

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name SREEKUMAR VEMULA	Social security number 179-65-7414
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	49,833.
2 Total tax	2	4,097.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	6,189.
4 Amount you want refunded to you	4	2,092.
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

5	7	4	1	4
---	---	---	---	---

 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

--	--	--	--	--

 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 SREEKUMAR Last name VEMULA Your social security number 179 65 7414

Home address (number and street). If you have a P.O. box, see instructions. 150 DU RHU DRIVE Apt. no. 1503 Presidential Election Campaign

Filing Status [X] Single [] Head of household (HOH) [] Married filing jointly [] Married filing separately (MFS) [] Qualifying surviving spouse (QSS)

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? [] 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

Income section table with rows 1a through 1z. Total amount from Form(s) W-2, box 1: 49,833.

Table with rows 2a through 6a. 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 rows 7 through 15. 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: 49,833. 10 Adjustments to income from Schedule 1, line 26, 11 Subtract line 10 from line 9. This is your adjusted gross income: 49,833. 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: 35,983.

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	4,097.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	4,097.
	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	4,097.
	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	4,097.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	6,189.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	6,189.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC) <input type="checkbox"/> NO	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	6,189.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,092.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,092.
Direct deposit? See instructions.	b	Routing number 1 1 1 0 0 0 0 2 5 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 4 8 8 0 7 4 1 5 4 0 0 9		
	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 ELECTRICAL SITE MANAGER	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. (281) 506-6768	Email address SREEKUMAR_VEMULA@YAHOO.COM		

Paid Preparer Use Only

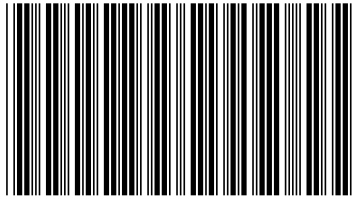
Preparer's name SYAM PRIYA RAM SAGAR GUPTA	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA	Date 04/16/2024	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Phone no. (678) 965-9522
				Firm's EIN 84-3171965

2023 NJ-1040
New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040
2023
Page 1



040MP01230

Your Social Security Number (required)
179657414

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)
VEMULA SREEKUMAR

Spouse's/CU Partner's SSN (if filing jointly)

County/Municipality Code (See Table page 50)
1217

Home Address (Number and Street, including apartment number)
150 DU RHU DRIVE APT 1503

City, Town, Post Office
MOBILE

State ZIP Code
AL 36608

Driver's License Number (Voluntary) (See instructions)
10302730

- Federal extension filed.
- The address above is a foreign address.
- Your address has changed.
- Death certificate is enclosed.
- Do not want a paper form next year.
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
- NJ-1040-O is enclosed.

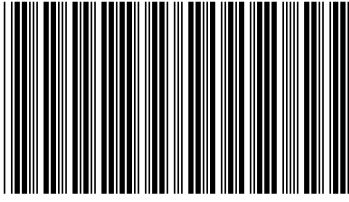
Gubernatorial Elections Fund Note: This does not reduce your refund or increase your balance due.

Do you want to designate \$1 to the Gubernatorial Elections Fund?	You	Yes	No
If joint return, does your spouse want to designate \$1?	Spouse/CU Partner	Yes	No

Direct Deposit Information

dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	1	
dd2. Account type (C for checking, S for savings)	dd2.	C	
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.		
dd4. Routing number	dd4.		111000025
dd5. Account number	dd5.		488074154009





Name(s) as shown on Form NJ-1040
VEMULA SREEKUMAR

Your Social Security Number
179657414

1555

Part-year residents, provide months/days you were a New Jersey resident during 2023:
From: 010123 To: 033123

Fiscal year filers only:
Enter month of your year end 2 0 2 4

Filing Status
Fill in only one.

- 1. Single
- 2. Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return
- 4. Head of Household Enter spouse's/CU partner's SSN
- 5. Qualifying Widow(er)/Surviving CU Partner
Indicate the year of your spouse's/CU partner's death: 2021 2022

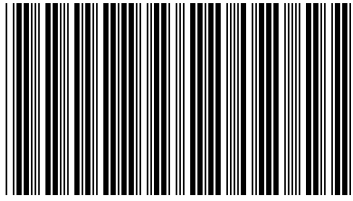
Exemptions

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

6. Regular	<input checked="" type="checkbox"/>	Self	Spouse/CU Partner	Domestic Partner	1	x \$1,000 =	<u>1000</u>
7. Senior 65+ (Born in 1958 or earlier)	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$1,000 =	_____
8. Blind/Disabled	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$1,000 =	_____
9. Veteran	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$6,000 =	_____
10. Qualified Dependent Children	<input type="checkbox"/>					x \$1,500 =	_____
11. Other Dependents	<input type="checkbox"/>					x \$1,500 =	_____
12. Dependents Attending Colleges (See instructions)	<input type="checkbox"/>					x \$1,000 =	_____
13. Total Exemption Amount (Add totals from the lines at 6 through 12)						13.	<u>1000</u> .

14. Dependent Information. Provide the following information for each dependent.

	Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a.	_____			
b.	_____			
c.	_____			
d.	_____			



040MP03230

Name(s) as shown on Form NJ-1040
VEMULA SREEKUMAR

Your Social Security Number
179657414

1555

15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	24300	.
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	.	.
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	.	.
17.	Dividends	17.	.	.
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	.	.
19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	.	.
20a.	Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)	20a.	.	.
20b.	Excludable pension, annuity, and IRA distributions/withdrawals	20b.	.	.
21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.	.	.
22.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	.	.
23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.	.	.
24.	Net gambling winnings (See instructions)	24.	.	.
25.	Alimony and separate maintenance payments received	25.	.	.
26.	Other (Enclose documents) (See instructions)	26.	.	.
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	24300	.
28a.	Pension/Retirement Exclusion (See instructions)	28a.	.	.
28b.	Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)	28b.	.	.
28c.	Total Exclusion Amount (Add lines 28a and 28b)	28c.	.	.
29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	24300	.
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	250	.
31.	Medical Expenses (See Worksheet F and instructions)	31.	.	.
32.	Alimony and separate maintenance payments (See instructions)	32.	.	.
33.	Qualified Conservation Contribution	33.	.	.
34.	Health Enterprise Zone Deduction	34.	.	.
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0	.
36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.	.	.
37a.	NJBEST Deduction	37a.	.	.
37b.	NJCLASS Deduction	37b.	.	.
37c.	NJ Higher Ed. Tuition Deduction	37c.	.	.
38.	Total Exemptions and Deductions (Add lines 30 through 37c)	38.	250	.
39.	Taxable Income (Subtract line 38 from line 29)	39.	24050	.
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	.	.
40b.	Indicate your residency status during 2023 (fill in only one)			
	Homeowner	Tenant	Both	
41.	Property Tax Deduction (From Worksheet H) (See instructions)	41.	.	.
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.	24050	.
43.	Tax on amount on line 42 (Tax Table page 52)	43.	351	.
44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	44.	.	.
	Enter Code			
45.	Balance of Tax (Subtract line 44 from line 43)	45.	351	.
46.	Sheltered Workshop Tax Credit	46.	.	.
47.	Gold Star Family Counseling Credit (See instructions)	47.	.	.
48.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)	48.	.	.
49.	Total Credits (Add lines 46 through 48)	49.	.	.
50.	Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry	50.	351	.
51.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51.	0	.
52.	Interest on Underpayment of Estimated Tax	52.	.	.
	Fill in if Form NJ-2210 is enclosed			
53a.	Fill in if anyone in your tax household does not currently have health insurance. (Enclose NJ-EZ Enroll form) (See instructions)	53a.	.	.



Name(s) as shown on Form NJ-1040
DEMULA SREEKUMAR

Your Social Security Number
179657414

1555

53b. If you indicated at line 53a that someone in your tax household does not have health insurance, fill in to allow Get Covered New Jersey to assist with obtaining coverage (See instructions)	53b.	
53c. Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule NJ-HCC and fill in	53c.	0 .
54. Total Tax Due (Add lines 50 through 53c)	54.	351 .
55. Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part-year residents, see instructions)	55.	872 .
56. Property Tax Credit (See instructions page 24)	56.	.
57. New Jersey Estimated Tax Payments/Credit from 2022 tax return	57.	.
58. New Jersey Earned Income Tax Credit (See instructions) Fill in if you had the IRS calculate your federal earned income credit Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit	58.	.
59. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)	59.	.
60. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)	60.	.
61. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)	61.	.
62. Wounded Warrior Caregivers Credit (See instructions)	62.	.
63. Pass-Through Business Alternative Income Tax Credit (See instructions)	63.	.
64. Child and Dependent Care Credit (See instructions) Fill in if you are a CU couple claiming the Child and Dependent Care Credit	64.	.
65. New Jersey Child Tax Credit (See instructions) Number of dependents age 5 or younger on 12/31/2023	65.	.
66. Total Withholdings, Credits, and Payments (Add lines 55 through 65)	66.	872 .
67. If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you owe If you owe tax, you can still make a donation on lines 70 through 77.	67.	.
68. If the total on line 66 is more than line 54, you have an overpayment. Subtract line 54 from line 66 and enter the overpayment	68.	521 .
69. Amount from line 68 you want to credit to your 2024 tax	69.	.
70. Contribution to N.J. Endangered Wildlife Fund	70.	.
71. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	71.	.
72. Contribution to N.J. Vietnam Veterans' Memorial Fund	72.	.
73. Contribution to N.J. Breast Cancer Research Fund	73.	.
74. Contribution to U.S.S. New Jersey Educational Museum Fund	74.	.
75. Other Designated Contribution (See instructions) Enter Code	75.	.
76. Other Designated Contribution (See instructions) Enter Code	76.	.
77. Other Designated Contribution (See instructions) Enter Code	77.	.
78. Total Adjustments to Tax Due/Overpayment amount (Add lines 69 through 77)	78.	.
79. Balance due (If line 67 is more than zero, add line 67 and line 78)	79.	.
80. Refund amount (If line 68 is more than zero, subtract line 78 from line 68)	80.	521 .

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Date

SYAM PRIYA RAM SAGAR GUPTA **P02082703**

Firm's Name Firm's Federal Employer Identification Number
GLOBAL TAXES LLC **84-3171965**

Tax Due Address

Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:
State of New Jersey
Division of Taxation
Revenue Processing Center - Payments
PO Box 111
Trenton, NJ 08645-0111

Include Social Security number and make check or money order payable to:
State of New Jersey - TGI
You can also make a payment on our website:
nj.gov/taxation

Refund or No Tax Due Address

Use the labels provided with the envelope and mail to:
New Jersey Division of Taxation
Revenue Processing Center - Refunds
PO Box 555
Trenton, NJ 08647-0555

REQUIRED

If your income on line 29 is above the filing threshold, you **must** submit this schedule with your return.

Name(s) as shown on Form NJ-1040 VEMULA SREEKUMAR	Social Security Number 179-65-7414
--	---------------------------------------

Schedule NJ-HCC

Health Care Coverage

2023

If your income on line 29 is at or below the filing threshold (see instructions), do not complete this schedule.

Part I

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2023? (See instructions for line 53c, NJ-1040.) Part-year residents include only months as a New Jersey resident.

- Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53c, NJ-1040, and enclose this schedule with your return.
- No. Continue to Part II.

If you or any member of your tax household does not **currently** have minimum essential health coverage, also complete the NJ-EZ Enroll form. (See instructions for lines 53a and 53b, NJ-1040.)

Part II

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 53c, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
Exemption number:	<input type="text"/>	Check box if this individual has more than one exemption number <input type="checkbox"/>											

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
Exemption number:	<input type="text"/>	Check box if this individual has more than one exemption number <input type="checkbox"/>											

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
Exemption number:	<input type="text"/>	Check box if this individual has more than one exemption number <input type="checkbox"/>											

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
Exemption number:	<input type="text"/>	Check box if this individual has more than one exemption number <input type="checkbox"/>											

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												
Exemption number:	<input type="text"/>	Check box if this individual has more than one exemption number <input type="checkbox"/>											

Statement for Wages, Salaries, and Tips
NJ-1040 or NJ-1040NR, line 15

2023

Name VEMULA SREEKUMAR	Social Security No. 179-65-7414
---------------------------------	---

	Income from all sources	Income attributed to New Jersey (part-year resident or non- resident only)
Not applicable if a part-year nonresident with NJ source income.		
1 Wages, from Form W-2	49,833.	24,300.
Deductions from wages: Complete the following if included on line 1 above and meet all requirements (see help)		
a Meals and lodging		
b Employee business expenses		
c Moving expenses		
d Compensation for injuries or sickness		
e Total deductions from wages		
f Taxable wages	49,833.	24,300.
2 Miscellaneous income, Form 8919		
3 Excess employee business expense reimbursement		
4 Taxable tips, from Form 4137, plus non-cash tips		
5 Excess moving expense reimbursement		
6 Wages earned as a household employee (if less than \$2,000 and without a Form W-2)		
7 Wages from a foreign source		
8 Ordinary income from ESPP stock sale and incentive stock options		
9 Military spouses residency relief act (see New Jersey instructions) . .		
10 Other: _____ _____ _____ _____ _____		
11 Total wages, salaries, tips, etc	49,833.	24,300.
Enter on line 15 of NJ-1040 or NJ-1040NR		

FORM 40 Alabama 2023 Individual Income Tax Return RESIDENTS & PART-YEAR RESIDENTS



For the year Jan. 1 - Dec. 31, 2023, or other tax year:

Beginning: ● Ending: ●

Your social security number

● 179-65-7414

Spouse's SSN if joint return

●

● Check if primary is deceased
Primary's deceased date (mm/dd/yyyy) ●

● Check if spouse is deceased
Spouse's deceased date (mm/dd/yyyy) ●

Your first name

● SREEKUMAR

Initial

●

Last name

● VEMULA

Spouse's first name

●

Initial

●

Last name

●

Present home address (number and street or P.O. Box number)

● 150 DU RHU DRIVE 1503

City, town, or post office

● MOBILE

State

● AL

ZIP code

● 36608

● Check if address is outside U.S.

Foreign Country

▶ CHECK BOX IF AMENDED RETURN ●

Filing Status/Exemptions 1 ● \$1,500 Single 3 ● \$1,500 Married filing separate. Complete Spouse SSN ● NRA
2 ● \$3,000 Married filing joint 4 ● \$3,000 Head of Family (with qualifying person). Complete Schedule HOF

	A - Alabama tax withheld		B - Income	
	5a	●	5b	●
5a Alabama Income Tax Withheld (from Schedule W-2, line 18, column G)				
5b Wages, salaries, tips, etc. (from Schedule W-2, line 18, column I plus J):	1,070	●	25,533	●
6 Interest and dividend income (also attach Schedule B if over \$1,500)		●		●
7 Other income (from page 2, Part I, line 8)		●		●
8 Total income. Add amounts in the income column for line 5b through line 7		●	25,533	●
9 Total adjustments to income (from page 2, Part II, line 16)		●		●
10 Adjusted gross income. Subtract line 9 from line 8.		●	25,533	●

Deductions

If claiming a deduction on line 12, you must attach page 1, 2 and Schedule 1 of your Federal Return, if applicable.

	11	●	12	●	13	●	14	●	15	●
11 Box a or b MUST be checked. Check box a, if you itemize deductions , and enter amount from Schedule A, line 27. Check box b, if you do not itemize deductions, and enter standard deduction (see instructions) ● a <input type="checkbox"/> Itemized Deductions ● b <input checked="" type="checkbox"/> Standard Deduction	3,000	●		●		●		●	6,599	●
12 Federal tax deduction (see instructions) DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)	2,099	●		●		●		●		●
13 Personal exemption (from line 1, 2, 3, or 4)	1,500	●		●		●		●		●
14 Dependent exemption (from page 2, Part III, line 2)		●		●		●		●		●
15 Total deductions. Add lines 11, 12, 13, and 14		●		●		●		●		●

Tax

Staple Form(s) W-2, W-2G, and/or 1099 here. Attach Schedule W-2 to return.

	16	●	17	●	18	●	19	●	20a	●	20b	●	21	●
16 Taxable income. Subtract line 15 from line 10	18,934	●		●		●		●		●		●	908	●
17 Income Tax due. Enter amount from tax table or check if from ● <input type="checkbox"/> Form NOL-85A	908	●		●		●		●		●		●	908	●
18 Net tax due Alabama. Check box if computing tax using Schedule OC ● <input type="checkbox"/> , otherwise enter amount from line 17.	908	●		●		●		●		●		●	0	●
19 Additional taxes (from Schedule ATP, Part I, Line 3)	0	●		●		●		●		●		●		●
20 Alabama Election Campaign Fund. You may make a voluntary contribution to the following: a Alabama Democratic Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input type="checkbox"/> none		●		●		●		●		●		●		●
b Alabama Republican Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input type="checkbox"/> none		●		●		●		●		●		●		●
21 Total tax liability and voluntary contribution. Add lines 18, 19, 20a, and 20b	908	●		●		●		●		●		●	908	●

Payments

	22	●	23	●	24	●	25	●	26	●	27	●	28	●	29	●
22 Alabama income tax withheld (from column A, line 5a)	1,070	●		●		●		●		●		●		●		●
23 2023 estimated tax payments/Automatic Extension Payment		●		●		●		●		●		●		●		●
24 Amended Returns Only - Previous payments (see instructions)		●		●		●		●		●		●		●		●
25 Refundable Credits. Enter the amount from Schedule OC, Section F, line F4		●		●		●		●		●		●		●		●
26 Payments from Schedule CP, Section B, Line 1		●		●		●		●		●		●		●		●
27 Total payments. Add lines 22, 23, 24, 25, and 26	1,070	●		●		●		●		●		●		●		●
28 Amended Returns Only - Previous refund (see instructions)		●		●		●		●		●		●		●		●
29 Adjusted Total Payments. Subtract line 28 from line 27	1,070	●		●		●		●		●		●		●		●

AMOUNT YOU OWE

	30	●	31	●
30 If line 21 is larger than line 29, subtract line 29 from line 21, and add line 31 and enter AMOUNT YOU OWE . Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.)		●		●
31 Penalties (from Schedule ATP, Part II, line 3) (see instructions)		●		●

OVERPAID

	32	●	33	●	34	●
32 If line 29 is larger than line 21, subtract line 21 from line 29, and enter AMOUNT OVERPAID	162	●		●		●
33 Amount of line 32 to be applied to your 2024 estimated tax		●		●		●
34 Total Donation Check-offs from Schedule DC, line 2		●		●		●

REFUND

	35	●
35 REFUNDED TO YOU. (CAUTION: You must sign this return on the reverse side.) If line 32 is greater than zero, subtract lines 31, 33, and 34 from line 32	162	●
For Direct Deposit, check here ● <input checked="" type="checkbox"/> and complete Part V, Page 2.		●



PART I Other Income (See instructions)	1	Alimony received	1	●
	2	Business income or (loss) (attach Federal Schedule C or C-EZ) (see instructions)	2	●
	3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)	3	●
	4	Retirement Income (attach Schedule RS)	4	●
	5	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	5	●
	6	Farm income or (loss) (attach Federal Schedule F)	6	●
	7	Other income (state nature and source — see instructions)	7	●
	8	Total other income. Add lines 1 through 7. Enter here and also on page 1, line 7	8	●

PART II Adjustments to Income (See instructions)	1a	Your IRA deduction	1a	●
	b	Spouse's IRA deduction	1b	●
	2	Payments to a Keogh retirement plan and self-employment SEP deduction	2	●
	3	Penalty on early withdrawal of savings	3	●
	4	Alimony paid. Recipient's last name _____ SSN ● _____	4	●
	5	Adoption expenses	5	●
	6	Moving Expenses (Attach Federal Form 3903) to: City _____ State _____ ZIP _____	6	●
	7	Self-employed health insurance deduction	7	●
	8	Payments to Alabama College Counts 529 Fund or Alabama PACT Program	8	●
	9	Health insurance deduction for small employer employee (see instructions)	9	●
	10	Costs to retrofit or upgrade home to resist wind or flood damage	10	●
	11	Deposits to a catastrophe savings account	11	●
	12	Contributions to a health savings account	12	●
	13	Deposits to an Alabama First-Time and Second Chance Home Buyer Savings Account (see instructions)	13	●
	14	Firefighter's Insurance Premium	14	●
	15	Contributions to an Achieving a Better Life Experience (ABLE) savings account	15	●
16	Total adjustments. Add lines 1 through 15. Enter here and also on page 1, line 9	16	●	

PART III Dependents	1	Total number of dependents from Schedule DS, line 1b	1	●
	2	Amount allowed. Multiply total number of dependents claimed on line 1 by the amount on the dependent chart in the instructions. Enter amount here and on page 1, line 14	2	●

PART IV General Information All Taxpayers Must Complete This Section. (See instructions)	1	Residency Check only one box <input type="checkbox"/> Full Year <input checked="" type="checkbox"/> Part Year From <u>04-01</u> 2023 through <u>12-31</u> 2023.
	2	Did you file an Alabama income tax return for the year 2022? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason _____
	3	Give name and address of present employer(s). Yours <u>ENLIVEN TECHNOLOGIES INC 20755 WILLIAMSPORT PLACE SUITE 230 ASHBURN VA 20147</u> Your Spouse's _____
	4	Enter the Federal Adjusted Gross Income ● \$ <u>49,833</u> and Federal Taxable Income ● \$ <u>35,983</u> as reported on your 2023 Federal Individual Income Tax Return.
	5	Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter source(s) and amount(s) below: (other than state income tax refund)

PART V Direct Deposit	For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See instructions to see if you qualify.)		
	1	Routing Number: <u>111000025</u>	2
3	Account Number: <u>488074154009</u>	4	Is this refund going to or through an account that is located outside of the United States? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Drivers License Info	DOB (mm/dd/yyyy) ● <u>XX/XX/XXXX</u> Your state ● <u>XX</u> DL# ● <u>XXXXXXXX</u> Iss date (mm/dd/yyyy) ● <u>XX/XX/XXXX</u> Exp date (mm/dd/yyyy) ● <u>XX/XX/XXXX</u>
	DOB (mm/dd/yyyy) ● _____ Spouse state ● _____ DL# ● _____ Iss date (mm/dd/yyyy) ● _____ Exp date (mm/dd/yyyy) ● _____

I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.
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.

Sign Here In Black Ink Keep a copy of this return for your records.	Your Signature _____	Date _____	Daytime Telephone Number <u>(281) 506-6768</u>	Your Occupation <u>ELECTRICAL SITE MANAGER</u>
	Spouse's Signature (if joint return, BOTH must sign) _____	Date _____	Daytime Telephone Number _____	Spouse's Occupation _____

Paid Preparer's Use Only	Preparer's Signature <u>SYAM PRIYA RAM SAGAR GUPTA</u>	Date <u>04/16/2024</u>	Check if Self-employed <input type="checkbox"/>	Preparer's SSN or PTIN <u>P02082703</u>	E.I. Number <u>84-3171965</u>	
	Firm's Name (or yours if self employed) <u>GLOBAL TAXES LLC</u>	Daytime Telephone No. <u>(678) 965-9522</u>	ZIP Code <u>08816</u>			
	Address <u>245 ROONEY CT E BRUNSWICK NJ</u>					



SCHEDULE
ATP

ALABAMA DEPARTMENT OF REVENUE
INCOME TAX ADMINISTRATION DIVISION
Additional Taxes & Penalties

2023

NAME(S) AS SHOWN ON THE TAX RETURN

SOCIAL SECURITY NUMBER

SREEKUMAR VEMULA

179-65-7414

PART I Additional Taxes

1	Consumer Use Tax (see instructions). If you certify that no use tax is due, check box <input checked="" type="checkbox"/>	1	●	0
2	Catastrophe savings tax (see instructions)	2	●	
3	Total Additional Taxes. Add line 1 and line 2. Enter here and also on Form 40, page 1, line 19	3	●	0

PART II Penalties

1	Estimated Tax Penalty (see instructions). Farmers and Fishermen that meets IRC §6654, check box <input type="checkbox"/>	1	●	
2	First-time Second chance Home Buyer Savings Account penalty (from Schedule HBC, Part IV, Line 4)	2	●	
3	Total penalties. Add line 1 and line 2. Enter here and also on Form 40, page 1, line 31	3	●	



Alabama Department of Revenue
Wages, Salaries, Tips, etc.

Schedule W-2 must be completed fully and included with your return in order to receive proper credit for your Alabama income tax withheld. Attach a copy of all withholding statements to your return.

NAME(S) AS SHOWN ON TAX RETURN
SREEKUMAR VEMULA

PRIMARY'S SOCIAL SECURITY NO. SPOUSE'S SOCIAL SECURITY NO.
179-65-7414

	A Employee's Social Security Number	B Employer's Identification Number (EIN)	C Statutory Employee	D Schedule C/C-EZ Filed?	E State Code	F Alabama Employer's State ID Number	G Alabama State Income Tax Withheld	H Federal Wages (Box 1 of Form W-2)	I Alabama State Wages (Box 16 of Form W-2)	J Additional Taxable Wages - Other States	
1	• 179-65-7414	• 460902610	• <input type="checkbox"/>	• <input type="checkbox"/>	• AL	• 460902610	• 1,070	• 25,533	• 25,533	•	
2	• 179-65-7414	• 203773044	• <input type="checkbox"/>	• <input type="checkbox"/>	• OS	•	•	• 24,300	•	• 0	
3	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
4	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
5	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
6	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
7	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
8	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
9	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
10	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
11	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
12	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
13	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
14	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
15	•	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
16	TOTAL ALABAMA TAX WITHHELD FROM W-2s. Total lines 1-15, Column G and enter the amount here . . .						• 1,070				
17	ALABAMA TAX WITHHELD FROM 1099s AND W-2Gs. Enter the total Alabama Income Tax Withheld from all Form 1099s and Form W-2Gs received. See instructions on where to report the income from these statements.						• 0				
18	TOTAL WAGES AND TOTAL ALABAMA TAX WITHHELD FROM W-2s, 1099s, AND W-2Gs. See instructions.						• 1,070	• 49,833	• 25,533	• 0	

THIS SCHEDULE CAN ONLY BE SUBMITTED AND/OR PRINTED VIA LANDSCAPE

Your first name and initial: SREEKUMAR; Last name: VEMULA; If a joint return, spouse's first name and initial; Last name

Your social security number: 1 7 9 6 5 7 4 1 4; Spouse's soc. sec. no. if joint return; Telephone number (optional): (281) 506-6768

Home address (number and street). If a P.O. Box, see instructions: 150 DU RHU DRIVE; Apt. no.: 1503; City, town or post office, state, and ZIP code

MOBILE AL 36608

Table with 5 rows and 2 columns. Row 1: Alabama taxable income (Form 40, line 16 or Form 40NR, line 18) 18,934; Row 2: Total tax liability (Form 40, line 21) or Net tax due (Form 40NR, line 20) 908; Row 3: Total payments (Form 40, line 27 or Form 40NR, line 26) 1,070; Row 4: Refund (Form 40, line 35 or Form 40NR, line 33) 162; Row 5: Amount you owe (Form 40, line 30 or Form 40NR, line 29)

Part II Refund and Payment Information. 1 Routing number: 11100025; 2 Account number: 488074154009; 3 Type of account: [X] Checking [] Savings; 4 Type of transaction: [X] Direct Deposit [] Direct Debit; 5 [] Paper Check (Check this box to have your refund issued by a paper check.)

Part III Declaration of Taxpayer. Under penalties of perjury, I declare that I have compared the information contained on my return with the information I have provided to my electronic return originator and that the amounts described in Part 1 above agree with the amounts shown on the corresponding lines of my 2023 Alabama individual income tax return. To the best of my knowledge and belief, this return, including any accompanying schedules and statements, is true, correct, and complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described below, any information concerning the disbursement of the refund requested or any problems encountered in the processing of my return. [] I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.

Sign Here. Your signature, Date, Spouse's signature. If a joint return, BOTH must sign, Date

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer. I declare that I have reviewed the above taxpayer's Alabama individual income tax return and that the entries on this form are complete and correctly represented based on all information of which I have any knowledge. I also declare that I have followed all other requirements described in IRS PUB. 1345, Revenue Procedures for Electronic Filing of Individual Income Tax Returns (Tax Year 2023), and the Alabama Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2023). By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the Alabama Department of Revenue, as applicable by law. If I am also the paid preparer, 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.

ERO's Use Only. ERO's signature, Date: 04/16/2024, Check if also paid preparer [], Preparer's PTIN; Firm's name (or yours if self-employed) and address: GLOBAL TAXES LLC, 245 ROONEY CT E BRUNSWICK NJ; E.I. No. 84-3171965; ZIP Code 08816

Paid Preparer's Use Only. 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. Preparer's signature, Date: 04/16/2024, Check if self-employed [], Preparer's PTIN: P02082703; Firm's name (or yours if self-employed) and address: SYAM PRIYA RAM SAGAR GUPTA, 245 ROONEY CT E BRUNSWICK NJ; E.I. No. 84-3171965; ZIP Code 08816

DO NOT MAIL TO ALABAMA DEPT. OF REVENUE

