

# IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name <b>KALYANA PEDDIRAJU</b>	Social security number <b>116-45-2576</b>
Spouse's name <b>SAILAJA MACHIRAJU</b>	Spouse's social security number <b>825-61-6523</b>

**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.

<b>1</b> Adjusted gross income . . . . .	<b>1</b>	116,110.
<b>2</b> Total tax . . . . .	<b>2</b>	10,171.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	7,692.
<b>4</b> Amount you want refunded to you . . . . .	<b>4</b>	
<b>5</b> Amount you owe . . . . .	<b>5</b>	523.

**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 

5	2	5	7	6
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 as my signature on the income tax return (original or amended) I am now authorizing.

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 ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Spouse's PIN: check one box only**

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

1	6	5	2	3
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 as my signature on the income tax return (original or amended) I am now authorizing.

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 ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**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**

IF you live in...	THEN use this address to send in your payment...
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury  
Internal Revenue Service

**2023**

**Form 1040-V Payment Voucher**

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount of your payment . . . . . ▶	<b>523.</b>
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REV 02/05/24 PRO 1555

KALYANA PEDDIRAJU  
SAILAJA MACHIRAJU  
9812 DARTMOUTH WAY  
LOVELAND OH 45140

INTERNAL REVENUE SERVICE  
P.O. BOX 802501  
CINCINNATI, OH 45280-2501

116452576 XW PEDD 30 0 202312 610

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial KALYANA Last name PEDDIRAJU Your social security number 116 45 2576

If joint return, spouse's first name and middle initial SAILAJA Last name MACHIRAJU Spouse's social security number 825 61 6523

Home address (number and street). If you have a P.O. box, see instructions. 9812 DARTMOUTH WAY Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. LOVELAND State OH ZIP code 45140 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) 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)? (See instructions.) Yes No

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

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

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

Income section table with rows 1a through 1z and 2a through 2b, including descriptions like 'Total amount from Form(s) W-2, box 1' and 'Taxable interest'

Attach Sch. B if required.

Standard Deduction for: Single or Married filing separately, \$13,850; Married filing jointly or Qualifying surviving spouse, \$27,700; Head of household, \$20,800

Table with columns 2a through 6a and 2b through 6b, including rows 2a through 15 with descriptions like 'Tax-exempt interest' and 'Adjusted gross income'



**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](http://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  
KALYANA PEDDIRAJU & SAILAJA MACHIRAJU

Your social security number  
116-45-2576

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .		<b>1</b>	
<b>2a</b>	Alimony received . . . . .		<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions): _____			
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .		<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .		<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .		<b>5</b>	-9,600.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .		<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .		<b>7</b>	
<b>8</b>	Other income:			
<b>a</b>	Net operating loss . . . . .	<b>8a</b> ( )		
<b>b</b>	Gambling . . . . .	<b>8b</b>		
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>		
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b> ( )		
<b>e</b>	Income from Form 8853 . . . . .	<b>8e</b>		
<b>f</b>	Income from Form 8889 . . . . .	<b>8f</b>		
<b>g</b>	Alaska Permanent Fund dividends . . . . .	<b>8g</b>		
<b>h</b>	Jury duty pay . . . . .	<b>8h</b>		
<b>i</b>	Prizes and awards . . . . .	<b>8i</b>		
<b>j</b>	Activity not engaged in for profit income . . . . .	<b>8j</b>		
<b>k</b>	Stock options . . . . .	<b>8k</b>		
<b>l</b>	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 . . . . .	<b>8l</b>		
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8m</b>		
<b>n</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8n</b>		
<b>o</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8o</b>		
<b>p</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8p</b>		
<b>q</b>	Taxable distributions from an ABLÉ account (see instructions) . . . . .	<b>8q</b>		
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 . . . . .	<b>8r</b>		
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .	<b>8s</b> ( )		
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .	<b>8t</b>		
<b>u</b>	Wages earned while incarcerated . . . . .	<b>8u</b>		
<b>z</b>	Other income. List type and amount: _____	<b>8z</b>		
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .		<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .		<b>10</b>	-9,600.

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

Schedule 1 (Form 1040) 2023

**Part II Adjustments to Income**

<b>11</b>	Educator expenses . . . . .		<b>11</b>	
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .		<b>12</b>	
<b>13</b>	Health savings account deduction. Attach Form 8889 . . . . .		<b>13</b>	
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .		<b>14</b>	
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .		<b>15</b>	
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .		<b>16</b>	
<b>17</b>	Self-employed health insurance deduction . . . . .		<b>17</b>	
<b>18</b>	Penalty on early withdrawal of savings . . . . .		<b>18</b>	
<b>19a</b>	Alimony paid . . . . .		<b>19a</b>	
<b>b</b>	Recipient's SSN . . . . .			
<b>c</b>	Date of original divorce or separation agreement (see instructions): _____			
<b>20</b>	IRA deduction . . . . .		<b>20</b>	
<b>21</b>	Student loan interest deduction . . . . .		<b>21</b>	
<b>22</b>	Reserved for future use . . . . .		<b>22</b>	
<b>23</b>	Archer MSA deduction . . . . .		<b>23</b>	
<b>24</b>	Other adjustments:			
<b>a</b>	Jury duty pay (see instructions) . . . . .	<b>24a</b>		
<b>b</b>	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .	<b>24b</b>		
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .	<b>24c</b>		
<b>d</b>	Reforestation amortization and expenses . . . . .	<b>24d</b>		
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	<b>24e</b>		
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans . . . . .	<b>24f</b>		
<b>g</b>	Contributions by certain chaplains to section 403(b) plans . . . . .	<b>24g</b>		
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	<b>24h</b>		
<b>i</b>	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 . . . . .	<b>24i</b>		
<b>j</b>	Housing deduction from Form 2555 . . . . .	<b>24j</b>		
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	<b>24k</b>		
<b>z</b>	Other adjustments. List type and amount: _____	<b>24z</b>		
<b>25</b>	Total other adjustments. Add lines 24a through 24z . . . . .		<b>25</b>	
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 . . . . .		<b>26</b>	

**SCHEDULE 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
KALYANA PEDDIRAJU & SAILAJA MACHIRAJU

Your social security number  
116-45-2576

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required . . . . .		<b>1</b>
<b>2</b>	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . .		<b>2</b>
<b>3</b>	Education credits from Form 8863, line 19 . . . . .		<b>3</b>
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .		<b>4</b>
<b>5a</b>	Residential clean energy credit from Form 5695, line 15 . . . . .		<b>5a</b>
<b>b</b>	Energy efficient home improvement credit from Form 5695, line 32 . . . . .		<b>5b</b>
<b>6</b>	Other nonrefundable credits:		
<b>a</b>	General business credit. Attach Form 3800 . . . . .	<b>6a</b>	
<b>b</b>	Credit for prior year minimum tax. Attach Form 8801 . . . . .	<b>6b</b>	
<b>c</b>	Adoption credit. Attach Form 8839 . . . . .	<b>6c</b>	
<b>d</b>	Credit for the elderly or disabled. Attach Schedule R . . . . .	<b>6d</b>	
<b>e</b>	Reserved for future use . . . . .	<b>6e</b>	
<b>f</b>	Clean vehicle credit. Attach Form 8936 . . . . .	<b>6f</b>	
<b>g</b>	Mortgage interest credit. Attach Form 8396 . . . . .	<b>6g</b>	
<b>h</b>	District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .	<b>6h</b>	
<b>i</b>	Qualified electric vehicle credit. Attach Form 8834 . . . . .	<b>6i</b>	
<b>j</b>	Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .	<b>6j</b>	
<b>k</b>	Credit to holders of tax credit bonds. Attach Form 8912 . . . . .	<b>6k</b>	
<b>l</b>	Amount on Form 8978, line 14. See instructions . . . . .	<b>6l</b>	
<b>m</b>	Credit for previously owned clean vehicles. Attach Form 8936 . . . . .	<b>6m</b>	
<b>z</b>	Other nonrefundable credits. List type and amount: _____ _____	<b>6z</b>	
<b>7</b>	Total other nonrefundable credits. Add lines 6a through 6z . . . . .		<b>7</b>
<b>8</b>	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . .		<b>8</b>

(continued on page 2)

**Part II Other Payments and Refundable Credits**

<b>9</b>	Net premium tax credit. Attach Form 8962 . . . . .	<b>9</b>	1,956.
<b>10</b>	Amount paid with request for extension to file (see instructions) . . . . .	<b>10</b>	
<b>11</b>	Excess social security and tier 1 RRTA tax withheld . . . . .	<b>11</b>	
<b>12</b>	Credit for federal tax on fuels. Attach Form 4136 . . . . .	<b>12</b>	
<b>13</b>	Other payments or refundable credits:		
<b>a</b>	Form 2439 . . . . .	<b>13a</b>	
<b>b</b>	Credit for repayment of amounts included in income from earlier years . . . . .	<b>13b</b>	
<b>c</b>	Elective payment election amount from Form 3800, Part III, line 6, column (i) . . . . .	<b>13c</b>	
<b>d</b>	Deferred amount of net 965 tax liability (see instructions) . . . . .	<b>13d</b>	
<b>z</b>	Other payments or refundable credits. List type and amount:  _____	<b>13z</b>	
<b>14</b>	Total other payments or refundable credits. Add lines 13a through 13z . . . . .	<b>14</b>	
<b>15</b>	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . .	<b>15</b>	1,956.



**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2023**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment  
Sequence No. **13**

Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

KALYANA PEDDIRAJU & SAILAJA MACHIRAJU

116-45-2576

**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** ROAD # 2 FLAT # 1 VIJAYAWADA ANDHRA PRADESH IN 520008

**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	
<b>A</b> 3		365		0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<input type="checkbox"/>

**Type of Property:**

- 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) \_\_\_\_\_

Income:	Properties:		
	A	B	C
<b>3</b> Rents received . . . . .	<b>3</b> 525.		
<b>4</b> Royalties received . . . . .	<b>4</b>		
<b>Expenses:</b>			
<b>5</b> Advertising . . . . .	<b>5</b>		
<b>6</b> Auto and travel (see instructions) . . . . .	<b>6</b>		
<b>7</b> Cleaning and maintenance . . . . .	<b>7</b> 1,140.		
<b>8</b> Commissions . . . . .	<b>8</b>		
<b>9</b> Insurance . . . . .	<b>9</b>		
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>		
<b>11</b> Management fees . . . . .	<b>11</b> 955.		
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>		
<b>13</b> Other interest . . . . .	<b>13</b>		
<b>14</b> Repairs . . . . .	<b>14</b> 2,475.		
<b>15</b> Supplies . . . . .	<b>15</b> 2,435.		
<b>16</b> Taxes . . . . .	<b>16</b>		
<b>17</b> Utilities . . . . .	<b>17</b> 3,120.		
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b>		
<b>19</b> Other (list) _____	<b>19</b>		
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b> 10,125.		
<b>21</b> 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 <b>Form 6198</b> . . . . .	<b>21</b> -9,600.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b> ( 9,600. )		
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b> 525.		
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>		
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>		
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>		
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b> 10,125.		
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>		
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b> ( 9,600. )		
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> 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 . . . . .	<b>26</b> -9,600.		

**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](http://www.irs.gov/Form8867) for instructions and the latest information.**

OMB No. 1545-0074

For tax year  
20 23

Attachment  
Sequence No. **70**

Taxpayer name(s) shown on return KALYANA PEDDIRAJU & SAILAJA MACHIRAJU	Taxpayer identification number 116-45-2576
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. <ul style="list-style-type: none"> <li>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.</li> <li>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)</li> </ul>	<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)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____			
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
<b>9a</b> 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? <b>(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)</b> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b</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"/>	
<b>c</b> 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
<b>10</b> 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"/>	
<b>11</b> 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"/>
<b>12</b> 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
<b>13</b> 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
<b>14</b> 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
<b>15</b> 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"/>

**Premium Tax Credit (PTC)**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form8962](http://www.irs.gov/Form8962) for instructions and the latest information.

Name shown on your return

Your social security number

KALYANA PEDDIRAJU & SAILAJA MACHIRAJU

116-45-2576

**A.** You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box

**Part I Annual and Monthly Contribution Amount**

<b>1</b>	Tax family size. Enter your tax family size. See instructions . . . . .	<b>1</b>	<b>2</b>
<b>2a</b>	Modified AGI. Enter your modified AGI. See instructions . . . . .	<b>2a</b>	116,110.
<b>b</b>	Enter the total of your dependents' modified AGI. See instructions . . . . .	<b>2b</b>	
<b>3</b>	Household income. Add the amounts on lines 2a and 2b. See instructions . . . . .	<b>3</b>	116,110.
<b>4</b>	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the appropriate box for the federal poverty table used. <b>a</b> <input type="checkbox"/> Alaska <b>b</b> <input type="checkbox"/> Hawaii <b>c</b> <input checked="" type="checkbox"/> Other 48 states and DC	<b>4</b>	18,310.
<b>5</b>	Household income as a percentage of federal poverty line (see instructions) . . . . .	<b>5</b>	401 %
<b>6</b>	Reserved for future use . . . . .		
<b>7</b>	Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions . . . . .	<b>7</b>	0.0850
<b>8a</b>	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	<b>8a</b>	9,869.
		<b>b</b>	Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount
		<b>8b</b>	822.

**Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit**

- 9** Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions.  
 **Yes.** Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage.  **No.** Continue to line 10.
- 10** See the instructions to determine if you can use line 11 or must complete lines 12 through 23.  
 **Yes.** Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24.  **No.** Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)	
<b>11</b> Annual Totals							
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)	
<b>12</b> January	1,189.	1,170.	822.	348.	348.	624.	
<b>13</b> February	1,189.	1,170.	822.	348.	348.	624.	
<b>14</b> March	1,189.	1,170.	822.	348.	348.	624.	
<b>15</b> April	1,189.	1,170.	822.	348.	348.	624.	
<b>16</b> May	1,189.	1,170.	822.	348.	348.	624.	
<b>17</b> June	1,189.	1,170.	822.	348.	348.	624.	
<b>18</b> July	1,281.	1,726.	822.	904.	904.	302.	
<b>19</b> August	1,281.	1,726.	822.	904.	904.	302.	
<b>20</b> September	1,281.	1,726.	822.	904.	904.	302.	
<b>21</b> October	1,281.	1,726.	822.	904.	904.	302.	
<b>22</b> November	1,281.	1,726.	822.	904.	904.	302.	
<b>23</b> December	1,281.	1,726.	822.	904.	904.	302.	
<b>24</b>	Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here					<b>24</b>	7,512.
<b>25</b>	Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here					<b>25</b>	5,556.
<b>26</b>	Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 9. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27 . . . . .					<b>26</b>	1,956.

**Part III Repayment of Excess Advance Payment of the Premium Tax Credit**

<b>27</b>	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	<b>27</b>	
<b>28</b>	Repayment limitation (see instructions) . . . . .	<b>28</b>	
<b>29</b>	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 2 . . . . .	<b>29</b>	

**Part IV Allocation of Policy Amounts**

Complete the following information for up to four policy amount allocations. See instructions for allocation details.

**Allocation 1**

<b>30</b>	<b>(a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
	<b>Allocation percentage applied to monthly amounts</b>	<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**Allocation 2**

<b>31</b>	<b>(a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
	<b>Allocation percentage applied to monthly amounts</b>	<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**Allocation 3**

<b>32</b>	<b>(a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
	<b>Allocation percentage applied to monthly amounts</b>	<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**Allocation 4**

<b>33</b>	<b>(a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
	<b>Allocation percentage applied to monthly amounts</b>	<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**34** Have you completed all policy amount allocations?

**Yes.** Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12–23, columns (a), (b), and (f). Compute the amounts for lines 12–23, columns (c)–(e), and continue to line 24.

**No.** See the instructions to report additional policy amount allocations.

**Part V Alternative Calculation for Year of Marriage**

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12–23, see the instructions for this Part V.

<b>35</b>	<b>Alternative entries for your SSN</b>	<b>(a)</b> Alternative family size	<b>(b)</b> Alternative monthly contribution amount	<b>(c)</b> Alternative start month	<b>(d)</b> Alternative stop month
<b>36</b>	<b>Alternative entries for your spouse's SSN</b>	<b>(a)</b> Alternative family size	<b>(b)</b> Alternative monthly contribution amount	<b>(c)</b> Alternative start month	<b>(d)</b> Alternative stop month



02 10 24

Use only black ink/UPPERCASE letters. Use whole dollars only.

23000198 Sequence No. 1

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required) 116 45 2576

✓ If deceased

Spouse's SSN (if filing jointly) 825 61 6523

✓ If deceased

School district # 3108

First name KALYANA

M.I. Last name PEDDIRAJU

Spouse's first name (if filing jointly) SAILAJA

M.I. Last name MACHIRAJU

Address line 1 (number and street) or P.O. Box 9812 DARTMOUTH WAY

Address line 2 (apartment number, suite number, etc.)

City LOVELAND

State ZIP code OH 45140

Ohio county (first four letters) HAMI

Foreign country (if the mailing address is outside the U.S.)

Foreign postal code

Residency Status - Check only one for primary \*Indicate state

Resident X Part-year resident\* Nonresident\* NY

Check only one for spouse (if filing jointly) \*Indicate state

Resident X Part-year resident\* Nonresident\* NY

Filing Status - Check one (as reported on federal income tax return)

Single, head of household or qualifying surviving spouse

X Married filing jointly

Spouse's SSN

Married filing separately

Ohio Nonresident Statement - See instructions for required criteria

Primary meets the five criteria for irrefutable presumption as nonresident.

Spouse meets the five criteria for irrefutable presumption as nonresident.

Federal extension filers - check here.

If someone can claim you (or your spouse if filing jointly) as a dependent, check here.

Do not staple or paper clip.

Table with 2 columns: Description and Amount. Rows include Federal adjusted gross income, Additions, Deductions, Ohio adjusted gross income, Exemption amount, Ohio income tax base, Taxable business income, and Taxable nonbusiness income.



MM-DD-YY

2023 Ohio IT 1040  
Individual Income Tax Return



SSN: 116 45 2576

23000298 Sequence No. 2

Table with 2 columns: Description and Amount. Rows include 7a. Amount from line 7 on page 1 (105002), 8a. Nonbusiness income tax liability (2579), 8b. Business income tax liability (2579), 8c. Income tax liability before credits (2579), 9. Ohio nonrefundable credits (1320), 10. Tax liability after nonrefundable credits (1259), 11. Interest penalty on underpayment of estimated tax (1259), 12. Unpaid use tax (1488), 13. Total Ohio tax liability before withholding (1488), 14. Ohio income tax withheld (1488), 15. Estimated and extension payments (1488), 16. Refundable credits (1488), 17. Amended return only (1488), 18. Total Ohio tax payments (1488), 19. Amended return only overpayment (1488), 20. Line 18 minus line 19 (1488), 21. Tax due (229), 22. Interest due on late payment of tax (229), 23. TOTAL AMOUNT DUE (229), 24. Overpayment (229), 25. Original return only (229), 26. Original return only donation (229).

27. REFUND (line 24 minus lines 25 and 26g).....YOUR REFUND ▶ 27. 229

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

Primary signature \_\_\_\_\_ Phone number (513) 370-1726
Spouse's signature \_\_\_\_\_ Date \_\_\_\_\_
Preparer's printed name VENKATA SAI PAVAN KUMAR Phone number (678) 965-9522
Authorize your preparer to discuss this return Non-paid preparer PTIN: P 02470833

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.

NO Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679
Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057



# 2023 Ohio Schedule of Adjustments

Use only black ink. Use whole dollars only.



23000398

02 10 24

Primary taxpayer's SSN

116 45 2576

Sequence No. 3

### Additions

**(Only add the following amounts if they are not included on Ohio IT 1040, line 1)**

- 1. Non-Ohio state or local government interest and dividends.....1.
- 2. Ohio pass-through entity taxes excluded from federal adjusted gross income .....2.
- 3. Taxes paid to another state or District of Columbia related to IRS notice 2020-75 .....3.
- 4. 529 plan funds used for non-qualified expenses .....4.
- 5. Losses from sale or disposition of Ohio public obligations .....5.
- 6. Nonmedical withdrawals from a medical savings account .....6.
- 7. Reimbursement of expenses previously deducted on an Ohio income tax return .....7.

### Federal

- 8. Internal Revenue Code 168(k) and 179 depreciation expense add-back .....8.
- 9. Exempt federal interest and dividends subject to state taxation .....9.
- 10. Federal conformity additions .....10.
- 11. **Total additions** (add lines 1 through 10 ONLY). Enter here and on Ohio IT 1040, line 2a ..... 11.

### Deductions

**(Only deduct the following amounts if they are included on Ohio IT 1040, line 1)**

- 12. Business income deduction – Ohio Schedule of Business Income, line 13 .....12.
- 13. Employee compensation earned in Ohio by residents of neighboring states..... 13.
- 14. Taxable refunds, credits, or offsets of state and local income taxes (federal 1040, Schedule 1, line 1) .....14.
- 15. Taxable Social Security benefits (federal 1040 and 1040-SR, line 6b) .....15.
- 16. Certain railroad benefits .....16.
- 17. Interest income from Ohio public obligations and purchase obligations; gains from the disposition of Ohio public obligations; or income from a transfer agreement.....17.
- 18. Amounts contributed to an Ohio county's individual development account program .....18.
- 19. Amounts contributed to a STABLE account: Ohio's ABLE plan .....19.
- 20. Income earned in Ohio by a qualifying out-of-state business or employee for disaster work conducted during a disaster response period.....20.
- 21. Certain payments related to the East Palestine train derailment .....21.
- 22. Ohio adoption grant program payments received from the Ohio Department of Job and Family Services .....22.

### Federal

- 23. Federal interest and dividends exempt from state taxation.....23.



# 2023 Ohio Schedule of Adjustments

Primary taxpayer's SSN

116 45 2576



23000498

Sequence No. 4

- 24. Deduction of prior year 168(k) and 179 depreciation add-backs..... 24.
- 25. Refund or reimbursements from the federal 1040, Schedule 1, line 8z for federal itemized deductions claimed on a prior year return ..... 25.
- 26. Repayment of income reported in a prior year ..... 26.
- 27. Wage expense not deducted based on the federal work opportunity tax credit ..... 27.
- 28. Federal conformity deductions ..... 28.

## Uniformed Services

- 29. Military pay received by Ohio residents while stationed outside Ohio ..... 29.
- 30. Compensation earned by nonresident military servicemembers and their civilian spouses ..... 30.
- 31. Uniformed services retirement income ..... 31.
- 32. Military injury relief fund grants and veteran's disability severance payments..... 32.
- 33. Certain Ohio National Guard reimbursements and benefits..... 33.

## Education

- 34. Amounts contributed to a 529 Plan ..... 34.
- 35. Pell/Ohio College Opportunity taxable grant amounts used to pay room and board ..... 35.
- 36. Ohio educator expenses in excess of federal deduction..... 36.
- 37. Income attributable to loan repayments by the Ohio Department of Higher Education under the rural practice incentive program ..... 37.
- 38. Grant program payments made by the Ohio Department of Higher Education on behalf of adopted students ... 38.

## Medical

- 39. Disability benefits ..... 39.
- 40. Survivor benefits..... 40.
- 41. Unreimbursed medical and health care expenses (see instructions for worksheet; **include a copy**) ..... 41. 7308
- 42. Medical savings account contributions/earnings (see instructions for worksheet; **include a copy**) ..... 42.
- 43. Qualified organ donor expenses ..... 43.
- 44. **Total deductions** (add lines 12 through 43 ONLY). Enter here and on Ohio IT 1040, line 2b..... 44. 7308



Many of these credits **must** be calculated using a worksheet and/or be supported by additional required documentation. See the instructions for worksheets and information on supporting documentation.

**Nonrefundable Credits**

1. Tax liability before credits (from Ohio IT 1040, line 8c) .....	1.	2579
2. Retirement income credit (include 1099-R forms) .....	2.	
3. Lump sum retirement credit (include a copy of the worksheet and 1099-R forms) .....	3.	
4. Senior citizen credit (must be 65 or older to claim this credit) .....	4.	
5. Lump sum distribution credit (include a copy of the worksheet and 1099-R forms) .....	5.	
6. Child care & dependent care credit (include a copy of the worksheet) .....	6.	
7. Displaced worker training credit (include a copy of the worksheet and all required documentation) .....	7.	
8. Campaign contribution credit for Ohio statewide office or General Assembly .....	8.	0
9. Exemption credit .....	9.	0
10. Total (add lines 2 through 9) .....	10.	0
11. Tax less credits (line 1 minus line 10; if negative, enter zero) .....	11.	2579
12. Joint filing credit (see instructions for table). % times line 11, up to \$650 .....	12.	0
13. Earned income credit .....	13.	
14. Home school expenses credit (include copies of all required documentation) .....	14.	
15. Scholarship donation credit (include copies of all required documentation) .....	15.	
16. Nonchartered, nonpublic school tuition credit (include copies of all required documentation) .....	16.	
17. Credit for work-based learning experiences (include a copy of the credit certificate) .....	17.	
18. Ohio adoption credit carryforward .....	18.	
19. Nonrefundable job retention credit (include a copy of the credit certificate) .....	19.	
20. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) .....	20.	
21. Credit for the beginning farmers financial management program (include a copy of the credit certificate) .....	21.	
22. Welcome Home Ohio credit (include a copy of the credit certificate) .....	22.	
23. Credit for sale/rental of agricultural assets to beginning farmers (include a copy of the credit certificate) .....	23.	



# 2023 Ohio Schedule of Credits

Primary taxpayer's SSN

116 45 2576



23280298

Sequence No. 8

24. Grape production credit .....	24.	
25. InvestOhio credit ( <b>include a copy of the credit certificate</b> ) .....	25.	
26. Lead abatement credit ( <b>include a copy of the credit certificate</b> ) .....	26.	
27. Opportunity zone investment credit ( <b>include a copy of the credit certificate</b> ) .....	27.	
28. Technology investment credit carryforward ( <b>include a copy of the credit certificate</b> ) .....	28.	
29. Enterprise zone day care & training credits ( <b>include a copy of the credit certificate</b> ) .....	29.	
30. Research & development credit ( <b>include a copy of the credit certificate</b> ) .....	30.	
31. Nonrefundable Ohio historic preservation credit ( <b>include a copy of the credit certificate</b> ) .....	31.	
32. Ohio low-income housing credit ( <b>include a copy of the credit certificate</b> ) .....	32.	
33. Affordable single-family housing credit ( <b>include a copy of the credit certificate</b> ) .....	33.	
34. Total (add lines 12 through 33) .....	34.	0
35. Tax less additional credits (line 11 minus line 34; if negative, enter zero) .....	35.	2579
<b>Residency Credits</b>		
36. Nonresident credit – Ohio IT NRC, line 20 ( <b>include a copy</b> ) .....	36.	1320
37. Resident credit – Ohio IT RC, line 7 ( <b>include a copy</b> ) .....	37.	
38. <b>Total nonrefundable credits</b> (add lines 10, 34, 36 and 37; enter here and on Ohio IT 1040, line 9) .....	38.	1320

---

### Refundable Credits

39. Refundable Ohio historic preservation credit ( <b>include a copy of the credit certificate</b> ) .....	39.	
40. Refundable job creation credit & job retention credit ( <b>include a copy of the credit certificate</b> ) .....	40.	
41. Pass-through entity credit ( <b>include a copy of all Ohio IT K-1s</b> ) .....	41.	
42. Motion picture & Broadway theatrical production credit ( <b>include a copy of the credit certificate</b> ) .....	42.	
43. Venture capital credit ( <b>include a copy of the credit certificate</b> ) .....	43.	
44. <b>Total refundable credits</b> (add lines 39 through 43; enter here and on Ohio IT 1040, line 16) .....	44.	



# 2023 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters. Use whole dollars only.



23350198

Primary taxpayer's SSN

Sequence No. 11

116 45 2576

List your and your spouse's (if filing jointly) income statements **only if they have Ohio withholding**. In the "P/S" box, if the income statement belongs to the primary taxpayer, enter "P"; if the income statement belongs to the spouse, enter "S". If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies of this schedule if necessary. **Include state copies of your income statements.**

### Part A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 1040 .....1. 1488

### Part B - W-2s

1. P/S Box b - EIN Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld  
P 920732802 60430 2320

Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax  
54230278 60430 1488

2. P/S Box b - EIN Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld

Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax

3. P/S Box b - EIN Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld

Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax

4. P/S Box b - EIN Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld

Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax

5. P/S Box b - EIN Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld

Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax

6. P/S Box b - EIN Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld

Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax

7. P/S Box b - EIN Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld

Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax



# 2023 Schedule of Ohio Withholding

Primary taxpayer's SSN  
116 45 2576



23350298

Sequence No. 12

## **Part C - 1099-Rs**

1. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Box 4 - Federal income tax withheld

Total  
distribution

Box 7 -  
Distribution code

Box 14 - Ohio tax withheld

2. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Box 4 - Federal income tax withheld

Total  
distribution

Box 7 -  
Distribution code

Box 14 - Ohio tax withheld

3. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Box 4 - Federal income tax withheld

Total  
distribution

Box 7 -  
Distribution code

Box 14 - Ohio tax withheld

4. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Box 4 - Federal income tax withheld

Total  
distribution

Box 7 -  
Distribution code

Box 14 - Ohio tax withheld

## **Part D - W-2Gs**

1. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings

Box 14 - Ohio state winnings

Box 4 - Federal income tax withheld

Box 15 - Ohio income tax withheld

2. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings

Box 14 - Ohio state winnings

Box 4 - Federal income tax withheld

Box 15 - Ohio income tax withheld

3. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings

Box 14 - Ohio state winnings

Box 4 - Federal income tax withheld

Box 15 - Ohio income tax withheld

## **Part E - 1099-NECs**

1. P/S Payer's TIN

Box 6 - Payer's Ohio number

Box 1 - Nonemployee compensation

Box 7 - State income

Box 4 - Federal income tax withheld

Box 5 - Ohio tax withheld

2. P/S Payer's TIN

Box 6 - Payer's Ohio number

Box 1 - Nonemployee compensation

Box 7 - State income

Box 4 - Federal income tax withheld

Box 5 - Ohio tax withheld



**2023 IT NRC**  
**Ohio Nonresident Credit Calculation**  
 Use black ink only. Use whole dollars only.  
 Primary taxpayer's SSN  
 116 45 2576



This form is for individuals who were either full-year nonresidents or part-year residents of Ohio during the tax year above. Generally, full-year residents of Ohio should not complete this form. However, full-year Ohio residents filing a joint return with a nonresident or part-year resident spouse should include all their income in Column B. Part-year residents should enter their dates of residency below.

Primary taxpayer's dates of Ohio residency: 07 31 23 to 12 31 23  
 Spouse's dates of Ohio residency (if filing jointly): 07 31 23 to 12 31 23

**Section I – Nonresident Credit Calculation**

For each line in this section, enter in Column A the total income included on your federal return. Enter in Column B income earned or received in Ohio from each of the corresponding sources. Only report amounts included in federal adjusted gross income.

**Part A** - Complete for taxpayers who are either part-year or full-year nonresidents of Ohio.

	(A) Federal Amount	(B) Ohio Amount
1. Wages, salaries, tips, and guaranteed payments (Do not include amounts paid by a pass-through entity in which the taxpayer has a 20% or greater direct or indirect ownership interest. See instructions) .....	125710	60430
2. Nonbusiness capital gain income.....		
3. Nonbusiness rent and royalty income .....	-9600	0
4. Lottery, casino, and sports gaming winnings .....		
5. Business income (from Section II) .....		
6. Net Apportioned Ohio Depreciation Adjustment (from Section II, Line 22, Column B) .....		
7. Net additions from Ohio Schedule of Adjustments (excluding the IRC 168(k) & 179 depreciation add-back) List the additions here: .....		
8. Net deductions from Ohio Schedule of Adjustments (excluding the business income deduction and the deduction of prior year 168(k) and 179 depreciation add-backs) List the deductions here: UNREMB LONG-TERM INS PREM .....		7308
9. Total (Sum of lines 1 through 7, minus line 8, Column B only).....		53122

**Part B** - Complete only for taxpayers who are part-year residents of Ohio.

10. Nonbusiness interest and dividend income.....		
11. Pensions, annuities and IRA distributions .....	0	
12. Unemployment compensation.....		
13. Other nonbusiness income .....	0	
14. Deductions from your federal return included in federal adjusted gross income. List the deductions here: .....		
15. Total (Sum of lines 10 through 13, minus line 14, Column B only).....		

**Part C** - Calculation of the Nonresident Portion of Ohio Adjusted Gross Income.

16. Ohio Adjusted Gross Income (from Ohio IT 1040, line 3) .....	108802
17. Total Income Allocated or Apportioned to Ohio (line 9 plus line 15; if negative, enter zero).....	53122
18. Nonresident Portion of Ohio Adjusted Gross Income (line 16 minus line 17; if negative enter zero) .....	55680
19. Divide line 18 by line 16. Carry to 4 digits without rounding. If greater than 1, enter 1 .....	0.5117
20. <b>Ohio Nonresident Credit.</b> Multiply line 19 by Ohio Schedule of Credits, line 35. Enter here and on the Ohio Schedule of Credits, line 36.....	1320



2023 IT NRC



10211411

SSN: 116 45 2576

**Section II – Ohio Business Income**

Report each business from which the taxpayer received business income or loss during the tax year. List the businesses in descending order from highest "Ohio Apportioned Income" to lowest, including those businesses with no Ohio apportionment.

Use Section III of this form to calculate the amounts reported in Columns B and C. Certain taxpayers who receive an Ohio IT K-1 may be able to attach a copy of the form in lieu of completing Section III for that entity. Such taxpayers should check the box and report the IT K-1 amounts in Columns B and C. Section III is not required for businesses with no Ohio apportionment.

**Important:** "Federal Business Income" is the taxpayer's share of income they reported for federal income tax purposes. **Column A is NOT a total of Columns B and C.**

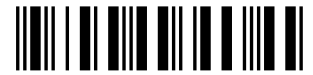
	IT K-1	(A) Federal Business Income	(B) Ohio Depreciation Adjustment	(C) Ohio Apportioned Income
1. FEIN/SSN: _____	<input type="checkbox"/>	1. _____	_____	_____
2. FEIN/SSN: _____	<input type="checkbox"/>	2. _____	_____	_____
3. FEIN/SSN: _____	<input type="checkbox"/>	3. _____	_____	_____
4. FEIN/SSN: _____	<input type="checkbox"/>	4. _____	_____	_____
5. FEIN/SSN: _____	<input type="checkbox"/>	5. _____	_____	_____
6. FEIN/SSN: _____	<input type="checkbox"/>	6. _____	_____	_____
7. FEIN/SSN: _____	<input type="checkbox"/>	7. _____	_____	_____
8. FEIN/SSN: _____	<input type="checkbox"/>	8. _____	_____	_____
9. FEIN/SSN: _____	<input type="checkbox"/>	9. _____	_____	_____
10. FEIN/SSN: _____	<input type="checkbox"/>	10. _____	_____	_____
11. FEIN/SSN: _____	<input type="checkbox"/>	11. _____	_____	_____
12. FEIN/SSN: _____	<input type="checkbox"/>	12. _____	_____	_____
13. FEIN/SSN: _____	<input type="checkbox"/>	13. _____	_____	_____
14. FEIN/SSN: _____	<input type="checkbox"/>	14. _____	_____	_____
15. FEIN/SSN: _____	<input type="checkbox"/>	15. _____	_____	_____
16. FEIN/SSN: _____	<input type="checkbox"/>	16. _____	_____	_____
17. FEIN/SSN: _____	<input type="checkbox"/>	17. _____	_____	_____
18. FEIN/SSN: _____	<input type="checkbox"/>	18. _____	_____	_____
19. FEIN/SSN: _____	<input type="checkbox"/>	19. _____	_____	_____
20. FEIN/SSN: _____	<input type="checkbox"/>	20. _____	_____	_____
21. Enter the total of all additional businesses, if any.....		21. _____	_____	_____
22. Totals (sum of lines 1 through 21, by column).....		22. _____	_____	_____

Enter the total from line 22, Column B on Section 1, line 6.

If line 22, Column C is zero or less, **STOP HERE** and enter that amount on Section I, line 5. Otherwise, continue to lines 23 and 24.

23. Business Income Deduction (from the Ohio Schedule of Business Income, line 13) ..... 23. \_\_\_\_\_

24. Ohio Business Income (line 22, Column C minus line 23; if less than zero, enter zero). Enter here  
and on Section I, line 5..... 24. \_\_\_\_\_



**Unreimbursed Medical Care Expenses Worksheet (Ohio Schedule of Adjustments, Line 36)**

**Only include amounts you paid for yourself, your spouse, and your dependents.**

1. Enter amounts paid for unreimbursed dental, vision, and health insurance premiums paid during any portion of the year in which you were <b>not</b> eligible for Medicare or an employer-paid health care plan through your or your spouse's employer (See Note).....	1.	7 308 00
2. Enter amounts paid for unreimbursed long-term care insurance premiums (See Note).....	2.	
3. Enter amounts paid for unreimbursed dental, vision, and health insurance premiums paid during any portion of the year in which you <b>were</b> eligible for Medicare or an employer-paid health care plan through your or your spouse's employer (See Note).....	3.	0 00
4. Enter amounts paid for medical care during the year (do not include any amounts reported on lines 1-3).....	4.	0 00
5. Add lines 3 and 4.....	5.	0 00
6. Enter your federal adjusted gross income (Ohio IT 1040, line 1). If less than zero, enter zero.....	6.	116 110 00
7. Line 6 times 7.5% (0.075).....	7.	8 708 00
8. Line 5 minus line 7. If less than zero, enter zero.....	8.	0 00
9. Add lines 1, 2, and 8. Enter on Ohio Schedule of Adjustments, line 36.....	9.	7 308 00

**Note:** Any amounts entered representing insurance premiums must be reduced by any related premium refunds, related premium reimbursements or related insurance premium dividends received during the year.

**Line 1:** You must reduce the amount you enter on this line by your federal self-employed health insurance deduction (federal 1040, Schedule 1, line 17).

For purposes of this line, "health insurance premiums" includes amounts you paid for health insurance under the Affordable Care Act, even if you received a federal subsidy for purchasing it.

**Example 1:** From January 1 through June 30, Dan was not eligible for Medicare or health insurance through his employer. Dan paid \$100 per month in premiums, totaling \$600, for insurance he obtained under the Affordable Care Act. Dan became eligible for Medicare on July 1. He began to pay Medicare Part B premiums as well as premiums for supplemental health insurance. Dan can enter only \$600 on line 1 of the worksheet.

**Line 2:** Long-term care insurance plans include those that cover the costs of nursing home care, in-home care, and adult day care.

**Line 3:** Include any premiums that you were unable to include on line 1 due to qualifying for Medicare or an employer-paid health care plan should be reported on this line.

**Example 2:** Refer back to Example 1 on this page. After Dan became eligible for Medicare on July 1, he paid a total of \$1,000 in premiums for Medicare Part B and additional supplemental health insurance premiums. He did not enter those premiums on line 1 due to qualifying for Medicare. Instead, he enters the \$1,000 on line 3 of the worksheet.

**Line 4:** For purposes of this line, "medical care" has the same meaning found in Internal Revenue Code section 213, excluding premiums already reported on lines 1, 2 and 3. Some examples of eligible expenses are amounts paid for:

- Prescription medication or insulin;
- Hospital costs and nursing care;
- Medical, dental, and vision examinations and treatment by a certified health professional including copays;
- Eyeglasses, hearing aids, braces, crutches, and wheelchairs.

Refer to IRS Publication 502 for a comprehensive list of potentially eligible expenses.

**Medical Savings Account Worksheet (Ohio Schedule of Adjustments, Lines 5 and 37)**

1. Enter the lesser of \$4,963 or your contributions to a medical savings account (MSA) during the tax year. Do not include any amount reported on your federal 1040, Schedule 1, line 13.....	1.	0 00
2. If filing jointly, enter the lesser of \$4,963 or your spouse's contributions to an MSA during the tax year. Do not include any amount reported on your federal 1040, Schedule 1, line 13.....	2.	0 00
3. Enter any investment earnings from your MSA included in your federal adjusted gross income.....	3.	
4. Add lines 1, 2 and 3.....	4.	0 00
5. Enter any withdrawals from your MSA used for nonmedical purposes.....	5.	
6. If line 5 is less than line 4, line 4 minus line 5.. Enter on Ohio Schedule of Adjustments, line 37.....	6.	
7. If line 4 is less than line 5, line 5 minus line 4.. Enter on Ohio Schedule of Adjustments, line 5.....	7.	





# New York State E-File Signature Authorization for Tax Year 2023

## For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

**Electronic return originator (ERO):** Do not mail this form to the Tax Department. Keep it for your records.

Taxpayer's name KALYANA PEDDIRAJU	Spouse's name (jointly filed return only) SAILAJA MACHIRAJU
--------------------------------------	--

### Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*, available on our website.

### General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, *Resident Income Tax Return*, IT-201-X, *Amended Resident Income Tax Return*, IT-203, *Nonresident and Part-Year Resident Income Tax Return*, IT-203-X, *Amended Nonresident and Part-Year Resident Income Tax Return*, IT-214, *Claim for Real Property Tax Credit*, and NYC-210, *Claim for New York City School Tax Credit*. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*.

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2023 Form IT-370 and Tax Year 2024 Form IT-2105*.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

### Part A – Tax return information

1 Federal adjusted gross income (from applicable line).....	1.	116110.
2 Refund.....	2.	642.
3 Amount you owe.....	3.	
4 Financial institution routing number.....	4.	242076973
5 Financial institution account number.....	5.	8000009236656
6 Account type: <input checked="" type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings		

### Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2023 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2023 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2023 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature	Date
Spouse's signature (jointly filed return only)	Date

### Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2023 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2023 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2023 New York State electronic return

is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2023 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

### Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

ERO's signature	Print name GLOBAL TAXES LLC	Date
Paid preparer's signature	Print name VENKATA SAI PAVAN KUMAR DUDIPALLI	Date



Department of Taxation and Finance

# Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

For the year January 1, 2023, through December 31, 2023, or fiscal year beginning .....

# IT-203

23

For help completing your return, see the instructions, Form IT-203-I.

and ending .....

Your first name and middle initial KALYANA		Your last name (for a joint return, enter spouse's name on line below) PEDDIRAJU		Your date of birth (mmddyyyy) 08131974		Your Social Security number 116452576	
Spouse's first name and middle initial SAILAJA		Spouse's last name MACHIRAJU		Spouse's date of birth (mmddyyyy) 06131986		Spouse's Social Security number 825616523	
Mailing address (see instructions) (number and street or PO Box) 9812 DARTMOUTH WAY				Apartment number		New York State county of residence FLORAL PARK	
City, village, or post office LOVELAND			State OH	ZIP code 45140	Country UNITED STATES		School district name
Taxpayer's permanent home address (see instructions) (no. and street or rural route)				Apartment no.	City, village, or post office		School district code number
State	ZIP code	Country	Decedent information		Taxpayer's date of death	Spouse's date of death	

- A Filing status** (mark an X in one box):
- ①  Single
  - ②  Married filing joint return (enter both spouses' Social Security numbers above)
  - ③  Married filing separate return (enter both spouses' Social Security numbers above)
  - ④  Head of household (with qualifying person)
  - ⑤  Qualifying surviving spouse

**B Did you itemize** your deductions on your 2023 federal income tax return? Yes  No

**C Can you be claimed** as a dependent on another taxpayer's federal return? Yes  No

**D1 Did you have a financial account** located in a foreign country? Yes  No



- D2 (1) Did you or your spouse maintain living quarters in Yonkers** for any part of 2023? Yes  No   
If Yes: (2) Number of months you lived in Yonkers in 2023 ... 6  
(3) Number of months your spouse lived in Yonkers in 2023 ... 6  
If No: (4) Did you or your spouse work in Yonkers while not living in Yonkers for any part of 2023 ... Yes  No

- E New York City part-year residents only** (This includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island)  
(1) Number of months you lived in NY City in 2023 .... 6  
(2) Number of months your spouse lived in NY City in 2023 ..... 6

**F Enter your 2-character special condition code(s) if applicable** .....

- G New York State part-year residents**  
Enter the date you moved into or out of NYS (mmddyyyy) ..... 01012023  
On the last day of the tax year (mark an X in one box):  
1) Lived in NYS .....   
2) Lived outside NYS; received income from NYS sources during nonresident period .....   
3) Lived outside NYS; received no income from NYS sources during nonresident period .....

**H Did you or your spouse maintain living quarters in NYS in 2023?** Yes  No   
(if Yes, complete Form IT-203-B)

### I Dependent information

First name and middle initial	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)

If more than 6 dependents, mark an X in the box.



203001233555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your Social Security number  
116452576

Federal income and adjustments

Federal amount  
Whole dollars only

New York State amount  
Whole dollars only

Table with 3 columns: Line number, Federal amount, New York State amount. Rows include Wages, salaries, tips, etc.; Taxable interest income; Ordinary dividends; Taxable refunds, credits, or offsets of state and local income taxes; Alimony received; Business income or loss; Capital gain or loss; Other gains or losses; Taxable amount of IRA distributions; Taxable amount of pensions/annuities; Rental real estate, royalties, partnerships, S corporations, trusts, etc.; Rental real estate included in line 11; Farm income or loss; Unemployment compensation; Taxable amount of Social Security benefits; Other income; Add lines 1 through 11 and 13 through 16; Total federal adjustments to income; Federal adjusted gross income.

New York additions

Table with 3 columns: Line number, Federal amount, New York State amount. Rows include Interest income on state and local bonds and obligations; Public employee 414(h) retirement contributions; Other; Add lines 19 through 22.

New York subtractions

Table with 3 columns: Line number, Federal amount, New York State amount. Rows include Taxable refunds, credits, or offsets of state and local income taxes; Pensions of NYS and local governments and the federal government; Taxable amount of Social Security benefits; Interest income on U.S. government bonds; Pension and annuity income exclusion; Other; Add lines 24 through 29; New York adjusted gross income.

32 Enter the amount from line 31, Federal amount column 116110.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

203002233555



**Standard deduction or itemized deduction**

33 Enter your **standard deduction** or your **itemized deduction** (from Form IT-196).  
 Mark an **X** in the appropriate box: ...  **Standard** – or –  **Itemized**

<b>33</b>	16050.00
<b>34</b>	100060.00
<b>35</b>	<b>000.00</b>
<b>36</b>	100060.00

**Tax computation, credits, and other taxes**

<b>37</b>	<b>New York taxable income</b> (from line 36)	100060.00
<b>38</b>	New York State tax on line 37 amount	5227.00
<b>39</b>	New York State household credit	.00
<b>40</b>	Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	5227.00
<b>41</b>	New York State child and dependent care credit	.00
<b>42</b>	Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	5227.00
<b>43</b>	New York State earned income credit	.00
<b>44</b>	Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	5227.00
<b>45</b>	Income percentage <input type="text"/> New York State amount from line 31 <input type="text"/> 65280.00 ÷ Federal amount from line 31 <input type="text"/> 116110.00 = Round result to 4 decimal places <input type="text"/> 0.5622	
<b>46</b>	Allocated New York State tax (multiply line 44 by the decimal on line 45)	2939.00
<b>47</b>	New York State nonrefundable credits (Form IT-203-ATT, line 8)	.00
<b>48</b>	Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	2939.00
<b>49</b>	Net other New York State taxes (Form IT-203-ATT, line 33)	.00
<b>50</b>	<b>Total New York State taxes</b> (add lines 48 and 49)	2939.00

**New York City and Yonkers taxes, credits, and surcharges, and MCTMT**

<b>51</b>	Part-year New York City resident tax (Form IT-360.1)	<input type="text"/> 51	<input type="text"/> .00	<b>See instructions to compute New York City and Yonkers taxes, credits, and surcharges.</b>
<b>52</b>	Part-year resident nonrefundable New York City child and dependent care credit	<input type="text"/> 52	<input type="text"/> .00	
<b>52a</b>	Subtract line 52 from 51	<input type="text"/> 52a	<input type="text"/> .00	<b>See instructions to compute the MCTMT for each zone.</b>
<b>52b</b>	MCTMT net earnings base for Zone 1..	<input type="text"/> 52b	<input type="text"/> .00	
<b>52c</b>	MCTMT net earnings base for Zone 2..	<input type="text"/> 52c	<input type="text"/> .00	
<b>52d</b>	MCTMT for Zone 1	<input type="text"/> 52d	<input type="text"/> .00	
<b>52e</b>	MCTMT for Zone 2	<input type="text"/> 52e	<input type="text"/> .00	
<b>52f</b>	Total MCTMT (add lines 52d and 52e)	<input type="text"/> 52f	<input type="text"/> .00	
<b>53</b>	Yonkers nonresident earnings tax (Form Y-203)	<input type="text"/> 53	<input type="text"/> .00	
<b>54</b>	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	<input type="text"/> 54	<input type="text"/> 0.00	
<b>55</b>	<b>Total New York City and Yonkers taxes / surcharges and MCTMT</b> (add lines 52a, and 52f through 54)	<input type="text"/> 55	<input type="text"/> 0.00	
<b>56</b>	<b>Sales or use tax</b> (Do not leave blank.)	<input type="text"/> 56	<input type="text"/> 0.00	
<b>57</b>	<b>Voluntary contributions</b> (Form IT-227, Part 2, line 1)	<input type="text"/> 57	<input type="text"/> .00	
<b>58</b>	<b>Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions</b> (add lines 50, 55, 56, and 57)	<input type="text"/> 58	<input type="text"/> 2939.00	

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Enter your Social Security number
116452576

59 Enter amount from line 58 ..... 59 2939 .00

Payments and refundable credits

Table with 2 columns: Description and Amount. Rows include NYC school tax credit, other refundable credits, and total payments and refundable credits.

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return. Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information

Table with 2 columns: Description and Amount. Rows include amount overpaid, amount available for refund, and total refund after NYS 529 account deposit.

Mark one refund choice: [X] direct deposit to checking or savings account (fill in line 73) - or - [ ] paper check

Refund? Direct deposit is the easiest, fastest way to get your refund. See instructions for payment options.

Table with 2 columns: Description and Amount. Rows include amount applied to 2024 tax, amount to be paid, and other penalties and interest.

See instructions for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal. If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box [ ]

73a Account type: [X] Personal checking - or - [ ] Personal savings - or - [ ] Business checking - or - [ ] Business savings

73b Routing number 242076973 73c Account number 8000009236656

74 Electronic funds withdrawal ..... Date [ ] Amount [ ] .00

Third-party designee? (see instr.) Yes [ ] No [X] Print designee's name, Designee's phone number, Personal identification number (PIN), Email:

Paid preparer must complete: Preparer's signature VENKATA SAI PAVAN KUMAR, Preparer's printed name VENKATA SAI PAVAN KUMAR, Firm's name GLOBAL TAXES LLC, Address 245 ROONEY CT, E BRUNSWICK NJ 08816, Email: SYAM@GTAXFILE.COM

Taxpayer(s) must sign here: Your signature, Your occupation TEAM LEAD, Spouse's signature and occupation HOME MAKER, Date, Daytime phone number (513)370 1726, Email: KALYAN.PEDDIRAJU@GMAIL.COM

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





Department of Taxation and Finance

# Change of City Resident Status

New York City • Yonkers

# IT-360.1

Submit this form with Form IT-201 or Form IT-203.

Name(s) as shown on return KALYANA PEDDIRAJU AND SAILAJA MACHIRAJU	Social Security number 116452576
---	-------------------------------------

**Change of city resident status** – If you are married and filing separate New York State returns, each of you must complete a separate Form IT-360.1 (see instructions, Form IT-360.1-I).

For income tax purposes, New York City includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island.

Mark an **X** in only **one** box (A)  **New York City change of residence** – Complete Parts 1, 2, 3, and 4.

(B)  **Yonkers change of residence** – Complete Parts 1 and 5.

(C)  **New York City and Yonkers change of residence** – Complete the entire form.

Part 1 – New York adjusted gross income (see instructions)	Column A Federal income and adjustments (all sources)	Column B Amount of Column A for New York City resident period	Column C Amount of Column A for Yonkers resident period
1 Wages, salaries, tips, etc .....	1 125710.00	0.00	0.00
2 Taxable interest income .....	2 .00	.00	.00
3 Ordinary dividends .....	3 .00	.00	.00
4 Taxable refunds, credits, or offsets of state and local income taxes .....	4 .00	.00	.00
5 Alimony received .....	5 .00	.00	.00
6 Business income or loss (submit copy of federal Schedule C, Form 1040) .....	6 .00	.00	.00
7 Capital gain or loss (submit copy of federal Schedule D, Form 1040) .....	7 .00	.00	.00
8 Other gains or losses (submit copy of federal Form 4797) .....	8 .00	.00	.00
9 Taxable amount of IRA distributions ....	9 .00	.00	.00
10 Taxable amount of pensions and annuities	10 .00	.00	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040) .....	11 -9600.00	0.00	0.00
12 Farm income or loss (submit copy of federal Schedule F, Form 1040) .....	12 .00	.00	.00
13 Unemployment compensation .....	13 .00	.00	.00
14 Taxable amount of Social Security benefits	14 .00	.00	.00
15 Other income .....			
Identify:	15 .00	.00	.00
16 Total (add lines 1 through 15) .....	16 116110.00	0.00	0.00
17 Total federal adjustments to income ....			
Identify:	17 .00	.00	.00
18 Federal adjusted gross income (subtract line 17 from line 16) .....	18 116110.00	0.00	0.00
19 New York modifications .....	19 .00	.00	.00
20 <b>New York adjusted gross income</b> (line 18 and add or subtract line 19) .....	20 116110.00	0.00	0.00

NO HANDWRITTEN ENTRIES ON THIS FORM

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<b>Part 2 – Itemized deductions for New York City</b> (see instructions) If you are claiming the standard deduction, do not complete Part 2.		<b>Column A</b> Itemized deductions (see instructions)	<b>Column B</b> Amount of Column A for New York City resident period
21	Medical and dental expenses .....	21	.00
22	Taxes you paid .....	22	.00
23	Interest you paid .....	23	.00
24	Gifts to charity .....	24	.00
25	Casualty and theft losses .....	25	.00
26	Job expenses and certain miscellaneous deductions .....	26	.00
27	Other itemized deductions .....	27	.00
28	Add lines 21 through 27 .....	28	.00
29	Reduction for itemized deduction limitation (see instructions) .....	29	.00
30	Total itemized deductions (subtract line 29 from line 28) .....	30	.00
31	State, local, and foreign <b>income</b> taxes (or general sales tax, if applicable) and other subtraction adjustments .....	31	.00
32	Subtract line 31 from line 30 .....	32	.00
33	Addition adjustments and college tuition itemized deduction (see instructions) .....	33	.00
34	Add lines 32 and 33 .....	34	.00
35	Itemized deduction adjustment (if line 20, Column B, is more than \$100,000, see instructions; all others enter 0 on line 35) .....	35	.00
36	<b>Itemized deduction</b> (subtract line 35 from line 34, enter here and on line 44) .....	36	.00

**Part 3 – Dependent exemptions** (see instructions)

37 Enter the period you were a New York City **resident** during 2023; use a two-digit number to represent the month and day (see instructions)

From: month  day  To: month  day

38 This line intentionally left blank

39	Enter the number of full months in the New York City resident period .....	39	6
40	Enter the prorated value of one dependent exemption (use Proration chart; see instructions) .....	40	.00
41	Enter the number of dependent exemptions you claimed on Form IT-201, line 36, or Form IT-203, line 35 .....	41	
42	Multiply the amount on line 40 by the number of dependent exemptions claimed on line 41 (enter here and on line 46) .....	42	.00

**Part 4 – Part-year New York City resident tax** (see instructions)

43	New York City adjusted gross income (see instructions) .....	43	0.00
44	Resident period standard deduction (see instructions) <b>or</b> resident period itemized deduction (from line 36) .....	44	8025.00
45	Subtract line 44 from line 43 .....	45	.00
46	Dependent exemption amount (from line 42) .....	46	.00
47	<b>New York City taxable income</b> (subtract line 46 from line 45) .....	47	.00
48	New York City tax on line 47 amount (see instructions) .....	48	0.00
49	Total New York City household credit and accumulation distribution credit (see instructions) .....	49	.00
50	Subtract line 49 from line 48 (if line 49 is larger than line 48, enter 0) .....	50	0.00
51	Part-year New York City separate tax on lump-sum distributions (from Form IT-230) .....	51	.00
52	Part-year New York City resident tax on capital gain portion of lump-sum distributions (from Form IT-230) .....	52	.00
53	Add lines 50, 51, and 52 .....	53	0.00
54	Credit for part-year New York City unincorporated business tax paid (see instructions) .....	54	.00
55	<b>Part-year New York City resident tax</b> (subtract line 54 from line 53 and enter tax on Form IT-201, line 50, or Form IT-203, line 51; if line 54 is larger than line 53, enter 0) .....	55	0.00

NO HANDWRITTEN ENTRIES ON THIS FORM

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**Part 5 – Part-year Yonkers resident income tax surcharge** (see instructions)

		Full-year NYS resident	Part-year NYS resident
<b>56</b> Total New York State taxes (Form IT-201, line 46) .....	<b>56</b>	.00	
<b>57</b> Empire State child credit (Form IT-201, line 63) .....	<b>57</b>	.00	
<b>58</b> NYS child and dependent care credit (Form IT-216, line 14) .....	<b>58</b>	.00	
<b>59</b> Earned income credit (Form IT-201, line 65) .....	<b>59</b>	.00	
<b>60</b> Noncustodial parent New York State earned income credit (Form IT-201, line 66) .....	<b>60</b>	.00	
<b>61</b> Real property tax credit (Form IT-201, line 67) .....	<b>61</b>	.00	
<b>61a</b> New York City school tax credit (Form IT-201, lines 69 and 69a) .....	<b>61a</b>	.00	
<b>62</b> College tuition credit (Form IT-201, line 68) .....	<b>62</b>	.00	
<b>62a</b> This line intentionally left blank .....	<b>62a</b>		
<b>63</b> Amount from Form IT-201-ATT, line 13 .....	<b>63</b>	.00	
<b>64</b> Add lines 57 through 63 .....	<b>64</b>	.00	
<b>65</b> Subtract line <b>64</b> from line <b>56</b> (if line 64 is more than line 56, enter 0 here and on Form IT-201, line 57) .....	<b>65</b>	.00	
<b>66</b> Base tax (Form IT-203, line 44) .....	<b>66</b>		5 227 .00
<b>67</b> New York State nonrefundable credits (Form IT-203-ATT, line 8) .....	<b>67</b>		.00
<b>68</b> Subtract line 67 from line 66 (if line 67 is more than line 66, enter 0) ..	<b>68</b>		5 227 .00
<b>69</b> Net other New York State taxes (Form IT-203-ATT, line 33) .....	<b>69</b>		.00
<b>70</b> Add lines 68 and 69 .....	<b>70</b>		5 227 .00
<b>71</b> Total of amounts from Form IT-203-ATT, lines <b>9, 10,</b> and <b>12</b> .....	<b>71</b>		.00
<b>71a</b> This line intentionally left blank .....	<b>71a</b>		
<b>71b</b> New York City school tax credit (Form IT-203, lines 60 and 60a) .....	<b>71b</b>		63 .00
<b>71c</b> Add lines 71, and 71b .....	<b>71c</b>		63 .00
<b>72</b> Subtract line <b>71c</b> from line <b>70</b> (if line 71c is more than line 70, enter 0)	<b>72</b>		5164 .00
<b>73</b> Income percentage (see worksheet in the instructions) .....	<b>73</b>		0 .0000
<b>74</b> Multiply line <b>65</b> by line <b>73</b> . This is the net state tax for full-year state residents .....	<b>74</b>	.00	
<b>75</b> Multiply line <b>72</b> by line <b>73</b> . This is the net state tax for part-year state residents .....	<b>75</b>		0 .00
<b>76</b> Yonkers resident tax rate .....	<b>76</b>	<b>.1675</b>	

**77 Part-year Yonkers resident income tax surcharge**

(Full-year NYS residents: Multiply line 74 by line 76. Part-year NYS residents: Multiply line 75 by line 76.) **77** 0.00

Enter the line 77 amount on Form IT-201, line 57, or Form IT-203, line 54.

If you received wages or net earnings from self-employment from Yonkers sources during your nonresident period, see Form Y-203, *Yonkers Nonresident Earnings Tax Return*, and instructions, Form Y-203-I.

NO HANDWRITTEN ENTRIES ON THIS FORM

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Department of Taxation and Finance

# Summary of W-2 Statements

# IT-2

New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

## W-2 Record 1

**Box a** Employee's Social Security number for this W-2 Record

116452576

**Box b** Employer identification number (EIN)

920732802

**Box c** Employer's information

<b>Employer's name</b>			
EMERGINGIT SERVICES LLC			
<b>Employer's address (number and street)</b>			
8200 BECKETT PARK DR			
<b>City</b>	<b>State</b>	<b>ZIP code</b>	<b>Country</b>
WEST CHESTER	OH	45069	

**Box 1** Wages, tips, other compensation

60430.00

**Box 8** Allocated tips

.00

**Box 10** Dependent care benefits

.00

**Box 11** Nonqualified plans

.00

**Box 12a** Amount

.00

Code

||

**Box 12b** Amount

.00

Code

||

**Box 12c** Amount

.00

Code

||

**Box 12d** Amount

.00

Code

||

**Box 14a** Amount

.00

Description

**Box 14b** Amount

.00

Description

**Box 14c** Amount

.00

Description

**Box 14d** Amount

.00

Description

**Box 13** Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

**NY State information:**

**Box 15a** NY State

N | Y

**Box 16a** NYS wages, tips, etc.

.00

**Box 17a** NYS income tax withheld

.00

**Other state information:**

**Box 15b** other state

O | H

**Box 16b** Other state wages, tips, etc.

60430.00

**Box 17b** Other state income tax withheld

1488.00

**NYC and Yonkers information (see instr.):**

**Box 18** Local wages, tips, etc.

Locality a .00

Locality b .00

**Box 19** Local income tax withheld

Locality a .00

Locality b .00

**Box 20** Locality name

Locality a

Locality b

Do not detach.

## W-2 Record 2

**Box a** Employee's Social Security number for this W-2 Record

116452576

**Box b** Employer identification number (EIN)

030396933

**Box c** Employer's information

<b>Employer's name</b>			
SOIMEX DENIMAGIC INC			
<b>Employer's address (number and street)</b>			
250 PEHLE AVE STE 200			
<b>City</b>	<b>State</b>	<b>ZIP code</b>	<b>Country</b>
SADDLE BROOK	NJ	07663	

**Box 1** Wages, tips, other compensation

65280.00

**Box 8** Allocated tips

.00

**Box 10** Dependent care benefits

.00

**Box 11** Nonqualified plans

.00

**Box 12a** Amount

.00

Code

||

**Box 12b** Amount

.00

Code

||

**Box 12c** Amount

.00

Code

||

**Box 12d** Amount

.00

Code

||

**Box 14a** Amount

16.00

Description

NYSDI

**Box 14b** Amount

297.00

Description

NYPFL

**Box 14c** Amount

.00

Description

**Box 14d** Amount

.00

Description

**Box 13** Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

**NY State information:**

**Box 15a** NY State

N | Y

**Box 16a** NYS wages, tips, etc.

65280.00

**Box 17a** NYS income tax withheld

3518.00

**Other state information:**

**Box 15b** other state

| |

**Box 16b** Other state wages, tips, etc.

.00

**Box 17b** Other state income tax withheld

.00

**NYC and Yonkers information (see instr.):**

**Box 18** Local wages, tips, etc.

Locality a .00

Locality b .00

**Box 19** Local income tax withheld

Locality a .00

Locality b .00

**Box 20** Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

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