



Form M-8453 Individual Income Tax Declaration for Electronic Filing

2023
Massachusetts
Department of
Revenue

Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2023.

Your first name and initial VAISHNAVI CHIRRAVURI		Last name		Your Social Security number 273612635	
If a joint return, spouse's first name and initial		Last name		Spouse's Social Security number	
Present street address (and apartment number) UNIT B, 137 WHITCOMB AVE					
City/Town/Post Office LITTLETON		State MA	Zip 01460	Filing status: <input checked="" type="radio"/> Single <input type="radio"/> Married filing separately	
				<input type="radio"/> Married filing jointly <input type="radio"/> Head of household	

Part 1. Tax Return Information for Electronic Filing

1 Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12)	1	27947
2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36)	2	1268
3 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38)	3	
4 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42)	4	1397
5 Refund amount (from Form 1, line 53, or Form 1-NR/PY, line 57)	5	129
6 Tax due (from Form 1, line 54, or Form 1-NR/PY, line 58)	6	

Part 2. Declaration and Signature of Taxpayer

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

Your signature	Date	Spouse's signature	Date
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Part 3. Declaration and Signature of Electronic Return Originator (ERO)

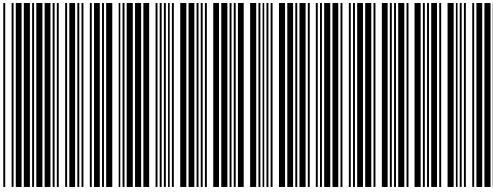
I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.)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

ERO's signature and SSN or PTIN	Date	EIN 882145487	<input type="radio"/> Fill in if self-employed
Firm name (or yours, if self-employed) and address GLOBAL TAXES LLC 245 ROONEY CT	City/Town E BRUNSWICK	State NJ	Zip 08816
<input type="radio"/> Fill in if also paid preparer			

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

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

Paid preparer's signature and SSN or PTIN P02470833	Date	EIN 882145487	<input type="radio"/> Fill in if self-employed
Firm name (or yours, if self-employed) and address VENKATA SAI PAVAN KUMAR DUDIPALLI 245 ROONEY CT	City/Town E BRUNSWICK	State NJ	Zip 08816



2023 Form 1-NR/PY

MA23006011555

**Massachusetts Nonresident/Part-Year Resident
Income Tax Return**

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

Year beginning

Ending

VAISHNAVI

CHIRRAVURI

273612635

UNIT B, 137 WHITCOMB AVE

LITTLETON

MA 01460

Fill in if: Amended return Other jurisdiction change Enter date of change
Federal amendment Amended return due to IRS BBA Partnership Audit

State Election Campaign Fund:

Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula

Taxpayer deceased

Fill in if under age 18

Fill in if name change

Check one: Nonresident

Part-year resident

Filing as both nonresident and part-year resident

Nonresident composite

a. Total federal income

52609

b. Federal adjusted gross income

52609

1. Filing status (select one only):

Single

Married filing jointly

Married filing separate return NRA

Head of household

You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents. Enter dates as Massachusetts resident: From

To

3. Total days as Massachusetts resident

÷ 365 =

3

\$1 You \$1 Spouse TOTAL

You Spouse

You Spouse

You Spouse

You Spouse

Fill in if noncustodial parent

Fill in if filing Schedule TDS

Fill in if filing Schedule FCI

Fill in if reporting crypto currency

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature

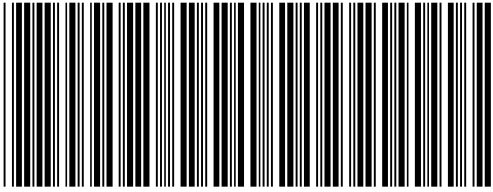
Date

Spouse's signature

Date

971-380-7377

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



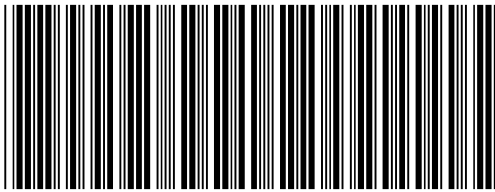
2023 Form 1-NR/PY, pg. 2

MA23006021555
Massachusetts Nonresident/
Part-Year Resident Income Tax Return
273612635

4. Exemptions:

a. Personal exemptions		4a	4400	
b. Number of dependents. (Do not include yourself or your spouse.) Enter number		$\times \$1,000 =$ 4b		
c. Age 65 or over before 2024	You + Spouse =	$\times \$700 =$ 4c		
d. Blindness	You + Spouse =	$\times \$2,200 =$ 4d		
e. Medical/dental		4e		
f. Adoption		4f		
g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a		4g	4400	
5. Wages, salaries, tips		5	27947	
6. Taxable pensions and annuities		6		
7. Mass. bank interest: a.	- b. exemption	= 7		
8. Business/profession income/loss a.	+ b. Farming income/loss	= 8		
9. Rental, royalty and REMIC, partnership, S corp., trust income/loss		9		
10a. Unemployment		10a		
10b. Mass. lottery winnings		10b		
11. Other income		11		
12. TOTAL 5.0% INCOME		12	27947	
13. NONRESIDENT APPORTIONMENT WORKSHEET. You cannot apportion Mass. wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Mass. source income. Only use when income from employment/business is earned both inside and outside Mass. and the exact Mass. amount is not known. Basis:				
	working days	miles	sales	other:
Working days (or other basis) outside Massachusetts				13a
Working days (or other basis) inside Massachusetts				13b
Total working days				13c
Nonworking days (holidays, weekends, etc.)				13d
Massachusetts ratio				13e
Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2				13f
Massachusetts income				13g

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2023 Form 1-NR/PY, pg. 3

MA23006031555

Massachusetts Nonresident/

Part-Year Resident Income Tax Return

VAISHNAVI

CHIRRAVURI

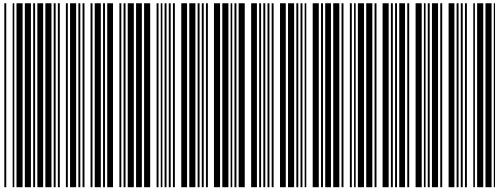
273612635

14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO

a. Total 5.0% income	14a	27947
b. Interest income	14b	
c. Total capital gain income	14c	
d. Total income this return	14d	27947
e. Non-Massachusetts source income. Not less than "0"	14e	24662
f. Total income	14f	52609
g. Deduction and exemption ratio	14g	0.5312
15a. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	15a	251
15b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	15b	
16. Reserved for future use	16	
17. Reserved for future use	17	

18. Rental deduction. a.	18	251
Nonresidents, fill in if during 2023 you did not have a family home or any dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future		
19. Other deductions from Schedule Y, line 19	19	
20. Total deductions. Add lines 15 through 19	20	251
21. 5.0% INCOME AFTER DEDUCTIONS. Subtract line 20 from line 12. Not less than "0"	21	27696
22. Exemption amount. a. 4400	22	2337
23. 5.0% INCOME AFTER EXEMPTIONS. Subtract line 22 from line 21. Not less than "0"	23	25359
24. INTEREST AND DIVIDEND INCOME	24	
25. TOTAL TAXABLE 5.0% INCOME. Add lines 23 and 24	25	25359
26. TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 21 by .0585	26	1268
27. INCOME FROM SCHEDULE B. Not less than "0."	27	
a. $\times .085 = 27a$		
b. $\times .12 = 27b$		
TOTAL TAX ON INCOME FROM SCHEDULE B. Add lines 27a and 27b		

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1

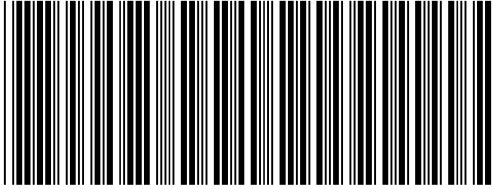


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Massachusetts Nonresident/
Part-Year Resident Income Tax Return
273612635

28. TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS		28	
Fill in if any excess exemptions were used in calculating lines 24, 27 or 28			
29. Credit recapture amount (from Credit Recapture Schedule)			29
30. Additional tax on installment sale			30
31. If you qualify for No Tax Status, fill in and enter "0" on line 32			
32. TOTAL INCOME TAX.			
a. Income tax. Add lines 26 through 30	32a	1268	
b. 4% Surtax. (from Schedule 4% Surtax, line 7)	32b		
c. If line 32b is greater than 0, enter the amount of Massachusetts income tax paid on your behalf on a Form MA NRCR, Nonresident Composite Return. Otherwise, enter 0	32c		
Total tax. Subtract line 32c from the total of lines 32a and 32b			32 1268
33. Limited Income Credit			33
34. Income tax due to another state or jurisdiction			34
35. Other credits (from Credit Manager Schedule)			35
36. INCOME TAX AFTER CREDITS. Subtract the total of lines 33 through 35 from line 32. Not less than "0"			36 1268
37. Voluntary Contributions			
a. Endangered Wildlife Conservation			37a
b. Organ Transplant Fund			37b
c. Massachusetts Public Health HIV and Hepatitis Fund			37c
d. Massachusetts U.S. Olympic Fund			37d
e. Massachusetts Military Family Relief Fund			37e
f. Homeless Animal Prevention and Care			37f
Total. Add lines 37a through 37f			37
38. Use tax due on Internet, mail order and other out-of-state purchases			38
39. Health care penalty a. You + b. Spouse			39
40. Amended return only. Overpayment from original return			40
41. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 36 through 40			41 1268
42. a. Massachusetts income tax withheld from Form(s) W-2	42a	1397	
b. Massachusetts income tax withheld from Form(s) 1099	42b		
c. Massachusetts income tax withheld from other forms	42c		
Total. Add lines 42a through 42c			42 1397

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2023 Form 1-NR/PY, pg. 5

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Massachusetts Nonresident/
Part-Year Resident Income Tax Return
273612635

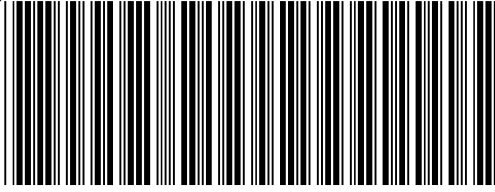
Table listing line numbers and descriptions: 43. 2022 overpayment applied to your 2023 estimated tax 43; 44. 2023 Massachusetts estimated tax payments 44; 45. Payments made with extension 45; 46. Amended return only. Payments made with original return. Not less than "0" 46; 47. Earned Income Credit... 47; 48. Senior Circuit Breaker Credit 48; 49. Reserved for future use 49; 50. Child and Family Tax Credit; 51. Other Refundable Credits 51; 52. Total Refundable Credits... 52; 53. Excess Paid Family Leave Withholding 53; 54. TOTAL... 54; 55. Overpayment... 55; 56. Amount of overpayment you want applied to your 2024 estimated tax 56; 57. Refund... 57

Direct deposit of refund. Type of account X checking
savings
RTN # 325070760 account # 893682911

58. Tax due. Pay online at www.mass.gov/dor/payonline. Mail to: Mass. DOR, PO Box 7003, Boston, MA 02204 58
Interest Penalty M-2210 amt. EX enclose Form M-2210

May the Department of Revenue discuss this return with the preparer shown here? Yes
I do not want preparer to file my return electronically (this may delay your refund)
Print paid preparer's name Date Check if self-employed
VENKATA SAI PAVAN KUMAR DUDIPALLI
Paid preparer's signature Paid preparer's phone 678-965-9522
Paid preparer's SSN/PTIN P02470833
Paid preparer's EIN 88-2145487

VENKATA SAI PAVAN KU BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2023 Schedule NTS-L-NRPY

MA23021011555

No Tax Status and Limited Income Credit

273612635

Schedule NTS-L-NRPY. No Tax Status and Limited Income Credit

1. Total 5.0% income	1	27947
2. Adjustments to income	2	
3. Adjusted 5.0% income. Subtract line 2 from line 1. Do not enter if less than "0"	3	27947
4. Interest exemption used	4	
5. Adjusted gross interest, dividends and certain capital gains	5	
6. Long-term capital gain	6	
7. Additional income/loss while a nonresident/part-year resident	7	24662
8. Total income. Combine lines 3 through 7	8	52609
9. Additional adjustments to income while a nonresident/part-year resident	9	
10. Massachusetts Adjusted Gross Income (AGI)	10	52609
If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status		
11. If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$14,400 to that amount	11	
12. If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$25,200 to that amount	12	
13. No Tax Status threshold	13	
14. Income for Limited Income Credit	14	
15. Tax before adjustments	15	
16. Tax for Limited Income Credit	16	
17. Limited Income Credit	17	

2023 Form OR-40-P
Oregon Individual Income Tax Return for Part-year Residents

Oregon Department of Revenue

Page 1 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Fiscal year ending date (MM/DD/YYYY)

Amended return.
If amending for an NOL tax year (YYYY)
NOL, tax year the
NOL was generated:

Calculated with "as if" federal return

Short-year tax election

Employment exception

Extension filed

Form OR-24

Form OR-243

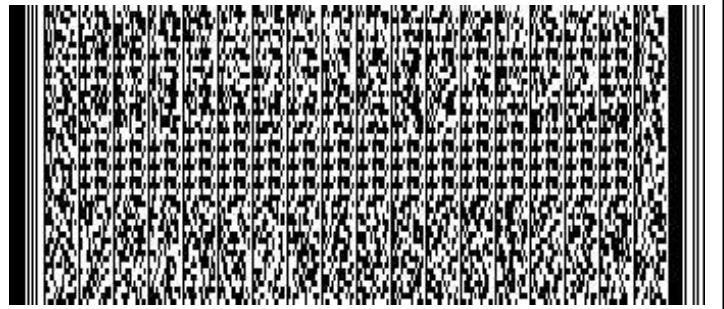
Federal Form 8379

Federal Form 8886

Disaster relief

Military

Space for 2-D barcode—do not write in box below



Oregon resident dates: From (MM/DD/YYYY)
01/01/2023

To (MM/DD/YYYY)
06/01/2023

First name

VAISHNAVI

Initial

Date of birth (MM/DD/YYYY)

07/28/2000

Last name

CHIRRAVURI

Social Security number (SSN)

273-61-2635

First time using this SSN (see instructions)

Applied for ITIN

Deceased

Spouse first name

Initial

Spouse date of birth (MM/DD/YYYY)

Spouse last name

Spouse SSN

First time using this SSN (see instructions)

Applied for ITIN

Deceased

Current mailing address

UNIT B, 137 WHITCOMB AVE

City

LITTLETON

Country

USA

State

MA

Phone

971-380-7377

ZIP code

01460



Page 2 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

CHIRRAVURI

273-61-2635

Note: Reprint page 1 if you make changes to this page.

Filing Status (check only one box)

- 1. [X] Single 2. [] Married filing jointly 3. [] Married filing separately (enter spouse information on page 1) 4. [] Head of household (with qualifying dependent) 5. [] Qualifying surviving spouse

Exemptions

6a. Credits for yourself.....6a. 1

Check boxes that apply: [X] Regular [] Severely disabled [] Someone else can claim you as a dependent

6b. Credits for your spouse6b.

Check boxes that apply: [] Regular [] Severely disabled [] Someone else can claim you as a dependent

Dependents

List your dependents in order from youngest to oldest. If you have more than three dependents, complete and include Schedule OR-ADD-DEP.

Dependent 1: First name Initial Dependent 1: Last name

Dependent 1: Date of birth (MM/DD/YYYY) Dependent 1: SSN Code *

[] Dependent 1: Check if child has a qualifying disability

Dependent 2: First name Initial Dependent 2: Last name

Dependent 2: Date of birth (MM/DD/YYYY) Dependent 2: SSN Code *

[] Dependent 2: Check if child has a qualifying disability

Dependent 3: First name Initial Dependent 3: Last name

Dependent 3: Date of birth (MM/DD/YYYY) Dependent 3: SSN Code *

[] Dependent 3: Check if child has a qualifying disability

*Dependent relationship code (see instructions).

6c. Total number of dependents.....6c.

6d. Total number of dependent children with a qualifying disability (see instructions).....6d.



Page 3 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

CHIRRAVURI

273-61-2635

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6e. Total exemptions. Add lines 6a through 6d..... Total 6e. 1

Income

Federal column (F)

Oregon column (S)

7. Wages, salaries, and other pay for work from federal Form 1040 or 1040-SR, line 1z. Include all Forms W-2.

7F.

52,609.00

7S.

2,786.00

8. Interest income from Form 1040 or 1040-SR, line 2b.

8F.

8S.

9. Dividend income from Form 1040 or 1040-SR, line 3b.

9F.

9S.

10. State and local income tax refunds from federal Schedule 1, line 1.

10F.

10S.

11. Alimony received from federal Schedule 1, line 2a.

11F.

11S.

12. Business income or loss from federal Schedule 1, line 3.

12F.

12S.

13. Capital gain or loss from Form 1040 or 1040-SR, line 7.

13F.

13S.

14. Other gains or losses from federal Schedule 1, line 4.

14F.

14S.



Page 4 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

CHIRRAVURI

273-61-2635

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	Federal column (F)		Oregon column (S)
15. IRA distributions from Form 1040 or 1040-SR, line 4b.			
15F.		15S.	
16. Pensions and annuities from Form 1040 or 1040-SR, line 5b.			
16F.		16S.	
17. Schedule E income or loss from federal Schedule 1, line 5.			
17F.		17S.	
18. Farm income or loss from federal Schedule 1, line 6.			
18F.		18S.	
19. Social Security benefits from Form 1040 or 1040-SR, line 6b; and unemployment and other income from federal Schedule 1, lines 7 and 9.			
19F.		19S.	
20. Total income. Add lines 7 through 19.			
20F.	52,609.00	20S.	2,786.00

Adjustments

21. IRA or SEP and SIMPLE contributions, from federal Schedule 1, lines 16 and 20.			
21F.		21S.	
22. Education deductions from federal Schedule 1, lines 11 and 21.			
22F.		22S.	



Page 5 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

CHIRRAVURI

273-61-2635

Note: Reprint page 1 if you make changes to this page.

Adjustments (continued)	Federal column (F)	Oregon column (S)
23. Moving expenses from federal Schedule 1, line 14.		
23F.		23S.
24. Deduction for self-employment tax from federal Schedule 1, line 15.		
24F.		24S.
25. Self-employed health insurance deduction from federal Schedule 1, line 17.		
25F.		25S.
26. Alimony paid from federal Schedule 1, line 19a.		
26F.		26S.
27. Total adjustments from Schedule OR-ASC-NP, line A7 for the federal column and line A8 for the Oregon column.		
27F.		27S.
28. Total adjustments. Add lines 21 through 27.		
28F.		28S.
29. Income after adjustments. Line 20 minus line 28.		
29F.	52,609.00	29S. 2,786.00

Additions

30. Total additions from Schedule OR-ASC-NP, line B7 for the federal column and line B8 for the Oregon column.		
30F.		30S.



Page 6 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name SSN
 CHIRRAVURI 273-61-2635

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Additions (continued)	Federal column (F)		Oregon column (S)
31. Income after additions. Add lines 29 and 30.			
31F.	52,609.00	31S.	2,786.00

Subtractions

32. Social Security and tier 1 Railroad Retirement Board benefits included on line 19F.			
32F.			
33. Total subtractions from Schedule OR-ASC-NP, line C7 for the federal column and line C8 for the Oregon column.			
33F.		33S.	
34. Income after subtractions. Line 31 minus lines 32 and 33.			
34F.	52,609.00	34S.	2,786.00
35. Oregon percentage (see instructions; not more than 100.0%).....35.			5.3 %

Deductions and modifications

36. Amount from line 34F..... 36.		52,609.00
37. Oregon itemized deductions. Enter your Oregon itemized deductions from Schedule OR-A, line 23. If you are not itemizing your deductions, enter 0..... 37.		0.00
38. Standard deduction. Enter your standard deduction 38.		2,605.00
You were: 38a. <input type="checkbox"/> 65 or older 38b. <input type="checkbox"/> Blind Your spouse was: 38c. <input type="checkbox"/> 65 or older 38d. <input type="checkbox"/> Blind		
Standard deductions	Single \$2,605	Married filing jointly \$5,210
	Married filing separately \$2,605 or \$0	Qualifying surviving spouse \$5,210
		Head of household \$4,195
<small>See instructions if you are age 65 or older, blind, or if someone can claim you as a dependent. See instructions if you are married filing separately.</small>		
39. Enter the larger of line 37 or 38..... 39.		2,605.00
40. 2023 federal tax liability (see instructions)..... 40.		4,433.00



Page 7 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name CHIRRAVURI SSN 273-61-2635

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Deductions and modifications (continued)

41. Total modifications from Schedule OR-ASC-NP, line D7 41.
42. Add lines 39, 40, and 41 42. 7,038.00
43. Taxable income. Line 36 minus line 42. If line 42 is more than line 36, enter 0 43. 45,571.00

Oregon tax

44. Tax. Check the appropriate box if you're using an alternative method to calculate your tax (see instructions)..... 44. 3,702.00
44a. [] Schedule OR-FIA-40-P 44b. [] Worksheet FCG 44c. [] Schedule OR-PTE-PY
45. Oregon income tax. Line 44 multiplied by the Oregon percentage from line 35 (see instructions) 45. 196.00
46. Interest on certain installment sales 46.
47. Total tax recaptures from Schedule OR-ASC-NP, line E5 47.
48. Total additions to tax. Line 46 plus line 47 48.
49. Total tax before credits. Add lines 45 and 48 49. 196.00

Standard and carryforward credits

50. Exemption credit (see instructions)..... 50. 13.00
51. Total standard credits from Schedule OR-ASC-NP, line F16 51.
52. Total standard credits. Add lines 50 and 51 52. 13.00
53. Tax minus standard credits. Line 49 minus line 52. If line 52 is more than line 49, enter 0 53. 183.00



Page 8 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name CHIRRAVURI SSN 273-61-2635

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Standard and carryforward credits (continued)

54. Total carryforward credits used this year (Schedule OR-ASC-NP, line G9). Line 54 can't be more than line 53 (Schedule OR-ASC and OR-ASC-NP Instructions)..... 54.
55. Tax after standard and carryforward credits. Line 53 minus line 54..... 55. 183.00

Payments and refundable credits

56. Oregon income tax withheld. Include a copy of your Forms W-2 and 1099..... 56. 189.00
57. Amount applied from your prior year's tax refund 57.
58. Estimated tax payments for 2023. Include all estimated payments you made by April 15, 2024, including any extension payment or tax withheld from real estate transactions. Do not include the amount you already reported on line 57 58.
59. Tax payments from a pass-through entity 59.
60. Earned income credit (see instructions)..... 60.
61. Oregon Kids Credit (see instructions) 61.
62. Kicker (Oregon surplus credit). Enter your kicker credit amount (see instructions). To donate your kicker to the State School Fund, enter 0 and see line 78 62. 0.00
63. Total refundable credits from Schedule OR-ASC-NP, line H7..... 63.
64. Total payments and refundable credits. Add lines 56 through 63 64. 189.00

Tax to pay or refund

65. Overpayment of tax. If line 55 is less than line 64, you overpaid. Line 64 minus line 55 65. 6.00
66. Net tax. If line 55 is more than line 64, you have tax to pay. Line 55 minus line 64 66.
67. Penalty and interest for filing or paying late (see instructions) 67.



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Last name CHIRRAVURI SSN 273-61-2635

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Tax to pay or refund (continued)

68. Interest on underpayment of estimated tax. Include Form OR-10 68.

Exception number from Form OR-10, line 1: 68a. Check box if you annualized: 68b. []

69. Total penalty and interest due. Add lines 67 and 68..... 69.

70. Net tax including penalty and interest.

Line 66 plus line 69. This is the amount you owe. 70.

71. Overpayment less penalty and interest.

Line 65 minus line 69. This is your refund. 71. 6.00

72. Estimated tax. Fill in the portion of line 71 you want applied to your open estimated tax account 72.

73. Charitable checkoff donations from Schedule OR-DONATE, line 30 73.

74. Oregon 529 college savings plan deposits from Schedule OR-529, line 5 74.

75. Total. Add lines 72 through 74. The total can't be more than your refund on line 71..... 75.

76. Net refund. Line 71 minus line 75 This is your net refund. 76. 6.00

Direct deposit

77. For direct deposit of your refund, see instructions. Check the box if the final deposit destination is outside the United States: []

Type of account:

[X] Checking or

Account information:

Routing number

Account number

[] Savings

325070760

893682911

Kicker donation

78. If you elect to donate your kicker to the State School Fund, check this box..... 78a. []

Complete the kicker worksheet in the instructions and enter the amount here. This election is irrevocable. 78b.



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Last name SSN
 CHIRRAVURI 273-61-2635

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Sign here. Under penalty of false swearing, I declare that the information in this return and any attachments is true, correct, and complete.

Your signature

X
 Date (MM/DD/YYYY)

Spouse signature

X
 Date (MM/DD/YYYY)

Signature of preparer other than taxpayer

X VENKATA SAI PAVAN KUMAR DUDIPALLI

Date (MM/DD/YYYY) Preparer phone Preparer license number

678-965-9522

Preparer first name Initial Preparer last name

VENKATA S PAVAN KUMAR DUDIPALLI

Preparer address

245 ROONEY CT

City State ZIP code

E BRUNSWICK NJ 08816

Signing this return does not grant your preparer the right to represent you or make decisions on your behalf. For more information, see the instructions for the *Tax Information Authorization and Power of Attorney for Representation* form on our website.

Important: Include a copy of your federal Form 1040, 1040-SR, 1040-X, or 1040-NR. **We may adjust your return without it.**

Pay the amount due (shown on line 69)

- **Online:** www.oregon.gov/dor.
- **By mail:** Payable to the **Oregon Department of Revenue**. Write **"2023 Oregon Form OR-40-P"** and the last four digits of your SSN or ITIN on your check or money order. If you include a payment with your return, **don't** include Form OR-40-V payment voucher.

Mail your return

- **Non-2-D barcode.** If the large 2-D barcode box on the first page of this form is blank:
 - Mail **tax-due** returns to: Oregon Department of Revenue, PO Box 14555, Salem OR 97309-0940.
 - Mail **refund and no-tax-due** returns to: Oregon Department of Revenue, PO Box 14700, Salem OR 97309-0930.
- **2-D barcode.** If the large 2-D barcode box on the first page of this form is filled in:
 - Mail **tax-due** returns to: Oregon Department of Revenue, PO Box 14720, Salem OR 97309-0463.
 - Mail **refund and no-tax-due** returns to: Oregon Department of Revenue, PO Box 14710, Salem OR 97309-0460.



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Last name

SSN

CHIRRAVURI

273-61-2635

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Amended statement. Complete this section only if you're amending your 2023 return or filing with a new SSN.

If filing an amended return, use this space to explain what you're changing. Include the return line numbers and the reason for each change. If your filing status has changed, explain why. Include all supporting forms and schedules when you file your amended return, even if you haven't changed anything on them.

If filing with a new SSN, enter your former identification number.

