

For calendar year 2023 or tax year beginning _____, 2023, ending _____, 20 _____

Your first name, middle initial, and last name: JAYAVARDAN PASUPULETI Your Social Security Number: 886-38-9278

Spouse's first name, middle initial and last name: _____ Spouse's Social Security Number: _____

Home address, City, State, ZIP: 11455 OAK ST, 201 KANSAS CITY MO 64114

Part I Tax Return Information

Table with 5 rows: 1. Federal total income (IA 1040, line 1) 82,308; 2. Total Tax (IA 1040, line 7) 3,613; 3. Iowa Income Tax Withheld (IA 1040, line 28) 1,629; 4. Amount to be Refunded (IA 1040, line 32); 5. Total Amount Due (IA 1040, line 37) 138

Part II Declaration of Taxpayer (Be sure to keep a copy of the tax return.)

- 6. [X] I do not want direct deposit or direct debit.
7. [] I consent that my refund be directly deposited as designated below.
[] I authorize the Iowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated below for payment of my individual Iowa taxes owed on this return...

Name of financial institution: _____

Routing Number [grid] The first two digits must be 01 through 12 or 21 through 32.

Account Number [grid]

Type of Account: Savings [] Checking []

Will this payment come from an account outside the United States? Yes [] No []

Under penalties of perjury, I declare that I have examined the information on my electronic individual income tax return, including any schedules, attachments, and statements for tax year ending December 31, 2023 and certify to the best of my knowledge and belief, it is true, correct, and complete.

Your Signature _____ Date _____ Spouse Signature - If a joint return, 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 entries on form IA 8453-IND are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return.

Table with 4 columns: Signature, Date, Check if also paid preparer, Check if self-employed, ERO PTIN. Rows for Firm's name (GLOBAL TAXES LLC) and Paid Preparer (VENKATA SAI PAVAN KUMAR DUDIPALLI).

Save time, file returns and pay online at tax.iowa.gov.

Instructions for Payment Vouchers

1. Complete using blue or black ink. Do not use gel pens or red ink on checks. **Do not staple.**
2. **Period ending:** Use MMDDYY format. MM: two-digit month. DD: two-digit day. YY: last two digits of the tax year. The period ending for December 31, 2023, would be entered as: 123123.
3. **Payment amount:** Enter dollars and cents. The two boxes separated to the right on the amount line are for cents. Do not enter any punctuation or symbols (for example ", or \$").
4. When paying by check, **make checks payable to** Iowa Department of Revenue.
5. Mail your payment on or before the due date with this voucher to:

IOWA DEPARTMENT OF REVENUE
PO BOX 9187
DES MOINES IA 50306-9187

Iowa Tax Payment Voucher

81600088638927891231232 8

Voucher Type: 816
Voucher ID: 000886389278
Period: 123123

PASUPULETI, JAYAVARDAN
11455 OAK ST, 201
KANSAS CITY MO 64114

Amount Paid

				1	3	8	0	0
--	--	--	--	---	---	---	---	---

IOWA DEPARTMENT OF REVENUE
PO BOX 9187
DES MOINES IA 50306-9187

- Make check or money order payable to: Iowa Department of Revenue.
- When you pay by check, you authorize the Department of Revenue to convert your check to a one time electronic banking transaction.



REV 02/23/24 PRO



Step 1: You must fill in your Social Security Number (SSN)

For fiscal or short year filers
Check the box if this is an amended return
Last Name: PASUPULETI, First Name: JAYAVARDAN, MI: [], Social Security Number (SSN): 886389278
Spouse's Last Name: [], Spouse's First Name: [], MI: [], Spouse's Social Security Number (SSN): []
Current mailing address (number, street, apartment, lot, or suite number) or PO Box: 11455 OAK ST, 201
City: KANSAS CITY, State: MO, ZIP: 64114
County No.: 25, School District No.: 6822
Use Residence as of 12/31/23:

Step 2: Filing status from federal 1040. Mark one box only

- 1. Single: Were you claimed on another person's Iowa return? [X]
2. Married filing jointly []
3. Married filing separately. Enter your spouse's information above. Spouse's net income: []
4. Head of household. Enter qualifying person's information on Page 2 []
5. Qualifying surviving spouse with dependent child. Enter dependent's information on Page 2. []

Yes No
3 [] 00 [X]

Step 3: Exemptions

- a. Personal Credit: Enter 1 (enter 2 if filing status 2 or 4)
b. Enter 1 for each taxpayer 65 or older and/or 1 for each taxpayer who is blind
Check if: You are 65 or older [] You are blind [] Spouse is 65 or older [] Spouse is blind []
c. Dependents: Enter 1 for each dependent. List dependents below
d. Total. Add lines a, b and c

Enter Dollars and Cents
1 x \$40 = 40 00
x \$20 = 00
x \$40 = 00
40 00





Taxpayer's Name

JAYAVARDAN PASUPULETI

Taxpayer's SSN

8 8 6 3 8 9 2 7 8

Dependent's first name	Dependent's last name	Dependent's SSN	Relationship to you
▶	▶	▶	▶
▶	▶	▶	▶
▶	▶	▶	▶

Step 4: Iowa Taxable Income

Enter Dollars and Cents

1. Federal total income.....	▶ 1	82,308 00
2. Federal taxable income.....	▶ 2	68,458 00
3. Net Iowa modifications from IA 1040 Schedule 1, line 22.....	▶ 3	0 00
4. Iowa taxable income. Add lines 2 and 3.....	▶ 4	68,458 00

Step 5: Tax, Nonrefundable Credits, and Checkoff contributions

Check if using alternate tax (line 5), tax reduction calculation (line 12), or low-income exemption

5. Iowa Tax from tax rate schedule or alternate tax.....	▶ 5	3,613 00
6. Iowa lump-sum tax. See instructions.....	▶ 6	00
7. Total Tax. Add lines 5 and 6.....	▶ 7	3,613 00
8. Total exemption credit amount from Step 3.....	▶ 8	40 00
9. Tuition and textbook credit for dependents K-12.....	▶ 9	00
10. Volunteer firefighter/EMS/reserve peace officer credit.....	▶ 10	00
11. Total Credits. Add lines 8, 9, and 10.....	▶ 11	40 00
12. BALANCE. Subtract line 11 from line 7. If less than zero, enter zero.....	▶ 12	3,573 00
13. Nonresident or part-year resident credit. Include IA 126.....	▶ 13	1,806 00
14. BALANCE. Subtract line 13 from line 12.....	▶ 14	1,767 00
15. Out-of-State tax credit. Include IA 130.....	▶ 15	00
16. BALANCE. Subtract line 15 from line 14.....	▶ 16	1,767 00
17. Other nonrefundable Iowa credits. Include IA 148.....	▶ 17	00
18. BALANCE. Subtract line 17 from line 16.....	▶ 18	1,767 00
19. School district surtax or EMS surtax. Multiply line 18 by the percentage from table.....	▶ 19	0 00
20. Total state tax and local surtax.....	▶ 20	1,767 00

21. Contributions will reduce your refund or add to the amount you owe.

Fish/Wildlife
 State Fair
 Firefighters/Veterans
 Child Abuse Prevention

Enter total here..... ▶ 21 00

22. TOTAL STATE TAX, LOCAL TAX, AND CONTRIBUTIONS. Add lines 20 and 21..... ▶ 22 1,767 00





Taxpayer's Name

JAYAVARDAN PASUPULETI

Taxpayer's SSN

8 8 6 3 8 9 2 7 8

Step 6: Refundable Credits and Payments

Enter Dollars and Cents

23. Iowa Fuel Tax Credit. Include IA 4136 Iowa Fuel Tax Credit	▶ 23		00
24. Check one: Child and Dependent Care Credit <input type="checkbox"/> OR	▶ 24		00
Early Childhood Development Credit <input type="checkbox"/>	▶ 25		0 00
25. Iowa Earned Income Tax Credit	▶ 26		00
26. Other refundable credits. Include IA 148	▶ 27		00
27. Composite and PTET credit. Include IA Schedule CC	▶ 28		1, 629 00
28. Iowa income tax withheld	▶ 29		00
29. Estimated and other payments made for tax year 2023.....	▶ 30		1, 629 00
30. TOTAL. Add lines 23 through 29			

Step 7: Refund

31. If line 30 is more than line 22, subtract line 22 from line 30; otherwise, go to line 34	▶ 31		00
32. Amount of line 31 to be REFUNDED	▶ 32		00
a. Routing Number <input type="text"/>			
b. Account Number <input type="text"/>			
		c. Account Type	<input type="checkbox"/> Checking
			<input type="checkbox"/> Savings
33. Amount of line 31 to be applied to your 2024 estimated tax	▶ 33		00

Step 8: Amount due

34. If line 30 is less than line 22, subtract line 30 from line 22.....	▶ 34		138 00
35. Penalty for underpayment of estimated tax from IA 2210, IA 2210S, or IA 2210F. Check if annualized income (IA 2210AI) or farmer/fisher (IA 2210F) method used <input type="checkbox"/>	▶ 35		00
36. Penalty and Interest		36a. Penalty	<input type="text"/> 00
		36b. Interest	<input type="text"/> 00
	▶ 36	Enter total here	00
37. TOTAL AMOUNT DUE. ADD lines 34, 35, and 36.....	▶ 37		138 00



Taxpayer's Name

JAYAVARDAN PASUPULETI

Taxpayer's SSN

8 8 6 3 8 9 2 7 8

IA 1040 Schedule 1

Enter Dollars and Cents

Iowa Modifications to Federal Total Income

A Additions

B Subtractions

Table with 13 rows for Iowa Modifications to Federal Total Income. Columns include line number, description, A Additions, and B Subtractions. Total modifications to federal total income (line 12) is 00. Net modifications to federal total income (line 13) is 00.

Iowa Modifications to Federal Taxable Income

Table with 10 rows for Iowa Modifications to Federal Taxable Income. Columns include line number, description, A Additions, and B Subtractions. Total modifications to federal taxable income (line 20) is 00. Net modifications to federal taxable income (line 21) is 00. Net Iowa Modifications (line 22) is 00.



Taxpayer's Name

JAYAVARDAN PASUPULETI

Taxpayer's SSN

8 8 6 3 8 9 2 7 8

Third Party Disclosure Designee. Do you want to allow an individual to discuss this return with the Department? See instructions.

Designee's Name

Mailing address

City State ZIP

ID Number (optional)

Designee's phone number

Email

Step 9: I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this return, and, to the best of my knowledge and belief, it is true, correct, and complete. Paper-filed returns must be signed by hand or via a digital signature with a digital certificate. Stamped or typed signatures are not accepted.

Sign Here Your Signature Date

Check if deceased:

Sign Here Spouse's Signature Date

Check if deceased:

Taxpayer's phone number Taxpayer's email address

Your Driver License or State Issued ID number Spouse's Driver License or State Issued ID number

Paid Preparer Use

Preparer's Signature Date

Preparer's PTIN, STIN, or SSN Firm's FEIN Preparer's phone number

P 0 2 4 7 0 8 3 3 8 8 2 1 4 5 4 8 7 6 7 8 9 6 5 9 5 2 2

This return is due April 30, 2024. Sign, enclose W-2s, and verify SSNs MAILING ADDRESS: Iowa Income Tax Document Processing PO BOX 9187, Des Moines IA 50306-9187 Make checks payable to Iowa Department of Revenue





Name: JAYAVARDAN PASUPULETI Social Security Number (SSN): 8 8 6 3 8 9 2 7 8

Your Residency Status (check one)

Nonresident

Part-Year Resident Moved into IA: 0 1 0 7 2 0 2 3 (M M D D Y Y Y Y) Moved out of IA: (M M D D Y Y Y Y)

Full-Year Iowa Resident

Spouse's Name: Spouse's SSN:

Spouse's Residency Status (check one)

Nonresident

Part-Year Resident Moved into IA: (M M D D Y Y Y Y) Moved out of IA: (M M D D Y Y Y Y)

Full-Year Iowa Resident

Part I: Income

Enter Dollars and Cents
All-Source (A) Iowa (B)

	All-Source (A)	Iowa (B)
1. Wages, salaries, tips, etc. See instructions regarding IA/IL Reciprocal Agreement.....	▶ 1	40,704 00
2. Taxable interest income.....	▶ 2	00
3. Ordinary dividend income.....	▶ 3	00
4. Taxable alimony received.....	▶ 4	00
5. Business income or (loss).....	▶ 5	00
6. Capital gain or (loss).....	▶ 6	00
7. Other gains or (losses).....	▶ 7	00
8. Rents, royalties, partnerships, estates, etc.	▶ 8	0 00
9. Farm income or (loss).....	▶ 9	00
10. Unemployment compensation.....	▶ 10	00
11. Gambling winnings.....	▶ 11	00
12. Other income, bonus depreciation, and section 179 adjustment.....	▶ 12	00
13. Iowa Source gross income. Add lines 1-12.....	▶ 13	40,704 00
14. Federal total income from IA 1040 Line 1.....	▶ 14	82,308 00
15. Iowa modifications to federal total income from IA Schedule 1, line 13.....	▶ 15	00
16. Total. Add lines 14 and 15.....	▶ 16	82,308 00



Iowa Nonresident or Part-Year Resident Name

JAYAVARDAN PASUPELETI

SSN

8 8 6 3 8 9 2 7 8

Enter Dollars and Cents

All-Source (A)

Iowa (B)

Part II: Modification

		All-Source (A)	Iowa (B)
17. Payments to an IRA, Keogh, or SEP.....	▶ 17	00	00
18. Deductible part of self-employment tax.....	▶ 18	00	00
19. Health Insurance deduction. See instructions.....	▶ 19	00	00
20. Penalty on early withdrawal of savings.....	▶ 20	00	00
21. Alimony paid.....	▶ 21	00	00
22. Iowa capital gain deduction.....	▶ 22		00
23. Other adjustments.....	▶ 23	00	0 00
24. Total adjustments. Add lines 17-23.....	▶ 24	00	0 00
25. Iowa Source Net income. Subtract line 24 (Column B) from line 13.....	▶ 25		40,704 00
26. All Source Net income. Subtract line 24 (Column A) from line 16.....	▶ 26	82,308 00	
27. Iowa income percentage: Divide line 25 by line 26. Enter percentage rounded to the nearest ten-thousandth of a percent (e.g. 12.3456%). This can be no more than 100.0% and no less than 0.0%.....	▶ 27		49.4533 %
28. Nonresident or part-year resident credit percentage: Subtract the percentage on line 27 from 100.0000% (e.g. 87.6544%).....	▶ 28		50.5467 %
29. Iowa tax on total income from IA 1040, line 5.....	▶ 29		3,613 00
30. Total credits from IA 1040, line 11.....	▶ 30		40 00
31. Tax after credits. Subtract line 30 from line 29.....	▶ 31		3,573 00
32. Nonresident or part-year resident credit. Multiply line 31 by the percentage on line 28. Enter this amount on IA 1040, line 13.....	▶ 32		1,806 00



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

Your first name and middle initial: JAYAVARDAN Last name: PASUPULETI Your social security number: 886 38 9278

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

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 11455 OAK ST 201

City, town, or post office. If you have a foreign address, also complete spaces below. State: MO ZIP code: 64114

Foreign country name: Foreign province/state/country: Foreign postal code: Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. [] You [] Spouse

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

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

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

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

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

Income table with columns: Line number, Description, Amount. Includes lines 1a through 1z.

Table with columns: Line number, Description, Amount. Includes lines 2a through 15.

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	10,372.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	10,372.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	10,372.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	10,372.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	13,103.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	13,103.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	13,103.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,731.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,731.
Direct deposit? See instructions.	b	Routing number 044000037 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 697878798		
	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 NET DEVELOPET	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (248) 635-0256	Email address JAYAVARDANPASUPULETI@GMAIL.COM		

Paid Preparer Use Only

Preparer's name VENKATA SAI PAVAN KUMAR DUDIPALLI	Preparer's signature VENKATA SAI PAVAN KUMAR DUDIPALLI	Date	PTIN P02470833	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816		Phone no. (678) 965-9522	Firm's EIN 88-2145487

**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

JAYAVARDAN PASUPULETI

Your social security number

886-38-9278

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	-15,100.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
z	Other income. List type and amount: _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-15,100.

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 8I from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount: _____	24z	
25	Total other adjustments. Add lines 24a through 24z		25
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26

**SCHEDULE E
(Form 1040)**

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

OMB No. 1545-0074

2023

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.

Attachment
Sequence No. **13**

Name(s) shown on return

JAYAVARDAN PASUPULETI

Your social security number

886-38-9278

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	NANDIMANGALAM PUTTUR ANDHRA PRADESH IN 517583
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	<input type="checkbox"/>
A 3		365		0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

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

Income:	Properties:		
	A	B	C
3 Rents received	3 550.		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7 1,250.		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11 950.		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14 4,950.		
15 Supplies	15 4,850.		
16 Taxes	16		
17 Utilities	17 3,650.		
18 Depreciation expense or depletion	18		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 15,650.		
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 -15,100.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (15,100.)		
23a Total of all amounts reported on line 3 for all rental properties	23a 550.		
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		
e Total of all amounts reported on line 20 for all properties	23e 15,650.		
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 (15,100.)		
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 -15,100.		

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

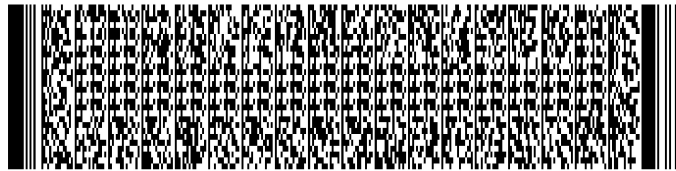
-15,100.

Schedule E (Form 1040) 2023



MISSOURI DEPARTMENT OF
REVENUE
2023 Individual Income
Tax Return - Long Form

For Calendar Year January 1 - December 31, 2023



Print in BLACK ink only and DO NOT STAPLE.

Amended Return Composite Return (For use by S corporations or Partnerships)

Federal Extension - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).

Department of Social Services Application of Eligibility form attached. Federal return attached.

If filing a fiscal year return enter the beginning and ending dates here.

Fiscal Year Beginning (MM/DD/YY)		Fiscal Year Ending (MM/DD/YY)		Vendor Code	Department Use Only		
				1555			

Filing Status

Single Claimed as a Dependent Married Filing Combined Married Filing Separately Head of Household Qualifying Widow(er)

Age 62 through 64 | Age 65 or Older | Blind | 100% Disabled | Non-Obligated Spouse
 Yourself Spouse | Yourself Spouse | Yourself Spouse | Yourself Spouse | Yourself Spouse

Name

Social Security Number	Deceased in 2023	Spouse's Social Security Number	Deceased in 2023
886 - 38 - 9278	<input type="checkbox"/>		<input type="checkbox"/>
First Name	M.I.	Last Name	Suffix
JAYAVARDAN		PASUPULETI	
Spouse's First Name	M.I.	Spouse's Last Name	Suffix

In Care Of Name (Attorney, Executor, Personal Representative, etc.)

Address

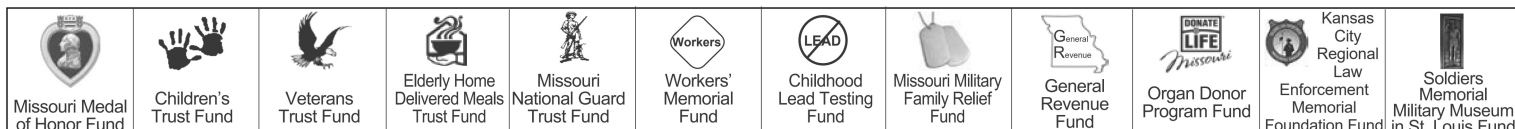
Present Address (Include Apartment Number or Rural Route)

11455 OAK ST APT 201

City, Town, or Post Office: KANSAS CITY State: MO ZIP Code: 64114 -

County of Residence: KANS

You may contribute to any one or all of the trust funds on Line 51. See pages 11-12 of the instructions for more trust fund information.



Income

	Yourself (Y)			Spouse (S)		
1. Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y	82308	00	1S		00
2. Total additions (from Form MO-A , Part 1, Line 7)	2Y		00	2S		00
3. Total income - Add Lines 1 and 2.	3Y	82308	00	3S		00
4. Total subtractions (from Form MO-A, Part 1, Line 18)	4Y		00	4S		00
5. Missouri adjusted gross income - Subtract Line 4 from Line 3.	5Y	82308	00	5S		00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S	6	82308	00			
7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y	100	%	7S		%

Exemptions and Deductions

8. Pension, Social Security and Social Security Disability exemption (from Form MO-A, Part 3, Section D)	8		00
9. Tax from federal return	9	10372	00
10. Other tax from federal return.	10		00
11. Total tax from federal return. Do not enter federal income tax withheld.	11	10372	00
12. Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage	12	15.00	%

Missouri Adjusted Gross Income Range, Line 6: Federal Tax Percentage:

\$25,000 or less	35%
\$25,001 to \$50,000	25%
\$50,001 to \$100,000	15%
\$100,001 to \$125,000	5%
\$125,001 or more	0%



13. Federal income tax deduction – Multiply Line 11 by the percentage on Line 12. Enter this amount not to exceed \$5,000 for an individual or \$10,000 for combined filers.	13	1556	00
14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2) • Single or Married Filing Separate-\$13,850 • Head of Household-\$20,800 • Married Filing Combined or Qualifying Widow(er)-\$27,700	14	13850	00
15. Additional Exemption for Head of Household and Qualifying Widow(er)	15		00
16. Long-term care insurance deduction	16		00
17. Health care sharing ministry deduction.	17		00
18. Active Duty Military income deduction	18		00
19. Inactive Duty Military income deduction	19		00
20. Bring jobs home deduction	20		00
21. Farmland sold, rented, leased, or crop-shared to a beginning farmer deduction. Enter the sum of Lines 21A, 21B, and 21C on Line 21	21		00

21A. Sold \$		00	21B. Rented/Leased \$		00	21C. Crop-Share \$		00
--------------	--	----	-----------------------	--	----	--------------------	--	----

Deductions Continued

22. First time home buyers deduction.	A. <input style="width: 80px;" type="text"/>	B. <input style="width: 80px;" type="text"/>	22	<input style="width: 100px;" type="text"/>	.00
23. Long term dignity savings account deduction			23	<input style="width: 100px;" type="text"/>	.00
24. Foster parent tax deduction			24	<input style="width: 100px;" type="text"/>	.00
25. Total deductions - Add Lines 8 and 13 through 24			25	15406	.00
26. Subtotal - Subtract Line 25 from Line 6			26	66902	.00
27. Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S			27Y	<input style="width: 100px;" type="text"/>	.00
			27S	<input style="width: 100px;" type="text"/>	.00
28. Enterprise zone or rural empowerment zone income modification			28Y	<input style="width: 100px;" type="text"/>	.00
			28S	<input style="width: 100px;" type="text"/>	.00

Tax

29. Taxable income - Subtract Line 28 from Line 27			29Y	<input style="width: 100px;" type="text"/>	.00
			29S	<input style="width: 100px;" type="text"/>	.00
30. Tax (see tax chart on page 26 of the instructions)			30Y	<input style="width: 100px;" type="text"/>	.00
			30S	<input style="width: 100px;" type="text"/>	.00
31. Resident credit - Attach Form MO-CR and other states' income tax return(s)			31Y	<input style="width: 100px;" type="text"/>	.00
			31S	<input style="width: 100px;" type="text"/>	.00
32. Missouri income percentage - Enter 100% if not completing Form MO-NRI . Attach Form MO-NRI and federal return if applicable.			32Y	<input style="width: 100px;" type="text"/>	%
			32S	<input style="width: 100px;" type="text"/>	%
33. Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32			33Y	<input style="width: 100px;" type="text"/>	.00
			33S	<input style="width: 100px;" type="text"/>	.00
34. Other taxes - Select box and attach federal form indicated.					
<input type="checkbox"/> Lump sum distribution (Form 4972)					
<input type="checkbox"/> Recapture of low income housing credit (Form 8611)			34Y	<input style="width: 100px;" type="text"/>	.00
			34S	<input style="width: 100px;" type="text"/>	.00
35. Subtotal - Add Lines 33 and 34			35Y	<input style="width: 100px;" type="text"/>	.00
			35S	<input style="width: 100px;" type="text"/>	.00
36. Total Tax - Add Lines 35Y and 35S			36	2439	.00



Payments and Credits

37. MISSOURI tax withheld - Attach Forms W-2 and 1099			37	<input style="width: 100px;" type="text"/>	.00
38. 2023 Missouri estimated tax payments - Include overpayment from 2022 applied to 2023			38	<input style="width: 100px;" type="text"/>	.00
39. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP			39	<input style="width: 100px;" type="text"/>	.00
40. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT			40	<input style="width: 100px;" type="text"/>	.00
41. Amount paid with Missouri extension of time to file (Form MO-60)			41	<input style="width: 100px;" type="text"/>	.00
42. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC			42	<input style="width: 100px;" type="text"/>	.00
43. Property tax credit - Attach Form MO-PTS			43	<input style="width: 100px;" type="text"/>	.00
44. Missouri Working Family Tax Credit (Attach Form MO-WFTC and federal return)			44	<input style="width: 100px;" type="text"/>	.00
45. Total payments and credits - Add Lines 37 through 44			45	2495	.00

Skip Lines 46 through 48 if you are not filing an amended return.

46. Amount paid on original return.	46		.00
47. Overpayment as shown (or adjusted) on original return	47		.00

Indicate Reason for Amending

Amended Return

<input type="checkbox"/> A. Federal audit.	Enter date of IRS report (MM/DD/YY)			
<input type="checkbox"/> B. Net Operating Loss carryback	Enter year of loss (YY)			
<input type="checkbox"/> C. Investment tax credit carryback	Enter year of credit (YY)			
<input type="checkbox"/> D. Correction other than A, B, or C.	Enter date of federal amended return, if filed. (MM/DD/YY)			

48. Amended return total payments and credits - Add Lines 45 and 46; subtract Line 47. Enter on Line 48.	48		.00
---	----	--	-----

49. If Line 45, or if amended return, Line 48, is larger than Line 36, enter the difference. Amount of OVERPAYMENT	49		.00
---	----	--	-----

50. Amount of Line 49 to be applied to your 2024 estimated tax	49	56	.00
--	----	----	-----

51. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.

Refund

51a. Children's Trust Fund		.00	51b. Veterans Trust Fund		.00	51c. Elderly Home Delivered Meals Trust Fund		.00	51d. Missouri National Guard Trust Fund		.00
51e. Workers' Memorial Fund		.00	51f. Childhood Lead Testing Fund		.00	51g. Missouri Military Family Relief Fund		.00	51h. General Revenue Fund		.00
51i. Organ Donor Program Fund		.00	51j. Kansas City Regional Law Enforcement Memorial Foundation Fund		.00	51k. Soldiers Memorial Military Museum in St. Louis Fund		.00	51l. Missouri Medal of Honor Fund		.00
51m. Additional Fund Code		.00	Additional Fund Amount		.00	51n. Additional Fund Code		.00	Additional Fund Amount		.00

Total Donation - Add amounts from Boxes 51a through 51n and enter here	51		.00
--	----	--	-----

52. Amount of Line 49 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from Form 5632	52		.00
---	----	--	-----

53. REFUND - Subtract Lines 50, 51, and 52 from Line 49 and enter here	53	56	.00
---	----	----	-----



Amount Due

54. If Line 36 is larger than Line 45 or Line 48, enter the difference.
 Amount of UNDERPAYMENT 54 .00

55. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here . . . 55 .00

Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.

56. **AMOUNT DUE** - Add Lines 54 and 55.
 If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically 56 .00

Under 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. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under **Section 143.561, RSMo**. Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in **Chapter 143, RSMo**, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens. I am aware of any applicable reporting requirements of **Section 135.805, RSMo**, and the penalty provisions of **Section 135.810, RSMo**.

Signature

Signature	<input type="text"/>			Date (MM/DD/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse's Signature (If filing combined, BOTH must sign)	<input type="text"/>			Date (MM/DD/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address	<input type="text" value="SYAM@GTAXFILE.COM"/>			Daytime Telephone	<input type="text"/>		
Preparer's Signature	<input type="text" value="VENKATA SAI PAVAN KUMAR DUDIPALLI"/>			Date (MM/DD/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Preparer's FEIN, SSN, or PTIN	<input type="text" value="88-2145487"/>			Preparer's Telephone	<input type="text" value="6789659522"/>		
Preparer's Address	<input type="text" value="245 ROONEY CT E BRUNSWICK"/>			State	<input type="text" value="NJ"/>	ZIP Code	<input type="text" value="08816"/>

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm Yes No

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above. Yes No



Department Use Only

A FA E10 DE F .

Mail to: Balance Due:
 Missouri Department of Revenue
 P.O. Box 3370
 Jefferson City, MO 65105-3370
Phone: (573) 751-7200

Refund or No Amount Due:
 Missouri Department of Revenue
 P.O. Box 3222
 Jefferson City, MO 65105-3222
Phone: (573) 751-3505

Fax: (573) 522-1762
Email: incometaxprocessing@dor.mo.gov
Submission of Individual Income Tax Returns
Email: income@dor.mo.gov
Inquiry and correspondence

Form MO-1040 (Revised 12-2023)

Ever served on active duty in the United States Armed Forces?
 If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.



IN
 REV 02/08/24 PRO
 MO-1040 Page 5



Resident/Nonresident Status - Select your status in the appropriate box below.

Social Security Number

886 - 38 - 9278

Name

PASUPULETI, JAYAVARDAN

Address

11455 OAK ST APT 201

City, State, ZIP Code

KANSAS CITY MO 64114

- 1. Nonresident of Missouri
State of residence during 2023 _____
- Remote Work (See instructions on Form MO-NRI, page 3)
- 2. Part-Year Missouri Resident
- Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2023.

- A. Date From: 01/01/2023 Date To: 01/06/2023
- B. Indicate the other state of residence and dates you resided there IOWA
- Date From: 01/07/2023 Date To: 12/31/2023

Spouse's Social Security Number

_____ - _____ - _____

Spouse's Name

Address

City, State, ZIP Code

- 1. Nonresident of Missouri
State of residence during 2023 _____
- Remote Work (See instructions on Form MO-NRI, page 3)
- 2. Part-Year Missouri Resident
- Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2023.

- A. Date From: _____ Date To: _____
- B. Indicate the other state of residence and dates you resided there _____
- Date From: _____ Date To: _____

Part A

Based on the **Military Spouse's Residency Relief Act**, if you are the spouse of a military servicemember residing outside of Missouri solely because your spouse is there on military orders, and Missouri is your state of residence, any income you earn is taxable to Missouri. **Do not complete Form MO-NRI.** You must report 100% on Line 32 of Form MO-1040.

- 3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.
- Missouri Home of Record
I did not at any time during the tax year 2023 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of _____.
- Non-Missouri Home of Record
I resided in Missouri during 2023 solely because my spouse or I was stationed at _____ on military orders. My home of record is in the state of _____.

- 3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.
- Missouri Home of Record
I did not at any time during the tax year 2023 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of _____.
- Non-Missouri Home of Record
I resided in Missouri during 2023 solely because my spouse or I was stationed at _____ on military orders. My home of record is in the state of _____.

Worksheet for Missouri Source Income

Part B

Adjusted Gross Income Computations	Federal Form 1040 or Federal Form 1040-SR Line No.	Yourself or One Income Filer		Spouse (On A Combined Return)			
		Missouri Sources		Missouri Sources			
A. Wages, salaries, tips, etc.	1z	A	64384	.00	A		.00
B. Taxable interest income.	2b	B		.00	B		.00
C. Dividend income	3b	C		.00	C		.00
D. State and local income tax refunds (from schedule 1, part 1)	1	D		.00	D		.00
E. Alimony received (from schedule 1, part 1)	2a	E		.00	E		.00
F. Business income or (loss) (from schedule 1, part 1)	3	F		.00	F		.00
G. Capital gain or (loss)	7	G		.00	G		.00
H. Other gains or (losses) (from schedule 1, part 1)	4	H		.00	H		.00
I. Taxable IRA distributions.	4b	I		.00	I		.00
J. Taxable pensions and annuities	5b	J		.00	J		.00
K. Rents, royalties, partnerships, S corporations, etc. (from schedule 1, part 1)	5	K	0	.00	K		.00
L. Farm income or (loss) (from schedule 1, part 1)	6	L		.00	L		.00
M. Unemployment compensation (from schedule 1, part 1)	7	M		.00	M		.00
N. Taxable social security benefits.	6b	N		.00	N		.00
O. Other income (from schedule 1, part 1)	9	O		.00	O		.00
P. Total - Add Lines A through O.		P	64384	.00	P		.00
Q. Minus: federal adjustments to income.	10	Q		.00	Q		.00
R. SUBTOTAL (Line P - Line Q) If no modifications to income, enter this amount on Part C, Line 1.	11	R	64384	.00	R		.00
S. Missouri modifications - additions to federal adjusted gross income (Missouri source from Form MO-1040, Line 2)		S		.00	S		.00
T. Missouri modifications - subtractions from federal adjusted gross income (Missouri source from Form MO-1040, Line 4)		T		.00	T		.00
U. MISSOURI INCOME (Missouri sources) Line R plus Line S, minus Line T. Enter this amount on Part C, Line 1.		U		.00	U		.00

Missouri Income Percentage

Part C

	Yourself or One Income Filer		Spouse (On A Combined Return)			
1. Missouri Income - Enter wages, salaries, etc. from Missouri. (You must file a Missouri return if the amount on this line is more than \$600)	1Y	64384	.00	1S		.00
2. Taxpayer's total adjusted gross income (from Form MO-1040, Lines 5Y and 5S or from your federal form if you are a military nonresident and you are not required to file a Missouri return)	2Y	82308	.00	2S		.00
3. Missouri Income Percentage - Divide Line 1 by Line 2. If greater than 100%, enter 100%. (Round to a whole percent such as 91% instead of 90.5% and 90% instead of 90.4%. However, if percentage is less than 0.5%, use the exact percentage.) Enter percentage here and on Form MO-1040, Lines 32Y and 32S.	3Y	78	%	3S		%

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and believe it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return.

Signature

Signature	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/>
Spouse's Signature (if filing combined, BOTH must sign)	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/>

Ever served on active duty in the United States Armed Forces?

If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals.

A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.

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

Your first name and middle initial: JAYAVARDAN Last name: PASUPULETI Your social security number: 886 38 9278

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

Home address (number and street): 11455 OAK ST Apt. no.: 201 City, town, or post office: KANSAS CITY State: MO ZIP code: 64114 Foreign country name: Foreign province/state/country: Foreign postal code: Presidential Election Campaign: You Spouse

Filing Status: [X] Single [] Head of household (HOH) [] Married filing jointly [] Married filing separately (MFS) [] Qualifying surviving spouse (QSS)

Digital Assets: At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset? [] Yes [X] No

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

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

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

Income table with columns: Description, Amount. Rows include Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, Taxable dependent care benefits, Employer-provided adoption benefits, Wages from Form 8919, Other earned income, Nontaxable combat pay election, Add lines 1a through 1h.

Table with columns: Description, Amount. Rows include Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Taxable interest, Ordinary dividends, Taxable amount, Capital gain or (loss), Additional income from Schedule 1, Total income, Adjustments to income, Adjusted gross income, Standard deduction or itemized deductions, Qualified business income deduction, Add lines 12 and 13, Subtract line 14 from line 11. Total taxable income: 68,458.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Table with 2 columns: Line number and Amount. Rows include Tax and Credits (lines 16-24) with amounts like 10,372.00 and 10,372.00.

Table with 2 columns: Line number and Amount. Rows include Payments (lines 25-33) with amounts like 13,103.00 and 13,103.00.

Table with 2 columns: Line number and Amount. Rows include Refund (lines 34-36) with amounts like 2,731.00 and 2,731.00.

Table with 2 columns: Line number and Amount. Rows include Amount You Owe (lines 37-38) with amounts like 0.00 and 0.00.

Third Party Designee section with fields for name, phone number, and personal identification number (PIN).

Sign Here section with signature lines for taxpayer and spouse, including occupation and date fields.

Paid Preparer Use Only section with fields for preparer's name, signature, date, PTIN, firm's name, address, and 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

JAYAVARDAN PASUPULETI

Your social security number

886-38-9278

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	-15,100.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
z	Other income. List type and amount: _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-15,100.

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 8I from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount: _____	24z	
25	Total other adjustments. Add lines 24a through 24z		25
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26