____ Town

Va.
(0)

Nonresident & part-year resident

_									
For the year Jan. 1-Dec. 31, 2023, or other tax year									
beginning		, 2023 ending	, 20						
Complete form using BLACK INK									
!	M.I.	Your social security number							
	I								

Wisconsin income tax Check here if this is an amended return ▶ , STAPL Legal first name Your legal last name GOLLAPALLY VARUN REDDY 268612578 NOT If a joint return, spouse's legal last name Spouse's legal first name M.I. Spouse's social security number Home address (number and street). If you have a PO Box, see page 14 Apt. no. Tax district 327 2092 S 102ND ST Check below then fill in either the name of the Wisconsin city, village, or town, and the county in which you City or post office Zip code lived at the end of 2023 or before leaving Wisconsin WI 53227 MILWAUKEE (nonresidents leave blank). Foreign Country Foreign province/state/county ___ City ___ Village City, village, Foreign postal code or town Filing status withholding statements here X Single County of Married filing joint return (even if only one had income) Legal last name School district number See page 58 Married filing separate return. Legal first name Special Fill in spouse's SSN above conditions and full name here Form 804 filed with return (see page 12) ____ Head of household, NOT married (see page 15) Head of household, married (see page 15) If married, fill in spouse's CLIP SSN above and full name here Resident status Check the status that applies PAPER You Spouse Full-year resident of Wisconsin Nonresident of Wisconsin; state of residence OK (2-letter state abbreviation) X Part-year resident of Wisconsin from Note: Complete residence questionnaire, page 60 mm dd

Print numbers like this > **NO COMMAS** 0123456789 Not like this $\rightarrow \emptyset147$ NO CENTS A. Federal column B. Wisconsin column Income 17055.00 10202.00 .00 .00 .00 Taxable refunds, credits, or offsets of state and local income taxes .00 Not Taxable .00 .00 .00 .00 .00 .00 .00 .00 8 Other gains or (losses)00 0.00 .00 00.00.00 .00 Rental real estate, royalties, partnerships, S corporations, trusts, etc. . 11 11 .00 .00 12 .00 .00 Not Taxable .00 .00 .00 Other income (see page 22). Include Schedule M if line 15b has an amount . 15 17055.00 10202.00 16

INTUIT

2023	Form 1NPR Name VARUN REDDY GOLLAPALLY	SSN 2686125	78 Page 2 of 4
Adj	ustments to Income	A. Federal column	B. Wisconsin column
17	Educator expenses	.00	.00
18	Certain business expenses of reservists, performing artists, and	00	
	fee-basis government officials		.00
<u>19</u>	Health savings account deduction		.00
<u>20</u>	Moving expenses for members of the armed forces		.00
<u>21</u>	Deductible part of self-employment tax		.00
<u>22</u>	Self-employed SEP, SIMPLE, and qualified plans		.00
<u>23</u>	Self-employed health insurance deduction 23 _		.00
<u>24</u>	Penalty on early withdrawal of savings	.00	.00
<u>25</u>	Alimony paid	.00	.00
<u>26</u>	IRA deduction	.00	.00
<u>27</u>	Student loan interest deduction	.00	.00
28	Other adjustments (see page 26). Include Schedule M if line 28b has an amount 28	.00	.00
29	Total adjustments to income. Add lines 17 through 28 29	.00	.00
Adi	usted Gross Income		
-	Wisconsin income. Subtract line 29, column B from line 16, column B . 30		10202.00
31	Federal income. Subtract line 29, column A from line 16, column A 31	17055.00	
32	Divide line 30 by line 31. Carry the decimal to four places. If amount on line 30 is more than amount on line 31, fill in 1.0000. (See page 27) 32		.5982
	32		
Tax	Computation		
	Fill in the larger of Wisconsin income from line 30, column B or federal income		17055.00
3/10	column A. But , if Wisconsin income from line 30 is zero or less, fill in 0 (zero	,	·
	If you (or your spouse) can be claimed as a dependent on anyone else's returned and see the "Exception" in the instructions for line 34c on page 28		
	Aliens (see page 28 to determine if you must check line 34b)		
<u>34c</u>	Find the standard deduction for amount on line 31 using table on page 48	34	
<u>35</u>	Subtract line 34c from line 33. If line 34c is more than line 33, fill in 0 (zero)		4295.00
<u>36</u>	Exemptions (Caution: see page 28) a Fill in exemptions allowed	700.00	
	<u>b</u> Check if 65 or older You + Spouse = x \$250 36b _	.00	
	c Add lines 36a and 36b		c 700.00
<u>37</u>	Subtract line 36c from line 35. If line 36c is more than line 35, fill in 0 (zero)		3595.00
38	Tax (see table on page 51)		
39	Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR) 39		
40	Additional child and dependent care tax credit		
_	Federal credit from Form 2441	.00	
41	School property tax credits (part-year and full-year residents only)		
_	a Rent naid in 2023—heat included	00	
	Rent paid in 2023—heat not included .00)		
	b Property taxes paid on home in 2023 .00 Find credit from table page 33 41b	.00	
<u>42</u>	Add credits on lines 39, 40, 41a, and 41b		.00
43	Subtract line 42 from line 38. If line 42 is more than line 38, fill in 0 (zero)	43	124.00
	Fill in ratio from line 32		
	Multiply line 43 by ratio on line 44		



2023 Form 1NPR Page **3 of 4**

	e(s) shown on Form 1NPR TARUN REDDY GOLLAPALLY	Your social security number 268612578	
46	Fill in amount from line 45	46	74.00
<u>47</u>	Working families tax credit. (Full-year Wisconsin residents only) 47	.00	
<u>48</u>	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR) 48	.00	
<u>49</u>	Nonrefundable credits from Schedule CR, line 34. Include Schedule CR 49	.00	
<u>50</u>	Net income tax paid to another state. Include Schedule OS	.00	
<u>51</u>	Add lines 47 through 50	51	.00
<u>52</u>	Subtract line 51 from line 46. If line 51 is more than line 46, fill in 0 (zero). This is your net to	tax . 52	74.00
<u>53</u>	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 3 If you certify that no sales or use tax is due, check here	6) 53	.00
<u>54</u>	Donations (decreases refund or increases amount owed)		
	a Endangered resources e Military family relief		
	b Cancer research		
	c Veterans trust fund g Red Cross WI Disaster Relief		
	d Multiple sclerosis		
	Total (add lines a through h) .		.00
ı	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 37) .00 x.		.00
I —	Other penalties (see page 38)		.00
<u>57</u>	Add lines 52 through 56	57	74.00
60	Wisconsin income tax withheld. Include readable withholding statements . 58 47	.00	
\ <u> </u>	b. Schedule FC-A, line 13 61b	.00	
62	Repayment credit	.00	
ı	Homestead credit. (Full-year Wisconsin residents only)		
64	Eligible veterans and surviving spouses property tax credit 64		
65	Refundable credits from Schedule CR, line 40		
I —	AMENDED RETURN ONLY – amount previously paid (see page 44) 66		
	Add lines 58 through 66		
ı —	AMENDED RETURN ONLY – amount previously refunded (see page 44) . 68		
	Subtract line 68 from line 67		476.00
l	fund or Amount You Owe	70	402.00
l	If line 69 is more than line 57, subtract line 57 from line 69. This is the AMOUNT OVERPAID Amount of line 70 you want REFUNDED TO YOU		402.00
71		0.00	102.00
·	o		



2023	3 Form 1NPR	Paper clip a copy of y tax return and sched			SSN	268612578	3	Page 4 of 4
73	If line 69 is less	than line 57, subtract line	69 from line 57	This is the AN	моинт	UNDERPAID 7	73	.00
74	Underpayment ir	nterest. Fill in exception o	ode – see Sch. U →				74	.00
75		74. This is the AMOUN						
76	Interest (see pag	je 47)					76	.00
Thi		allow another person to discu	uss this return with the d	epartment (se	e page 47	·	mplete the follo	wing. X No
Pai De	rty Signee name ▶	s	Phor no.			Personal identification number (PIN	l, ▶	
	,					number (File	1)	
Und	ler penalties of law, I	declare that this return and a	all attachments are tru	e, correct, an	d compl	ete to the best of	my knowledg	e and belief.
Sig	Your signature			Date		Wisconsin Identi	ity Protection F	PIN (7 characters)
	re							
Sig	Spouse's signa	ture (if filing jointly, BOTH must	t sign)	Date		Wisconsin Identi	ity Protection F	PIN (7 characters)
hei	re							
		sconsin Identity Protection P	IN if you received one f	rom the depar	rtment (s	ee page 47).		
Mail	your return to: Wise	consin Department of Rever	nue					
	(if tax is due)	,	ınd or no tax due)					
	PO Box 268 Madison WI 5379		Box 59 dison WI 53785-0001					
<u> </u>	hadula 4 M	is a spain Itamisad	Daduation Cr	- dit /				
		sconsin Itemized		`		,		
1		I expenses from federal S					. 1	.00
2		federal Schedule A (Forr						
3		m federal Schedule A (Fo						.00
4	Casualty losses fr	om federal Schedule A (F	Form 1040)				4	.00
<u>5</u>	Add lines 1 throug	h 4					5	.00
6		rd deduction from Form 1						
7		m line 5. If line 6 is more	,					.00
		5 (5%)						x .05
9	Multiply line 7 by I	ine 8. Fill in here and on	line 39 of Form 1NP	К			9	.00
Sc	hadula 2 – Ma	arried Couple Cred	dit May be eleimed a	anly when het	th angua	oo haya aarnad in	noomo tavabl	a by Wissensin
		ips, etc., included in colu	-	-	iii spous	(A) YOURSEL		OUR SPOUSE
-		ferred compensation (eve						
		ips or fellowships not rep			. 1		.00	.00
2		from self-employment fro), Schedule K-1 (Form 106						
		rned income included in			2		.00	.00
3	Combine lines 1 a	nd 2. This is your total W	isconsin earned inc	ome	3		.00	.00
<u>4</u>		Form 1NPR, lines 18, 22, stments that apply to your					.00	.00
5	-	m line 3. This is your qua	•				.00	.00
	Compare the amo	unt in columns (A) and (E	B) of line 5. Fill in the)				
	smaller amount he	ere. If more than \$16,000	, fill in \$16,000					.00
		3 (3%)					x .03	
8		ine 7. Round the result ar than \$480						.00





REV 01/26/24 PRO



2023

See ins	tructions on Page 2 to det	ermine if you are require	d to send	Form 511-EF to	the OTC.	Form 511-	-EF
Your first r	ame and middle initial	Last name		Your social			
VARU	N REDDY	GOLLAPALLY		security number:	268612578		
If a joint re	turn, spouse's first name and middle init	ial Last name		Spouse's social security number:			
Mailing ad	dress (number and street, including apar	tment number, rural route or PO Box))			Filing status:	
2092 City, State	S 102ND ST	327				_	1
	AUKEE	WI 53227			Total number of	exemptions:	1
	ONE - TAX RETURN INI			S ONLY)			
\vdash	homa Adjusted Gross Income (•		- · ·			
1 1	djusted Gross Income: All Sourc				1	1705	5 00
	homa Income Tax and Use Tax						9 00
	homa Income Tax Payments an		•				8 00
	and (511, Line 37 or 511-NR, Lin	•		•		10	00
	nce Due (511, Line 41 or 511-N	•				1	1 00
bala Inter	a balance due return with an elect nce due return with a non-electro nal Revenue Code (IRC) of the IR ly. If the due date falls on a weeke	nic payment, enclose a paymer S provides for a later due date,	nt with the 5 your payme	11-V and submit on ent may be made by	or before the due date a	ate of April 15th. If nd will be conside	
PART	TWO - DECLARATION OF	TAXPAYER					
_	If I have filed a joint return, I authorize the Oklahoma S	e directly deposited as designated this is an irrevocable appointment State Treasury and its designated tion account indicated in the tax	nt of the othe I Financial Aç	r spouse as an agent jent to initiate an ACF	to receive the refundation to receive the receive the refundation to receive the refundation to receive the refundation to receive the refundation to receive the receive the receive the refundation to receive the rec	d. hdrawal (direct deb	
16.1 1 6	and/or a payment of estimate receive confidential information	ated tax. I also authorize the finar ation necessary to answer inquiri	ncial institutions and resolves	ons involved in the prove issues related to the	ocessing of the electr ne payment.	onic payment of tax	xes to
	led a balance due return, I understa ble for the tax liability and all applic		nmission (O i	C) does not receive t	uli and timely payme	nt of my tax liability	, I WIII
nator (ER return. To	nalties of perjury, I declare I have co O), and the amounts described in F the best of my knowledge and belie and statements, be sent to the OT	art One above, agree with the aref, my return is true, correct, and	nounts show	n on the correspondir	ng lines of my 2023 (Oklahoma income ta	ax
In addition mission o	n, by using a computer system and fall information pertaining to my us	software to prepare and transmit e of the system and software and	my return el	ectronically, I consent mission of my tax retu	to the disclosure to urn electronically.	the Oklahoma Tax (Com-
Sign Here:							
	r Signature	Date		ınature (If joint return,		Date	
PART	THREE - DECLARATION C	F ELECTRONIC RETURI	N ORIGINA	ATOR (ERO) AN	D PAID PREPAR	RER	
the taxpay other requ penalties	have reviewed the above taxpayer's enot responsible for reviewing the taker's signature on Form 511-EF and irrements described in Pub. 1345, Hapf perjury I declare I have examined by are true, correct, and complete. The	xpayer's return; however, they mu have provided the taxpayer with andbook for Electronic Filers of Inc the above taxpayer's return and a	ist ensure Fo a copy of all t dividual Incon ccompanying	rm 511-EF accurately orms and information ne Tax Returns (Tax Yo schedules and stater	reflects the data on the to be filed with the O ear 2023). If I am also nents, and to the bes	ne return.) I have ob TC, and have follow o a Paid Preparer, ur	tained ed all nder
Only	ERO or Paid Preparer's Signature		Date	PTIN			
Paid Prepa			Duto				
Use Only	Paid Preparer Signature		Date	P02	2470833		
Firm Nan		KATA SAI PAVAN KUMAF					
	Address and ZIP: 245	ROONEY CT E BRUNSWI	ICK NJ 0	8816			

Phone Number: (<u>678</u>) 965-9522

State of Oklahoma Individual Income Tax Payment Voucher Instructions

What is Form 511-V and Do You Have to Use It?

If you have already filed your return, either electronically or by paper, send this voucher with your check or money order for any balance due on your 2023 Form 511 or 511NR. Using Form 511-V allows us to process your payment more accurately and efficiently. We strongly encourage you to use Form 511-V, but there is no penalty if you do not.

Due Date

Generally, your Oklahoma income tax is due April 15th. However:

- If you electronically file your return and pay electronically, your due date is extended until April 20th. To make a payment online, visit **OkTAP** at **tax.ok.gov** and click on the **Make a Payment** link.
- If the Internal Revenue Code (IRC) of the IRS provides for a later due date, your payment may be made by the later due date and will be considered timely.
- If the due date falls on a weekend or legal holiday when the Oklahoma Tax Commission (OTC) offices are closed, your payment is due the next business day.

How To Prepare Your Payment

- · Remit only one check or money order per voucher.
- · Make your check or money order payable to the Oklahoma Tax Commission. Do not send cash.
- Make sure your name and address appear on your check or money order.

How To Send In Your 2023 Tax Payment, and Form 511-V

- Cut Form 511-V along the dotted line and submit the bottom portion of the Individual Income Tax Payment Voucher.
- Do not staple or otherwise attach your payment to Form 511-V. Instead, just put them loose in the envelope.
- Do not include a copy of your income tax return. To use this form, your income tax return (either paper or electronic) should already be filed with the OTC.
- Mail your 2023 tax payment and Form 511-V to:

Oklahoma Tax Commission PO Box 26890 Oklahoma City, OK 73126-0890

● Do not fold, staple, or paper clip
Detach Here and Return Voucher with Payment

Do not tear or cut below line

ITI-I

State of Oklahoma Individual Income Tax Payment Voucher

511-V 3



Reporting Period

O1-01-2023 to 12-31-2023

Due Date (Penalty and interest may be assessed if payment is not sent by the due date)

O4-15-2024

Vous first name, middle initial and lest name.

Your first name, middle initial and last name

VARUN REDDY GOLLAPALLY

If joint return, spouse's first name, middle initial and last name

Mailing address (number and street, including apartment number, rural route or PO Box)

2092 S 102ND ST APT 327

City, State, ZIP

MILWAUKEE WI 53227

Your Social Security Number (if filing a joint return, enter the SSN shown first on your return)

268-61-2578

Spouse's Social Security Number (if filing a joint return)

Daytime phone number (optional)

Do <u>not</u> enclose a copy of your Oklahoma tax return.

Oklahoma Tax Commission PO Box 26890 Oklahoma City, OK 73126-0890

FAILURE TO SUBMIT THIS PAGE WILL DELAY PROCESSING OF YOUR RETURN













You	r Social Security Number		Spouse's		ecurity N	umber			AME	NDED	RETU	RN!	
	268-61-2578	Place an 'X' in this box if this taxpayer is deceased	(John Fotom)	only)			Place an 'X' i box if this ta is deceased	cpayer	this is		in this bo ended 5° 1-l.		
	ne and Address - Please Prin	· · · · · · · · · · · · · · · · · · ·											
Your	First Name	Middle Initial Last Name		If a	a Joint Retur	n, Spouse's	s First Name	Middle Init	ial Last N	ame			
VA:	RUN REDDY	GOLLAPA	LLY										
Mailii	ng Address (Number and street, including	g apartment number, rural route	e or PO Box) C	ity			Stat	e ZIP or Pos	stal Code	Co	untry		
20	92 S 102ND ST APT	327	N	MILWA	UKEE		W	5322	7				
Filing Status	3 Married filing separ	return (even if only one rate ing, list name and SSN	in the boxes		* Note: If	Yoursel	Regular 1 Num e Totals fron	*Special ber of depe	Blind ndents	8	1 1	(a) (b) (c)	
	4 Head of household	with qualifying person					be claimed regular exe	as a depende mption.	nt on and	other	return, (enter "0" in	the
		r) with dependent child pouse died in box at righ			Age 65	or Olde	er? (Please	see instructions		You	rself	Spou	ıse
De	pendents - If more than four	dependents, see instru	ıctions and p	place an	'X' here:								
1. Fi	rst Name	2. Last Name		3.	Social Secu	rity Number	4. Date	of Birth	5. Relation	onship	to You		
							_						
							_						
PA	ART ONE: TO ARRIVE	AT OKLAHOMA A	DJUSTEI	D GRO	SS INC	COME			Rou	und to	Neares	st Whole Do	ollar
1	1								1			17055	00
2	Oklahoma Subtractions (prov	vide Schedule 511-A)							2				00
3	Line 1 minus line 2								3			17055	00
4	Out-of-state income, except (Provide Federal schedule with	wages. Describe:detailed description; see	instructions)						4				00
5	Line 3 minus line 4								5			17055	00
6	Oklahoma Additions (provide	Schedule 511-B)							6				00
7	Oklahoma adjusted gross i (If line 7 is different than								7			17055	00
PΔ	RT TWO: OKLAHOMA					S							
8									8				00
9	Oklahoma income after adjus	stments (line 7 minus li	ne 8)						9			17055	00



Name(s) Shown Your Social Security Number: 268-61-2578

PART TWO: OKLAHOMA TAXABLE INCOME, TAX AND CREDITS continued

	· · · · · · · · · · · · · · · · · · ·								
STO	P AND READ: If line 4 on page 1 is zero, complete lines 10-11. If line 4 is more				dule 511-	E an	d do not c	omplete lines 10-1	1.
10	Oklahoma itemized deductions (from Schedule 511-D, line 11) or Oklahoma s (Single or Married Filing Separate: \$6,350 • Married Filing Joint or Qua Head of Household: \$9,350)	lifying	Widov	w(er): \$	12,700 •		10	6350	00
11	Exemptions: Enter the total number of exemptions claimed on page 1		1	X \$1,0	00		11	1000	00
12	Total deductions and exemptions (add lines 10 and 11 or amount from Sch. 5	11-E, lir	ne 5)				12	7350	00
13	Oklahoma Taxable Income (line 9 minus line 12)						13	9705	00
14	(a) Oklahoma Income Tax from Tax Table (see pages 27-38 of instructions) or if using Farm Income Averaging, enter tax from Form 573, line 22 and enter a "1" in box on line 14	14a			273	00			
	(b) If paying the Health Savings Account additional 10% tax, add additional tax here and enter a "2" in box on line 14. If recapturing the Oklahoma Affordable Housing Tax Credit, add recaptured credit here and enter a "3" in box on line 14. If making an Oklahoma installment payment pursuant to IRC Section 965(h) and 68 OS Sec. 2368(K), add the installment payment here and enter a "4" in the box on line 14	14b				00			
	Oklahoma Income Tax (line 14a plus line 14b)						14	273	00
STOP	AND READ: If line 7 is equal to or larger than line 1, complete line 15. If line 7 is smaller than line	1, comp	lete Sch	nedules 5	11-F and 51	1-G.			
15	Oklahoma child care/child tax credit (see instructions)						15		00
16	Credit for taxes paid to another state (provide Form 511TX)						16	74	00
17	17 Form 511CR - Other Credits Form. List 511CR line number claimed here:						17		00
18	Income Tax (line 14 minus lines 15-17) Do not enter less than zero DO NOT PAY THIS AMOUNT. PAYMENT IS FIGURED ON LINE 41.						18	199	00
PA	RT THREE: TAX, CREDITS AND PAYMENTS								
19	Use tax due on Internet, mail order, or other out-of-state purchases						19		00
	(For use tax table, see page 14 of the Packet) If you certify that no use tax is of								
20	Balance (add lines 18 and 19)						20	199	00
21	Oklahoma withholding (provide all W-2s, 1099s or other withholding statements)	21			148	00			
22	2023 estimated tax payments (qualified farmer)	22				00			
23	2023 payment with extension	23				00			
24	Low Income Property Tax Credit (provide Form 538-H)	24				00			
25	Sales Tax Relief Credit (provide Form 538-S)	25			40	00			
26	Natural Disaster Tax Credit (provide Form 576)	26				00			
27	Credit from Form 578	27				00			
28 29	Oklahoma earned income credit (see instructions)	28				00			
23	(amended return only)	29				00			



	e(s) Shown orm 511: VARUN REDDY GOL:	LAPAL	.LY			ur Social curity Number: 268	3-61-2578
PA	RT THREE: TAX, CREDITS AND	PAYN	IENTS continued				
30	Payments and credits (add lines 2	1 20 fro	m nago 2)			30	188 00
31	Overpayment, if any, as shown on or		· -			30	100 00
	as previously adjusted by Oklahoma	31	00				
32	Total payments and credits (line 3	0 minus	31)			32	188 00
PA	RT FOUR: REFUND						
33	If line 32 is more than line 20, subtra	act line 2	20 from line 32. This is your overp	ayment		33	00
34	Amount of line 33 to be applied to 202 (For further information regarding estir		` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	34		00	
your of the	dule 511-H provides you with the oppo refund to a variety of Oklahoma organi organization from Schedule 511-H in to one organization, put a "99" in the box	rtunity to	o make a financial gift from Please place the line number below. If you give to more				
35	Donations from your refund (total fro	om Sche	edule 511-H)	35		00	
36	Total deductions from refund (add lin	36	00				
37	37 Amount to be refunded to you (line 33 minus line 36)						00
\$10 sele OTC	You can also choose to receive eithe 00 is required to receive a paper chec cted, you will receive a debit card. Se c will not allow direct deposits to or thr	ck. If you e the 51 rough fo	u request a paper check for an an 1 Packet for direct deposit, debit reign financial institutions. If you u	nount less than \$ card and paper cuse a foreign final	10.00, a debi heck informa ncial institutio	t card will be issue tion. Due to electro on you will be issue	ed. If no options are onic banking rules, the
Ser	nd my refund as a:		efund going to or through an acco	unt that is located	d outside of the	he United States?	Yes No
	Debit Card		Deposit my refund in my:				
		Cł	necking Account Routing Number:				
	Paper Check	Sa	avings Account Account Number:				
PA	ART FIVE: AMOUNT YOU OV	ΝE					
38	If line 20 is more than line 32, subtra	act line 3	32 from line 20. This is your tax do	ле		38	11 00
39	Underpayment of estimated tax inter	rest (ani	nualized installment method) 39	00
33	(If you have an underpayment of est	,) 39	00
40	For delinquent payment add penalty	of 5% .	\$				
	plus interest of 1.25% per month		\$			40	00
41	Total tax, penalty and interest (add li	ines 38-	40)			41	11 00
	penalty of perjury, I declare the information conta nents and schedules, is true and correct to the be			is box if the Oklahoma s return with your tax p			
Тахра	yer's Signature E	Date	Spouse's Signature	Date	Paid Prepare	r's Signature	Date
						PAVAN KUMAR DUDIPALLI	
	pation		Spouse's Occupation				Number (678)965-9522
	OGRAMMER ANALYST II ne Phone		Daytime Phone		1 1	ONEY CT SWICK	NJ 08816
(optio	onal) (optional)					e's DIN DO2470	

<u>Do not staple</u> documentation to this form. To attach items, please use a paper clip.

Mailing Address for this form: PO Box 26800, Oklahoma City, OK 73126-0800

State of Oklahoma Claim for Credit/Refund of Sales Tax

8 Unemployment benefits



Instructions on page 3. \geq

Security Number:	268-61-2	578	enter date of death:		Please	read caref	ully as	强 与 '	38	-5	0 2 3
Spouse's Social Security Number:			If died in 2023 or 2 enter date of death	,	delay	your refu	ind.				」
Taxpayer's First Nar	ne	Middle Initial L	ast Name	Spouse's First N	ame (If a Joint I	Return)	Middle Initial	Last Name	е		
VARUN RED	DY		GOLLAPALLY								
Mailing Address (Nu	mber and street, including	apartment numb	ber, or rural route)	City				State	ZIP		
2092 S 10	2ND ST APT	327		MILWAUKEE				WI	53227	1	
PART 1: TA	AXPAYER INFO	RMATION	N								
Physical Addre	ess in 2023 (If differ	ent than sho	wn in mailing address	s section):							
Place a	n 'X' if you or your s	spouse have	a physical disability of	constituting a substan	tial handica	p to emplo	yment (sı	ubmit prod	of)		
Place a	an 'X' if you or your	spouse are 6	65 years of age or ove	er Oklahom	a resident fo	or the entire	e year?	X ye	es	no	
PART 2: DE	PENDENT Not	te: Do not e	nter the taxpayer or	spouse as a depend	dent.		EVE	MDTION	N INFOR		
	(first name, middle initial, last name) If you have								EXEMP		
additional depende	ents, provide schedule.	2. Age	3. Social Security N	lumber 4. Rel	ationship	Income	-				
							A. Your	self			1
							B Spor	use			
							C. Num				
							11 .	endents I exemption			
								ned (add			1
DADT 2: CI	DOSS INCOME	. Futau tawah	la and nantavable and	in andista		I h Al I		b	- la a lal i a 4la		
			ion on page 3 for ex	ss income and assista	nce received	I DY ALL ME	embers or	your nous	enoia in th	e year 20	23.
	ss nousenoid inco	ine dennid	ion on page 3 for ex	amples of income.			YOU MAY		Y INCOM		3 .
			ions, bonuses, and tip	ps		1				17055	00
		,	,						-	17033	
2 Enter total	interest and divider	nd income re	ceived			2					00
3 Total of all	dependents' incom	e (from Part	2, column 5)			3					00
4 Social Sec	curity payments (total	al including N	Medicare)			4					00
5 Railroad R	etirement benefits					5					00
6 Other pens	sions, annuities and	I IRAs				6					00
7 Alimonv						7					00

00

00

2023 Form 538-S - Claim for Credit/Refund of Sales Tax - Page 2



Name(s) Shown on Form 538-S:			Your Social Sec	urity Number:	
VARUN REDDY GOLLAPALLY			268-61-25	78	
PART 3: GROSS INCOME: Enter	r tayahlo and nontayahlo gross i	ncome and assistance received by A	All members of your	household in the year 2	023
See "Total gross household income					.023.
9. 000 m. 00	a deministration page o ter ex			ARLY INCOME ENTER NEGATIVE AMOUNT	ΓS.
9 Earned Income Credit (EIC) received	d in 2023		9		00
10 Nontovakla saurasa of income (ones	S.(5,4)		10		00
10 Nontaxable sources of income (special Enter gross (positive) income from r			10		00
from the sale or exchange of propert	ty (taxable & nontaxable) (provide	Federal return including schedules)	11		00
12 Enter gross (positive) income from b	business and farm (provide Fede	eral return including schedules)	12		00
13 Other income-including income of other	thers living in your household (specify)	13		00
14 Total gross household income (Ac	dd lines 1-13)		14	17055	00
If line 14 is over income limits sho	own in steps 2 and 3 on page	e 3, no credit is allowed.			
PART 4: SALES TAX CREDIT	COMPUTATION (For hous	eholds with gross income below allowa	able limits, see steps	2 and 3 on page 3.)	
Total qualified exemptions claimed in	n Box D on page 1	1 x \$40 (credit claimed)	15	40	00
DIRECT DEPOSIT OPTION: For	those NOT filing a Form 511. Se	e page 3 for Refund Information.		ng a Form 511, carry t	he
				n 511, line 25.	
Refund Note: For Direct Deposit, ver card. You can also choose to receive eith	ner a debit card or a paper che	ck by placing an 'X' in the appropria	ate box below. Note	: A minimum refund of	
\$10.00 is required to receive a paper che selected, you will receive a debit card. Du	ue to electronic banking rules,	the Oklahoma Tax Commission (O			
foreign financial institutions. If you use a	foreign financial institution you	will be issued a paper check.			
Send my refund as a:	Is this refund going to or thro	ugh an account that is located outs	ide of the United Sta	ates? Yes	No
Debit Card	Direct Deposit my refund			163	140
Debit Card	Checking Account	Routing Number:			
Paper Check	Savings Account	Account Number:			
If the OTC may discuss this return with yo	our tax preparer, place an 'X' h	ere:			
Under penalty of perjury, I declare the information contained in this	s document and any attachments is true and con				
Taxpayer's Signature and Date		Spouse's Signature and Date			
Occupation		Occuration			
Occupation		Occupation			
PROGRAMMER ANALYST II					
Preparer's Signature and Date					
, , , , , , , , , , , , , , , , , , ,					



State of Oklahoma Credit for Tax Paid to Another State

511-TX

Name(s) - as shown on Form 511 or Form 511-NR VARUN REDDY GOLLAPALLY

Social Security Number(s) 268-61-2578

If taxes were paid to more than one state, a separate 511-TX must be provided for each state and a complete copy of the other state's return, including W-2s, must be provided.

Who Qualifies?

<u>A resident taxpayer</u> who receives income for personal services performed in another state must report the full amount of such income on the Oklahoma return (Form 511). If another state taxes this income, the resident may qualify for this credit.

<u>A part-year resident</u> who receives income from personal services performed in another state while an Oklahoma resident must report the full amount of such income in the "Oklahoma Amount" column of Form 511-NR. If another state taxes this income, the part-year resident may qualify for this credit.

Who does not Qualify?

A nonresident taxpayer does not qualify for this credit.

<u>A taxpayer</u> who has claimed credit for taxes paid to another state on the other state's income tax return does not qualify to claim this credit based on the same income.

⊢				
1	Income for personal services taxed by both the other state and also Oklahoma (See instructions on Page 2) 1 1 10202			
2	Oklahoma Adjusted Gross Income (Form 511, line 7 or Form 511-NR, line 6)			
3	Percentage Limitation (divide line 1 by line 2) (cannot exceed 100%)	3	59.82	%
4	Oklahoma Income Tax (Form 511, line 14 or Form 511-NR, line 19) (not amount withheld)	4	273	
5	Limitation Amount (multiply line 4 by line 3)	5	163	
6	Income Tax paid to w_I (Include only the amount of the tax paid to another state that is attributable to the income from personal services reported on line 1. See example on Page 2. Do not use the withholding shown on your W-2 forms.)	6	74	
7	Other state tax credit: enter the lesser of line 5 or line 6 here and on Form 511, line 16 or Form 511-NR, line 20	7	74	

Provide a complete copy of:

- · The other state's return, including W-2s, or
- Form W-2G if the taxing state (e.g. Mississippi) does not allow a return to be filed for gambling winnings.