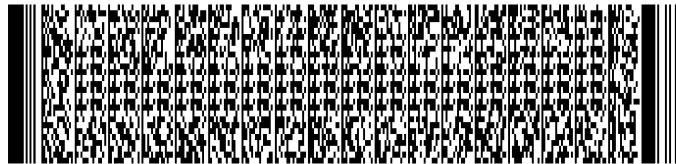


MISSOURI DEPARTMENT OF
REVENUE
2023 Individual Income
Tax Return - Long Form

For Calendar Year January 1 - December 31, 2023



Print in BLACK ink only and DO NOT STAPLE.

Amended Return Composite Return (For use by S corporations or Partnerships)

Federal Extension - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).

Department of Social Services Application of Eligibility form attached. Federal return attached.

If filing a fiscal year return enter the beginning and ending dates here.

Fiscal Year Beginning (MM/DD/YY)			Fiscal Year Ending (MM/DD/YY)			Vendor Code	Department Use Only		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1555	<input type="text"/>	<input type="text"/>	<input type="text"/>

Filing Status

Single Claimed as a Dependent Married Filing Combined Married Filing Separately Head of Household Qualifying Widow(er)

Age 62 through 64 | Age 65 or Older | Blind | 100% Disabled | Non-Obligated Spouse
 Yourself Spouse | Yourself Spouse | Yourself Spouse | Yourself Spouse | Yourself Spouse

Name

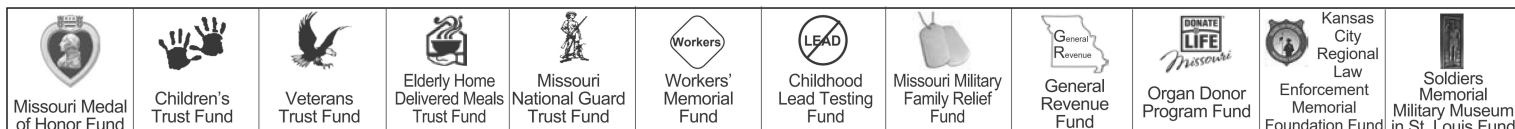
Social Security Number	Deceased in 2023	Spouse's Social Security Number	Deceased in 2023
269 - 87 - 9049	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
First Name	M.I.	Last Name	Suffix
DHARANI	<input type="text"/>	GOTTUMUKKALA	<input type="text"/>
Spouse's First Name	M.I.	Spouse's Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

In Care Of Name (Attorney, Executor, Personal Representative, etc.)

Address

Present Address (Include Apartment Number or Rural Route)
 10212 HAWK STORM AVE
 City, Town, or Post Office: TAMPA State: FL ZIP Code: 33610
 County of Residence: NONR

You may contribute to any one or all of the trust funds on Line 51. See pages 11-12 of the instructions for more trust fund information.



Income

	Yourself (Y)			Spouse (S)		
1. Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y	21105	00	1S		00
2. Total additions (from Form MO-A , Part 1, Line 7)	2Y		00	2S		00
3. Total income - Add Lines 1 and 2.	3Y	21105	00	3S		00
4. Total subtractions (from Form MO-A, Part 1, Line 18)	4Y		00	4S		00
5. Missouri adjusted gross income - Subtract Line 4 from Line 3.	5Y	21105	00	5S		00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S	6	21105	00			
7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y	100	%	7S		%

Exemptions and Deductions

8. Pension, Social Security and Social Security Disability exemption (from Form MO-A, Part 3, Section D)	8		00
9. Tax from federal return	9	728	00
10. Other tax from federal return.	10		00
11. Total tax from federal return. Do not enter federal income tax withheld.	11	728	00
12. Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage	12	35.00	%

Missouri Adjusted Gross Income Range, Line 6: Federal Tax Percentage:

\$25,000 or less	35%
\$25,001 to \$50,000	25%
\$50,001 to \$100,000	15%
\$100,001 to \$125,000	5%
\$125,001 or more	0%



13. Federal income tax deduction – Multiply Line 11 by the percentage on Line 12. Enter this amount not to exceed \$5,000 for an individual or \$10,000 for combined filers.	13	255	00
14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2) • Single or Married Filing Separate-\$13,850 • Head of Household-\$20,800 • Married Filing Combined or Qualifying Widow(er)-\$27,700	14	13850	00
15. Additional Exemption for Head of Household and Qualifying Widow(er)	15		00
16. Long-term care insurance deduction	16		00
17. Health care sharing ministry deduction.	17		00
18. Active Duty Military income deduction	18		00
19. Inactive Duty Military income deduction	19		00
20. Bring jobs home deduction	20		00
21. Farmland sold, rented, leased, or crop-shared to a beginning farmer deduction. Enter the sum of Lines 21A, 21B, and 21C on Line 21	21		00
21A. Sold \$			00
21B. Rented/Leased \$			00
21C. Crop-Share \$			00

Deductions Continued

22. First time home buyers deduction.	A. <input style="width: 80px;" type="text"/>	B. <input style="width: 80px;" type="text"/>	22	<input style="width: 100px;" type="text"/>	.00
23. Long term dignity savings account deduction			23	<input style="width: 100px;" type="text"/>	.00
24. Foster parent tax deduction			24	<input style="width: 100px;" type="text"/>	.00
25. Total deductions - Add Lines 8 and 13 through 24			25	14105	.00
26. Subtotal - Subtract Line 25 from Line 6			26	7000	.00
27. Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S			27Y	7000	.00
			27S	<input style="width: 100px;" type="text"/>	.00
28. Enterprise zone or rural empowerment zone income modification			28Y	<input style="width: 100px;" type="text"/>	.00
			28S	<input style="width: 100px;" type="text"/>	.00

Tax

29. Taxable income - Subtract Line 28 from Line 27			29Y	7000	.00
			29S	<input style="width: 100px;" type="text"/>	.00
30. Tax (see tax chart on page 26 of the instructions)			30Y	171	.00
			30S	<input style="width: 100px;" type="text"/>	.00
31. Resident credit - Attach Form MO-CR and other states' income tax return(s)			31Y	<input style="width: 100px;" type="text"/>	.00
			31S	<input style="width: 100px;" type="text"/>	.00
32. Missouri income percentage - Enter 100% if not completing Form MO-NRI . Attach Form MO-NRI and federal return if applicable.			32Y	69	%
			32S	<input style="width: 100px;" type="text"/>	%
33. Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32			33Y	118	.00
			33S	<input style="width: 100px;" type="text"/>	.00
34. Other taxes - Select box and attach federal form indicated.					
<input type="checkbox"/> Lump sum distribution (Form 4972)					
<input type="checkbox"/> Recapture of low income housing credit (Form 8611)			34Y	<input style="width: 100px;" type="text"/>	.00
			34S	<input style="width: 100px;" type="text"/>	.00
35. Subtotal - Add Lines 33 and 34			35Y	118	.00
			35S	<input style="width: 100px;" type="text"/>	.00
36. Total Tax - Add Lines 35Y and 35S			36	118	.00



Payments and Credits

37. MISSOURI tax withheld - Attach Forms W-2 and 1099			37	499	.00
38. 2023 Missouri estimated tax payments - Include overpayment from 2022 applied to 2023			38	<input style="width: 100px;" type="text"/>	.00
39. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP			39	<input style="width: 100px;" type="text"/>	.00
40. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT			40	<input style="width: 100px;" type="text"/>	.00
41. Amount paid with Missouri extension of time to file (Form MO-60)			41	<input style="width: 100px;" type="text"/>	.00
42. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC			42	<input style="width: 100px;" type="text"/>	.00
43. Property tax credit - Attach Form MO-PTS			43	<input style="width: 100px;" type="text"/>	.00
44. Missouri Working Family Tax Credit (Attach Form MO-WFTC and federal return)			44	<input style="width: 100px;" type="text"/>	.00
45. Total payments and credits - Add Lines 37 through 44			45	499	.00

Skip Lines 46 through 48 if you are not filing an amended return.

46. Amount paid on original return.	46		.00
47. Overpayment as shown (or adjusted) on original return	47		.00

Indicate Reason for Amending

Amended Return

<input type="checkbox"/> A. Federal audit.	Enter date of IRS report (MM/DD/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> B. Net Operating Loss carryback	Enter year of loss (YY)	<input type="text"/>		
<input type="checkbox"/> C. Investment tax credit carryback	Enter year of credit (YY)	<input type="text"/>		
<input type="checkbox"/> D. Correction other than A, B, or C.	Enter date of federal amended return, if filed. (MM/DD/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>

48. Amended return total payments and credits - Add Lines 45 and 46; subtract Line 47. Enter on Line 48.	48		.00
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49. If Line 45, or if amended return, Line 48, is larger than Line 36, enter the difference. Amount of OVERPAYMENT	49	381	.00
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50. Amount of Line 49 to be applied to your 2024 estimated tax	50		.00
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51. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.

Refund

51a. Children's Trust Fund <input type="text"/> .00	51b. Veterans Trust Fund <input type="text"/> .00	51c. Elderly Home Delivered Meals Trust Fund <input type="text"/> .00	51d. Missouri National Guard Trust Fund <input type="text"/> .00
51e. Workers' Memorial Fund <input type="text"/> .00	51f. Childhood Lead Testing Fund <input type="text"/> .00	51g. Missouri Military Family Relief Fund <input type="text"/> .00	51h. General Revenue Fund <input type="text"/> .00
51i. Organ Donor Program Fund <input type="text"/> .00	51j. Kansas City Regional Law Enforcement Memorial Foundation Fund <input type="text"/> .00	51k. Soldiers Memorial Military Museum in St. Louis Fund <input type="text"/> .00	51l. Missouri Medal of Honor Fund <input type="text"/> .00
51m. Additional Fund Code <input type="text"/> Additional Fund Amount <input type="text"/> .00	51n. Additional Fund Code <input type="text"/> Additional Fund Amount <input type="text"/> .00		

Total Donation - Add amounts from Boxes 51a through 51n and enter here	51		.00
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52. Amount of Line 49 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from Form 5632	52		.00
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53. REFUND - Subtract Lines 50, 51, and 52 from Line 49 and enter here	53	381	.00
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Amount Due

54. If Line 36 is larger than Line 45 or Line 48, enter the difference. Amount of UNDERPAYMENT 54 .00

55. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here . . . 55 .00

Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.

56. **AMOUNT DUE** - Add Lines 54 and 55.
If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically 56 .00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under **Section 143.561, RSMo**. Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in **Chapter 143, RSMo**, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens. I am aware of any applicable reporting requirements of **Section 135.805, RSMo**, and the penalty provisions of **Section 135.810, RSMo**.

Signature

Signature	<input type="text"/>		Date (MM/DD/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse's Signature (If filing combined, BOTH must sign)	<input type="text"/>		Date (MM/DD/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address	<input type="text" value="SYAM@GTAXFILE.COM"/>		Daytime Telephone	<input type="text" value="4697779900"/>		
Preparer's Signature	<input type="text" value="VENKATA SAI PAVAN KUMAR DUDIPALLI"/>		Date (MM/DD/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Preparer's FEIN, SSN, or PTIN	<input type="text" value="88-2145487"/>		Preparer's Telephone	<input type="text" value="6789659522"/>		
Preparer's Address	<input type="text" value="245 ROONEY CT E BRUNSWICK"/>		State	<input type="text" value="NJ"/>	ZIP Code	<input type="text" value="08816"/>

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm Yes No

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above. Yes No



Department Use Only

A FA E10 DE F .

Mail to: Balance Due:
Missouri Department of Revenue
P.O. Box 3370
Jefferson City, MO 65105-3370
Phone: (573) 751-7200

Refund or No Amount Due:
Missouri Department of Revenue
P.O. Box 3222
Jefferson City, MO 65105-3222
Phone: (573) 751-3505

Fax: (573) 522-1762
Email: incometaxprocessing@dor.mo.gov
Submission of Individual Income Tax Returns
Email: income@dor.mo.gov
Inquiry and correspondence

Form MO-1040 (Revised 12-2023)

Ever served on active duty in the United States Armed Forces?
If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.



IN
REV 02/08/24 PRO
MO-1040 Page 5



Resident/Nonresident Status - Select your status in the appropriate box below.

Social Security Number

- -

Name

Address

City, State, ZIP Code

1. Nonresident of Missouri
State of residence during 2023 FLORIDA

Remote Work (See instructions on Form MO-NRI, page 3)

2. Part-Year Missouri Resident

Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2023.

A. Date From: _____ Date To: _____

B. Indicate the other state of residence and dates you resided there _____

Date From: _____ Date To: _____

Spouse's Social Security Number

- -

Spouse's Name

Address

City, State, ZIP Code

1. Nonresident of Missouri
State of residence during 2023 _____

Remote Work (See instructions on Form MO-NRI, page 3)

2. Part-Year Missouri Resident

Remote Work (See instructions on Form MO-NRI, page 3)

Indicate the dates you were a Missouri Resident in 2023.

A. Date From: _____ Date To: _____

B. Indicate the other state of residence and dates you resided there _____

Date From: _____ Date To: _____

Part A

Based on the **Military Spouse's Residency Relief Act**, if you are the spouse of a military servicemember residing outside of Missouri solely because your spouse is there on military orders, and Missouri is your state of residence, any income you earn is taxable to Missouri. **Do not complete Form MO-NRI.** You must report 100% on Line 32 of Form MO-1040.

3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.

Missouri Home of Record
I did not at any time during the tax year 2023 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of _____.

Non-Missouri Home of Record
I resided in Missouri during 2023 solely because my spouse or I was stationed at _____ on military orders. My home of record is in the state of _____.

3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.

Missouri Home of Record
I did not at any time during the tax year 2023 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of _____.

Non-Missouri Home of Record
I resided in Missouri during 2023 solely because my spouse or I was stationed at _____ on military orders. My home of record is in the state of _____.

Worksheet for Missouri Source Income

Part B

Adjusted Gross Income Computations	Federal Form 1040 or Federal Form 1040-SR Line No.	Yourself or One Income Filer		Spouse (On A Combined Return)			
		Missouri Sources		Missouri Sources			
A. Wages, salaries, tips, etc.	1z	A	14462	.00	A		.00
B. Taxable interest income.	2b	B		.00	B		.00
C. Dividend income.	3b	C		.00	C		.00
D. State and local income tax refunds (from schedule 1, part 1)	1	D		.00	D		.00
E. Alimony received (from schedule 1, part 1)	2a	E		.00	E		.00
F. Business income or (loss) (from schedule 1, part 1)	3	F		.00	F		.00
G. Capital gain or (loss)	7	G		.00	G		.00
H. Other gains or (losses) (from schedule 1, part 1)	4	H		.00	H		.00
I. Taxable IRA distributions.	4b	I		.00	I		.00
J. Taxable pensions and annuities	5b	J		.00	J		.00
K. Rents, royalties, partnerships, S corporations, etc. (from schedule 1, part 1)	5	K		.00	K		.00
L. Farm income or (loss) (from schedule 1, part 1)	6	L		.00	L		.00
M. Unemployment compensation (from schedule 1, part 1)	7	M		.00	M		.00
N. Taxable social security benefits.	6b	N		.00	N		.00
O. Other income (from schedule 1, part 1)	9	O		.00	O		.00
P. Total - Add Lines A through O		P	14462	.00	P		.00
Q. Minus: federal adjustments to income	10	Q	0	.00	Q		.00
R. SUBTOTAL (Line P - Line Q) If no modifications to income, enter this amount on Part C, Line 1	11	R	14462	.00	R		.00
S. Missouri modifications - additions to federal adjusted gross income (Missouri source from Form MO-1040, Line 2)		S		.00	S		.00
T. Missouri modifications - subtractions from federal adjusted gross income (Missouri source from Form MO-1040, Line 4)		T		.00	T		.00
U. MISSOURI INCOME (Missouri sources) Line R plus Line S, minus Line T. Enter this amount on Part C, Line 1		U		.00	U		.00

Missouri Income Percentage

Part C

	Yourself or One Income Filer		Spouse (On A Combined Return)			
1. Missouri Income - Enter wages, salaries, etc. from Missouri. (You must file a Missouri return if the amount on this line is more than \$600)	1Y	14462	.00	1S		.00
2. Taxpayer's total adjusted gross income (from Form MO-1040, Lines 5Y and 5S or from your federal form if you are a military nonresident and you are not required to file a Missouri return)	2Y	21105	.00	2S		.00
3. Missouri Income Percentage - Divide Line 1 by Line 2. If greater than 100%, enter 100%. (Round to a whole percent such as 91% instead of 90.5% and 90% instead of 90.4%. However, if percentage is less than 0.5%, use the exact percentage.) Enter percentage here and on Form MO-1040, Lines 32Y and 32S	3Y	69	%	3S		%

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and believe it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return.

Signature

Signature	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/>
Spouse's Signature (if filing combined, BOTH must sign)	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/>

Ever served on active duty in the United States Armed Forces?

If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 2020 See separate instructions.

Your first name and middle initial DHARANI Last name GOTTUMUKKALA Your social security number 269 87 9049

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. 10212 HAWK STORM AVE Apt. no. Presidential Election Campaign 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. [] 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 a checkbox for 'If more than four dependents, see instructions and check here'.

Income table with columns for line numbers and amounts. Rows include: 1a Total amount from Form(s) W-2, box 1 (23,605.); 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 (23,605.).

Table for deductions and adjustments. 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; 7 Capital gain or (loss); 8 Additional income from Schedule 1, line 10; 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income (23,605.); 10 Adjustments to income from Schedule 1, line 26 (2,500.); 11 Subtract line 10 from line 9. This is your adjusted gross income (21,105.); 12 Standard deduction or itemized deductions (from Schedule A) (13,850.); 13 Qualified business income deduction; 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 (7,255.).

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 • If you checked any box under Standard Deduction, see instructions.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	728.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	728.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	728.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	728.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	2,357.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	2,357.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31		
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		
33	Add lines 25d, 26, and 32. These are your total payments	33	2,357.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,629.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,629.
	b	Routing number 081000032 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 355013441068		
36	Amount of line 34 you want applied to your 2024 estimated tax	36		

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

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

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

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

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

Phone no. (469) 777-9900 Email address GDHARANI0598@GMAIL.COM

Paid Preparer Use Only

Preparer's name VENKATA SAI PAVAN KUMAR DUDIPALLI	Preparer's signature VENKATA SAI PAVAN KUMAR DUDIPALLI	Date	PTIN P02470833	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816		Phone no. (678) 965-9522	Firm's EIN 88-2145487

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

DHARANI GOTTUMUKKALA

Your social security number

269-87-9049

Part I Additional Income

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

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions): _____			
20	IRA deduction		20	
21	Student loan interest deduction		21	2,500.
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount: _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26	2,500.