/real property in Maine 5. No
 - If yes, in what municipality was the property located?..... 5a. _____
 - Did you ever apply for a Homestead or Veterans property tax exemption? 5b. _____
 - Have you disposed of the property? 5c. _____
If yes, when? (Yourself: _____ Spouse: _____)
- I became a Maine resident on (Enter date)..... 6. _____
 - Enter state of prior residence..... 6a. _____
 - Registered to vote in Maine 6b. _____
If yes, when? (Yourself: _____ Spouse: _____)
 - Purchased a home in Maine 6c. _____
If yes, when? (Yourself: _____ Spouse: _____)
 - Obtained a driver's license in Maine 6d. _____
If yes, when? (Yourself: _____ Spouse: _____)
 - Registered an auto or other vehicle in Maine 6e. _____
If yes, when? (Yourself: _____ Spouse: _____)
- I moved from Maine and became a nonresident (I established a legal residence in another state) (Enter date of move) 7. _____
 - Enter new state of residence 7a. _____
 - Registered to vote in my new state of residence 7b. _____
If yes, when? (Yourself: _____ Spouse: _____)
 - Purchased a home in my new state of residence 7c. _____
If yes, when? (Yourself: _____ Spouse: _____)
 - Obtained a driver's license in my new state of residence..... 7d. _____
If yes, when? (Yourself: _____ Spouse: _____)
 - Registered an auto or other vehicle in my new state of residence 7e. _____
If yes, when? (Yourself: _____ Spouse: _____)
 - If married, did your spouse and dependent children (if any) move to your new state of residence? 7f. _____
- During period of nonresidency, have you:
 - Performed any work or services in Maine..... 8a. _____
If yes, list employer. (Yourself: _____ Spouse: _____)
 - Registered an auto or other vehicle in Maine 8b. _____
 - Renewed a Maine driver's license 8c. _____
 - Voted in Maine, in person or by absentee ballot..... 8d. _____
 - Attended or sent your children (if any) to a Maine school..... 8e. _____
 - Purchased a Maine resident hunting or fishing license 8f. _____
 - Listed Maine as your legal residence for any purpose 8g. _____
 - Obtained or renewed any Maine trade or professional licenses or union memberships 8h. _____
- If you answered "yes" to question 5 but have not disposed of the property, what use do you intend to make of it and how often (Attach a separate sheet if necessary)? _____
- If you answered "no" to question 7(f), please explain the circumstances (Attach a separate sheet if necessary): _____

WORKSHEET B

Income Allocation Worksheet for Part-Year Residents/Nonresidents/Safe Harbor Residents

(See instructions at www.maine.gov/revenue/tax-return-forms) - Enclose with your Form 1040ME

Part-year residents, nonresidents and safe harbor residents **must** complete this worksheet before completing Schedule NR.

(Note: Married persons filing separate Maine income tax returns must complete separate worksheets for each spouse)		Federal Income		Maine Resident Period (Part-year residents only)		Nonresident Period (Part-year residents, Nonresidents and Safe Harbor residents)	
		Column A Income from federal return		Column B Income from Column A for this period	Column C* Income from Column B earned outside of Maine	Column D Income from Column A for this period	Column E Income from Column D from Maine sources
1. Wages, salaries, tips, other compensation**	1	11,287.				11,287.	8,521.
2. Taxable interest.....	2						
3. Ordinary dividends.....	3						
4. Alimony received	4						
5. Business income/loss	5	3,388.				3,388.	0.
6. Capital gain/loss	6						
7. Other gains/losses	7						
8. Taxable amount of IRA distributions	8						
9. Taxable amount of pensions and annuities	9						
10. Rental real estate, royalties, partnerships, S corporations, and trusts, etc	10						
11. Farm income/loss	11						
12. Unemployment Compensation	12						
13. Taxable amount of social security benefits.....	13						
14. Other income (including lump-sum distributions, but excluding state income tax refunds)	14						
15. Add lines 1 through 14.....	15	14,675.				14,675.	8,521.

***Part-year residents must make an entry in Column C if income was earned in another jurisdiction during the period of Maine residency.** Enter below the name of each other jurisdiction and the dates the income was earned in those jurisdictions. Use a separate sheet if additional space is needed.

Name of other jurisdiction _____ Period (mm/yy) From _____ To _____

Name of other jurisdiction _____ Period (mm/yy) From _____ To _____

Name of other jurisdiction _____ Period (mm/yy) From _____ To _____

You must attach a copy of the income tax return(s) filed with the other jurisdiction

****If necessary, use Worksheet C (Employee Apportionment Worksheet) for Part-Year Residents/Nonresidents/Safe Harbor Residents to calculate the amount for line 1, Column E.** For a copy of Worksheet C, go to the Maine Revenue Services website at: www.maine.gov/revenue/tax-return-forms.

Note: See instructions at www.maine.gov/revenue/tax-return-forms on how to use Worksheet B, line 15 entries to complete line 1 of Schedule NR.

Schedule NR
Form 1040ME
2023

Schedule for Calculating the Nonresident Credit
Part-Year Residents, Nonresidents and
Safe Harbor Residents Only

This schedule must be enclosed with your completed Form 1040ME.

Attachment Sequence No. 8

If part-year resident, enter dates you were a Maine Resident:

from _____ to _____ .

Name(s) as shown on Form 1040ME

VIJAY KRISHNA

Your Social Security Number

7 9 2 - 4 5 - 9 0 7 5

WHO MUST FILE SCHEDULE NR? Part-year resident, nonresident and safe harbor resident individuals who are required to file a Maine return, but have income not taxable by Maine **and** use the same filing status on the Maine return as used on the federal return. See reverse side for instructions.

DO NOT FILE SCHEDULE NR IF: All your income is taxable by Maine **or** if your federal filing status is "Married filing jointly" and you elect to file "Single" on the Maine return (use Schedule NRH available at www.maine.gov/revenue/tax-return-forms).

YOU MUST ENCLOSE A COMPLETE COPY OF YOUR FEDERAL TAX RETURN, including all schedules and worksheets. Enclose copies of W-2 forms from other states or temporary duty (TDY) papers to support your entry in Box C.

IMPORTANT: If required, complete Worksheets A and B available at www.maine.gov/revenue/tax-return-forms before completing Schedule NR.

1555

REV 01/29/24 PRO

1. INCOME — (If required, complete and attach Worksheets A and B available at www.maine.gov/revenue/tax-return-forms):

Box A - From Worksheet B, line 15, column A

Box B - From Worksheet B, line 15, column B plus column E

Box C - From Worksheet B, line 15, column D minus column E

	Box A FEDERAL	Box B MAINE	Box C NON-MAINE
\$	14675	\$ 8521	\$ 6154

2. RATIO OF INCOME: Divide line 1, Box C by line 1, Box A and enter the result here. Except, if non-Maine-source income (line 1, Box C) is negative, enter 0.0000 or if line 1, Box C is positive and Maine-source income (line 1, Box B) is negative, enter 1.0000..... 0 . 4 1 9 4

COMPLETE THIS SECTION ONLY IF YOU HAVE FEDERAL INCOME ADJUSTMENTS

3. FEDERAL INCOME ADJUSTMENTS — NON-MAINE-SOURCE ONLY: Multiply amount on federal Form 1040 or Form 1040-SR, line 10 by the percentage listed on line 2. Enter result here..... 101

4. FEDERAL ADJUSTED GROSS INCOME — NON-MAINE-SOURCE ONLY: Subtract line 3 from Line 1, Box C..... 6053

COMPLETE THIS SECTION ONLY IF YOU HAVE INCOME MODIFICATIONS (Form 1040ME, line 15a or line 15b)

5. INCOME MODIFICATIONS — NON-MAINE-SOURCE ONLY. Enter only amounts attributable to your non-resident period. See instructions.

a. Additions — Specify _____

b. Subtractions — Specify _____

c. Total Modifications: line 5a minus line 5b (may be a negative amount)..... _____

6. NON-MAINE ADJUSTED GROSS INCOME: Add or subtract your income modifications, line 5c, to or from line 4 6053

7. RATIO OF MAINE ADJUSTED GROSS INCOME: Divide line 6 by the amount from Form 1040ME, line 16 and enter result here. Except, if line 6 is negative, enter 0.0000 or if line 6 is greater than the amount on Form 1040ME, line 16, enter 1.0000..... 0 . 4 1 9 3

8. MAINE INCOME TAX: Enter from Form 1040ME, line 20 0

9. NONRESIDENT CREDIT: Multiply amount on line 8 by line 7. Enter result here and on Form 1040ME, line 21 0