Form CT-1040NR/PY Required Fields

The following fields are required to be automatically populated or completed for taxpayers to continue filing, or must be completed in response to the selection of other fields.

Required to be Automatically-Populated Fields

Each page of each form submitted to DRS must include the following automatically populated fields:

- 1. **Document Identification Numbers** Three occurrences of the Document Identification Number (DIN) must be on each page. The QR Code and two DINs must be on each scannable page. (See Document Identification Number on Page 4 and Quick Reference (QR) Code, on Page 5.)
- 2. **Social Security Number** The Social Security Number must appear at the top of Form CT-1040NR/PY, Pages 2, 3, and 4; Schedule CT-CHET; Supplemental Schedule CT-1040WH; Schedule CT-IT Credit, Pages 1 and 2; Schedule CT-PE; **and** Form CT-6251, Pages 1 and 2.
- 3. In addition, the following **Checklist for filing your Connecticut income tax return** must be included when hard copies of the form are printed. Taxpayers should not send the checklist to DRS with the return.

Do not send this sheet with your return.

- 1. Be sure that Page 1 of your return is not printed on the back of this sheet.
- 2. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
- 3. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
- 4. Do not attach or send copies of forms W-2 or 1099.
- 5. Verify that the address lines on the return are correct and proper abbreviations are used.
- 6. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 18a through 18e, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
- 7. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
- 8. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return. (File Form CT-1040X electronically at www.ct.gov/TSC using the Taxpayer Service Center.)
- 9. Send **all** completed pages of CT-1040NR/PY, Schedule CT-CHET, Supplemental Schedule CT-1040WH, Schedule CT-IT Credit, Schedule CT-PE, and Form CT-6251. Send **all** four pages of your completed return, both pages of your completed Schedule CT-CHET, and any other supporting schedules.
- 10. Make check payable to: Commissioner of Revenue Services
- 11. To ensure proper posting, write your SSN(s) (optional) and "2023 Form CT-1040NRPY" on your check.
- 12. To mail your return, use the following addresses:

For all tax returns with payment:

Department of Revenue Services

PO Box 2977

Hartford CT 06104-2977

For refunds and tax returns without payment:

Department of Revenue Services

PO Box 2976

Hartford CT 06104-2976

- 13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
- 14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 25a through 25d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited. Alpha characters are not allowed in Routing or Account Number fields.
- 15. When making payment using Form CT-1040V, **DO NOT** attach copies of your previously filed Form CT-1040NR/PY.

Do not send this sheet with your return.

Page 15 of 44 Revised: 10/25/2023

REV 01/29/24 PRO

NRPY1223V011555



Form CT-1040NR/PY - 2023 Connecticut Nonresident and Part-Year

Resident Income Tax Return (Rev. 12/23)



Page 1 of 4

S

and ending:

Other tax year, beginning:

N FJ

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m N}$ HOH

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KRISHNA PRASAD VAJIR N Dec. N P
N Dec. Y N

13610 ACORN HUNT PL N CT-8379 N CT-2210 N CT-19IT

USA N CT-1040 CRC N Federal Form 1310

QSS

HERNDON VA 20171 -

1.	Federal adjusted gross income (from federal Form 1040, Line 11 or federal Form 1040-SR, Line 1	1)	12376
2.	Additions to federal adjusted gross income (from Schedule 1, Line 40)	2.	0
3.	Add Line 1 and Line 2	3.	12376
4.	Subtractions from federal adjusted gross income (from Schedule 1, Line 52)	4.	0
5.	Connecticut adjusted gross income: Line 4 subtracted from Line 3.	5.	12376
6.	Income from Connecticut sources (from Schedule CT-SI, Line 30)	6.	0
7.	Greater of Line 5 or Line 6. If less than zero, "0" is entered on Line 12.	7.	12376
8.	Income tax	8.	0
9.	Line 6 divided by Line 5. If Line 6 is equal to or greater than Line 5, 1.0000 is entered.	9.	0.0000
10	. Line 9 multiplied by Line 8	10.	0
11	. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 61)	11.	0
12	. Line 11 subtracted from Line 10. If Line 11 is greater than Line 10, "0" is entered.	12.	0
13	. Connecticut alternative minimum tax (from Form CT-6251)	13.	0
14	. Add Line 12 and Line 13.	14.	0
15	. Total allowable credits (from Schedule CT-IT Credit, Part 1, Line 11)	15.	0
16	. Connecticut income tax: Line 15 subtracted from Line 14. If less than zero, "0" is entered.	16.	0
17	. Individual use tax (from Schedule 3, Line 62) If no tax is due, "0" is entered.	17.	0
18	. Total tax: Add Line 16 and Line 17.	18.	0





Form CT-1040NR/PY, Page 2 of 4



19. Amount from Line 18



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19. • 0

Forms W-2, W-2G, 1099, and Schedule CT K-1 Information

Col. A - Employer's Federal ID #	Col. B - CT W	ages, Tips, etc.	Sch. CT K-1	Col. C - CT Income Tax Withheld	
20a. -	•	0	•	0	
20b. –	•	0	•	0	
20c. –	•	Ō	•	Ö	
20d. –	•	0	•	0	
20e. -	•	0	•	Ö	
20f. Additional Connecticut withholdin	g (from Supplemen	tal Schedule CT-1	04 WH, Line 3)	20f. O	
20. Total Connecticut income tax wi	thheld: Amounts in	Column C.		20.	0
21. All 2023 estimated tax payments	and any overpaym	ents applied from	a prior year	21.	0
22. Payments made with Form CT-10	040 EXT			22	0
22a. Claim of right credit (from Form	CT-1040 CRC, Lin	e 6)		22a.	0
22b. Pass-through entity tax credit (f	rom Schedule CT-F	PE, Line 1). Sched	lule must be attac	hed. 22b.	0
23. Total payments and refundable	credits: Add Line	s 20, 21, 22, 22a	and 22b.	23.	0
24. Overpayment: If Line 23 is more	than Line 19, Line	19 subtracted fron	n Line 23.	24.	0
25. Amount of Line 24 you want app	lied to your 2024	estimated tax		25.	0
26. Amount of Line 24 ou want app	lied as a CHET con	tribution (from Sc	hedule CT-CHET	, Line 4) 26.	0
26a. Total contributions of refund to o	designated charities	s (from Schedule 4	4, Line 63)	26a.	0
27. Refund: Lines 25, 26, and 26a s If you have not elected to direct de			ed and processi	27. ng may be delayed.	0
27a. Acct. type N Ck. N	Sv. 27b. Rout. #		27c. Acc	t. #	
27d. Refund going to a bank account of	outside the U.S. 270	d. N			
28. Tax due: If Line 19 is more than	Line 23, Line 23 su	btracted from Line	e 19.	28.	0
29. If late: Penalty entered. Line 28 r	nultiplied by 10% (.	10).		29.	0
30. If late: Interest entered.					
Line 28 multiplied by number of n			n by 1% (.01).	30.	0
31. Interest on underpayment of esti	•	rm CT-2210.)		31.	0
32. Total amount due: Add Lines 28	3 through 31.			32.	0.00
Declaration: I declare under penalty	of law that I have	ovaminad this ro	turn and all acco	mnanying schodulos and	

Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Your signature

| Date | Pome/cell telephone number | Pome/cell telephone number | Date | Date | Pome/cell telephone number | Date | Da

Your signature		Date	Home/cell telephone number
•		•	
Spouse's signature (if joint return)		Date	Daytime telephone number
•		•	•
Paid preparer's signature	Date	Telephone number	Paid Preparer's PTIN
• VENKATA SAI PAVAN KUMAR	•	•6789659522	P02470833
Paid preparer's name			FEIN
VENKATA SAI PAVAN KUMAR	DUDIPAL		882145487
Firm's name, address and ZIP code GLOBAL TAXE	ES LLC		Self-employed
245 ROONEY CT E	BRUNSWI N	J 08816 -	N

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

Designee's name	Telephone number	Personal identification number (PIN)
•	•	·
NRI	Y1223V021555	

Form CT-1040NR/PY, Page 3 of 4



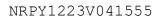


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Schedule 1 - Modifications to Federal Adjusted Gross Income		
33. Interest on state and local government obligations other than Connecticut	33.	0
34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government		
obligations	34.	0
35. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gro		0
income 36. Reposicionals chara of Connecticut fiduciary adjustment: Entered only if greater than zero	35. 36.	0
36. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero.37. Loss on sale of Connecticut state and local government bonds	30. 37.	0
38. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this		0
38a. 80% of Section 179 federal deduction.	38a.	0
39. Other - specify ●	39.	0
40. Total additions: Add Lines 33 through 39.	40.	0
41. Interest on U.S. government obligations	41.	0
42. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	42. 43.	0
43. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet) 44. Refunds of state and local income taxes	43. 44.	0
45. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	44. 45.	0
46. Military retirement pay	46.	0
47. 50% of income received from Connecticut Teachers' Retirement System	47.	0
48. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero.	48.	0
49. Gain on sale of Connecticut state and local government bonds	49.	0
50. CHET contributions made in 2023 or		· ·
an excess carried forward from a prior year Acct. #	50.	0
		0
50a. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding four years.	50a.	0
50b. 100% of pension or annuity income.	50b.	0
50c. Ordinary and necessary business expenses for taxpayers licensed under Chapter 420f or 420h that	F0-	0
are not claimed for federal income tax purposes. 51. Other - specify ●	50c. 51.	0
52. Total subtractions: Add Lines 41 through 51.	51. 52.	0
Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions	02.	O
53. onnecticut AGI during residency portion of taxable year	53.	0
Col. A		Col. B
54. Qualifying jurisdiction's name and two-letter code 54. ●	•	
55. Non-Connecticut income included on Line 53 and reported on a		
qualifying jurisdiction's income tax return (from Schedule 2 Worksheet) 55.	0	0
56. Line 55 divided by Line 53. May not exceed 1.0000. 56. 0 . 0 0 0	0	0.0000
	0	0
57. Apportioned income tax 57.	0	0
58. Line 56 multiplied by Line 57 58.	0	0
	_	_
59. Allowable income tax paid to a qualifying jurisdiction 59	0	0
60. Lesser of Line 58 or Line 59	0	0
61. Total credit: Add Line 60, all columns.	61.	0
or. Total ordal. And Line ou, all columns.	01.	O

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Form CT-1040NR/PY, Page 4 of 4



Taxpayer email



• 112634918

Schedule 3 - Individual Use Tax		
62a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)	6 a.	0
62b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)	62b.	0
62c. Use tax at 7.75% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)	6 c.	0
62d. Use tax at 2.99% (from Connecticut Individual Use Tax Worksheet, Section D, Column 7)	d.	0
62. Individual use tax: Add Lines 62a, 62b, 62c, and 62d.	62. ●	0
Schedule 4 - Contributions to Designated Charities		
63a. AR	63a.	0
63b. OT	6 b.	0
63c. ES/W	63c.	0
63d. BCR	63d.	0
63e. SNS	63e.	0
63f. MR	63f.	0
63g. BS	63g.	0
63h. MHCIA	63h.	0
63. Total Contributions: Add Lines 63a through 63h.	63.	0

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Schedule CT-SI

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(Rev. 12/23)

Nonresident or Part-Year Resident Schedule of Income From Connecticut Sources

Complete this schedule if you were a nonresident or part-year resident of Connecticut and attach it to Form CT-1040NR/PY. Do not use staples. Complete in blue or black ink only. Please note that each form is year specific. To prevent any delay in processing your return, the correct year's form must be submitted to the Department of Revenue Services (DRS).

	Your first name and middle initial	Last name	Your	Social Se	curity Number		
Visit portal.ct.gov/DRS/Individuals/Individual-Income-Tax before completing this schedule. Part 1 - Connecticut Income - Part-Year Residents: Complete Schedule CT-10 W. Part-Year Resident Income Allocation. Add Columns B and D for each line of Schedule CT-1040AW and enter the totals on Lines 1 through 30 below. Nonresidents: Enter the income received from Connecticut sources. 1	KRISHNA PRASAD	VAJIR	1_1	1 2	6 3 4	9 1	8
Part 1 - Connecticut Income - Part-Year Residents: Complete Schedule CT-10 W, Part-Year Resident Income Allocation. Add Columns B and D for each line of Schedule CT-1040AW and enter the totals on Lines 1 through 30 below. Nonresidents: Enter the income received from Connecticut sources. 1. Wages, salaries, tips, etc. 2. Taxable interest 3. Gridnary dividends 4. Allmony received 5. Business income or (loss) 6. Capital gain or (loss) 7. Other gains or (losses) 8. Taxable amount of IRA distributions 9. Taxable amount of IRA distributions 9. Taxable amount of IRA distributions 9. Taxable amount of IRA distributions 10. Rental real estate, royalties, partnerships, S corporations, trusts, etc. 10. Tarm income or (loss) 11. Tarm income or (loss) 12. Unemployment compensation 13. Taxable amount of social security benefits. 14. Other income: See instructions. 15. Gross income from Connecticut sources: Add Lines 1 through 14. 16. Gudator expenses. 17. Certain business expenses of reservists, performing artists, and fee-basis government officials. 19. Moving expenses for members of the armed forces 19. Moving expenses for members of the armed forces 19. Moving expenses for members of the armed forces 19. Moving expenses for members of the armed forces 19. Moving expenses for members of the armed forces 19. Moving expenses for members of the armed forces 19. Self-employed SEP, SIMPLE, and qualified plans 22. Zelf-employed SEP, SIMPLE, and qualified plans 23. Penalty on early withdrawal of savings 34. Allimony paid. Recipient's last name P SSN P 24. Self-employed Replith insurance deduction. 25. Gross income from Connecticut sources: Subtract Line 29 from Line 15. Enter the adoutning on the connecticut sources amount of Connecticut income is not known. Do not complete Lines A through B ity ou know he exact amount of your Connecticut and the exact amount of Connecticut income is not known. Do not complete Lines A through B ity ou know he exact amount of your Connecticut sources is not know	If joint return, spouse's first name and middle initial	Last name	Spor	use's Socia	al Security Number		
Part 1 - Connecticut Income - Part-Year Residents: Complete Schedule CT-10 W, Part-Year Resident Income Allocation. Add Columns B and D for each line of Schedule CT-1040AW and enter the totals on Lines 1 through 30 below. Nonresidents: Enter the income received from Connecticut sources. 1. Wages, salaries, tips, etc. 2. Taxable interest 3. Gridnary dividends 4. Allmony received 5. Business income or (loss) 6. Capital gain or (loss) 7. Other gains or (losses) 8. Taxable amount of IRA distributions 9. Taxable amount of IRA distributions 9. Taxable amount of IRA distributions 9. Taxable amount of IRA distributions 10. Rental real estate, royalties, partnerships, S corporations, trusts, etc. 10. Tarm income or (loss) 11. Tarm income or (loss) 12. Unemployment compensation 13. Taxable amount of social security benefits. 14. Other income: See instructions. 15. Gross income from Connecticut sources: Add Lines 1 through 14. 16. Gudator expenses. 17. Certain business expenses of reservists, performing artists, and fee-basis government officials. 19. Moving expenses for members of the armed forces 19. Moving expenses for members of the armed forces 19. Moving expenses for members of the armed forces 19. Moving expenses for members of the armed forces 19. Moving expenses for members of the armed forces 19. Moving expenses for members of the armed forces 19. Self-employed SEP, SIMPLE, and qualified plans 22. Zelf-employed SEP, SIMPLE, and qualified plans 23. Penalty on early withdrawal of savings 34. Allimony paid. Recipient's last name P SSN P 24. Self-employed Replith insurance deduction. 25. Gross income from Connecticut sources: Subtract Line 29 from Line 15. Enter the adoutning on the connecticut sources amount of Connecticut income is not known. Do not complete Lines A through B ity ou know he exact amount of your Connecticut and the exact amount of Connecticut income is not known. Do not complete Lines A through B ity ou know he exact amount of your Connecticut sources is not know					· • — • —		
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2. Taxable interest	Add Columns B and D for each line of Sched	lule CT-1040AW and enter the totals on Lines 1				ation.	
3. Ordinary dividends	1. Wages, salaries, tips, etc		▶	1.		0	
4. Alimony received. 5. Business income or (loss) 6. Capital gain or (loss) 7. Other gains or (losses) 8. Taxable amount of IRA distributions 9. Taxable amount of IRA distributions 9. Taxable amounts of pension and annuties 10. Rental real estate, royalties, partnerships, S corporations, trusts, etc. 11. Farm income or (loss) 12. Unemployment compensation. 13. Taxable amount of social security benefits 14. Other income: See instructions 15. Gross income from Connecticut sources: Add Lines 1 through 14. 16. Educator expenses 17. Certain business expenses of reservists, performing artists, and fee-basis government officials. 19. Moving expenses for members of the armed forces 19. Moving expenses for members of the armed forces 19. Moving expenses for members of the armed forces 19. Moving expenses for members of the armed forces 19. Moving expenses for members of the armed forces 19. Self-employed SEP, SIMPLE, and qualified plans 19. Self-employed SEP, SIMPLE, and qualified plans 19. Self-employed health insurance deduction 19. Self-employed self-employment tax 19. Self-employed health insurance deduction 19. Self-employed self-employment tax 29. Total adjustments: Add Lines 16 through 28. 29. Total adjustments: Add Lines 16 through 28. 20. Income from Connecticut and the exact amount of Connecticut income is not known. Do not complete Lines A through G if you know the exact amount of your Connecticut and the exact amount of Connecticut income is not known. Do not complete Lines A through G if you know the exact amount of your Connecticut income is not known. Do not complete Lines A through G if you know the exact amount of your Connecticut income is not known. Do not complete Lines A through G if you know the exact amount of your Connecticut income is not known.	2. Taxable interest		▶	2.			
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6. Capital gain or (loss)	4. Alimony received		▶	4.			
7. Other gains or (losses)	5. Business income or (loss)		▶	5.			
8. Taxable amount of IRA distributions 9. Taxable amounts of pension and annuities 10. Rental real estate, royalties, partnerships, S corporations, trusts, etc	6. Capital gain or (loss)		▶	6.			
9. Taxable amounts of pension and annuities 10. Rental real estate, royalties, partnerships, S corporations, trusts, etc. 11. Farm income or (loss) 12. Unemployment compensation. 13. Taxable amount of social security benefits. 14. Other income: See instructions. 15. Gross income from Connecticut sources: Add Lines 1 through 14. 16. Do 0 (OrPart 2 - Adjustments to Connecticut Income - Enter adjustments directly related to income reported above. 16. Educator expenses. 17. Certain business expenses of reservists, performing artists, and fee-basis government officials. 18. Health savings account deduction. 19. Moving expenses for members of the armed forces. 10. Deductible part of self-employment tax. 19. Moving expenses for members of the armed forces. 10. Self-employed SEP, SIMPLE, and qualified plans. 10. Self-employed health insurance deduction. 10. Self-employed health insurance savings. 10. Single Recipient's last name Self-employment set and savings. 10. Single Recipient's last name Pelfore. 10. Single Recip	7. Other gains or (losses)		▶	7.			
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11. Farm income or (loss) 12. 13. 14. 15. 14. 15. 16. 16. 16. 16. 17. 17. 17. 17. 17. 18. 18. 18. 19.	9. Taxable amounts of pension and annuities		▶	9.			
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3. Taxable amount of social security benefits 14. 14. 15. 0 00 00 00 00 00 00 0	11. Farm income or (loss)		▶	11.			
4. Other income: See instructions. 5. Gross income from Connecticut sources: Add Lines 1 through 14. 5. Gross income from Connecticut Income - Enter adjustments directly related to income reported above. 6. Educator expenses. 7. Certain business expenses of reservists, performing artists, and fee-basis government officials. 8. Health savings account deduction. 9. Moving expenses for members of the armed forces. 10. Deductible part of self-employment tax. 11. Self-employed SEP, SIMPLE, and qualified plans. 12. Self-employed health insurance deduction. 13. Penalty on early withdrawal of savings. 14. Alimony paid. Recipient's last name SSN SSN SSN SSN SSN SSN SSN SSN SSN S	12. Unemployment compensation		▶	12.			
15 0 00 16 17 17 18 18 19 19 19 19 19 19	13. Taxable amount of social security benefits		▶	13.			
Part 2 - Adjustments to Connecticut Income - Enter adjustments directly related to income reported above. 6	14. Other income: See instructions		▶	14.			
16. 17.	15. Gross income from Connecticut sources: Add L	Lines 1 through 14	▶	15.		0	00
7. Certain business expenses of reservists, performing artists, and fee-basis government officials	Part 2 - Adjustments to Connecticut Incon	ne - Enter adjustments directly related to incor	ne rep	orted al	oove.		
8. Health savings account deduction	16. Educator expenses		▶	16.			
19. Moving expenses for members of the armed forces	17. Certain business expenses of reservists, perfo	rming artists, and fee-basis government officials	. •	17.			
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21. Self-employed SEP, SIMPLE, and qualified plans 22. Self-employed health insurance deduction 23. Penalty on early withdrawal of savings 24. Alimony paid. Recipient's last name ► SSN ► ► 24. 25. IRA deduction 26. Student loan interest deduction 27. Archer MSA deduction 28. Other adjustments 29. Total adjustments: Add Lines 16 through 28. 29. Total adjustments: Add Lines 16 through 28. 29. Income from Connecticut sources: Subtract Line 29 from Line 15. Enter the amount here and on Form CT-1040NR/PY, Line 6. Employee Apportionment Worksheet - Complete Lines A through G only when the income from employment is earned both inside and outside Connecticut and the exact amount of Connecticut income is not known. Do not complete Lines A through G if you know the exact amount of your Connecticut-sourced income.	19. Moving expenses for members of the armed fo	orces	▶	19.			
22. Self-employed health insurance deduction 23. Penalty on early withdrawal of savings 24. Alimony paid. Recipient's last name 25. IRA deduction 26. Student loan interest deduction 27. Archer MSA deduction 28. Other adjustments 29. Total adjustments: Add Lines 16 through 28. 29. Total adjustments: Add Lines 16 through 28. 29. Income from Connecticut sources: Subtract Line 29 from Line 15. Enter the amount here and on Form CT-1040NR/PY, Line 6. Employee Apportionment Worksheet - Complete Lines A through G only when the income from employment is earned both inside and outside Connecticut and the exact amount of Connecticut income is not known. Do not complete Lines A through G if you know the exact amount of your Connecticut-sourced income.	20. Deductible part of self-employment tax		▶	20.			
23. Penalty on early withdrawal of savings 24. Alimony paid. Recipient's last name SSN	21. Self-employed SEP, SIMPLE, and qualified pla	ıns	▶	21.			
24. Alimony paid. Recipient's last name SSN	22. Self-employed health insurance deduction		▶	22.			
25 RA deduction 26 Student loan interest deduction 26 26 27 Archer MSA deduction 27 28 28 29 29 29 29 29 20 20 20	23. Penalty on early withdrawal of savings		▶	23.			
26. Student loan interest deduction	24. Alimony paid. Recipient's last name 🟲	SSN ▶	_ ▶	24.			
27. Archer MSA deduction	25 IRA deduction		▶	25.			
28. Other adjustments. 29. Total adjustments: Add Lines 16 through 28. 29. Income from Connecticut sources: Subtract Line 29 from Line 15. Enter the amount here and on Form CT-1040NR/PY, Line 6. 29. 30	26. Student loan interest deduction		▶	26.			
29. Total adjustments: Add Lines 16 through 28	27. Archer MSA deduction		▶	27.			
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	Employee Apportionment Worksheet - Co and outside Connecticut and the exact amour the exact amount of your Connecticut-sou	mplete Lines A through G only when the incomnt of Connecticut income is not known. Do not curced income .	ne from	emplo		both in:	sid

	<u>- </u>			
A.	Working days (or other basis) outside Connecticut	Α		
В.	Working days (or other basis) inside Connecticut	В		
C.	Total working days: Add Line A and Line B.	С		
D.	Nonworking days (Holidays, weekends, etc.)	D		
E.	Connecticut ratio: Divide Line B by Line C. Round to four decimal places.			
F.	Total income being apportioned	F		
G.	Connecticut income: Multiply Line E by Line F. Enter here and on Schedule CT-SI, Line 1	G		
	Basis, if other than working days:		•	

2023 VA760CG Page 1





Page 1 of 2

KRISHNA PRAS VAJIR

13610 ACORN HUNT PL

HERNDON	VA 20171			
SSN-You VAJI	112634918	Vendor ID 1555	XX	xxx 7
SSN - Spouse				
Fed Adj Gross Income (FAGI) 1.	12376.	Withholding (VA) - You	19A.	574.
Additions 2.		Withholding (VA) - Spouse	19B.	
Subtotal 3.	12376.	Estimated Payments	20.	
Age Deduction - You 4A.		2022 Overpayment	21.	
Age Deduction - Spouse 4B.		Extension Payments	22.	
Soc Sec & Tier 1 Railroad 5.		Credit - Low-Income or EIC	23.	73.
State Income Tax Overpayment 6.		Credit - Schedule OSC	24.	
Subtractions 7.		Credits - Schedule CR	25.	
Subtotal Subtractions 8.		Total Payments / Credits	26.	647.
Total VA Adj Gross Income (VAGI) 9.	12376.	Tax You Owe	27.	
Itemized Deductions - VA Sch A 10.		Tax Overpayment	28.	574.
Standard Deduction 11.	8000.	Overpayment Credited to Next Year	29.	
Exemptions 12.	930.	VAC - Virginia 529 / ABLE	30.	
Deductions 13.		VAC - Other Contributions	31.	
Subtotal (Deductions & Exemptions) 14.	8930.	Addition to Tax, Penalty & Interest	32.	
VA Taxable Income 15.	3446.	Sales and Use Tax	33.	
Amount of Tax 16.	73.	Amount You Owe		
Spouse Tax Adjustment (STA) 17.		Will Pay by Credit/Debit Card N Your Refund	1	574.
VAGI - Spouse 17A.		Donk Douting #		011900254
Net Amount of Tax 18.	73.	Bank Routing # Bank Account #	C 3850298	

__LAR __DLAR __DTD __LTD \$____





Filing Status, Age & License Information

1 Locality

Federal Head of Household Uninsured & Authorize DMAS

01102000 DOB - You Name or Filing Status Change

VA Driver's License ID - You B60870915 Address Change

10282023 VA Driver's License - Iss. Date - You VA Return Not Filed Last Year

Spouse Name (Filing Status 3 Only)

DOB - Spouse

Filing Status

VA Driver's License ID - Spouse

VA Driver's License - Iss. Date - Spouse

Exemptions (B) Exemptions (A)

65 & Over - You You

Spouse 65 & Over - Spouse

Dependents Blind - You

Total (A) 1 Blind - Spouse

Total (B)

Additional Filing Information

Dependent on Another's Return

Farmer / Fisherman / Merchant Seaman

Amended

Reason Code

Overseas on Due Date

Federal EIC & Amount

Deceased Indicator

Form 760C or 760F

No Sales & Use Tax Due Indicator

Obtain Electronic 1099G

ID Theft PIN

Contact Information

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You Date 4754412828 Phone - You

Signature - Spouse _____ Date Phone - Spouse

Signature - Preparer <u>VENKATA SAI PAVAN KUMAR DUDIPALLI</u> Date Phone - Preparer 6789659522

The Tax Department may discuss my/our return with my/our preparer. 7 Preparer Information P02470833

GLOBAL TAXES LLC

245 ROONEY CT E BRUNSWICK

NJ 08816

Page 2 of 2

File by May 1, 2024

Include Page 1, Page 2 and all supporting 760CG documents.



Г							_
Additions Interest on obligations (other state) Other Additions		1.	l	Low-Income Credit or VA EIC (Total Exemptions	con't) 11.	1	
Conformity			2A.		# of Personal Exemptions	12.	1
	2B.				Total Exemptions Amount or \$0	13.	300.
	2C.				Federal EIC	14.	0.
Total Addition	ons		3.		20% of Line 14	15.	0.
Subtractions				Greater of Line 13 or Line 15	16a.	300.	
Income (US	Sobligations / sec	urities)	4.		15% of Line 14	16b.	0.
Disability In	come (wages) - Yo	ou	5A.		Credit	17.	73.
Disability In	come (wages) - Sp	pouse	5B.				/3.
Other Subtractions			Addition to Tax, Penalty & Interest				
Conformity	Subtraction		6A.		Addition to Tax	18.	
6B.		Code			Penalty	19.	
6C.		Code			Late Filing Penalty		
6D.		Code			Extension Penalty		
Total Subtra	actions		7.		Interest	20.	
Deductions	8A.				Total Adjustments	21.	
	8B.						
	8C.						
Total Deduc	ctions		9.				
Claiming More	e Adjustments - Sc	chedule ADJS					
	e Credit or VA E						
Family	Nam		SSN	VAGI			
You	KRISHNA	PRASAD	112634918	12376.			
Spouse							
Dependent	:						
Dependent	:						
Total Family	/ VAGI		10.	12376.			

2023 Schedule INC/CG

112634918

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

KRISHNA PRAS VAJIR



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Γ					コ
112634918	M	574.	881819517	30881819517F001	12376.

Total VA Withholding

You

112634918

574.

Spouse

Total # of W-2s,1099s & VK-1s

01

VA-8879 Virginia Department of Taxation

Virginia Submission Identification Number (SID)

Virginia Individual Income Tax e-File Signature Authorization

Tax Year 2023

DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

	r Name SHNA PRASAD VAJIR	B Your Social Sec 112-63-49	, i					
	use's Name	A Spouse's Socia						
		·	,					
Par	t I Tax Return Information	A Spouse	B Yourself					
1.	Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		12376.					
2.	Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		12376.					
3.	Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		3446.					
4.	Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		73.					
5.	Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		574.					
6.	Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)							
7.	Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		574.					
Par	t II Declaration of Taxpayer and Signature Authorization er penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanyin							
filing liable Virgi refur of the signa	Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program. Taxpayer's e-File PIN: check one box only							
	I authorize the ERO named below to enter my e-File PIN 3 4 9 1 8 as my signature on my 2023 0 Do not enter all zeros GLOBAL TAXES LLC	0						
	ERO Firm Name							
	I will enter my e-File PIN as my signature on my 2023 e-filed Virginia individual income tax return. Check this PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	box only if you are entering	your own e-File					
Your	Signature Date							
Spo	use's e-File PIN: check one box only							
	I authorize the ERO named below to enter my e-File PIN as my signature on my 2023 e-filed Virginia individual income tax return. Do not enter all zeros							
	ERO Firm Name							
	I will enter my e-File PIN as my signature on my 2023 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.							
Spouse's Signature Date								
Part III Certification and Authentication – Practitioner PIN Method Only								
ERO	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							
indic Hand a sig	Do not enter all zeros I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2023 Virginia individual 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 and Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2023). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.							
ERO	o's Signature Date							