

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

Personal information section including names (PRUDVI TEJA, KONDAPARTHI), social security numbers (705-37-4480, 359-61-5781), and address (3750 ANDOVER ST, CUMMING, GA 30028).

Filing Status section with options for Single, Married filing jointly (checked), Married filing separately, Head of household, and Qualifying surviving spouse.

Digital Assets section with a checked 'No' response to the question about receiving or disposing of digital assets.

Standard Deduction section with a checked 'No' response to the question about someone claiming a dependent.

Age/Blindness section with 'No' responses for both taxpayer and spouse.

Table for Dependents with columns for name, social security number, relationship, and tax credit options.

Income section table with rows 1a through 1i, including total amount from Form(s) W-2 (336,376) and other income sources.

Table for Deductions and Adjustments with rows 2a through 15, including tax-exempt interest (105), qualified dividends (1,615), and total taxable income (291,519).

Attach Sch. B if required.

Standard Deduction for— Single or Married filing separately, \$13,850; Married filing jointly or Qualifying surviving spouse, \$27,700; Head of household, \$20,800.

| | | | | |
|------------------------|--|--|-----------|---------|
| 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 | 56,755. |
| | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 56,755. |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 | 19 | |
| | 20 | Amount from Schedule 3, line 8 | 20 | 356. |
| | 21 | Add lines 19 and 20 | 21 | 356. |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 56,399. |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 935. |
| 24 | Add lines 22 and 23. This is your total tax | 24 | 57,334. | |

| | | | | |
|-----------------|-----------|---|------------|---------|
| Payments | 25 | Federal income tax withheld from: | | |
| | a | Form(s) W-2 | 25a | 56,459. |
| | b | Form(s) 1099 | 25b | |
| | c | Other forms (see instructions) | 25c | 0. |
| | d | Add lines 25a through 25c | 25d | 56,459. |
| | 26 | 2023 estimated tax payments and amount applied from 2022 return | 26 | |
| | 27 | Earned income credit (EIC) <input type="checkbox"/> NO | 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 | 3,808. |
| | 32 | Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits | 32 | 3,808. |
| | 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 60,267. |

| | | | | |
|---------------|--|--|------------|--------|
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 2,933. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 2,933. |
| | b | Routing number 0610000052 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d | Account number 334051260701 | | |
| 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 | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| | | SR. SOFTWARE ENGINEER | |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| | | SR. SOFTWARE ENGINEER | |
| Phone no. (404) 422-8722 | Email address PRUDVI.KONDAPARTHI@GMAIL.COM | | |

Paid Preparer Use Only

| | | | | |
|----------------------------|------------------------------------|------------|-----------|--|
| Preparer's name | Preparer's signature | Date | PTIN | Check if: |
| SYAM PRIYA RAM SAGAR GUPTA | SYAM PRIYA RAM SAGAR GUPTA | 03/24/2024 | P02082703 | <input type="checkbox"/> Self-employed |
| Firm's name | Firm's address | | | Phone no. |
| GLOBAL TAXES LLC | 245 ROONEY CT E BRUNSWICK NJ 08816 | | | (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
PRUDVI TEJA KONDAPARTHI & SWETHA PAKA

Your social security number
705-37-4480

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 | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | | 5 | -18,785. |
| 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 ABL 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 | | |
| | Substitute Payment from 1099-Misc 47. | | 47. | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | 47. |
| 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 | -18,738. |

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 | |
| 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 8l 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 | |

**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
PRUDVI TEJA KONDAPARTHI & SWETHA PAKA

Your social security number
705-37-4480

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 | |
| 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 | 935. |
| 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 |
| | | | 935. |

**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
PRUDVI TEJA KONDAPARTHI & SWETHA PAKA

Your social security number
705-37-4480

Part I Nonrefundable Credits

| | | | |
|-----------|---|-----------|------|
| 1 | Foreign tax credit. Attach Form 1116 if required | 1 | 356. |
| 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 | |
| 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 | 356. |

(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 | 3,808. |
| 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 | 3,808. |

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to www.irs.gov/ScheduleD for instructions and the latest information.

Attachment
Sequence No. **12**

Name(s) shown on return

PRUDVI TEJA KONDAPARTHI & SWETHA PAKA

Your social security number

705-37-4480

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | 3,648. | 3,484. | | 164. |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | 3,887. | 4,203. | | -316. |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 () |
| 7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back | | | | 7 -152. |

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | 8,515. | 9,035. | | -520. |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | 2,294. | 2,268. | | 26. |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 11 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 |
| 13 Capital gain distributions. See the instructions | | | | 13 |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | 14 () |
| 15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then, go to Part III on the back | | | | 15 -494. |

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

Schedule D (Form 1040) 2023

Part III Summary

| | | | |
|-----------|--|-----------|----------|
| 16 | Combine lines 7 and 15 and enter the result | 16 | -646. |
| | <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. | | |
| 17 | Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22. | | |
| 18 | If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet | 18 | |
| 19 | If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet | 19 | |
| 20 | Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. | | |
| 21 | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } | 21 | (646.) |
| | Note: When figuring which amount is smaller, treat both amounts as positive numbers. | | |
| 22 | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | | |

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) shown on return

Social security number or taxpayer identification number

PRUDVI TEJA KONDAPARTHI & SWETHA PAKA

705-37-4480

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions. | Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g). |
|------------------|--|---|---|--|--|--|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | ROBINHOOD SECURITIES LLC | 01/01/23 | 12/31/23 | 3,648. | 3,484. | | | 164. |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 2 Totals. | Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked). | | | 3,648. | 3,484. | | | 164. |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2023
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service

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

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

Name(s) shown on return

PRUDVI TEJA KONDAPARTHI & SWETHA PAKA

Your social security number

705-37-4480

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions Yes No
- B** If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A FLAT NO 403, PRASAD HEIGHTS BLOCK, VDO'S COLONY KHAMMAM, TELANGANA IN 507002

B
C

| 1b Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | | Personal Use Days | QJV |
|---------------------------------------|--|------------------|---|-------------------|--------------------------|
| | | A | B | C | |
| A 3 | | 365 | | 0 | <input type="checkbox"/> |
| B | | | | | <input type="checkbox"/> |
| C | | | | | <input type="checkbox"/> |

Type of Property:

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe) _____

| Income: | Properties: | | |
|---|-----------------------|---|---|
| | A | B | C |
| 3 Rents received | 3 702. | | |
| 4 Royalties received | 4 | | |
| Expenses: | | | |
| 5 Advertising | 5 | | |
| 6 Auto and travel (see instructions) | 6 | | |
| 7 Cleaning and maintenance | 7 2,458. | | |
| 8 Commissions | 8 | | |
| 9 Insurance | 9 | | |
| 10 Legal and other professional fees | 10 | | |
| 11 Management fees | 11 2,396. | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | |
| 13 Other interest | 13 | | |
| 14 Repairs | 14 3,896. | | |
| 15 Supplies | 15 3,421. | | |
| 16 Taxes | 16 | | |
| 17 Utilities | 17 3,225. | | |
| 18 Depreciation expense or depletion | 18 4,091. | | |
| 19 Other (list) _____ | 19 | | |
| 20 Total expenses. Add lines 5 through 19 | 20 19,487. | | |
| 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 -18,785. | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 (18,785.) | | |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a 702. | | |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | | |
| c Total of all amounts reported on line 12 for all properties | 23c | | |
| d Total of all amounts reported on line 18 for all properties | 23d 4,091. | | |
| e Total of all amounts reported on line 20 for all properties | 23e 19,487. | | |
| 24 Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 (18,785.) | | |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 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 | 26 -18,785. | | |

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-18,785.

Schedule E (Form 1040) 2023

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8889 for instructions and the latest information.

2023
Attachment
Sequence No. **52**

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

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.
705-37-4480

PRUDVI TEJA KONDAPARTHI

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

| | | |
|-----------|--|---|
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions | <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family |
| 2 | HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions | 2 0. |
| 3 | If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter | 3 7,750. |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs | 4 0. |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0- | 5 7,750. |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter | 6 7,750. |
| 7 | If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions | 7 |
| 8 | Add lines 6 and 7 | 8 7,750. |
| 9 | Employer contributions made to your HSAs for 2023 | 9 510. |
| 10 | Qualified HSA funding distributions | 10 |
| 11 | Add lines 9 and 10 | 11 510. |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 7,240. |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. | 13 0. |

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

| | | |
|------------|--|------------|
| 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 any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions | 14b |
| c | 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, include this 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 Additional 20% Tax (see instructions), check here <input type="checkbox"/> | |
| b | Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c | 17b |

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

| | | |
|-----------|--|-----------|
| 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, line 8f | 20 |
| 21 | Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d | 21 |

Qualified Business Income Deduction Simplified Computation

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Attachment
Sequence No. **55**

Go to www.irs.gov/Form8995 for instructions and the latest information.

Name(s) shown on return

PRUDVI TEJA KONDAPARTHI & SWETHA PAKA

Your taxpayer identification number

705-37-4480

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.
Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

| 1 | (a) Trade, business, or aggregation name | (b) Taxpayer identification number | (c) Qualified business income or (loss) |
|-----|---|------------------------------------|---|
| i | | | |
| ii | | | |
| iii | | | |
| iv | | | |
| v | | | |
| 2 | Total qualified business income or (loss). Combine lines 1i through 1v, column (c) | 2 | |
| 3 | Qualified business net (loss) carryforward from the prior year | 3 () | |
| 4 | Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0- | 4 | |
| 5 | Qualified business income component. Multiply line 4 by 20% (0.20) | | 5 |
| 6 | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) | 6 28. | |
| 7 | Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year | 7 () | |
| 8 | Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0- | 8 28. | |
| 9 | REIT and PTP component. Multiply line 8 by 20% (0.20) | | 9 6. |
| 10 | Qualified business income deduction before the income limitation. Add lines 5 and 9 | | 10 6. |
| 11 | Taxable income before qualified business income deduction (see instructions) | 11 291,525. | |
| 12 | Enter your net capital gain, if any, increased by any qualified dividends (see instructions) | 12 105. | |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0- | 13 291,420. | |
| 14 | Income limitation. Multiply line 13 by 20% (0.20) | | 14 58,284. |
| 15 | Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions) | | 15 6. |
| 16 | Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0- | | 16 (0.) |
| 17 | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0- | | 17 (0.) |

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions.
 Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.
 Go to www.irs.gov/Form8959 for instructions and the latest information.

Name(s) shown on return

PRUDVI TEJA KONDAPARTHI & SWETHA PAKA

Your social security number

705-37-4480

Part I Additional Medicare Tax on Medicare Wages

| | | | | |
|----------|---|----------|----------|----------|
| 1 | Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 | 1 | 353,900. | |
| 2 | Unreported tips from Form 4137, line 6 | 2 | | |
| 3 | Wages from Form 8919, line 6 | 3 | | |
| 4 | Add lines 1 through 3 | 4 | 353,900. | |
| 5 | Enter the following amount for your filing status: | | | |
| | Married filing jointly \$250,000 | | | |
| | Married filing separately \$125,000 | | | |
| | Single, Head of household, or Qualifying surviving spouse \$200,000 | 5 | 250,000. | |
| 6 | Subtract line 5 from line 4. If zero or less, enter -0- | 6 | | 103,900. |
| 7 | Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II | 7 | | 935. |

Part II Additional Medicare Tax on Self-Employment Income

| | | | | |
|-----------|--|-----------|--|--|
| 8 | Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- | 8 | | |
| 9 | Enter the following amount for your filing status: | | | |
| | Married filing jointly \$250,000 | | | |
| | Married filing separately \$125,000 | | | |
| | Single, Head of household, or Qualifying surviving spouse \$200,000 | 9 | | |
| 10 | Enter the amount from line 4 | 10 | | |
| 11 | Subtract line 10 from line 9. If zero or less, enter -0- | 11 | | |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 | | |
| 13 | Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III | 13 | | |

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

| | | | | |
|-----------|--|-----------|--|--|
| 14 | Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) | 14 | | |
| 15 | Enter the following amount for your filing status: | | | |
| | Married filing jointly \$250,000 | | | |
| | Married filing separately \$125,000 | | | |
| | Single, Head of household, or Qualifying surviving spouse \$200,000 | 15 | | |
| 16 | Subtract line 15 from line 14. If zero or less, enter -0- | 16 | | |
| 17 | Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV | 17 | | |

Part IV Total Additional Medicare Tax

| | | | | |
|-----------|--|-----------|--|------|
| 18 | Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V | 18 | | 935. |
|-----------|--|-----------|--|------|

Part V Withholding Reconciliation

| | | | | |
|-----------|---|-----------|----------|----|
| 19 | Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 | 19 | 5,132. | |
| 20 | Enter the amount from line 1 | 20 | 353,900. | |
| 21 | Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages | 21 | 5,132. | |
| 22 | Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages | 22 | | 0. |
| 23 | Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) | 23 | | |
| 24 | Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions) | 24 | | 0. |

**Net Investment Income Tax—
Individuals, Estates, and Trusts**

Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return

PRUDVI TEJA KONDAPARTHI & SWETHA PAKA

Your social security number or EIN

705-37-4480

- Part I Investment Income** Section 6013(g) election (see instructions)
 Section 6013(h) election (see instructions)
 Regulations section 1.1411-10(g) election (see instructions)

| | | | | |
|-----------|---|--------------------|-----------|----------|
| 1 | Taxable interest (see instructions) | | 1 | 618. |
| 2 | Ordinary dividends (see instructions) | | 2 | 1,615. |
| 3 | Annuities (see instructions) | | 3 | |
| 4a | Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions) | 4a -18,785. | 4c | -18,785. |
| b | Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) | 4b | | |
| c | Combine lines 4a and 4b | | | |
| 5a | Net gain or loss from disposition of property (see instructions) | 5a -646. | 5d | -646. |
| b | Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) | 5b | | |
| c | Adjustment from disposition of partnership interest or S corporation stock (see instructions) | 5c | | |
| d | Combine lines 5a through 5c | | | |
| 6 | Adjustments to investment income for certain CFCs and PFICs (see instructions) | | 6 | |
| 7 | Other modifications to investment income (see instructions) | | 7 | 47. |
| 8 | Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 | | 8 | -17,151. |

Part II Investment Expenses Allocable to Investment Income and Modifications

| | | | | |
|-----------|---|-----------|-----------|--|
| 9a | Investment interest expenses (see instructions) | 9a | 9d | |
| b | State, local, and foreign income tax (see instructions) | 9b | | |
| c | Miscellaneous investment expenses (see instructions) | 9c | | |
| d | Add lines 9a, 9b, and 9c | | | |
| 10 | Additional modifications (see instructions) | | 10 | |
| 11 | Total deductions and modifications. Add lines 9d and 10 | | 11 | |

Part III Tax Computation

| | | | | |
|----------------------------|---|--------------------|-----------|----|
| 12 | Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0- | | 12 | 0. |
| Individuals: | | | | |
| 13 | Modified adjusted gross income (see instructions) | 13 319,225. | 16 | 0. |
| 14 | Threshold based on filing status (see instructions) | 14 250,000. | | |
| 15 | Subtract line 14 from line 13. If zero or less, enter -0- | 15 69,225. | | |
| 16 | Enter the smaller of line 12 or line 15 | | | |
| 17 | Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions) | | 17 | 0. |
| Estates and Trusts: | | | | |
| 18a | Net investment income (line 12 above) | 18a | 20 | |
| b | Deductions for distributions of net investment income and charitable deductions (see instructions) | 18b | | |
| c | Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0- | 18c | | |
| 19a | Adjusted gross income (see instructions) | 19a | 21 | |
| b | Highest tax bracket for estates and trusts for the year (see instructions) | 19b | | |
| c | Subtract line 19b from line 19a. If zero or less, enter -0- | 19c | | |
| 20 | Enter the smaller of line 18c or line 19c | | | |
| 21 | Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions) | | | |

2023 AR1000NR



P1

ARKANSAS INDIVIDUAL INCOME TAX RETURN Nonresident and Part Year Resident

CHECK BOX IF AMENDED RETURN

Software ID

Jan. 1 - Dec. 31, 2023 or fiscal year ending _____, 20____

PROSERIES

| | | | | |
|---|---------------------------|----------------------------|---|---|
| Primary's legal first name • PRUDVI TEJA | MI • | Last name • KONDAPARTHI | Check if Deceased • <input type="checkbox"/> | Primary's social security number • 705-37-4480 |
| Spouse's legal first name • SWETHA | MI • | Last name • PAKA | Check if Deceased • <input type="checkbox"/> | Spouse's social security number • 359-61-5781 |
| Mailing address (number and street, P.O. box or rural route) • 3750 ANDOVER ST | | | | <input type="checkbox"/> Check if address is outside U.S. |
| City • CUMMING | State or province • GA | ZIP • 30028 | Foreign country name | |
| Primary email | | Secondary email | | |

ATTACH PAGE 1 AND 2 OF YOUR FEDERAL RETURN

| | | | |
|---|--|--|--|
| Primary - Remote Worker <input type="checkbox"/> | Primary - Military Spouse <input type="checkbox"/> | <input checked="" type="checkbox"/> NONRESIDENT: | <input type="checkbox"/> PART YEAR RESIDENT: Dates lived in AR: |
| Spouse - Remote Worker <input type="checkbox"/> | Spouse - Military Spouse <input type="checkbox"/> | List state of residence: <u>GEORGIA</u> | From: _____ To: _____ |
| <input type="checkbox"/> We no longer automatically mail 1099-G forms. Instead, we ask that you get this information from our website (www.atap.arkansas.gov). Check the box if you still want us to mail you a paper Form 1099-G next year. | | | |
| <input type="checkbox"/> Check here if you want a tax booklet mailed to you next year. | | <input type="checkbox"/> Check this box if you have filed a state extension or an automatic federal extension | |
| DL# / State ID <u>060279869</u> | Your state <u>GA</u> | Issue date (mm/dd/yyyy) <u>02/01/2024</u> | Expiration date (mm/dd/yyyy) <u>10/10/2025</u> |
| DL# / State ID <u>060288651</u> | Spouse state <u>GA</u> | Issue date (mm/dd/yyyy) <u>02/06/2024</u> | Expiration date (mm/dd/yyyy) <u>11/18/2025</u> |

| | |
|---|--|
| 1. <input type="checkbox"/> Single (Or widowed before 2023 or divorced at end of 2023) | 4. <input checked="" type="checkbox"/> Married filing separately on the same return |
| 2. <input type="checkbox"/> Married filing joint (Even if only one had income) | 5. <input type="checkbox"/> Married filing separately on different returns Enter spouse's name here and SSN above _____ |
| 3. <input type="checkbox"/> Head of household (See instructions) If the qualifying person was your child, but not your dependent, enter child's name here: _____ | 6. <input type="checkbox"/> Surviving spouse with dependent child Year spouse died: (See instructions) _____ |

7A. Yourself • 65 or over • 65 Special • Blind • Deaf Head of household/surviving spouse (Filing status 3 only) (Filing status 6 only)

Spouse • 65 or over • 65 Special • Blind • Deaf

Multiply number of boxes checked 7A X \$29 =

Dependents (Do not list yourself or spouse)

| First name | Last name | Dependent's social security number | Dependent's relationship to you |
|------------|-----------|------------------------------------|---------------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |

7B. Multiply number of **DEPENDENTS** from above.....7B X \$29 =

7C. **TOTAL PERSONAL TAX CREDITS:** (Add lines 7A and 7B. Enter total here and on line 34)7C

Individuals with Developmental Disabilities Credit (AR1000-DD - formerly AR1000RC5) now on Form AR1000TC



Primary SSN 705-37-4480

| | | (A) Primary/Joint Income | (B) Spouse's Income Status 4 Only | (C) Arkansas Income Only | |
|--|---|---|-----------------------------------|--------------------------|-----------|
| ROUND ALL AMOUNTS TO WHOLE DOLLARS | | | | | |
| INCOME | 8. Wages, salaries, tips, etc: (Attach W-2s) | ● 212,166.00 | ● 124,210.00 | ● 12,562.00 | |
| | 9. Military pay: Primary <input type="checkbox"/> Spouse <input type="checkbox"/> | | | | |
| | 10. Interest income: (If over \$1,500, attach AR4) | ● 475.00 | ● 143.00 | ● 0.00 | |
| | 11. Dividend income: (If over \$1,500, attach AR4) | ● 1,408.00 | ● 207.00 | ● 0.00 | |
| | 12. Alimony and separate maintenance received: | ● 0.00 | ● 0.00 | ● 0.00 | |
| | 13. Business or professional income: (Attach federal Sch. C) | ● 0.00 | ● 0.00 | ● 0.00 | |
| | 14. Capital gains/(losses) from stocks, bonds, etc: (Attach federal Sch. D) .. | ● -424.00 | ● -222.00 | ● 0.00 | |
| | 15. Other gains or (losses): (See instructions) | ● 0.00 | ● 0.00 | ● 0.00 | |
| | 16. Non-qualified IRA distributions and taxable annuities: (Attach all 1099Rs) ... | ● 0.00 | ● 0.00 | ● 0.00 | |
| | 17. Military retirement Primary <input type="checkbox"/> Spouse <input type="checkbox"/> | | | | |
| | 18A. Primary employer pension plan(s)/qualified IRA(s): (Attach 1099Rs) Gross <input type="checkbox"/> Taxable <input type="checkbox"/> Less \$6,000 | ● 0.00 | | ● 0.00 | |
| | 18B. Spouse employer pension plan(s)/qualified IRA(s): (Attach 1099Rs) Gross <input type="checkbox"/> Taxable <input type="checkbox"/> Less \$6,000 | ● 0.00 | ● 0.00 | ● 0.00 | |
| | 19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Sch. E) | ● 0.00 | ● 0.00 | ● 0.00 | |
| | 20. Farm income: (Attach federal Sch. F) | ● 0.00 | ● 0.00 | ● 0.00 | |
| | 21. Unemployment: | ● 0.00 | ● 0.00 | ● 0.00 | |
| | 22. Other income/depreciation differences: (Attach Form AR-1099 Stmt) | ● 47.00 | ● 0.00 | ● 0.00 | |
| | 23. TOTAL INCOME: (Add lines 8 through 22) | ● 213,672.00 | ● 124,338.00 | ● 12,562.00 | |
| | 24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ) | ● 0.00 | ● 0.00 | ● 0.00 | |
| | 25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23) | ● 213,672.00 | ● 124,338.00 | ● 12,562.00 | |
| | TAX COMPUTATION | 26. Select tax table: (Select only one) | | | |
| | | 27. <input type="checkbox"/> Low income table (\$0), See line 26 instructions <input type="checkbox"/> Standard deduction (See instructions) <input checked="" type="checkbox"/> Itemized deductions (Attach AR3) | ● 6,932.00 | ● 4,071.00 | |
| | | 28. NET TAXABLE INCOME: (Subtract line 27 from line 25) | ● 206,740.00 | ● 120,267.00 | |
| | | 29. TAX: (Enter tax from tax table) | ● 9,561.00 | ● 5,497.00 | |
| | | 30. Combined tax: (Add amounts from line 29, columns A and B) | | | 15,058.00 |
| | | 31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD) | | | 0.00 |
| 32. Additional tax on IRA and qualified plan withdrawal and overpayment: (See Instructions) | | | | 0.00 | |
| 33. TOTAL TAX: (Add lines 30 through 32) | | | ● 15,058.00 | | |
| TAX CREDITS | 34. Personal tax credit(s): (Enter total from line 7C) | | | ● 58.00 | |
| | 35. Child care credit: (Attach AR2441) | | | ● 0.00 | |
| | 36. Other credits: (Attach AR1000TC) | | | ● 0.00 | |
| | 37. TOTAL CREDITS: (Add lines 34 through 36) | | | ● 58.00 | |
| 38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0) | | | ● 15,000.00 | | |
| APPORTIONMENT | 38A. Enter the amount from line 25, Column C: | | | ● 12,562.00 | |
| | 38B. Enter the total amount from line 25, Columns A and B: | | | ● 338,010.00 | |
| | 38C. Divide line 38A by 38B: (See instructions) | 38C | 0.037165 | | |
| | 38D. APPORTIONED TAX LIABILITY: (Multiply line 38 by line 38C) | 38D | | ● 557.00 | |



Primary SSN 705-37-4480

| | | | | |
|---|--|------|------|----|
| PAYMENTS | 39. Arkansas income tax withheld: (Attach copies of W-2, 1099R, W2-G,1099-PT, and/or AR-K1) 39 | ● | 615. | 00 |
| | 40. Estimated tax paid or credit brought forward from 2022: 40 | ● | | 00 |
| | 41. Payment made with extension: (See instructions) 41 | ● | | 00 |
| | 42. AMENDED RETURNS ONLY - Previous payments: (See instructions) 42 | ● | | 00 |
| | 43. Early childhood program: Certification number: _____ (Attach AR1000EC and AR2441) 43 | ● | | 00 |
| | 44. TOTAL PAYMENTS: (Add lines 39 through 43) 44 | ● | 615. | 00 |
| | 45. AMENDED RETURNS ONLY - Previous refund: (See instructions) 45 | ● | | 00 |
| 46. Adjusted total payments: (Subtract line 45 from line 44) 46 | ● | 615. | 00 | |

| | | | | | |
|--|---|---|-----|-----|----|
| REFUND OR TAX DUE | 47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38D, enter difference) 47 | ● | 58. | 00 | |
| | 48. Amount to be applied to 2024 estimated tax: 48 | ● | | 00 | |
| | 49. Amount of Check-Off contributions: (Attach Form AR1000CO) 49 | ● | | 00 | |
| | 50. AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47) REFUND 50 | ● | ☺ | 58. | 00 |
| | 51. AMOUNT DUE: (If line 46 is less than line 38D, enter difference; if over \$1,000, continue to 52A) TAX DUE 51 | ● | ☹ | | 00 |
| | 52A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A | ● | | | 00 |
| 52B. Penalty 52B | ● | | | 00 | |
| 52C. Add lines 51 and 52B: (See instructions) TOTAL DUE 52C | ● | | | 00 | |

Direct deposit allowed to U.S. banks only. Check if either deposit(s) will ultimately be placed in a foreign account. ●

Routing number 1 **Account number 1** ● Checking or ● Savings **Direct deposit 1 amt.**

● 0 6 1 0 0 0 0 5 2 ● 3 3 4 0 5 1 2 6 0 7 0 1 ● 58.00

Routing number 2 **Account number 2** ● Checking or ● Savings **Direct deposit 2 amt.**

● ● ● 00

PLEASE 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.

| | | | |
|---------------------|------|-----------------------------|---|
| Primary's signature | Date | Telephone (404) 422-8722 | May the Arkansas Revenue Division discuss this return with the preparer? |
| Spouse's signature | Date | Telephone | |

| | | | | |
|---------------|---|-----------------------------|---|--|
| PAID PREPARER | Paid preparer's signature SYAM PRIYA RAM SAGAR GUPTA | PTIN/ID number P02082703 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | Preparer's name GLOBAL TAXES LLC | Telephone (678) 965-9522 | For Department Use Only A ● | |
| | Address 245 ROONEY CT | | | |
| | City E BRUNSWICK | State NJ | ZIP 08816 | |
| | E-mail | | | |

| | | | |
|--|--|--|--|
| PAY ONLINE: Please visit our secure website ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gov . ATAP allows taxpayers or their representatives to log on, make payments and manage their account online. ATAP is available 24 hours. | | Mail Return & Payment to: Refund: Arkansas State Income Tax P.O. Box 1000 Little Rock, AR 72203-1000 | Tax Due/No Tax: Arkansas State Income Tax P.O. Box 2144 Little Rock, AR 72203-2144 |
|--|--|--|--|



**ARKANSAS INDIVIDUAL INCOME TAX
OTHER INCOME/LOSS AND DEPRECIATION DIFFERENCES**

| | |
|--|---|
| Primary's legal name P KONDAPARTHI & S PAKA | Primary's social security number 705-37-4480 |
|--|---|

Full Year Resident Filers - Complete columns **(A)** and **(B)** if using filing status 4 (married filing separately on the same return). All other filing statuses must complete column **(A) only**.

Nonresident or Part Year Resident Filers - Complete columns **(A), (B), and (C)** if using filing status 4 (married filing separately on the same return). All other filing statuses must complete columns **(A)** and **(C) only**.

Additions to Income

| | (A) Primary/Joint | (B) Spouse (Status 4) | (C) Arkansas Only |
|---|----------------------|--------------------------|----------------------|
| 1. Federal depreciation: (Attach Schedule) 1 | 00 | 00 | 00 |
| 2. HSA and/or MSA taxable distributions 2 | 00 | 00 | 00 |
| 3. Long-term care insurance contracts 3 | 00 | 00 | 00 |
| 4. Gambling winnings: (Attach W2-G) 4 | 00 | 00 | 00 |
| 5. Lottery / contest winnings: 5 | 00 | 00 | 00 |
| 6. Scholarships / fellowships / stipends: 6 | 00 | 00 | 00 |
| 7. Pass-Through Entity adjustment: (Attach Schedule) 7 | 00 | 00 | 00 |
| 8. Other: (See Instructions) 8 | 47 . 00 | 00 | 0 . 00 |
| 9. INCOME TOTAL: (Add lines 1-8 and enter total): 9 | 47 . 00 | 00 | 0 . 00 |

Subtractions from Income

| | (A) Primary/Joint | (B) Spouse (Status 4) | (C) Arkansas Only |
|---|----------------------|--------------------------|----------------------|
| 10. State depreciation: (Attach Schedule) 10 | 00 | 00 | 00 |
| 11. Net operating loss: (Attach Form AR1000NOL) 11 | 00 | 00 | 00 |
| 12. Foreign earned income exclusion: 12 | 00 | 00 | 00 |
| 13. Loss on excess deferral distribution 13 | 00 | 00 | 00 |
| 14. Pass-Through Entity adjustment: (Attach Schedule) 14 | 00 | 00 | 00 |
| 15. Other: (See Instructions) 15 | 00 | 00 | 00 |
| 16. LOSSES TOTAL: (Add lines 10-15 and enter total) 16 | 00 | 00 | 00 |
| 17. NET TOTAL: (Subtract line 16 from line 9 and enter total of each column on line 22 of Form AR1000F / AR1000NR) .17 | 47 . 00 | 00 | 0 . 00 |



**ARKANSAS INDIVIDUAL INCOME TAX
CAPITAL GAINS**

| | |
|--|---|
| Primary's legal name P KONDAPARTHI & S PAKA | Primary's social security number 705-37-4480 |
|--|---|

In Arkansas, only 50% of the net capital gain is taxed. 100% of the short term capital gain is taxed.

Per Act 1488 of 2013, the amount of net capital gain in excess of ten million dollars (\$10,000,000) from a gain realized on or after January 1, 2014, is exempt from state tax.

Complete the AR1000D if you have a CAPITAL GAIN OR LOSS reported on federal Schedule D, or if Schedule D is not required, a gain reported on federal Form 1040, line 7. The amount of capital loss that can be deducted after offsetting capital gains is limited to \$3,000 (\$1,500 per taxpayer for filing status 4 or 5). See instructions for line 14, Form AR1000F/AR1000NR.

Adjust your gains and losses for depreciation differences, **if any**, in the federal and Arkansas amounts using lines 2, 5 and 10. *

Note: Arkansas did not adopt the federal "bonus depreciation" provision from previous years. Therefore, there may be a difference in federal and Arkansas amounts of depreciation allowed.

Full Year Resident Filers - Complete columns **(A)** and **(B)** only.

Nonresident or Part Year Resident Filers - Complete columns **(A), (B), and (C)**.

| | Federal Schedule D | (A) Primary | (B) Spouse | (C) Arkansas Only |
|---|-----------------------|----------------|---------------|----------------------|
| 1. Enter federal long-term capital gain or loss reported on line 15, federal Schedule D or Form 1040, line 7.....1 | -494.00 | -378.00 | -116.00 | 0.00 |
| 2. Enter adjustment, if any , for depreciation differences in federal and state amounts.....2 | | 00 | 00 | 00 |
| 3. Arkansas long-term capital gain or loss. Add (or subtract) line 1 and line 2.....3 | | -378.00 | -116.00 | 0.00 |
| 4. Enter federal net short-term capital loss, if any , reported on line 7, federal Schedule D4 | -152.00 | -46.00 | -106.00 | 0.00 |
| 5. Enter adjustment, if any , for depreciation differences in federal and state amounts.....5 | | 00 | 00 | 00 |
| 6. Arkansas net short-term capital loss. Add (or subtract) line 4 and line 5.....6 | | -46.00 | -106.00 | 0.00 |
| 7a. Arkansas net capital gain or loss. (If gain, subtract line 6 from 3. If loss, add lines 6 and 3.)7a | | -424.00 | -222.00 | 0.00 |
| 7b. If the amount on line 7a is over \$10,000,000, only enter \$10,000,000. If less than \$10,000,000, enter the total amount.....7b | | -424.00 | -222.00 | 0.00 |
| 8. Arkansas taxable amount. If a gain multiply line 7b by 50 percent (.50), otherwise enter loss.....8 | | -424.00 | -222.00 | 0.00 |
| 9. Enter federal short-term capital gain, if any , reported on line 7, federal Schedule D.....9 | 00 | 00 | 00 | 00 |
| 10. Enter adjustment, if any , for depreciation differences in federal and state amounts.....10 | | 00 | 00 | 00 |
| 11. Arkansas short-term capital gain. Add (or subtract) line 9 and line 10.....11 | | 00 | 00 | 00 |
| 12. Total taxable Arkansas capital gain or loss. Add lines 8 and 11. (Loss limited to \$3,000, for filing status 1, 2, 3, and 6, \$1,500 per taxpayer if filing status 4 or 5.) Enter here. Filing status 1,2,3,5 and 6: Add line 12, columns A and B and enter on AR1000F/AR1000NR, line 14. Filing status 4: Enter line 12, column A on AR1000F/AR1000NR, line 14, column A. Enter line 12, column B on AR1000F/AR1000NR, line 14, column B. | | -424.00 | -222.00 | 0.00 |



**ARKANSAS INDIVIDUAL INCOME TAX
ITEMIZED DEDUCTIONS**

| | |
|--|---|
| Primary's legal name P KONDAPARTHI & S PAKA | Primary's social security number 705-37-4480 |
|--|---|

MEDICAL AND DENTAL EXPENSES: [Do not include expense(s) paid by others]. (See instructions)

| | | |
|---|-----|------------|
| 1. Medical and dental expenses:..... | 1 | 0.00 |
| 2. Enter amount from Form AR1000F/AR1000NR, line 25A and 25B:..... | 2 | 338,010.00 |
| 3. Multiply line 2 by 10% (.10), otherwise enter 0:..... | 3 | 33,801.00 |
| 4. TOTAL MEDICAL EXPENSES: (Subtract line 3 from line 1; if more than line 1, enter 0)..... | 4 > | 0.00 |

TAXES: (See instructions)

| | | |
|--|-----|----|
| 5. Real estate tax:..... | 5 | 00 |
| 6. Personal property tax or other taxes: (List type and amount)..... | 6 | 00 |
| 7. TOTAL TAXES: (Add lines 5 and 6)..... | 7 > | 00 |

INTEREST EXPENSES: (See instructions)

| | | |
|--|------|-----------|
| 8. Home mortgage interest paid to financial institutions:..... | 8 | 8,503.00 |
| 9. Home mortgage interest paid to an individual: Name: _____ Address: _____ | 9 | 00 |
| 10. Deductible points:..... | 10 | 2,500.00 |
| 11. Investment interest: (Attach federal Form 4952)..... | 11 | 00 |
| 12. TOTAL INTEREST EXPENSE: (Add lines 8 through 11)..... | 12 > | 11,003.00 |

CONTRIBUTIONS: (See instructions)

| | | |
|--|------|----|
| 13. Cash contributions:..... | 13 | 00 |
| 14. Art and literary contributions:..... | 14 | 00 |
| 15. Other:..... | 15 | 00 |
| 16. Carryover contributions: (List type and amount)..... | 16 | 00 |
| 17. TOTAL CONTRIBUTIONS: (Add lines 13 through 16)..... | 17 > | 00 |

CASUALTY AND THEFT LOSSES: (See instructions)

| | | |
|--|------|----|
| 18. TOTAL CASUALTY AND THEFT LOSSES: (Attach Form AR4684)..... | 18 > | 00 |
|--|------|----|

POST-SECONDARY EDUCATION TUITION DEDUCTION(S): (See instructions)

| | | |
|--|------|----|
| 19. TOTAL POST-SECONDARY EDUCATION TUITION DEDUCTION(S): [Attach AR1075(s)]..... | 19 > | 00 |
|--|------|----|

MISCELLANEOUS DEDUCTIONS SUBJECT TO 2% AGI LIMIT: (See instructions)

| | | |
|--|------|----|
| 20. Unreimbursed employee business expenses: (Attach Form AR2106)..... | 20 | 00 |
| 21. Other expenses: (List type and amount)..... | 21 | 00 |
| 22. Add the amounts on lines 20 and 21. Enter the total:..... | 22 | 00 |
| 23. Enter amount from Form AR1000F/AR1000NR, line 25A and 25B:..... | 23 | 00 |
| 24. Multiply line 23 above by 2% (.02):..... | 24 | 00 |
| 25. TOTAL MISCELLANEOUS DEDUCTIONS: (Subtract line 24 from line 22; if line 24 is more than line 22, enter 0)..... | 25 > | 00 |

OTHER MISCELLANEOUS DEDUCTIONS: (See instructions)

| | | |
|---|------|----|
| 26. Volunteer firefighter expenses:..... | 26 | 00 |
| 27. Gambling Losses:..... | 27 | 00 |
| 28. Other miscellaneous deductions: (List type and amount)..... | 28 | 00 |
| 29. TOTAL MISCELLANEOUS DEDUCTIONS NOT SUBJECT TO THE 2% AGI LIMITATION: (Add lines 26 through 28)..... | 29 > | 00 |

TOTAL ITEMIZED DEDUCTIONS:

| | | |
|--|------|-----------|
| 30. Add amounts on lines 4, 7, 12, 17, 18, 19, 25, and 29 and enter the total here:..... | 30 > | 11,003.00 |
|--|------|-----------|

Complete lines 31 - 35 ONLY if Filing Status 4 or 5.

| | | PRIMARY Adjusted Gross Income | | SPOUSE'S Adjusted Gross Income |
|--|-----|----------------------------------|-----|-----------------------------------|
| 31. Enter adjusted gross income from Form AR1000F/AR1000NR, line 25A and 25B:..... | 31A | 213,672.00 | 31B | 124,338.00 |
| 32. Total Arkansas adjusted gross income: (Add columns 31A and 31B from above)..... | 32 | | | 338,010.00 |
| 33. Divide the amount on line 31A above by the amount on line 32. Enter the percentage here:..... | 33 | | | 63% |
| 34. Multiply line 30 by the percentage on line 33. Enter here and on Form AR1000F/AR1000NR, line 27, col. (A):.... (Primary) | 34 | | | 6,932.00 |
| 35. Subtract line 34 from line 30. Enter here and on Form AR1000F/AR1000NR, line 27, column (B). If you and your spouse are using Filing Status 5, enter on line 27, col. (A) of your spouse's return:..... (Spouse) | 35 | | | 4,071.00 |



**ARKANSAS INDIVIDUAL INCOME TAX
INTEREST AND DIVIDENDS**

| | |
|--|---|
| Primary's legal name P KONDAPARTHI & S PAKA | Primary's social security number 705-37-4480 |
|--|---|

Full Year Resident Filers - Complete columns **(A)** and **(B)** if using filing status 4 (married filing separately on the same return). All other filing statuses must complete column **(A)** only.

Nonresident or Part Year Resident Filers - Complete columns **(A), (B), and (C)** if using filing status 4 (married filing separately on the same return). All other filing statuses must complete columns **(A)** and **(C)** only.

Part I - TAXABLE INTEREST

Interest on bank deposits, notes, mortgages from individuals, corporation bonds, savings and loan deposits, and credit union deposits are taxable. Interest on obligations of other states and subdivisions are fully taxable.

| NAME OF PAYER | (A) Primary/Joint | (B) Spouse (If Filing Status 4) | (C) Arkansas Only |
|--|----------------------|---------------------------------------|----------------------|
| CAPITAL ONE N.A. | 407.00 | | 0.00 |
| DIGITAL FEDERAL CREDIT UNION | 61.00 | | 0.00 |
| ROBINHOOD SECURITIES LLC | 7.00 | | 0.00 |
| ROBINHOOD SECURITIES LLC | | 143.00 | 0.00 |
| | 00 | 00 | 00 |
| | 00 | 00 | 00 |
| | 00 | 00 | 00 |
| | 00 | 00 | 00 |
| | 00 | 00 | 00 |
| | 00 | 00 | 00 |
| Add the amounts listed and enter the total here and on line 10, Form AR1000F/ AR1000NR. | 475.00 | 143.00 | 0.00 |

Part II - TAXABLE DIVIDENDS

Dividends and other distributions on stock are fully taxable. There is no dividend exclusion applicable to Arkansas.

| NAME OF PAYER | (A) Primary/Joint | (B) Spouse (If Filing Status 4) | (C) Arkansas Only |
|--|----------------------|---------------------------------------|----------------------|
| ROBINHOOD SECURITIES LLC | 1,402.00 | | 0.00 |
| ROBINHOOD SECURITIES LLC | | 207.00 | 0.00 |
| WALMART INC | 6.00 | | 0.00 |
| | 00 | 00 | 00 |
| | 00 | 00 | 00 |
| | 00 | 00 | 00 |
| | 00 | 00 | 00 |
| | 00 | 00 | 00 |
| | 00 | 00 | 00 |
| | 00 | 00 | 00 |
| Add the amounts listed and enter the total here and on line 11, Form AR1000F/ AR1000NR. | 1,408.00 | 207.00 | 0.00 |

REV 12/11/23 PRO

Part III - INCOME NOT SUBJECT TO ARKANSAS TAX (See Instructions on pages 9 & 10)

| | | | | |
|--|--|----|-----------------------------------|-------|
| Social security | | 00 | TOTAL AR MUNI DIV AND NONTAX DIST | 44.00 |
| Railroad retirement benefits (Attach 1099-RRB) | | 00 | | 00 |
| Ministers housing allowance | | 00 | | 00 |
| Other | | 00 | | 00 |
| TOTAL INCOME NOT SUBJECT TO ARKANSAS TAX: | | | | 44.00 |



ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial: PRUDVI TEJA, Last Name: KONDAPARTHI, Primary's Social Security Number: 705-37-4480, Spouse's Legal First Name and Middle Initial: SWETHA, Last Name: PAKA, Spouse's Social Security Number: 359-61-5781, Mailing Address: 3750 ANDOVER ST, Telephone: (404) 422-8722, City: CUMMING, State or Province: GA, ZIP: 30028, Check if address is outside U.S. Foreign Country.

Table with 3 columns: Line number, Description, Amount. Includes Total Income (338,010.00), Net Tax (00), State Income Tax Withheld (00), Refund (58.00), Tax Due (00).

PART II - DECLARATION OF TAXPAYER

6a. [X] I consent that my refund be direct deposited as designated in the electronic portion of my 2023 Arkansas income tax return. 6b. [] I do not want direct deposit of my refund or I am not receiving a refund. 6c. [] I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT). 6d. [] I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).

If I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected, I understand my state return will be rejected also.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2023 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the State of Arkansas to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here Primary's Signature Date Spouse's Signature Date

PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxpayer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under 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. This declaration of Paid Preparer is based on all information of which the preparer has knowledge.

ERO'S Use Only ERO'S Signature: GLOBAL TAXES LLC, Date: 03/24/2024, Check if paid preparer: [], Check if self-employed: [], Your SSN or PTIN: 84-3171965, Firm's name and address: GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816, FEIN: 84-3171965

Under 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. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only Preparer's Signature: SYAM PRIYA RAM SAGAR GUPTA, Date: 03/24/2024, Check if self-employed: [], Preparer's SSN or PTIN: P02082703, Firm's name and address: SYAM PRIYA RAM SAGAR GUPTA 245 ROONEY CT E BRUNSWICK NJ 08816, FEIN: P02082703

Additional Information From 2023 Arkansas Tax Return

Form AR1000NR: NR/PY Individual Income Tax Return

Other Income Details

Continuation Statement

| Description | Amount |
|--------------|--------|
| OTHER INCOME | 0. |

DO NOT SEND THIS VA-8453 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Virginia Submission Identification Number (SID)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|-----------------------------------|--|--|--|--|--|--|--|--|--|-------------------------------|--|--|--|--|--|--|--|--|--|
| First Name & Middle Initial (if joint or combined return, enter both) | | | | | | | | | | Last Name | | | | | | | | | | B Your Social Security Number | | | | | | | | | |
| PRUDVI TEJA & SWETHA | | | | | | | | | | KONDAPARTHI & PAKA | | | | | | | | | | 705-37-4480 | | | | | | | | | |
| Present Home Address | | | | | | | | | | A Spouse's Social Security Number | | | | | | | | | | 359-61-5781 | | | | | | | | | |
| 3750 ANDOVER ST | | | | | | | | | | | | | | | | | | | | Online Filed Return | | | | | | | | | |
| City, State and Zip Code | | | | | | | | | | CUMMING GA 30028 | | | | | | | | | | <input type="checkbox"/> | | | | | | | | | |

| Part I Tax Return Information | | | | | | | | | | A Spouse | | | | | B Yourself | | | | |
|---|--|--|--|--|--|--|--|--|--|----------|--|--|--|--|------------|--|--|--|--|
| 1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1) | | | | | | | | | | | | | | | 338,010. | | | | |
| 2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9) | | | | | | | | | | | | | | | 338,010. | | | | |
| 3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17) | | | | | | | | | | | | | | | 117,495. | | | | |
| 4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18) | | | | | | | | | | | | | | | 6,498. | | | | |
| 5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b) | | | | | | | | | | | | | | | 6,411. | | | | |
| 6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35) | | | | | | | | | | | | | | | 87. | | | | |
| 7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36) | | | | | | | | | | | | | | | | | | | |

Part II Declaration of Taxpayer

8a. I consent that my refund be directly deposited as designated on my 2023 Virginia income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.

8b. I do not want direct deposit of my refund or I am not receiving a refund. I choose to have a check mailed to me.

8c. I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on my 2023 Virginia income tax return for payment of my state taxes owed on this return and/or a payment of estimated tax. 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 certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.

I declare under penalties of perjury that I have compared the information on my return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my 2023 Virginia individual income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent that my return including this declaration and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my electronic return originator (ERO) and by the IRS to Virginia Tax. This declaration is to be retained by the ERO or transmitter as validation of my electronically filed Virginia income tax return. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

Your Signature

Date

Spouse's Signature (If Filing Status 2 or 4, BOTH must sign)

Date

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on Form VA-8453 before submitting this return to the Internal Revenue Service (IRS) and Virginia Tax. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and Virginia Tax and have followed all other requirements as described in Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2023) and any requirements specified by Virginia Tax. If I am also the Paid Preparer, under 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. Declaration of preparer is based on all information of which preparer has any knowledge. EROs and paid preparer can sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

| | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|------------------------------------|--|--|--|--|---|--|--|--|--|
| ERO's Signature | | | | | | | | | | 03-24-24 | | | | | SSN/PTIN | | | | |
| GLOBAL TAXES LLC | | | | | | | | | | | | | | | | | | | |
| Firm's name (or yours if self-employed) | | | | | | | | | | 245 ROONEY CT E BRUNSWICK NJ 08816 | | | | | Paid Preparer? <input type="checkbox"/> Y <input type="checkbox"/> N Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N | | | | |
| Address, City, State and Zip | | | | | | | | | | 03-24-24 | | | | | 843171965 | | | | |
| Paid Preparer's Signature | | | | | | | | | | 03-24-24 | | | | | EIN | | | | |
| SYAM PRIYA RAM SAGAR GUPTA | | | | | | | | | | | | | | | P02082703 | | | | |
| Firm's name (or yours if self-employed) | | | | | | | | | | 245 ROONEY CT E BRUNSWICK NJ 08816 | | | | | Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N | | | | |
| Address, City, State and Zip | | | | | | | | | | | | | | | EIN | | | | |

2023 Virginia Nonresident Income Tax Return

Due May 1, 2024



Enclose a complete copy of your federal tax return and all other required Virginia enclosures.

| | | | | | |
|--|--|--------------------------|-------------------|--|--|
| First Name PRUDVI TEJA | MI | Last Name KONDAPARTHI | Suffix | Your Social Security Number 705-37-4480 | <input type="checkbox"/> Check if deceased |
| Spouse's First Name (Filing Status 2 Only) SWETHA | MI | Last Name PAKA | Suffix | Spouse's Social Security Number 359-61-5781 | <input type="checkbox"/> Check if deceased |
| Present Home Address (Number and Street or Rural Route) 3750 ANDOVER ST | | | | Your Birth Date (mm-dd-yyyy) 04 - 20 - 1994 | |
| City, Town or Post Office CUMMING | | State GA | ZIP Code 30028 | Spouse's Birth Date (mm-dd-yyyy) 12 - 18 - 1993 | |
| State of Residence GA | Important - Name of Virginia City or County in which principal place of business, employment, or income source is located. FAIRFAX | | | | Locality Code 600 |
| | | | | <input checked="" type="checkbox"/> City OR <input type="checkbox"/> County | |

| | | | |
|-------------------------------|--|--|---|
| Check Applicable Boxes | <input type="checkbox"/> Amended Return Reason Code | <input type="checkbox"/> Name(s) or Address Different than Shown on 2022 VA Return | <input type="checkbox"/> Overseas on Due Date |
| | <input type="checkbox"/> Dependent on Another's Return | <input type="checkbox"/> Qualifying Farmer, Fisherman, or Merchant Seaman | EIC Claimed on federal return \$ _____ .00 |

Filing Status Enter Filing Status Code in box below.

- 2 {
- 1 = Single. Federal head of household? YES
 - 2 = Married, Filing Joint Return - both must have Virginia income
 - 3 = Married, Spouse Has No Income From Any Source
 - 4 = Married, Filing Separate Returns

If Filing Status 3 or 4, enter spouse's SSN in the Spouse's Social Security Number box at top of form and enter Spouse's Name _____

Exemptions Add Sections 1 and 2. Enter the sum on Line 12.

| | | | | |
|----------------|--------------------------------|------------|------------------------|------------------------|
| You | Spouse if Filing Status 2 or 3 | Dependents | Total Section 1 | |
| 1 | 1 | | = 2 | X \$930 = 1860 |
| You 65 or over | Spouse 65 or over | You Blind | Spouse Blind | Total Section 2 |
| | | | | X \$800 = |

| | | | | |
|-----|--|-----|--------|----|
| 1 | Adjusted Gross Income from federal return - <i>Not federal taxable income</i> | 1 | 338010 | 00 |
| 2 | Additions from Schedule 763 ADJ, Line 3. | 2 | | 00 |
| 3 | Add Lines 1 and 2 | 3 | 338010 | 00 |
| 4 | Age Deduction (See instructions and the Age Deduction Worksheet) You | 4a | | 00 |
| | Enter Birth Dates above. Enter Your Age Deduction on Line 4a and Your Spouse's Age Deduction on Line 4b. Spouse | 4b | | 00 |
| 5 | Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported on your federal return. | 5 | | 00 |
| 6 | State income tax refund or overpayment credit reported as income on your federal return. | 6 | | 00 |
| 7 | Subtractions from Schedule 763 ADJ, Line 7..... | 7 | | 00 |
| 8 | Add Lines 4a, 4b, 5, 6, and 7 | 8 | | 00 |
| 9 | Virginia Adjusted Gross Income (VAGI). Subtract Line 8 from Line 3 | 9 | 338010 | 00 |
| 10 | Itemized Deductions from Virginia Schedule A, if applicable. See instructions..... | 10 | | 00 |
| 11 | If you do not claim itemized deductions on Line 10, enter standard deduction. See instructions. | 11 | 16000 | 00 |
| 12 | Exemption amount. Enter the total amount from the Exemption Sections 1 and 2 above. | 12 | 1860 | 00 |
| 13 | Deductions from Schedule 763 ADJ, Line 9..... | 13 | | 00 |
| 14 | Add Lines 10, 11, 12 and 13 | 14 | 17860 | 00 |
| 15 | Virginia Taxable Income computed as a resident. Subtract Line 14 from Line 9..... | 15 | 320150 | 00 |
| 16 | Percentage from Nonresident Allocation Section on Page 2 (Enter to one decimal place only)..... | 16 | 36.7 | % |
| 17 | Nonresident Taxable Income. (Multiply Line 15 by percentage on Line 16)..... | 17 | 117495 | 00 |
| 18 | Income Tax from Tax Table or Tax Rate Schedule..... | 18 | 6498 | 00 |
| 19a | Your Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1..... | 19a | 0 | 00 |



| | |
|--|-------------------------|
| Your Name PRUDVI TEJA KONDAPARTHI & SWETHA PAKA | Your SSN 705-37-4480 |
|--|-------------------------|

| | | | | |
|-----|--|-----|------|----|
| 19b | Spouse's Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1. | 19b | 6411 | 00 |
| 20 | 2023 Estimated Tax Payments. | 20 | | 00 |
| 21 | 2022 overpayment credited to 2023 estimated tax. | 21 | | 00 |
| 22 | Extension Payment - submitted using Form 760IP. | 22 | | 00 |
| 23 | Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 763 ADJ, Line 17. | 23 | | 00 |
| 24 | Total credits from Schedule OSC. | 24 | | 00 |
| 25 | Credits from Schedule CR, Section 5, Line 1A. | 25 | | 00 |
| 26 | Total payments and credits. Add Lines 19a through 25. | 26 | 6411 | 00 |
| 27 | If Line 18 is larger than Line 26, enter the difference. This is the INCOME TAX YOU OWE . | 27 | 87 | 00 |
| 28 | If Line 26 is larger than Line 18, enter the difference. This is the OVERPAYMENT AMOUNT . | 28 | | 00 |
| 29 | Amount of overpayment on Line 28 to be CREDITED TO 2024 ESTIMATED INCOME TAX. | 29 | | 00 |
| 30 | Virginia529 and ABLE Contributions from Schedule VAC, Part I, Line 6. | 30 | | 00 |
| 31 | Other Voluntary Contributions from Schedule VAC, Section II, Line 14. | 31 | | 00 |
| 32 | Addition to Tax, Penalty, and Interest from enclosed Schedule 763 ADJ, Line 21. See instructions. Enclose 760C or 760F and check here. <input type="checkbox"/> | 32 | | 00 |
| 33 | Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax). See instructions. Check here if no sales and use tax is due. <input checked="" type="checkbox"/> | 33 | | 00 |
| 34 | Add Lines 29 through 33. | 34 | | 00 |
| 35 | If you owe tax on Line 27, add Lines 27 and 34 - OR - If you have an overpayment on Line 28 and Line 34 is larger than Line 28, enter the difference. AMOUNT YOU OWE . Enclose payment or pay at www.tax.virginia.gov . Check here if paying by credit or debit card - See instructions. <input type="checkbox"/> | 35 | 87 | 00 |
| 36 | If Line 28 is larger than Line 34, subtract Line 34 from Line 28. This is the amount to be REFUNDED TO YOU . | 36 | | 00 |

If the Direct Deposit section below is not completed, your refund will be issued by check.

| | | | | |
|---|---|---------------------------------|-----------------------------------|----------------------------------|
| DIRECT BANK DEPOSIT | Your Bank Routing Transit Number | Your Bank Account Number | Checking <input type="checkbox"/> | Savings <input type="checkbox"/> |
| Domestic Accounts Only No International Deposits | | | | |

Nonresident Allocation Percentage

| | | A - All Sources | | B - Virginia Sources | |
|--|----|-----------------|----|----------------------|----|
| 1. Wages, salaries, tips, etc. | 1 | 336376 | 00 | 124210 | 00 |
| 2. Interest income | 2 | 618 | 00 | 0 | 00 |
| 3. Dividends | 3 | 1615 | 00 | 0 | 00 |
| 4. Alimony received | 4 | | 00 | | 00 |
| 5. Business income or loss | 5 | | 00 | | 00 |
| 6. Capital gain or loss/capital gain distributions | 6 | -646 | 00 | 0 | 00 |
| 7. Other gains or losses | 7 | | 00 | | 00 |
| 8. Taxable pensions, annuities and IRA distributions | 8 | | 00 | | |
| 9. Rents, royalties, partnerships, estates, trusts, S corporations, etc. | 9 | 0 | 00 | 0 | 00 |
| 10. Farm income or loss | 10 | | 00 | | 00 |
| 11. Other income | 11 | 47 | 00 | 0 | 00 |
| 12. Interest on obligations of other states from Schedule 763 ADJ, Line 1. | 12 | | 00 | | |
| 13. Lump-sum and accumulation distributions included on Sch. 763 ADJ, Line 3. | 13 | | 00 | | 00 |
| 14. TOTAL - Add Lines 1 through 13 and enter each column total here. | 14 | 338010 | 00 | 124210 | 00 |
| 15. Nonresident allocation percentage - Divide Line 14 B, by Line 14 A. <i>Compute percentage to one decimal place (e.g., 5.4%).</i> Enter on Page 1, Line 16. | 15 | | | 36.7% | |

I (We) authorize the Dept. of Taxation to discuss this return with my (our) preparer. I agree to obtain my Form 1099-G at www.tax.virginia.gov.

I (We), the undersigned, declare under penalty provided by law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct, and complete return.

| | | | |
|---|---|---|---|
| Your Signature | Your Phone Number (404) 422-8722 | Date | |
| Spouse's Signature (If a joint return, both must sign) | Spouse's Phone Number | Preparer's PTIN P02082703 | Vendor Code 1555 |
| Preparer's Name SYAM PRIYA RAM SAGAR GUPTA | Firm's Name (or Yours if Self-Employed) GLOBAL TAXES LLC | Preparer's Phone Number (678) 965-9522 | Filing Election Code 7 ID Theft PIN |

2023 Schedule INC/CG 705374480

Report all W-2s, 1099s & VK-1s with VA Withholding



PRUDVI TEJA KONDAPARTHI

SWETHA PAKA

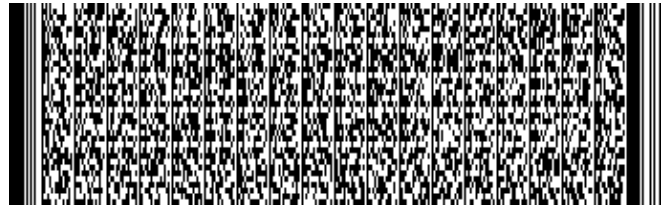
| Your/ Spouse SSN | Withholding Type | VA Withholding | Employer FEIN | VA Account Number | VA Wages, tips, other comp. |
|---------------------|---------------------|-------------------|------------------|----------------------|--------------------------------|
| 359615781 | W | 6411. | 133324058 | 30133324058F001 | 124210. |

| Total VA Withholding | SSN | VA Withholding |
|--------------------------------|-----------|----------------|
| You | | |
| Spouse | 359615781 | 6411. |
| Total # of W-2s, 1099s & VK-1s | 01 | |

To avoid delays - be sure to enter all information, including the Employer's FEIN.



2400411515



Georgia Form **500** (Rev. 08/30/23)

Individual Income Tax Return

Georgia Department of Revenue

2023 (Approved software version)

Page **1**

Fiscal Year
Beginning

STATE GA
ISSUED

Fiscal Year
Ending

YOUR DRIVER'S
LICENSE/STATE ID

060279869

YOUR FIRST NAME
1. PRUDVI TEJA

MI YOUR SOCIAL SECURITY NUMBER
705-37-4480

LAST NAME (For Name Change See IT-511 Tax Booklet)
KONDAPARTHI

SUFFIX

SPOUSE'S FIRST NAME
SWETHA

MI SPOUSE'S SOCIAL SECURITY NUMBER
359-61-5781

LAST NAME
PAKA

SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED
2. 3750 ANDOVER ST

CITY (Please insert a space if the city has multiple names)
3. CUMMING

STATE ZIP CODE
GA 30028

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number 4. 2

Residency Status

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT 03/16/2023 TO 12/31/2023 3. NONRESIDENT

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... 5. B

Filing Status

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Surviving Spouse

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself X 6b. Spouse X 6c. 2

7a. Number of Qualified Dependents* 7b. Number of Unborn Dependents 7c. Total Number of Dependents

*Enter details on Line 7d., and DO NOT include yourself, spouse and/or your unborn dependents. See IT-511 Tax Booklet.

All Pages (1-5) are required for processing

REV 01/29/24 PRO



2400411525

YOUR SOCIAL SECURITY NUMBER
 705-37-4480

7d. Qualified Dependents. (If you have more than 4 dependents, attach a list of additional dependents).

First Name, MI. **Last Name**

Social Security Number **Relationship to You**

First Name, MI. **Last Name**

Social Security Number **Relationship to You**

First Name, MI. **Last Name**

Social Security Number **Relationship to You**

First Name, MI. **Last Name**

Social Security Number **Relationship to You**

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

- 8. Federal adjusted gross income (From Federal Form 1040)..... 8. 338010
 (Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.
- 9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) 9.
- 10. Georgia adjusted gross income (Net total of Line 8 and Line 9)..... 10.
- 11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)..... 11a.
 (See IT-511 Tax Booklet)
 - b. Self: 65 or over? Blind? Total x 1,300=..... 11b.
 - Spouse: 65 or over? Blind?
 - c. Total Standard Deduction (Line 11a + Line 11b)..... 11c.
 Use EITHER Line 11c OR Line 12c (Do not write on both lines)
- 12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A.
 - a. Federal Itemized Deductions (Schedule A- Form 1040)..... 12a.
 - b. Less adjustments: (See IT-511 Tax Booklet) 12b.
 - c. Georgia Total Itemized Deductions..... 12c.
- 13. Subtract either Line 11c or Line 12c from Line 10; enter balance..... 13.



2400411535

YOUR SOCIAL SECURITY NUMBER
705-37-4480

| | | | |
|---|------|--------|------|
| 14a. Enter the number from Line 6c. Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C | 14a. | | |
| 14b. Enter the number from Line 7c. Multiply by \$3,000..... | 14b. | | |
| 14c. Add Lines 14a. and 14b. Enter total | 14c. | | |
| 15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14)..... | 15a. | 135082 | |
| 15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information).... | 15b. | | |
| 15c. Georgia Taxable Income (Line 15a less Line 15b)..... | 15c. | 135082 | |
| 16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet) | 16. | 7532 | |
| 17. Low Income Credit | 17a. | 17b. | 17c. |
| 18. Other State(s) Tax Credit (Include a copy of the other state(s) return) | 18. | | |
| 19. Credits used from IND-CR Summary Worksheet | 19. | | |
| 20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically) | 20. | | |
| 21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 | 21. | | 0 |
| 22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero | 22. | | 7532 |

INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11, or for Form G2-FL enter zero.**

| (INCOME STATEMENT A) | | | | (INCOME STATEMENT B) | | | | (INCOME STATEMENT C) | | | |
|--|-------|-------|--|--|-------|-------|--|--|-------|-------|--|
| 1. WITHHOLDING TYPE: | | | | 1. WITHHOLDING TYPE: | | | | 1. WITHHOLDING TYPE: | | | |
| <input checked="" type="checkbox"/> W-2 | G2-A | G2-LP | | W-2 | G2-A | G2-LP | | W-2 | G2-A | G2-LP | |
| 1099 | G2-FL | G2-RP | | 1099 | G2-FL | G2-RP | | 1099 | G2-FL | G2-RP | |
| 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input checked="" type="checkbox"/> SSN | | | | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN | | | | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN | | | |
| 710794409 | | | | | | | | | | | |
| 3. EMPLOYER/PAYER STATE WITHHOLDING ID | | | | 3. EMPLOYER/PAYER STATE WITHHOLDING ID | | | | 3. EMPLOYER/PAYER STATE WITHHOLDING ID | | | |
| 1974510ZI | | | | | | | | | | | |
| 4. GA WAGES / INCOME | | | | 4. GA WAGES / INCOME | | | | 4. GA WAGES / INCOME | | | |
| 140994 | | | | | | | | | | | |
| 5. GA TAX WITHHELD | | | | 5. GA TAX WITHHELD | | | | 5. GA TAX WITHHELD | | | |
| 7687 | | | | | | | | | | | |

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.
All Pages (1-5) are required for processing



YOUR SOCIAL SECURITY NUMBER
 705-37-4480

Page 4

(INCOME STATEMENT D)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN**
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

(INCOME STATEMENT E)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN**
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

(INCOME STATEMENT F)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN**
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

| | | |
|--|-----|------|
| 23. Georgia Income Tax Withheld on Wages and 1099s | 23. | 7687 |
| (Enter Tax Withheld Only and include W-2s and/or 1099s) | | |
| 24. Other Georgia Income Tax Withheld | 24. | |
| (Must include G2-A, G2-FL, G2-LP and/or G2-RP) | | |
| 25. Estimated Tax paid for 2023 and Form IT-560 | 25. | |
| 26. Schedule 2B Refundable Tax Credits | 26. | |
| (Cannot be claimed unless filed electronically) | | |
| 27. Total prepayment credits (Add Lines 23, 24, 25 and 26) | 27. | 7687 |
| 28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due | 28. | |
| 29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment | 29. | 155 |
| 30. Amount to be credited to 2024 ESTIMATED TAX | 30. | 0 |
| 31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00) | 31. | |
| 32. Georgia Fund for Children and Elderly (No gift of less than \$1.00) | 32. | |
| 33. Georgia Cancer Research Fund (No gift of less than \$1.00) | 33. | |
| 34. Georgia Land Conservation Program (No gift of less than \$1.00) | 34. | |
| 35. Georgia National Guard Foundation (No gift of less than \$1.00) | 35. | |
| 36. Dog & Cat Sterilization Fund (No gift of less than \$1.00) | 36. | |
| 37. Saving the Cure Fund (No gift of less than \$1.00) | 37. | |
| 38. Realizing Educational Achievement Can Happen (REACH) Program | 38. | |
| (No gift of less than \$1.00) | | |



2407411515

YOUR SOCIAL SECURITY NUMBER

705-37-4480

DO NOT USE LINES 9 THRU 14 OF PAGES 2 AND 3 FORM 500 or 500X

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.

Column A must equal Column B plus Column C.

See IT-511 Tax Booklet for other state(s) tax credits.

| FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A) | INCOME NOT TAXABLE TO GEORGIA (COLUMN B) | GEORGIA INCOME (COLUMN C) |
|--|---|---|
| 1. WAGES, SALARIES, TIPS, etc 336376 | 1. WAGES, SALARIES, TIPS, etc 195382 | 1. WAGES, SALARIES, TIPS, etc 140994 |
| 2. INTEREST AND DIVIDENDS 2233 | 2. INTEREST AND DIVIDENDS 2233 | 2. INTEREST AND DIVIDENDS 143 |
| 3. BUSINESS INCOME OR (LOSS) | 3. BUSINESS INCOME OR (LOSS) | 3. BUSINESS INCOME OR (LOSS) |
| 4. OTHER INCOME OR (LOSS) -599 | 4. OTHER INCOME OR (LOSS) -599 | 4. OTHER INCOME OR (LOSS) 0 |
| 5. TOTAL INCOME: TOTAL LINES 1 THRU 4 338010 | 5. TOTAL INCOME: TOTAL LINES 1 THRU 4 197016 | 5. TOTAL INCOME: TOTAL LINES 1 THRU 4 141137 |
| 6. TOTAL ADJUSTMENTS FROM FORM 1040 | 6. TOTAL ADJUSTMENTS FROM FORM 1040 0 | 6. TOTAL ADJUSTMENTS FROM FORM 1040 |
| 7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1 | 7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1 | 7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1 |
| 8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 338010 | 8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 197016 | 8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 141137 |
| 9. RATIO: Divide Line 8, Column C by Line 8, Column A enter percentage or check the box for Time Ratio. (% cannot be negative and cannot exceed 100%) | 9. 41.76 % | |
| 10a. Itemized or Standard Deduction <input checked="" type="checkbox"/> or Georgia Itemized (See IT-511 Tax Booklet) | 10a. 7100 | |
| 10b. Additional Standard Deduction Self: 65 or over? Blind? Spouse: 65 or over? Blind? Total X 1,300= | 10b. | |
| 11. Personal Exemptions from Form 500 or Form 500X (See IT-511 Tax Booklet) | | |
| 11a. Enter the number on Line 6c from Form 500 or Form 500X 2 multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C..... | 11a. 7400 | |
| 11b. Enter the number on Line 7c from Form 500 or Form 500X multiply by \$3,000 .. | 11b. | |
| 12. Total Deductions and Exemptions: Add Lines 10a, 10b, 11a, and 11b | 12. 14500 | |
| 13. *Multiply Line 12 by Ratio on Line 9 and enter result..... | 13. 6055 | |
| 14. Income before GA NOL: Subtract Line 13 from Line 8, Column C Enter here and on Line 15a, Page 3 of Form 500 or Form 500X..... | 14. 135082 | |