

# IRS e-file Signature Authorization

OMB No. 1545-0074

▶ **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 DEEPTHI VEMULA	Social security number 731-92-9857
Spouse's name	Spouse's social security number

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

Enter whole dollars only on lines 1 through 5.

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

1 Adjusted gross income . . . . .	1	101,497.
2 Total tax . . . . .	2	14,585.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	21,089.
4 Amount you want refunded to you . . . . .	4	6,504.
5 Amount you owe . . . . .	5	

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

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

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

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

2	9	8	5	7
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 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- 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 \_\_\_\_\_ to enter or generate my PIN 

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 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- 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	0	8	2	7	1
---	---	---	---	---	---	---	---	---	---	---

  
Don't enter all zeros

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

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

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

Your first name and middle initial DEEPTHI Last name VEMULA Your social security number 731 92 9857

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

Home address (number and street). If you have a P.O. box, see instructions. 8850 LYRA DR STE 333 Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. COLUMBUS State OH ZIP code 43240 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 [X] Single [ ] Head of household (HOH) [ ] Married filing jointly (even if only one had income) [ ] Married filing separately (MFS) [ ] Qualifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

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 [X] No

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

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

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

Income section table with columns 1a-1z and 1a-1z. Rows include: 1a Total amount from Form(s) W-2, box 1 (120,262); 1b Household employee wages; 1c Tip income; 1d Medicaid waiver payments; 1e Taxable dependent care benefits; 1f Employer-provided adoption benefits; 1g Wages from Form 8919; 1h Other earned income (0); 1i Nontaxable combat pay election; 1z Add lines 1a through 1h (120,262).

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. Rows include: 2a Tax-exempt interest; 2b Taxable interest; 3a Qualified dividends; 3b Ordinary dividends; 4a IRA distributions; 4b Taxable amount; 5a Pensions and annuities; 5b Taxable amount; 6a Social security benefits; 6b Taxable amount.

Table with columns 7-15. Rows include: 7 Capital gain or (loss); 8 Additional income from Schedule 1, line 10 (-18,765); 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income (101,497); 10 Adjustments to income from Schedule 1, line 26; 11 Subtract line 10 from line 9. This is your adjusted gross income (101,497); 12 Standard deduction or itemized deductions (from Schedule A) (13,850); 13 Qualified business income deduction from Form 8995 or Form 8995-A; 14 Add lines 12 and 13 (13,850); 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income (87,647).

<b>Tax and Credits</b>	<b>16</b>	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	14,585.
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b>	Add lines 16 and 17	<b>18</b>	14,585.
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
	<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
	<b>21</b>	Add lines 19 and 20	<b>21</b>	
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	14,585.
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
	<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	14,585.

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	21,089.
	<b>b</b>	Form(s) 1099	<b>25b</b>	
	<b>c</b>	Other forms (see instructions)	<b>25c</b>	
	<b>d</b>	Add lines 25a through 25c	<b>25d</b>	21,089.
	<b>26</b>	2023 estimated tax payments and amount applied from 2022 return	<b>26</b>	
	<b>27</b>	Earned income credit (EIC) <input type="checkbox"/> No	<b>27</b>	
	<b>28</b>	Additional child tax credit from Schedule 8812	<b>28</b>	
	<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
	<b>30</b>	Reserved for future use	<b>30</b>	
	<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
	<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
	<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	21,089.

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	6,504.
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	6,504.
Direct deposit? See instructions.	<b>b</b>	Routing number 021200025 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number 823-786-5814		
	<b>36</b>	Amount of line 34 you want <b>applied to your 2024 estimated tax</b>	<b>36</b>	

<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	<b>37</b>	
	<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation BUSINESS ANALYST	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (609) 213-4429 Email address DPTI10@GMAIL.COM

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA	Date 03/28/2024	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Phone no. (678) 965-9522
				Firm's EIN

**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  
DEEPTHI VEMULA

Your social security number  
731-92-9857

**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>	-18,765.
<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 ABLE 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>	-18,765.

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 E  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.  
Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **13**

Name(s) shown on return

DEEPTHI VEMULA

Your social security number

731-92-9857

**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** DHARMARAM DHARMAPURI, JAGTIAL TELANGANA IN 505454

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

Income:	Properties:		
	A	B	C
<b>3</b> Rents received . . . . .	950.		
<b>4</b> Royalties received . . . . .			
<b>Expenses:</b>			
<b>5</b> Advertising . . . . .			
<b>6</b> Auto and travel (see instructions) . . . . .			
<b>7</b> Cleaning and maintenance . . . . .	1,458.		
<b>8</b> Commissions . . . . .			
<b>9</b> Insurance . . . . .			
<b>10</b> Legal and other professional fees . . . . .			
<b>11</b> Management fees . . . . .	1,365.		
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)			
<b>13</b> Other interest . . . . .			
<b>14</b> Repairs . . . . .	3,897.		
<b>15</b> Supplies . . . . .	3,745.		
<b>16</b> Taxes . . . . .			
<b>17</b> Utilities . . . . .	2,854.		
<b>18</b> Depreciation expense or depletion . . . . .	6,396.		
<b>19</b> Other (list) _____			
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	19,715.		
<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> . . . . .	-18,765.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	( 18,765. )		
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .		950.	
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .			
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .			
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .		6,396.	
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .		19,715.	
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .			
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here			( 18,765. )
<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 .			-18,765.

Do not staple or paper clip.



Department of Taxation

2023 Ohio IT 1040 Individual Income Tax Return



03 28 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) 731 92 9857 If deceased Spouse's SSN (if filing jointly) If deceased School district # 2503

First name DEEPTHI M.I. Last name VEMULA

Spouse's first name (if filing jointly) M.I. Last name

Address line 1 (number and street) or P.O. Box 8850 LYRA DR STE 333

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

City COLUMBUS State OH ZIP code 43240 Ohio county (first four letters) FRAN

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

Residency Status - Check only one for primary Nonresident\* DC Filing Status - Check one (as reported on federal income tax return) Single, head of household or qualifying surviving spouse Married filing jointly Spouse's SSN Married filing separately Ohio Nonresident Statement - See instructions for required criteria Federal extension filers - check here.

Do not staple or paper clip.

Table with 2 columns: Description and Amount. Row 1: 1. Federal adjusted gross income (federal 1040 or 1040-SR, line 11). Place a "-" in the box if negative. 101497. Row 2: 2a. Additions - Ohio Schedule of Adjustments, line 11 (include schedule). Row 3: 2b. Deductions - Ohio Schedule of Adjustments, line 44 (include schedule). Row 4: 3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box if negative. 101497. Row 5: 4. Exemption amount (include Schedule of Dependents if applicable). 1900. Row 6: 5. Ohio income tax base (line 3 minus line 4; if negative, enter zero). 99597. Row 7: 6. Taxable business income - Ohio Schedule of Business Income, line 15 (include schedule). Row 8: 7. Taxable nonbusiness income (line 5 minus line 6; if negative, enter zero). 99597.



MM-DD-YY

2023 Ohio IT 1040 Individual Income Tax Return



SSN: 731 92 9857

23000298 Sequence No. 2

Table with 2 columns: Description and Amount. Rows include 7a. Amount from line 7 on page 1 (99597), 8a. Nonbusiness income tax liability (2383), 8b. Business income tax liability (2383), 8c. Income tax liability before credits (2383), 9. Ohio nonrefundable credits (1004), 10. Tax liability after nonrefundable credits (1379), 11. Interest penalty on underpayment of estimated tax, 12. Unpaid use tax, 13. Total Ohio tax liability before withholding (1379), 14. Ohio income tax withheld (1923), 15. Estimated and extension payments, 16. Refundable credits, 17. Amended return only, 18. Total Ohio tax payments (1923), 19. Amended return only overpayment, 20. Line 18 minus line 19 (1923), 21. Tax due (1923), 22. Interest due on late payment of tax, 23. TOTAL AMOUNT DUE (AMOUNT DUE), 24. Overpayment (544), 25. Original return only, 26. Original return only (a-f), 27. REFUND (YOUR REFUND) (544).

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 (609) 213-4429
Spouse's signature \_\_\_\_\_ Date \_\_\_\_\_
Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522
Authorize your preparer to discuss this return Non-paid preparer PTIN: P 02082703

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





03 28 24

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

Table with 3 columns: Line number, Description, and Amount. Includes items like Tax liability before credits, Retirement income credit, Lump sum retirement credit, etc.



# 2023 Ohio Schedule of Credits

Primary taxpayer's SSN  
731 92 9857



23280298

Sequence No. 8

24. Grape production credit .....	24.	
25. InvestOhio credit (include a copy of the credit certificate) .....	25.	
26. Lead abatement credit (include a copy of the credit certificate) .....	26.	
27. Opportunity zone investment credit (include a copy of the credit certificate) .....	27.	
28. Technology investment credit carryforward (include a copy of the credit certificate) .....	28.	
29. Enterprise zone day care & training credits (include a copy of the credit certificate) .....	29.	
30. Research & development credit (include a copy of the credit certificate) .....	30.	
31. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate) .....	31.	
32. Ohio low-income housing credit (include a copy of the credit certificate) .....	32.	
33. Affordable single-family housing credit (include a copy of the credit certificate) .....	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.	2383
<b>Residency Credits</b>		
36. Nonresident credit – Ohio IT NRC, line 20 (include a copy) .....	36.	1004
37. Resident credit – Ohio IT RC, line 7 (include a copy) .....	37.	
38. Total nonrefundable credits (add lines 10, 34, 36 and 37; enter here and on Ohio IT 1040, line 9) .....	38.	1004

## Refundable Credits

39. Refundable Ohio historic preservation credit (include a copy of the credit certificate) .....	39.	
40. Refundable job creation credit & job retention credit (include a copy of the credit certificate) .....	40.	
41. Pass-through entity credit (include a copy of all Ohio IT K-1s) .....	41.	
42. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate) .....	42.	
43. Venture capital credit (include a copy of the credit certificate) .....	43.	
44. Total refundable credits (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

Sequence No. 11

Primary taxpayer's SSN

731 92 9857

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. 1923

### Part B - W-2s

1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	582137105	120262	21089

Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
53016487	58746	1923

2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
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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  
731 92 9857



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 D-40E SUB District of Columbia Individual IncomeTax Declaration for Electronic Filing



IRS Declaration Control Number (DCN) - - -

Your First name and initial DEEPTHI Last name VEMULA Taxpayer Identification Number (TIN) 731929857

Spouse's/Registered domestic partner's First name and initial Last name Spouse's TIN

Present Home Address (number, street and suite/apartment number if applicable) 8850 LYRA DR STE 333 Federal Filing Status 1

City, Town, and State COLUMBUS OH Zip Code + 4 43240 District of Columbia Filing Status 1

PART I - TAX RETURN INFORMATION

PLEASE ENTER WHOLE DOLLAR AMOUNTS

Table with 3 columns: Line number, Description, and Amount. Includes rows for DC Adjusted Gross Income, Total Tax, DC Income Tax Withheld, Total Amount Due, and Net Refund.

PART II - REFUND METHOD [X] Direct Deposit ReliaCard Paper Check

For Direct Deposit or Direct Debit enter the following information:

6. Routing Number\* 021200025
7. Account Number 8237865814
8. Type of Account [X] Checking Savings

PART III - DECLARATION OF TAXPAYER

Under penalties of perjury, I/we declare that I/we have examined a copy of my/our electronic individual income tax return and accompanying schedules and statements for the 2023 tax year, and to the best of my knowledge and belief, it is true, correct and complete.

Your Signature Date Spouse's Signature Date

PART IV - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the individual income tax return and that the entries on D40-E are complete and correct to the best of my knowledge. The taxpayer will have signed this form before I submit the return.

ERO's Signature Date TIN
SYAM PRIYA RAM SAGAR G 032824 P02082703
Paid Preparer's Signature Date TIN

PLEASE KEEP FOR YOUR RECORDS. DO NOT MAIL.



2023 D-40 SUB Individual Income Tax Return



230404S11555

SOFTWARE DEVELOPER USE ONLY VENDOR ID #1555

STAPLE OTHER REQUESTED DOCUMENTS IN UPPER LEFT

Personal information

Mark if: Filing an Amended return. See instructions.

Your telephone number

6092134429

Mark if Deceased

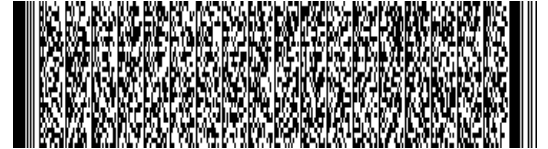
Your taxpayer identification number (TIN) and Date of Birth (MMDDYYYY)

731929857 07101988

Spouse's/registered domestic partner's TIN and Date of Birth (MMDDYYYY)

Your first name M.I. Last name DEEPTHI VEMULA

Spouse's/registered domestic partner's first name M.I. Last name



Home address(number, street and suite/apartment number (if applicable))

8850 LYRA DR STE 333

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

City State Zip Code + 4 COLUMBUS OH 43240

Email Address DPTI10@GMAIL.COM

Filing Status

1 Mark only one: X Single, Married filing jointly, Married filing separately, Dependent claimed by someone else

Married filing separately on same return Enter combined amounts for Lines 5-43. See instructions.

Registered domestic partners filing jointly or filing separately on the same return. Enter combined amounts for Lines 5-43. See instructions.

Head of household Enter qualifying dependent and/or non-dependent information on Schedule S.

Qualifying widow(er) with dependent child Enter qualifying dependent and/or non-dependent information on Schedule S.

2 Mark if you are: X Part-year resident in DC from 01012023 to 06142023 See instructions. (MMDDYYYY) (MMDDYYYY)

3 Did you have qualifying health care coverage for all members of your shared responsibility family for the entire year? Yes X No If no, or if claiming an exemption, complete Schedule HSR (see instructions).

\*Complete your federal return first - Enter your dependents' information on DC Schedule S\*

Income Information

Round cents to nearest dollar. If amount is zero, leave line if blank; minus, enter amount and fill in oval.

Table with 4 rows: a Wages, salaries, unemployment compensation and/or tips, see instructions. 120262.00; b Business income or loss, see instructions. .00; c Capital gain or loss. .00; d Rental real estate, royalties, partnerships, etc. 18765.00

Computation of DC Gross and Adjusted Gross Income

4 Federal adjusted gross income. From adjusted gross income lines on federal Forms 1040, 1040-SR, 1040-NR or 1040-NR-EZ. Mark if loss 4 101497.00

Enter your last name VEMULA

Enter your TIN 731929857



230404S21555

Additions to DC Income

Table with 3 columns: Line number, Description, and Amount. Includes Franchise tax deducted (5), Other additions from DC Schedule I (6), and Add Lines 4, 5 and 6 (7) with a 'Mark if loss' checkbox.

Subtractions from DC Income

Table with 3 columns: Line number, Description, and Amount. Includes Part year residents (8), Taxable refunds (9), Social security (10), DC franchise (11), DC survivor benefits (12), Unemployment (13), Other subtractions (14), Total subtractions (15), and DC adjusted gross income (16) with a 'Mark if loss' checkbox.

17 Deduction type. Take the same type as you took on your federal return. Fill in which type Standard X or Itemized See instructions for amount to enter on Line 17.

Table with 3 columns: Line number, Description, and Amount. Includes DC deduction amount (18).

Table with 3 columns: Line number, Description, and Amount. Includes DC taxable income (19) with a 'Mark if loss' checkbox.

Table with 3 columns: Line number, Description, and Amount. Includes Tax (20) with instructions on tax tables.

Fill in if filing separately on same return. Complete Calculation J on Schedule S.

Table with 3 columns: Line number, Description, and Amount. Includes Credit for child and dependent care expenses (21).

From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441

Table with 3 columns: Line number, Description, and Amount. Includes Non-refundable credits from DC Schedule U (22).

Attach Schedule U.

Table with 3 columns: Line number, Description, and Amount. Includes Total non-refundable credits (23).

Table with 3 columns: Line number, Description, and Amount. Includes Subtract Line 23 from Line 20 (24).

If less than zero, enter zero.

Table with 3 columns: Line number, Description, and Amount. Includes DC Health Care Shared Responsibility (25).

See instructions. If fully covered or fully exempt, enter zero.

Table with 3 columns: Line number, Description, and Amount. Includes Total tax and DC Health Care Shared Responsibility (26).

Add Line 24 and Line 25.

27 DC Earned Income Tax Credit \*

Table with 3 columns: Line number, Description, and Amount. Includes Enter the number of qualified EITC children (27a) and Enter earned income amount (27b).

27c For filers with qualifying children. Enter calculated federal EIC amount > .00 X .70 Enter result > 27d .00

27e For filers without qualifying children. See instructions for special calculations. Enter result > 27e .00

Table with 3 columns: Line number, Description, and Amount. Includes Property Tax Credit (28).

From your DC Schedule H; attach a copy.

Table with 3 columns: Line number, Description, and Amount. Includes Property Tax Credit (28).

\* If you or your spouse do not possess a valid SSN but are otherwise eligible for the federal earned income credit and are filing your DC return using an ITIN, you may claim the DC earned income credit by calculating the federal earned income credit disregarding the SSN requirement.

Enter your last name

VEMULA

Enter your TIN

731929857



230404S31555

29	Refundable credits from DC Schedule U, Part 1b, Line 3. <i>Attach Schedule U.</i>	29	.00
30	Total refundable credits. <i>Add Line 27d or 27e through Line 29</i>	30	.00
31	DC income tax withheld <i>shown on Forms W-2 and 1099. Attach these forms.</i>	31	4429.00
32	2023 estimated income tax payments and amount applied from 2022 return.	32	.00
33	Tax paid with FR-127 Extension of Time to File.	33	.00
34	If this is an amended 2023 return, enter payments made with original 2023 D-40 return.	34	.00
35	If this is an amended 2023 return, enter refunds requested with original 2023 D-40 return.	35	.00
36	Total payments and refundable credits. <i>Add Line 30 through Line 34. (Do not include Line 35).</i>	36	4429.00
37	Tax Due. <i>Subtract Line 36 from Line 26</i>	37	.00
38	Amount Overpaid. <i>Subtract Line 26 from Line 36.</i>	38	1236.00
39	Amount to be applied to your 2024 estimated tax.	39	.00
40	Underpayment Interest. <b>Fill in the oval and attach form D-2210.</b>	40	.00
41	Contribution amount from Schedule U, Part II, Line 5. (Cannot exceed amount on Line 38)	41	.00
42	Total Amount Due. Add Lines 37, 40 and 41.	42	.00
43	Net Refund *. <i>Subtract total of Lines 39, 40 and 41 from Line 38.</i>	43	1236.00

Will this refund go to an account outside the U.S. ? Yes No  See instructions.

44 Fill in  if either spouse is claiming injured spouse allocation. You **must** attach Form DC-8379.

**Refund Options: For information on the tax refund card and Program limitations, see instructions or visit our website [MyTax.DC.gov](https://MyTax.DC.gov)**

Mark **one** refund choice:  Direct deposit or  Reliacard (See instructions) or  Paper check

Direct deposit. *To have your refund deposited to your  Checking or Savings account, fill in and enter bank routing and account numbers. See instructions.*

Routing Number 021200025

Account Number 823-786-5814

Fill in  if you agree to receive your 1099-G Income Tax refund statement electronically (see instructions).

Third party designee *To authorize another person to discuss this return with OTR, mark here  and enter the name and phone number of that person*

Designee's Name

Phone number

**Signature** Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on information available to the preparer.

Your signature

Date

Preparer's signature

Date

SYAM PRIYA RAM SAGAR

03282024

Spouse's/registered domestic partner's signature if filing jointly or separately on same return

Date

Preparer's Tax Identification Number (PTIN)

PTIN telephone number

P02082703

6789659522

\*Compare your Line 43 Net Refund amount with your DC EITC refund amount. If your Line 43 Net Refund amount is equal to or greater than your DC EITC refund amount, and your DC EITC refund amount is at least \$1200 or more, the DC EITC portion of your refund will be paid in 12 monthly payments. If your DC EITC refund or Line 43 Net Refund amount is less than \$1200, you will receive the entire amount of the refund as a lump sum.

OTR will calculate the distribution of your net refund amount for you and if you are a taxpayer receiving monthly DC EITC payments, your initial lump sum payment will differ from the Line 43 Net Refund amount.

Pursuant to legislation, OTR shall send a notice to every individual whose refund, or any portion thereof, will be paid in monthly refund payments.

If you have selected the ReliaCard as your refund choice and are eligible to receive monthly EITC refund payments, please retain your U.S. Bank ReliaCard. Monthly payments will be reloaded onto the initial card that you received containing your initial lump sum refund payment.

All DC EITC credits are immediately subject to the offset provisions of DC Code § 47-4431.



# 2023 SCHEDULE S Supplemental Information and Dependents



230400S31555

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# 1555

Unless instructed otherwise -  
If you fill in any part of this schedule, attach it to your D-40.

Enter your last name.  
VEMULA

Enter your Taxpayer Identification Number(TIN)  
731929857

## Dependents *If you have more than 8 dependents, list them on an attachment.*

First name	M.I.	Last name	Taxpayer identification number	Relationship	Date of Birth (MMDDYYYY)
First name	M.I.	Last name	Taxpayer identification number	Relationship	Date of Birth (MMDDYYYY)
First name	M.I.	Last name	Taxpayer identification number	Relationship	Date of Birth (MMDDYYYY)
First name	M.I.	Last name	Taxpayer identification number	Relationship	Date of Birth (MMDDYYYY)
First name	M.I.	Last name	Taxpayer identification number	Relationship	Date of Birth (MMDDYYYY)
First name	M.I.	Last name	Taxpayer identification number	Relationship	Date of Birth (MMDDYYYY)
First name	M.I.	Last name	Taxpayer identification number	Relationship	Date of Birth (MMDDYYYY)
First name	M.I.	Last name	Taxpayer identification number	Relationship	Date of Birth (MMDDYYYY)
First name	M.I.	Last name	Taxpayer identification number	Relationship	Date of Birth (MMDDYYYY)
First name	M.I.	Last name	Taxpayer identification number	Relationship	Date of Birth (MMDDYYYY)
First name	M.I.	Last name	Taxpayer identification number	Relationship	Date of Birth (MMDDYYYY)

## Head of household filers or qualifying widow(er)

Do not enter your information

First name of qualifying non-dependent person	M.I.	Last name	TIN of qualifying non-dependent person	Date of Birth of qualifying non-dependent person (MMDDYYYY)
---	------	-----------	--	---

2023 SCHEDULE S PAGE 2

Last name and TIN VEMULA

731929857



230400S41555

Calculation G-1 Computation of Standard Deduction Calculation G-1 must be completed and submitted with the return except for dependent filers  
 \*If you were born before January 2, 1959, you are considered to be age 65 at the end of 2023

a	Basic standard deduction amount. See instructions.	a	13850.00
b	Enter 1 if you are age 65 or over*	b	
c	Enter 1 if you are blind.	c	
d	Enter 1 if married or registered domestic partner filing jointly or filing separately on same return and your spouse or registered domestic partner is 65 or over*	d	
e	Enter 1 if married or registered domestic partner filing jointly or filing separately on same return and your spouse or registered domestic partner is blind.	e	
f	Total number of additions to standard deductions. Add Lines b through e.	f	
g	Additional standard deduction amount. Multiply 1,500 (1,850 if single or head of household) by number on Line f. See instructions.	g	0.00
h	Total standard deduction. Add Lines a and g, enter here and on D-40, Line 18.	h	13850.00
i	Total number of dependents.	i	

Calculation J Tax computation for married or registered domestic partners filing separately on the same DC return.

Enter separate amounts in each column. Do not combine amounts until Line i.

		You	Your spouse/registered domestic partner
<b>a</b>	<b>Federal adjusted gross income</b>	<b>a</b>	<b>.00</b>
	<i>If you and your spouse filed a joint federal return, enter each person's portion of federal adjusted gross income. Registered domestic partners should enter the federal AGI reported on their separate federal returns.</i>		<b>.00</b>
<b>b</b>	<b>Total additions to federal adjusted gross income</b>	<b>b</b>	<b>.00</b>
	<i>Enter each person's portion of additions entered on D-40, Lines 5 and 6.</i>		<b>.00</b>
<b>c</b>	<b>Add Lines a and b.</b>	<b>c</b>	<b>.00</b>
<b>d</b>	<b>Total subtractions from federal adjusted gross income</b>	<b>d</b>	<b>.00</b>
	<i>Enter each person's portion of subtractions entered on D-40, Line 15.</i>		<b>.00</b>
<b>e</b>	<b>DC adjusted gross income</b> Subtract Line d from Line c.	<b>e</b>	<b>.00</b>
	<i>Mark if minus</i>		<b>.00</b>
<b>f</b>	<b>Deduction amount.</b> Enter each person's portion of the amount entered on D-40, Line 18 (You may allocate this amount as you wish.)	<b>f</b>	<b>.00</b>
<b>g</b>	<b>Taxable income.</b> Subtract Line f from Line e.	<b>g</b>	<b>.00</b>
	<i>Mark if minus</i>		<b>.00</b>
<b>h</b>	<b>Tax.</b> If Line g is \$100,000 or less, use tax tables. If more than \$100,000, use Calculation I in instructions.	<b>h</b>	<b>.00</b>
<b>i</b>	Add the amounts on Line h, enter here and on D-40, Line 20.	<b>i</b>	<b>.00</b> Total tax

List TINs associated with income reported and taxed on Franchise and Fiduciary Returns for the amount listed on D-40, Line 11.

a	b	c
d	e	f
g	h	i