

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

| | |
|--|--|
| Taxpayer's name RAVICHAND PALAKURTI | Social security number 181-77-5804 |
| Spouse's name HIMA NANDINI PULAMALA | Spouse's social security number 269-27-3997 |

Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

| | | |
|---|---|---------|
| 1 Adjusted gross income | 1 | 66,171. |
| 2 Total tax | 2 | 3,665. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 5,207. |
| 4 Amount you want refunded to you | 4 | 1,542. |
| 5 Amount you owe | 5 | |

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

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

Taxpayer's PIN: check one box only

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

| | | | | |
|---|---|---|---|---|
| 7 | 5 | 8 | 0 | 4 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ P. Ravichand Date ▶ 02/15/2024
P. Hima Nandini

Spouse's PIN: check one box only

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

| | | | | |
|---|---|---|---|---|
| 7 | 3 | 9 | 9 | 7 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ P. Hima Nandini Date ▶ 02/15/2024

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

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

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 2 | 2 | 4 | 9 | 6 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

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

Your first name and middle initial: RAVICHAND; Last name: PALAKURTI; Your social security number: 181 77 5804

If joint return, spouse's first name and middle initial: HIMA NANDINI; Last name: PULAMALA; Spouse's social security number: 269 27 3997

Home address (number and street): 1811 CAVENDISH PL; Apt. no.: TA; City, town, or post office: PITTSBURGH; State: PA; ZIP code: 15220; Foreign country name: ; Foreign province/state/country: ; Foreign postal code: ; Presidential Election Campaign: [] You [] Spouse

Filing Status: [] Single [] Head of household (HOH) [X] 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. Row 1: NAYANA SRITHA PALAKURTI, 987-95-3480, Daughter, [], [X]

Income table with columns 1a-1z. 1a Total amount from Form(s) W-2, box 1: 81,838. 1b Household employee wages not reported on Form(s) W-2. 1c Tip income not reported on line 1a. 1d Medicaid waiver payments not reported on Form(s) W-2. 1e Taxable dependent care benefits from Form 2441, line 26. 1f Employer-provided adoption benefits from Form 8839, line 29. 1g Wages from Form 8919, line 6. 1h Other earned income (see instructions): 0. 1i Nontaxable combat pay election (see instructions). 1z Add lines 1a through 1h: 81,838.

Table with columns 2a-6a, 2b-6b, 7-15. 2a Tax-exempt interest. 2b Taxable interest. 3a Qualified dividends. 3b Ordinary dividends. 4a IRA distributions. 4b Taxable amount. 5a Pensions and annuities. 5b Taxable amount. 6a Social security benefits. 6b Taxable amount. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here: 423. 8 Additional income from Schedule 1, line 10: -16,090. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income: 66,171. 10 Adjustments to income from Schedule 1, line 26. 11 Subtract line 10 from line 9. This is your adjusted gross income: 66,171. 12 Standard deduction or itemized deductions (from Schedule A): 27,700. 13 Qualified business income deduction from Form 8995 or Form 8995-A. 14 Add lines 12 and 13: 27,700. 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income: 38,471.

| | | | | |
|------------------------|--|--|-----------|--------|
| 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 | 4,165. |
| | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 4,165. |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 | 19 | 500. |
| | 20 | Amount from Schedule 3, line 8 | 20 | |
| | 21 | Add lines 19 and 20 | 21 | 500. |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 3,665. |
| | 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 | 3,665. | |

| | | | | |
|-----------------|---|---|------------|--------|
| Payments | 25 | Federal income tax withheld from: | | |
| | a | Form(s) W-2 | 25a | 5,207. |
| | b | Form(s) 1099 | 25b | |
| | c | Other forms (see instructions) | 25c | |
| | d | Add lines 25a through 25c | 25d | 5,207. |
| | 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 | 5,207. | |

| | | | | |
|---------------|--|---|------------|--------|
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 1,542. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 1,542. |
| | b | Routing number 074000010 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d | Account number 512118537 | | |
| 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 RESEARCHER | 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 DATABASE ADMINISTRATOR | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. (317) 702-4913 | Email address RAVICHAND.COOL@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

RAVICHAND PALAKURTI & HIMA NANDINI PULAMALA

Your social security number

181-77-5804

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 | -16,090. |
| 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 | -16,090. |

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 D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2023

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **12**

Name(s) shown on return RAVICHAND PALAKURTI & HIMA NANDINI PULAMALA Your social security number 181-77-5804

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | 4,550. | 4,214. | | 336. |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back | | | | 7 336. |

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

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | 87. | 0. | | 87. |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 11 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 |
| 13 Capital gain distributions. See the instructions | | | | 13 |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | 14 () |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back | | | | 15 87. |

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

Schedule D (Form 1040) 2023

Part III Summary

| | | |
|---|-----------|------|
| <p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. | 16 | 423. |
| <p>17 Are lines 15 and 16 both gains?</p> <p><input checked="" type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p> | | |
| <p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet</p> | 18 | |
| <p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet</p> | 19 | |
| <p>20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</p> <p><input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p> | | |
| <p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p> | 21 | () |
| <p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p> | | |

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

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

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

Name(s) shown on return: RAVICHAND PALAKURTI & HIMA NANDINI PULAMALA Social security number or taxpayer identification number: 181-77-5804

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

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

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

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

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

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions. | Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g). |
|------------------|--|---|---|--|--|--|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | ROBINHOOD CRYPTO LLC | 01/01/23 | 12/31/23 | 4,550. | 4,214. | | | 336. |
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| 2 Totals. | Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked). | | | 4,550. | 4,214. | | | 336. |

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

| | |
|--|--|
| Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side RAVICHAND PALAKURTI & HIMA NANDINI PULAMALA | Social security number or taxpayer identification number 181-77-5804 |
|--|--|

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

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions. | Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g). |
|---|--|---|--|--|--|--|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | ROBINHOOD CRYPTO LLC | 01/01/23 | 12/31/22 | 87. | 0. | | | 87. |
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| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) . . . | | | | 87. | 0. | | | 87. |

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

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss
(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

RAVICHAND PALAKURTI & HIMA NANDINI PULAMALA

Your social security number

181-77-5804

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 | UNDRAJAVARAM ROAD, TANUKU WEST GODAVARI ANDHRA PRADESH IN 534211 |
| 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 | 3 600. | | |
| 4 Royalties received | 4 | | |
| Expenses: | | | |
| 5 Advertising | 5 | | |
| 6 Auto and travel (see instructions) | 6 | | |
| 7 Cleaning and maintenance | 7 1,750. | | |
| 8 Commissions | 8 | | |
| 9 Insurance | 9 | | |
| 10 Legal and other professional fees | 10 | | |
| 11 Management fees | 11 1,230. | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | |
| 13 Other interest | 13 | | |
| 14 Repairs | 14 4,630. | | |
| 15 Supplies | 15 4,960. | | |
| 16 Taxes | 16 | | |
| 17 Utilities | 17 4,120. | | |
| 18 Depreciation expense or depletion | 18 | | |
| 19 Other (list) _____ | 19 | | |
| 20 Total expenses. Add lines 5 through 19 | 20 16,690. | | |
| 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 -16,090. | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 (16,090.) | | |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a 600. | | |
| 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 16,690. | | |
| 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 (16,090.) | | |
| 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 -16,090. | | |

**SCHEDULE 8812
(Form 1040)**

**Credits for Qualifying Children
and Other Dependents**

OMB No. 1545-0074

2023

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **47**

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Name(s) shown on return

Your social security number

RAVICHAND PALAKURTI & HIMA NANDINI PULAMALA

181-77-5804

Part I Child Tax Credit and Credit for Other Dependents

| | | | |
|---|---|-----------|----------|
| 1 | Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR | 1 | 66,171. |
| 2a | Enter income from Puerto Rico that you excluded | 2a | |
| b | Enter the amounts from lines 45 and 50 of your Form 2555 | 2b | 0. |
| c | Enter the amount from line 15 of your Form 4563 | 2c | |
| d | Add lines 2a through 2c | 2d | 0. |
| 3 | Add lines 1 and 2d | 3 | 66,171. |
| 4 | Number of qualifying children under age 17 with the required social security number | 4 | 0 |
| 5 | Multiply line 4 by \$2,000 | 5 | |
| 6 | Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number | 6 | 1 |
| Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4. | | | |
| 7 | Multiply line 6 by \$500 | 7 | 500. |
| 8 | Add lines 5 and 7 | 8 | 500. |
| 9 | Enter the amount shown below for your filing status. <ul style="list-style-type: none"> • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 } | 9 | 400,000. |
| 10 | Subtract line 9 from line 3. <ul style="list-style-type: none"> • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. } | 10 | 0. |
| 11 | Multiply line 10 by 5% (0.05) | 11 | 0. |
| 12 | Is the amount on line 8 more than the amount on line 11? | 12 | 500. |
| <input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. <input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result. | | | |
| 13 | Enter the amount from Credit Limit Worksheet A | 13 | 4,165. |
| 14 | Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents | 14 | 500. |

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

| | | | |
|---|--|------------|----|
| 15 | Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 <input type="checkbox"/> | | |
| 16a | Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 | 16a | 0. |
| b | Number of qualifying children under 17 with the required social security number: _____ x \$1,600. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 | 16b | |
| TIP: The number of children you use for this line is the same as the number of children you used for line 4. | | | |
| 17 | Enter the smaller of line 16a or line 16b | 17 | |
| 18a | Earned income (see instructions) | 18a | |
| b | Nontaxable combat pay (see instructions) | 18b | |
| 19 | Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result | 19 | |
| 20 | Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,800 or more? <input type="checkbox"/> No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21. | 20 | |

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

| | | | |
|-----------|--|-----------|--|
| 21 | Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions. | | |
| 22 | Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 | 22 | |
| 23 | Add lines 21 and 22 | 23 | |
| 24 | 1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. } | 24 | |
| 25 | Subtract line 24 from line 23. If zero or less, enter -0- | 25 | |
| 26 | Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27. | 26 | |

Part II-C Additional Child Tax Credit

| | | | |
|-----------|--|--|--|
| 27 | This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 | | |
|-----------|--|--|--|

Paid Preparer's Due Diligence Checklist
*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*
To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
Go to www.irs.gov/Form8867 for instructions and the latest information.

| | |
|---|---|
| Taxpayer name(s) shown on return RAVICHAND PALAKURTI & HIMA NANDINI PULAMALA | Taxpayer identification number 181-77-5804 |
| Preparer's name VENKATA SAI PAVAN KUMAR DUDIPALLI | Preparer tax identification number P02470833 |

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

| | Yes | No | N/A |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| a Did you make reasonable inquiries to determine the correct, complete, and consistent information? | <input type="checkbox"/> | <input type="checkbox"/> | |
| b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a Did you complete the required recertification Form 8862? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

| | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.) | <input type="checkbox"/> | <input type="checkbox"/> | |
| b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? | <input type="checkbox"/> | <input type="checkbox"/> | |
| c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

| | Yes | No | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| 10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

| | Yes | No |
|--|--------------------------|--------------------------|
| 13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? | <input type="checkbox"/> | <input type="checkbox"/> |

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

| | Yes | No |
|--|--------------------------|--------------------------|
| 14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? | <input type="checkbox"/> | <input type="checkbox"/> |

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - 1. A copy of this Form 8867.
 - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

| | Yes | No |
|---|-------------------------------------|--------------------------|
| 15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

MAKE CHECK PAYABLE TO:
PENNSYLVANIA DEPARTMENT OF REVENUE
MAIL TO:

PENNSYLVANIA DEPARTMENT OF REVENUE
PAYMENT ENCLOSED
1 REVENUE PLACE
HARRISBURG, PA 17129-0001

NOTE:
WRITE THE LAST FOUR DIGITS OF YOUR SSN (AND SPOUSE'S SSN IF FILING JOINT),
'2023 PA-40 V' AND DAYTIME PHONE NUMBER ON YOUR CHECK.

2023 PA-40 V PA PAYMENT VOUCHER

1555
REV 02/01/24 PRO

181-77-5804

PA

269-27-3997

2300917792

PAYMENT AMOUNT

PALAKURTI
RAVICHAND
PULAMALA
HIMA NANDINI
APT TA
1811 CAVENDISH PL
PITTSBURGH
PA
15220

317-702-4913

\$

13.00

DEPARTMENT USE ONLY

Make check or money order
payable to the Pennsylvania
Department of Revenue

PA-40 - 2023
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX (04-23)

181775804 269273997
PALAKURTI
RAVICHAND Occupation RESEARCHER
HIMA NANDINI Occupation DATABASE A
PULAMALA
APT TA
1811 CAVENDISH PL
PITTSBURGH PA 15220
317-702-4913 99999

N Extension. N Amended Return.
N Residency Status.
PA Resident/Nonresident/Part-Year Resident
from to
J Single, Married/Filing Jointly,
Married/Filing Separately, Final Return
N Deceased
N Taxpayer Date of Death
N Spouse Date of Death
N Farmers.
School District Name NOT IN PA

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.
1b Unreimbursed Employee Business Expenses.
1c Net Compensation. Subtract Line 1b from Line 1a.
2 Interest Income. Complete PA Schedule A if required.
3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.
4 Net Income or Loss from the Operation of a Business, Profession or Farm.
5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.
6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.
7 Estate or Trust Income. Complete and submit PA Schedule J.
8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.
9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.
10 Other Deductions. Enter the appropriate code for the type of deduction. See the instructions for additional information.
11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

Table with 2 columns: Line Number, Amount. Rows include 1a (31265), 1b (0), 1c (31265), 2 (0), 3 (0), 4 (0), 5 (423), 6 (0), 7 (0), 8 (0), 9 (31688), 10 (0), 11 (31688).



EC OFFICIAL USE ONLY FC
[] [] [] [] [] [] [] []

181775804 Name(s) RAVICHAND PALAKURTI

- 12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).
- 13 Total PA Tax Withheld. See the instructions.

- 14 Credit from your 2022 PA Income Tax return.
- 15 2023 Estimated Installment Payments. REV-459B included. N
- 16 2023 Extension Payment.
- 17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)
- 18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.

- Tax Forgiveness Credit. Submit PA Schedule SP.**
- 19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased
- 19b Dependents, Section II, Line 2, PA Schedule SP
- 20 Total Eligibility Income from Section III, Line 11, PA Schedule SP.
- 21 Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.

- 22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.
- 23 Total Other Credits. Submit your PA Schedule OC and/or PA Schedule DC.
- 24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.
- 25 USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.
- 26 TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.
- 27 Penalties and Interest. See the instructions. Enter Code:
If including form REV-1630/REV-1630A, mark the box. N

- 28 TOTAL PAYMENT DUE. See the instructions.
- 29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.
The total of Lines 30 through 36 must equal Line 29.
- 30 Refund – Amount of Line 29 you want as a check mailed to you. REFUND
- 31 Credit – Amount of Line 29 you want as a credit to your 2024 estimated account.

- 32 Refund donation line. Enter the organization code and donation amount. See instructions.
- 33 Refund donation line. Enter the organization code and donation amount. See instructions.
- 34 Refund donation line. Enter the organization code and donation amount. See instructions.
- 35 Refund donation line. Enter the organization code and donation amount. See instructions.
- 36 Refund donation line. Enter the organization code and donation amount. See instructions.

| | | | | | | | | | |
|-----|----|--|--|--|--|--|--|--|-----|
| 12 | | | | | | | | | |
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| 16 | | | | | | | | | 0 |
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| 19a | 00 | | | | | | | | 0 |
| 19b | 00 | | | | | | | | 0 |
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| 25 | | | | | | | | | 0 |
| 26 | | | | | | | | | 13 |
| 27 | | | | | | | | | 0 |
| 28 | | | | | | | | | 13 |
| 29 | | | | | | | | | 0 |
| 30 | | | | | | | | | 0 |
| 31 | | | | | | | | | 0 |
| 32 | | | | | | | | | |
| 33 | | | | | | | | | |
| 34 | | | | | | | | | |
| 35 | | | | | | | | | |
| 36 | | | | | | | | | |

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

| | |
|---|---------------------------------------|
| Your Signature | Spouse's Signature, if filing jointly |
| Preparer's Name and Telephone Number | Date |
| VENKATA SAI PAVAN KUMAR DUDIPALLI 6789659522 | 021224 |

E-File Opt Out N

Firm FEIN 882145487

Preparer's PTIN P02470833



PA SCHEDULE D
Sale, Exchange or Disposition of Property

2301310021

PA-40 D (EX) 03-23 (I)
PA Department of Revenue

2023

OFFICIAL USE ONLY

If you need more space, you may photocopy.

Name of the taxpayer filing this schedule
RAVICHAND PALAKURTI
Social Security Number (shown first)
181-77-5804

Taxpayer [X] Spouse [] Joint []

Important: A taxpayer and spouse must complete separate schedules to report their gains or losses or if any amounts are reported on Lines 3 through 10 of PA Schedule D. However, if all the gains and losses were realized on a joint basis, one schedule may be completed.

Table with 6 columns: (a) Describe the property, (b) Date acquired, (c) Date sold, (d) Gross sales price less expenses of sale, (e) Cost or adjusted basis of the property sold, (f) Gain or loss: (d) minus (e). Includes entries for ROBINHOOD CRYPTO LLC.

Summary table with 6 rows: 2. Net gain (loss) from above sales, 3. Gain from installment sales from PA Schedule D-1, 4. Taxable distributions from C corporations, 5. Net gain (loss) from the sale of 6-1-71 property from PA Schedule D-71, 6. Net PA S corporation and partnership gain (loss) from your PA Schedule(s) RK-1 or NRK-1.

Taxable gain from selling a principal residence. Complete and submit PA Schedule 19. Complete Columns (a) through (e) and enter your total gain on Line 7.

Table with 6 columns: (a) Address of residence, (b) Date acquired, (c) Date sold, (d) Gross sales price less expenses of sale, (e) Cost or adjusted basis of the property sold, (f) Gain or loss: (d) minus (e). Includes line 11: Total PA Taxable Gain (Loss).

1555
REV 02/01/24 PRO



2301310021

PA SCHEDULE E
Rents and Royalty Income (Loss)

2301410029

PA-40 E (EX) 03-23 (I)
PA Department of Revenue

2023

OFFICIAL USE ONLY

Name of the taxpayer filing this schedule: **RAVICHAND PALAKURTI** Social Security Number (shown first) or EIN: **181-77-5804**

Sales Tax License Number (if applicable). See the instructions. Are rental payments made by lessees through a third party broker? Yes No

See the instructions. Report the income and expenses for the use of your personal property by others. Also, report the income you received for the extraction of oil, gas and other minerals from your property, and the use of your patents and copyrights. **Note:** If you are in the business of renting your property, extracting minerals from your property or producing products from your patents and copyrights – use PA Schedule C.

SECTION I PROPERTY DESCRIPTION

Enter the type and complete address of each rental real estate property, and/or each source of royalty income. If more than three properties, submit additional schedules as needed.

| Type | Description of Property | For Profit Property | Complete Address (street, city, state and ZIP code) |
|--------|--------------------------------|--|---|
| A 3 | P.D.R.PRASAD, PLOT NO.103, 1ST | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | UNDRAJAVARAM ROAD, TANUKU WEST GODAVARI, ANDHRA PRADESH, 534211, India |
| B | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| C | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |

Property type: 1. Single family residence 2. Multi-family residence 3. Vacation/short-term rental 4. Commercial 5. Land 6. Royalties 7. Self-rental 8. Other, describe: _____

SECTION II INCOME & EXPENSES

| | Property A | Property B | Property C |
|--|---|--|--|
| Line a: Identify the property from Section I and indicate ownership (T/S/J) | <input checked="" type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> J | <input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> J | <input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> J |
| Line b: Is the property rental location in PA? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Line c: Is the property rented for any period less than 30 days? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Income: 1. Rent received | 600 | | |
| 2. Royalties received | | | |
| Expenses: 3. Advertising | | | |
| 4. Automobile and travel | | | |
| 5. Cleaning and maintenance | 1,750 | | |
| 6. Commissions | | | |
| 7. Insurance | | | |
| 8. Legal and professional fees | | | |
| 9. Management fees | 1,230 | | |
| 10. Mortgage interest | | | |
| 11. Other interest | | | |
| 12. Repairs | 4,630 | | |
| 13. Supplies | 4,960 | | |
| 14. Taxes - not based on net income | | | |
| 15. Utilities | 4,120 | | |
| 16. Depreciation expense - See the instructions | | | |
| 17. Other expenses (itemize): | | | |
| 18. Total Expenses - Add Lines 3 through 17 | 16,690 | | |
| Income or Loss: 19. Income - Subtract Line 18 from Line 1 or 2 | | | |
| 20. Loss - Subtract Line 1 or 2 from Line 18. (fill in the oval, if a net loss) | <input type="checkbox"/> 0 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Net Income or Loss - Total Lines 19 and 20 for short-term rentals. See the instructions. (fill in the oval, if a net loss) | | | |
| 22. Net Income or Loss - Total Lines 19 and 20 for non short-term rentals. See the instructions. (fill in the oval, if a net loss) | | | 0 |
| 23. Rent or royalty income (loss) from PAS corporation(s) and partnerships from your PA Schedule(s) RK-1 or NRK-1. (fill in the oval, if a net loss) | | | |
| 24. Net Rent and Royalty Income (Loss). Add Lines 22 and 23. If submitting more than one schedule, total all Line 22 and 23 amounts and include on Line 6 of your PA-40. (fill in the oval, if a net loss) | | | 0 |

REV 02/01/24 PRO

1555



2301410029

2301410029

Declaration Control Number/Submission ID

| | |
|--|---------------------------------------|
| Primary Taxpayer's Name RAVICHAND PALAKURTI | Social Security Number 181-77-5804 |
| Secondary Taxpayer's Name HIMA NANDINI PULAMALA | Social Security Number 269-27-3997 |

SECTION I TAX RETURN INFORMATION – TAX YEAR ENDING DEC. 31, 2023 (whole dollars only)

| | | |
|---|----|--------|
| 1. Adjusted PA taxable income (Form PA-40, Line 11) | 1. | 31,688 |
| 2. PA tax liability (Form PA-40, Line 12) | 2. | 973 |
| 3. Total PA tax withheld (Form PA-40, Line 13) | 3. | 960 |
| 4. Amount to be refunded (Form PA-40, Line 30) | 4. | |
| 5. Total payment (tax due) (Form PA-40, Line 28) | 5. | 13 |

SECTION II DECLARATION AND SIGNATURE AUTHORIZATION OF TAXPAYER

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2023 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure of all information pertaining to my use of the system and software and to the transmission of my tax return electronically to the PA Department of Revenue. I further declare that the amounts in Section I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (direct debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdraw are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

PRIMARY TAXPAYER'S PERSONAL IDENTIFICATION NUMBER (PIN) Mark one oval only.

- I authorize GLOBAL TAXES LLC to enter my PIN 75804 as my signature on my tax year 2023 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return.

Signature _____ Date _____

SECONDARY TAXPAYER'S PIN Mark one oval only.

- I authorize GLOBAL TAXES LLC to enter my PIN 73997 as my signature on my tax year 2023 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return.

Signature _____ Date _____

SECTION III CERTIFICATION AND AUTHENTICATION – PRACTITIONER PIN PROGRAM PARTICIPANTS ONLY

ERO'S EFIN/PIN Enter your six-digit EFIN followed by your five-digit self-selected PIN 222496 / 61989

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2023 electronically filed income tax return for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's Signature _____ Date _____

**The ERO must retain this form and supporting documents for three years.
DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO.**

Name
RAVICHAND PALAKURTI

Social Security Number
181-77-5804

Federal Forms W-2

| # of W2 | * N T / T X B L | TS | N R H | Employer Name Employer identification number from box B | Federal wages from box 1 Medicare wages from box 5 | Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax withheld from box 17 | ST ID |
|---------|-------------------------------------|----|--------------------------|--|---|---|-------|
| 1 | <input checked="" type="checkbox"/> | S | <input type="checkbox"/> | TALENTMATRIX INC 82-4882146 | 21,632. 21,632. | 21,632. 0. | IN |
| 2 | <input type="checkbox"/> | T | <input type="checkbox"/> | UNIVERSITY OF PITTSBURGH 25-0965591 | 30,117. 31,200. | 31,265. 960. | PA |
| 3 | <input checked="" type="checkbox"/> | T | <input type="checkbox"/> | INDIANA UNIVERSITY 35-6001673 | 30,089. 30,089. | 30,089. 0. | IN |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | | | |

| | Taxpayer | Spouse |
|---|----------|---------|
| Pennsylvania W-2 | 31,265. | 0. |
| Pennsylvania W-2 to Schedule NRH, line 9 | | |
| Federal Form 4137, Unreported Tips, line 6 | | |
| Noncash tips | | |
| Non-Pennsylvania W-2 to Schedule SP, line 6 | 30,089. | 21,632. |
| Withholding | 960. | |

Federal Forms W-2: Local Tax

| # of W2 | * N T / T X B L | TS | Employer identification number from box B | Locality name | Local wages, tips, etc. (local) from box 18 | Local income tax (local) from box 19 | ST ID |
|---------|--------------------------|----|---|---------------|---|--------------------------------------|-------|
| 2 | <input type="checkbox"/> | T | 25-0965591 | 700102 | 31,265. | 313. | PA |
| | <input type="checkbox"/> | | | | | | |
| | <input type="checkbox"/> | | | | | | |
| | <input type="checkbox"/> | | | | | | |

| | Taxpayer | Spouse |
|--|----------|--------|
| Pennsylvania Local W-2 | 31,265. | |
| Federal Form 4137, Unreported Tips, line 6 | | |
| Noncash tips | | |
| Withholding | 313. | |

Excess Reimbursements

| * | Description | Employer's EIN | T/S | Amount |
|--------------------------|-------------|----------------|-----|--------|
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |

| | Taxpayer | Spouse |
|---------------------------------|----------|--------|
| Excess Reimbursements | | |

Miscellaneous Compensation from Federal Forms 1099MISC, 1099K, 1099NEC, and other statements

| * | Payer Name | Payer EIN | T/S | Code | PA Taxable Comp. | PA Tax Withheld | Fed. Income |
|--------------------------|------------|-----------|-----|------|------------------|-----------------|-------------|
| <input type="checkbox"/> | | | | | | | |
| <input type="checkbox"/> | | | | | | | |
| <input type="checkbox"/> | | | | | | | |

Pennsylvania Payment type:

- | | |
|---|--|
| A Executor fee | H Other nonemployee compensation. Describe: _____ |
| B Jury duty pay | I Employer sponsored retirement/pension/deferred compensation plan |
| C Director's fee | J Distribution from IRA (Traditional or Roth) |
| D Expert witness fee | K Distribution from Life Insurance, Annuity or Endowment Contracts |
| E Honorarium | L Distribution from Charitable Gift Annuities |
| F Covenant not to compete | M Distribution from Employee Stock Ownership Plan. Describe: _____ |
| G Damages or settlement for lost wages, other than personal injury | N Fiduciary fees from a trust |
| | O Other income not listed above Describe: _____ |

| | | |
|---|-----------------|---------------|
| | Taxpayer | Spouse |
| Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC | _____ | _____ |
| Withholding | _____ | _____ |

Compensation from Federal Forms 1099R

| * | Payer's EIN Payer's Name | T S | Fed # | PA Type | Gross Distribution | Basis | PA Taxable | PA Tax Withheld |
|--------------------------|-----------------------------|--------|----------|------------|-----------------------|-------|------------|--------------------|
| <input type="checkbox"/> | | | | | | | | |
| <input type="checkbox"/> | | | | | | | | |
| <input type="checkbox"/> | | | | | | | | |
| <input type="checkbox"/> | | | | | | | | |

* Enter an 'X' if this income is **Not** subject to Pennsylvania tax - PA Part-Year and Nonresidents Only.

Pennsylvania Distribution type:

- | | |
|---|---|
| N No entry | I22 I'm not eligible yet; plan is eligible in PA |
| I31 PA school, state, or municipal employee plan | J1 Traditional or Roth IRA; I'm over 59.5 |
| I11 United Mine Workers pension | J2 Traditional or Roth IRA; I'm under 59.5 |
| I32 Military pension | K2 Non-qualified deferred compensation plan |
| I33 U.S. Civil service retirement/disability/annuity | K3 Life insurance or endowment |
| K1 Annuity or Non-civil service disability (including Qual Joint Survivorship Annuity) | L Distribution from Charitable Gift Annuities |
| I21 Early distribution from a retirement plan | M1 ESOP: Allocated ESOP Stock Dividend |
| I12 Rollover | M2 ESOP: Non-Allocated ESOP Stock Dividend |
| I13 I'm eligible; plan is eligible (no PA tax) | M3 KSOP: Taxable ESOP within a 401(k) |
| | M4 KSOP: Nontaxable ESOP within a 401(k) |

| | | |
|---|-----------------|---------------|
| | Taxpayer | Spouse |
| Distribution from Life Insurance, Annuity, Endowment Contracts or ineligible retirement plans (see Tax Help FAQ's for more info) | _____ | _____ |
| Distribution from Charitable Gift Annuities | _____ | _____ |
| Compensation from Form 1099R (eligible retirement plans) | _____ | _____ |
| Withholding | _____ | _____ |

Total Gross Compensation

| | | |
|---|-----------------|---------------|
| | Taxpayer | Spouse |
| Total gross compensation to Form PA-40 line 1a | 31,265. | 0. |
| Total Schedule NRH gross compensation to PA-40, line 12 | _____ | _____ |
| Withholding to Form PA-40 line 13 | 960. | _____ |

Total gross compensation to Form PA-40 line 1a 31,265.

* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.

Cut on line before mailing

POST FILING COUPON

PFC

0912

1030

REV 02/02/24 PRO

“Electronic calculation and processing of state tax liabilities serve as a convenience for Indiana taxpayers. The taxpayer remains responsible for providing accurate information and remains liable for payment of the correct amount of tax.”

*SSN 1 181 77 5804
*SSN 2 269 27 3997
Period End Date 12 31 2023
Date Due 04 15 2024
Tax Type IND

Mail and make check payable to
INDIANA DEPARTMENT OF REVENUE
P.O. BOX 1674
INDIANAPOLIS, IN 46206-1674

RAVICHAND PALAKURTI
HIMA NANDINI PULAMALA
1811 CAVENDISH PL TA

PITTSBURGH PA 15220

Amount Due:

515.00

06000018177580402000020111231202300

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

from to:

Place "X" in box if amending

Your Social Security Number 181 77 5804

Spouse's Social Security Number 269 27 3997

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name RAVICHAND Initial Last name PALAKURTI Suffix

If filing a joint return, spouse's first name HIMA NANDINI Initial Last name PULAMALA Suffix

Present address (number and street or rural route) 1811 CAVENDISH PL TA Place "X" in box if you are married filing separately.

City PITTSBURGH State PA ZIP/Postal code 15220

Foreign country 2-character code (see instructions)

Enter below the **2-digit county code** numbers (found on the back of Schedule CT-40) for the county where you lived and worked on Jan. 1, 2023.

County where you lived 49 County where you worked 53 County where spouse lived 49 County where spouse worked 53

Round all entries

| | | |
|---|--------------------------------------|---|
| 1. Enter your federal adjusted gross income from your federal income tax return, Form 1040 or Form 1040-SR, line 11 | Federal AGI | <input type="text"/> 1 <input type="text"/> 66171 <input type="text"/> 00 |
| 2. Enter amount from Schedule 1, line 7, and enclose Schedule 1 | Indiana Add-Backs | <input type="text"/> 2 <input type="text"/> <input type="text"/> 00 |
| 3. Add line 1 and line 2 | | <input type="text"/> 3 <input type="text"/> 66171 <input type="text"/> 00 |
| 4. Enter amount from Schedule 2, line 12, and enclose Schedule 2 | Indiana Deductions | <input type="text"/> 4 <input type="text"/> <input type="text"/> 00 |
| 5. Subtract line 4 from line 3 | | <input type="text"/> 5 <input type="text"/> 66171 <input type="text"/> 00 |
| 6. Complete Schedule 3. Enter amount from Schedule 3, line 7, and enclose Schedule 3 | Indiana Exemptions | <input type="text"/> 6 <input type="text"/> 4500 <input type="text"/> 00 |
| 7. Subtract line 6 from line 5 | Indiana Adjusted Gross Income | <input type="text"/> 7 <input type="text"/> 61671 <input type="text"/> 00 |
| 8. State adjusted gross income tax: multiply line 7 by 3.15% (.0315) (if answer is less than zero, leave blank) | | <input type="text"/> 8 <input type="text"/> 1943 <input type="text"/> 00 |
| 9. County tax. Enter county tax due from Schedule CT-40 (if answer is less than zero, leave blank) | | <input type="text"/> 9 <input type="text"/> 1246 <input type="text"/> 00 |
| 10. Other taxes. Enter amount from Schedule 4, line 4 (enclose schedule) | | <input type="text"/> 10 <input type="text"/> <input type="text"/> 00 |
| 11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back | Indiana Taxes | <input type="text"/> 11 <input type="text"/> 3189 <input type="text"/> 00 |



| | | | |
|--|-----|------|-----|
| 12. Enter credits from Schedule 5, line 13 (enclose schedule) _____ | 12 | 2674 | .00 |
| 13. Enter offset credits from Schedule 6, line 8 (enclose schedule) _____ | 13 | | .00 |
| 14. Add lines 12 and 13 _____ Indiana Credits | 14 | 2674 | .00 |
| 15. Enter amount from line 11 _____ Indiana Taxes | 15 | 3189 | .00 |
| 16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23) | 16 | | .00 |
| 17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16 | 17 | | .00 |
| 18. Subtract line 17 from line 16 _____ Overpayment | 18 | | .00 |
| 19. Amount from line 18 to be applied to your 2024 estimated tax account (see instructions). | | | |
| Enter your county code <input type="text"/> county tax to be applied _ \$ | a | | .00 |
| Spouse's county code <input type="text"/> county tax to be applied _ \$ | b | | .00 |
| Indiana adjusted gross income tax to be applied _____ \$ | c | | .00 |
| Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18) _____ | 19d | | .00 |
| 20. Penalty for underpayment of estimated tax from Schedule IT-2210 and IT-2210A _____ | 20 | | .00 |
| a. Enter Code A if annualizing. Enter Code F if Farmer or Fisherman _____ | a | | |
| 21. Refund: Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions _____ Your Refund | 21 | | .00 |
| 22. Direct Deposit (see instructions) | | | |
| a. Routing Number <input type="text"/> | | | |
| b. Account Number <input type="text"/> | | | |
| c. Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Hoosier Works MC | | | |
| d. Place an "X" in the box if refund will go to an account outside the United States <input type="checkbox"/> | | | |
| 23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions) _____ | 23 | 515 | .00 |
| 24. Penalty if filed after due date (see instructions) _____ | 24 | | .00 |
| 25. Interest if filed after due date (see instructions) _____ | 25 | | .00 |
| 26. Amount Due: Add lines 23, 24 and 25 _____ Amount You Owe | 26 | 515 | .00 |

Do not send cash. Make your check or money order payable to:
Indiana Department of Revenue. See instructions if paying with a credit card.

Sign and date this return after reading the Authorization statement on Schedule 7. Remember to enclose Schedule 7.

Signature Date Spouse's Signature Date

- Mail payments to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.



Name(s) shown on Form IT-40

RAVICHAND PALAKURTI & HIMA NANDINI PULAMALA

Your Social Security Number

181 77 5804

Complete and enclose Schedule IN-DEP: Dependent Information and Additional Dependent Child Information if you are claiming dependents on lines 2 and/or 3 below. Complete and enclose Schedule IN-DEP-A: Adopted Dependent Information if you are claiming dependents on line 6 below.

Round all entries

1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000 1 2000 .00

2. Enter the number of dependents listed on Schedule IN-DEP, Box 5 1 x \$1000 2 1000 .00
You **MUST** enclose Schedule IN-DEP.

3. You may claim an additional exemption for each qualifying dependent child:
- who is a son, stepson, daughter, stepdaughter, foster child and/or child for whom you are a legal guardian;
 - who was under the age of 19 by Dec. 31, 2023; or
 - who is a full-time student who was under the age of 24 by Dec. 31, 2023; and
 - who you are eligible to claim as a dependent on line 2 above.

Enter the number of additional dependents listed on Schedule IN-DEP, Box 6. 1 x \$1500 3 1500 .00

4. Place "X" in box(es) below if, by Dec. 31, 2023

You were age 65 or older and/or blind

Spouse was 65 or older and/or blind

Total number of boxes with Xs x \$1000 4 .00

5. If age 65 or older, enter amount from Form IT-40, line 1.

- If filing as married filing separately and this amount is less than \$20,000, place "X" in the "You were age 65 or older" box below.
- For all other filers age 65 or older, if this amount is less than \$40,000, place "X" in appropriate box(es) below.

You were age 65 or older

Spouse was 65 or older

Total number of boxes with Xs x \$500 5 .00

6. Enter the number of additional adopted child exemptions listed on Schedule IN-DEP-A, Box 6 x \$3000 6 .00
You **MUST** enclose Schedule IN-DEP-A.

7. Add lines 1, 2, 3, 4, 5 and 6. Enter here and on Form IT-40, line 6 **Total Exemptions** 7 4500 .00



Name(s) shown on Form IT-40

Your Social Security Number

RAVICHAND PALAKURTI & HIMA NANDINI PULAMALA

181 77 5804

Round all entries

| | | | |
|--|----|------|-----|
| 1. Indiana state tax withheld: See instructions _____ | 1 | 1629 | .00 |
| 2. Indiana county tax withheld: See instructions _____ | 2 | 1045 | .00 |
| 3. Pass Through Entity Tax Credit _____ | 3 | | .00 |
| 4. Estimated tax paid for 2023: include any extension payment made with Form IT-9 _____ | 4 | | .00 |
| 5. Unified tax credit for the elderly _____ | 5 | | .00 |
| 6. Earned income credit: enclose Schedule IN-EIC and enter amount from line A-3 _____ | 6 | | .00 |
| 7. Lake County residential income tax credit _____ | 7 | | .00 |
| 8. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, line 19 (enclose schedule) _____ | 8 | | .00 |
| 9. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule) _____ | 9 | | .00 |
| 10. Headquarters relocation credit (refundable portion - see instructions) _____ | 10 | | .00 |
| 11. Adoption Credit _____ | 11 | | .00 |
| 12. Reserved for future use _____ | 12 | | .00 |
| 13. Add lines 1 through 12. Enter total here and on Form IT-40, line 12 _____ Total Credits | 13 | 2674 | .00 |

Schedule IN-DONATE

Important: The amount on line 2 cannot exceed the amount on Form IT-40, line 16.

1. Donations: List fund name, 3-digit code and amount to be donated (see instructions)

| | | | | | | |
|--------------------|----------------------|----------|----------------------|----|----------------------|-----|
| a. Enter fund name | <input type="text"/> | code no. | <input type="text"/> | 1a | <input type="text"/> | .00 |
| b. Enter fund name | <input type="text"/> | code no. | <input type="text"/> | 1b | <input type="text"/> | .00 |
| c. Enter fund name | <input type="text"/> | code no. | <input type="text"/> | 1c | <input type="text"/> | .00 |

2. Add lines 1a through 1c. Enter total here and on Form IT-40, line 17 **Total Donations** 2 .00



Name(s) shown on Form IT-40

Your Social Security Number

RAVICHAND PALAKURTI & HIMA NANDINI PULAMALA

181

77

5804

1. Federal filing information

Are you filing a federal income tax return for 2023? Place "X" in appropriate box. Yes No

2. Out-of-state income: Complete if you and/or your spouse (if filing a joint return) received any salary, wage, tip and/or commission income from Illinois, Kentucky, Michigan, Ohio, Pennsylvania or Wisconsin. Enter two-digit code number from the back of Schedule CT-40 for state where you and/or your spouse worked.

State where you worked

Your income

State where spouse worked

Spouse's income

\$.00

\$.00

3. Extension of time to file

a. Place "X" in box if you have filed a federal extension of time to file, Form 4868, or made an online extension payment.

b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or made an Indiana extension payment online.

4. Farm/Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.

Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

5. Schedule IN-40PA filers. If you are eligible to file federal Form 8857, Request for Innocent Spouse Relief, and are completing Indiana Schedule IN-40PA, enclose Schedule IN-40PA and check the box.

6. Date of death

If any individual listed at the top of the IT-40 died during 2023, enter date of death (MM/DD).

Taxpayer's date of death 2023 Spouse's date of death 2023

Authorization: Sign Form IT-40 after reading the following statement.

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue (DOR) to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I grant permission to DOR to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

7. Your daytime

telephone number

Your

email address

RAVICHAND.COOL@GMAIL.C

I authorize the Department to discuss my return with my personal representative.

Yes No If yes, complete the information below.

Personal Representative's Name (please print)

Telephone number

Address

City

State

ZIP Code

Paid Preparer: Firm's Name (or yours if self-employed)

GLOBAL TAXES LLC

IN-OPT on file with paid preparer if not filing electronically

PTIN

P02470833

Address

245 ROONEY CT

City

E BRUNSWICK

State

NJ

ZIP Code

08816

Preparer's signature

VENKATA SAI PAVAN KUMAR DU

Name(s) shown on Form IT-40

Your Social Security Number

RAVICHAND PALAKURTI & HIMA NANDINI PULAMALA

181

77

5804

1. Enter the amount from IT-40, line 7. **Note:** If both you and your spouse lived in the same county on January 1, enter the entire amount from Form IT-40, line 7 on line 1A (do not complete Column B). See instructions _____

Column A - Yourself

Column B - Spouse's

1A 61671.00

1B .00

2. Enter the county tax rate from the chart on the back of this schedule for the county where you lived on Jan. 1, 2023 ____

2A .0202000

2B .

3. Multiply line 1 by the rate on line 2 (leave blank if less than zero)

3A 1246.00

3B .00

4. Add lines 3A and 3B. Enter the total here. **Perry County residents: If you live in Perry County and worked in the Kentucky counties of Breckinridge, Hancock or Meade, you must complete lines 5 and 6.** Otherwise, enter the total here and on line 7 below (see instructions) _____

4 1246.00

5. Enter the amount of income that was taxed by certain Kentucky localities (see instructions) _____

5 .00

6. Multiply line 5 by the rate for Perry County. See County Rate Chart and enter total here _____

6 .00

7. Enter total of line 4 minus line 6. Enter this amount on line 9 of Form IT-40 _____

7 1246.00



**Schedule IN-DEP Schedule IN-DEP: Dependent Information and Additional
Form IT-40/IT-40PNR
State Form 54815
(R12 / 9-23)**

Enclosure
Sequence No. 03A/04A

2023

Name(s) shown on Form IT-40/IT-40PNR

Your Social Security Number

RAVICHAND PALAKURTI & HIMA NANDINI PULAMALA

181 77 5804

Dependent's First Name

Dependent's Last Name

1A. NAYANA SRITHA

1B. PALAKURTI

Dependent's Social Security Number

Dependent's Date of Birth (mm dd yyyy)

1C. 987 95 3480

1D. 01 30 2019

1E. Place "X" in box 1E if claiming dependent as an additional dependent child exemption _____ 1E

1F. Place "X" in box 1F if dependent child claimed for the first time (see instructions) _____ 1F

Dependent's First Name

Dependent's Last Name

2A.

2B.

Dependent's Social Security Number

Dependent's Date of Birth (mm dd yyyy)

2C.

2D.

2E. Place "X" in box 2E if claiming dependent as an additional dependent child exemption _____ 2E

2F. Place "X" in box 2F if dependent child claimed for the first time (see instructions) _____ 2F

Dependent's First Name

Dependent's Last Name

3A.

3B.

Dependent's Social Security Number

Dependent's Date of Birth (mm dd yyyy)

3C.

3D.

3E. Place "X" in box 3E if claiming dependent as an additional dependent child exemption _____ 3E

3F. Place "X" in box 3F if dependent child claimed for the first time (see instructions) _____ 3F

Dependent's First Name

Dependent's Last Name

4A.

4B.

Dependent's Social Security Number

Dependent's Date of Birth (mm dd yyyy)

4C.

4D.

4E. Place "X" in box 4E if claiming dependent as an additional dependent child exemption _____ 4E

4F. Place "X" in box 4F if dependent child claimed for the first time (see instructions) _____ 4F

5. **Dependent Exemptions.** Add the number of dependents listed above (see instructions). Enter the total here and in the box on line 2 of Schedule 3 (if filing Form IT-40) or Schedule D (if filing Form IT-40PNR) **Box 5** 1

6. **Additional Dependent Exemptions.** Add the total number of boxes with Xs from lines 1E, 1F, 2E, 2F, 3E, 3F, 4E and 4F if applicable. Enter the total here and in the box on line 3 of Schedule 3 (if filing Form IT-40) or Schedule D (if filing Form IT-40PNR) **Box 6** 1



Submission ID --

| | | | | |
|--|--------------------------------|--|-------------------|--|
| First Name and Middle Initial RAVICHAND | Last Name PALAKURTI | Your Social Security Number 181 77 5804 | | |
| Spouse's First Name and Middle Initial HIMA NANDINI | Spouse's Last Name PULAMALA | Spouse's Social Security Number 269 27 3997 | | |
| Street Address 1811 CAVENDISH PL TA | City PITTSBURGH | State PA | ZIP Code 15220 | Daytime Telephone Number 317 702 4913 |

Part I. Tax Return Information (See instructions on next page)

| | | |
|--|----|--------|
| 1. Federal Adjusted Gross Income | 1. | 66171. |
| 2. Indiana Adjusted Gross Income | 2. | 61671. |
| 3. Total Indiana Tax | 3. | 3189. |
| 4. Total State Tax Withheld | 4. | 1629. |
| 5. Total County Tax Withheld | 5. | 1045. |
| 6. Total Indiana Tax Credits | 6. | 2674. |
| 7. Refund | 7. | |
| 8. Amount You Owe | 8. | 515. |

Part II. Estimated Payments

| | | | |
|------------------------|------------|-----------------------------|---|
| 9. Estimated Payments: | Payment 1: | Amount <input type="text"/> | Date of Withdrawal <input type="text"/> |
| | Payment 2: | Amount <input type="text"/> | Date of Withdrawal <input type="text"/> |
| | Payment 3: | Amount <input type="text"/> | Date of Withdrawal <input type="text"/> |
| | Payment 4: | Amount <input type="text"/> | Date of Withdrawal <input type="text"/> |

Part III. Electronic Settlement

10. Type of settlement: Direct Deposit of Refund
 Direct Debit of Amount Owed Amount Date of Withdrawal

11. Routing number: *Note: The first two digits of the routing number must be 01 - 12 or 21 - 32.*

12. Account number:

13. Type of account: Checking Savings Hoosier Works MC

14. Place an "X" in the box if refund will go to an account outside the United States.

My request for direct deposit of my refund, direct debit of the amount I owe, or direct debit for estimated payments of the amount I owe, includes my authorization for the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type, and social security number to ensure my refund or payment is properly processed.

Part IV. Declaration

I
N
D
I
A
N
A

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

Your PIN: Check one box only

I authorize GLOBAL TAXES LLC to enter my PIN

| | | | | |
|---|---|---|---|---|
| 7 | 5 | 8 | 0 | 4 |
|---|---|---|---|---|

 as my signature on my tax year 2023 electronically filed income tax return.
Do not enter all zeros

I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete part IV below.

Your signature ► _____ Date _____

Spouse's PIN: Check one box only

I authorize GLOBAL TAXES LLC to enter my PIN

| | | | | |
|---|---|---|---|---|
| 7 | 3 | 9 | 9 | 7 |
|---|---|---|---|---|

 as my signature on my tax year 2023 electronically filed income tax return.
Do not enter all zeros

I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete part IV below.

Your signature ► _____ Date _____

Part V. Practitioner Certification and Authentication - Practitioner PIN Method ONLY

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

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 2 | 2 | 4 | 9 | 6 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2023 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method.

ERO's signature ► _____ Date _____