

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

from to:

Place "X" in box
if amending

Your Social Security Number 344 45 7781

Spouse's Social Security Number

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name NAGENDRA Initial Last name DEVABAKTHUNI Suffix

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

Present address (number and street or rural route) 8526 BAY COLONY DR Place "X" in box if you are married filing separately.

City INDIANAPOLIS State IN ZIP/Postal code 46234

Foreign country 2-character code (see instructions)

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

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

Round all entries

- 1. Enter your federal adjusted gross income from your federal income tax return, Form 1040 or Form 1040-SR, line 11 **Federal AGI** 1 82200 .00
- 2. Enter amount from Schedule 1, line 7, and enclose Schedule 1 **Indiana Add-Backs** 2 .00
- 3. Add line 1 and line 2 3 82200 .00
- 4. Enter amount from Schedule 2, line 12, and enclose Schedule 2 **Indiana Deductions** 4 .00
- 5. Subtract line 4 from line 3 5 82200 .00
- 6. Complete Schedule 3. Enter amount from Schedule 3, line 7, and enclose Schedule 3 **Indiana Exemptions** 6 1000 .00
- 7. Subtract line 6 from line 5 **Indiana Adjusted Gross Income** 7 81200 .00
- 8. State adjusted gross income tax: multiply line 7 by 3.15% (.0315) (if answer is less than zero, leave blank) 8 2558 .00
- 9. County tax. Enter county tax due from Schedule CT-40 (if answer is less than zero, leave blank) 9 1640 .00
- 10. Other taxes. Enter amount from Schedule 4, line 4 (enclose schedule) 10 .00
- 11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back **Indiana Taxes** 11 4198 .00



12. Enter credits from Schedule 5, line 13 (enclose schedule) _____	12	2526	.00
13. Enter offset credits from Schedule 6, line 8 (enclose schedule) _____	13		.00
14. Add lines 12 and 13 _____ Indiana Credits	14	2526	.00
15. Enter amount from line 11 _____ Indiana Taxes	15	4198	.00
16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)	16		.00
17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16	17		.00
18. Subtract line 17 from line 16 _____ Overpayment	18		.00
19. Amount from line 18 to be applied to your 2024 estimated tax account (see instructions).			
Enter your county code <input type="text"/> county tax to be applied _ \$	a		.00
Spouse's county code <input type="text"/> county tax to be applied _ \$	b		.00
Indiana adjusted gross income tax to be applied _____ \$	c		.00
Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18) _____	19d		.00
20. Penalty for underpayment of estimated tax from Schedule IT-2210 and IT-2210A _____	20		.00
a. Enter Code A if annualizing. Enter Code F if Farmer or Fisherman _____	a		
21. Refund: Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions _____ Your Refund	21		.00
22. Direct Deposit (see instructions)			
a. Routing Number <input type="text"/>			
b. Account Number <input type="text"/>			
c. Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Hoosier Works MC			
d. Place an "X" in the box if refund will go to an account outside the United States <input type="checkbox"/>			
23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions) _____	23	1672	.00
24. Penalty if filed after due date (see instructions) _____	24		.00
25. Interest if filed after due date (see instructions) _____	25		.00
26. Amount Due: Add lines 23, 24 and 25 _____ Amount You Owe	26	1672	.00

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

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

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



Name(s) shown on Form IT-40

NAGENDRA DEVABAKTHUNI

Your Social Security Number

344

45

7781

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

Round all entries

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

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

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

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

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

You were age 65 or older and/or blind

Spouse was 65 or older and/or blind

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

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

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

You were age 65 or older

Spouse was 65 or older

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

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

7. Add lines 1, 2, 3, 4, 5 and 6. Enter here and on Form IT-40, line 6 Total Exemptions 7 1000 .00



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NAGENDRA DEVABAKTHUNI

344 45 7781

Round all entries

1. Indiana state tax withheld: See instructions _____	1	2526	.00
2. Indiana county tax withheld: See instructions _____	2		.00
3. Pass Through Entity Tax Credit _____	3		.00
4. Estimated tax paid for 2023: include any extension payment made with Form IT-9 _____	4		.00
5. Unified tax credit for the elderly _____	5		.00
6. Earned income credit: enclose Schedule IN-EIC and enter amount from line A-3 _____	6		.00
7. Lake County residential income tax credit _____	7		.00
8. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, line 19 (enclose schedule) _____	8		.00
9. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule) _____	9		.00
10. Headquarters relocation credit (refundable portion - see instructions) _____	10		.00
11. Adoption Credit _____	11		.00
12. Reserved for future use _____	12		.00
13. Add lines 1 through 12. Enter total here and on Form IT-40, line 12 _____ Total Credits	13	2526	.00

Schedule IN-DONATE

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

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

a. Enter fund name		code no.		1a		.00
b. Enter fund name		code no.		1b		.00
c. Enter fund name		code no.		1c		.00
2. Add lines 1a through 1c. Enter total here and on Form IT-40, line 17 Total Donations				2		.00



Name(s) shown on Form IT-40

Your Social Security Number

NAGENDRA DEVABAKTHUNI

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1. Federal filing information

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

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

State where you worked Your income \$. State where spouse worked Spouse's income \$.

3. Extension of time to file

- a. Place "X" in box if you have filed a federal extension of time to file, Form 4868, or made an online extension payment.
- b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or made an Indiana extension payment online.

4. Farm/Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.
Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

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

6. Date of death

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

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

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

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

7. Your daytime

telephone number 8135039166

Your

email address NAG.DEVABAKTHUNI@GMAIL

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

Yes No If yes, complete the information below.

Personal Representative's Name (please print)

Telephone number

Address

City

State ZIP Code

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

GLOBAL TAXES LLC

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

PTIN P02082703

Address 245 ROONEY CT

City E BRUNSWICK

State NJ ZIP Code 08816

Preparer's signature SYAM PRIYA RAM SAGAR GUPTA

County Tax Schedule for
Full-Year Indiana Residents

2023

Name(s) shown on Form IT-40

NAGENDRA DEVABAKTHUNI

Your Social Security Number

344 45 7781

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

Column A - Yourself		Column B - Spouse's	
1A	81200.00	1B	.00

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

2A	.0202000	2B	.00
----	----------	----	-----

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

3A	1640.00	3B	.00
----	---------	----	-----

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

4	1640.00
---	---------

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

5	.00
---	-----

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

6	.00
---	-----

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

7	1640.00
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Name(s) shown on Form IT-40/IT-40PNR
NAGENDRA DEVABAKTHUNI

Your Social Security Number
344 45 7781

Section A - Farmers and Fishermen Only - See Instructions

	Annual Gross Income from All Sources		Two-Thirds of Gross Income		Gross Income from Farming and Fishing
2022	00	X 66.7% =	00		00
2023	00	X 66.7% =	00		00

Section B: Early Filers

Check box if you filed your 2023 tax return and paid the total tax due by Jan. 31, 2024

Section C - Required Annual Payment

- 2023 tax _____
- 2023 credits (not including withholding credits or estimated tax payments) _____
- Subtract line 2 from line 1 _____
- Multiply line 3 by 90% (.90) (farmers/fishermen multiply by .667, see instructions) _____
- 2023 withholding tax and PTET credit _____
- Subtract line 5 from line 3 - **If less than \$1,000, STOP HERE! You do not owe a penalty** _____
- Prior year's tax (see instructions) _____
- Minimum required annual payment - Enter the lesser of line 4 or line 7 - **If less than or equal to the amount on line 5, STOP HERE! You do not owe a penalty** _____

Round all entries

1	4198	00
2		00
3	4198	00
4	3778	00
5	2526	00
6	1672	00
7	0	00
8	0	00

Section D - Short Method - Read the instructions to determine if you can use the short method

- Enter the withholding tax and PTET credit amount from line 5 above _____
- Enter the total amount, if any, of estimated tax payments you made for tax year 2023 _____
- Add lines 9 and 10 _____
- Total Underpayment. Subtract line 11 from line 8. If zero or less, **STOP HERE!** You do not owe a penalty. Attach this schedule to your tax return _____
- Multiply line 12 by 10% (.10). Enter this amount on line 20 on Form IT-40 or Form IT-40PNR _____

9		00
10		00
11		00
12		00
13		00

Section E - Regular Method

Installment Period Due Dates

	A 1st Installment April 18, 2023		B 2nd Installment June 15, 2023		C 3rd Installment September 15, 2023		D 4th Installment January 16, 2024	
14. Minimum required installment payment: divide amount on line 8 by 4 _____	14	00	00	00	00	00	14	00
15. 2023 withholding and PTET - Divide line 5 by 4 _____	15	00	00	00	00	00	15	00

STOP! Complete lines 16 through 19 for each column before going to the next one.

16. 2023 estimated taxes paid per period _____	16	00	00	00	00	00	16	00
17. Total installment payments (add lines 15 and 16) _____	17	00	00	00	00	00	17	00
18. Installment period overpayment _____	18	00	00	00	00	00	18	00
19. Installment period underpayment _____	19	00	00	00	00	00	19	00
20. Total underpayment - Add line 19, Columns A + B + C + D and enter total here _____	20						20	00
21. Underpayment penalty - Multiply line 20 by 10%. Enter this amount on line 20 on Form IT-40 or IT-40PNR _____	21						21	00



Part IV. Declaration

I
N
D
I
A
N
A

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

Your PIN: Check one box only

I authorize GLOBAL TAXES LLC to enter my PIN

5	7	7	8	1
---	---	---	---	---

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

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

Your signature ► _____ Date _____

Spouse's PIN: Check one box only

I authorize _____ to enter my PIN

--	--	--	--	--

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

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

Your signature ► _____ Date _____

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

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

2	2	2	4	9	6	0	8	2	7	1
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

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

ERO's signature ► _____ Date _____