E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



| £1040 | | artment of the Treasury—Internal Revenue Servi S. Individual Income Tax | | urn | 202 | 3 | OMB No. 1545- | 0074 | IRS Use Only | —Do not v | write or staple in this space. |
|---|------------|--|----------------------|-------------------|-----------------------------|--------|------------------|--------------|----------------|-----------------------------|---|
| For the year Jar | n. 1–Dec | c. 31, 2023, or other tax year beginning | | | , 2023, end | ing | | | , 20 | See se | parate instructions. |
| Your first name | and mi | iddle initial | Last na | ame | | | | | | Your so | ocial security number |
| SANTHOSE | H KUI | MAR | KOM | PELLI | | | | | | 345 | 21 1095 |
| If joint return, s | pouse's | s first name and middle initial | Last na | ame | | | | | | Spouse | 's social security numbe |
| Home address | (numbe | er and street). If you have a P.O. box, see | instruct | ions. | | | | A | Apt. no. | Preside | ential Election Campaigr |
| _10105 PA | APER | BIRCH DR | | | | | | | | | here if you, or your |
| City, town, or p | ost offi | ce. If you have a foreign address, also co | mplete | spaces be | low. | Sta | te | ZIP c | ode | | e if filing jointly, want \$3 this fund. Checking a |
| _CHARLOT: | ΓE | | | | | NC | | 282 | 15 | | low will not change |
| Foreign country | y name | | | Foreign p | rovince/state/o | count | ty | Foreig | ın postal code | your ta | x or refund. You Spouse |
| Filing Status | . X | Single | | | | | Head of ho | nuseh | old (HOH) | | |
| _ | , = | Married filing jointly (even if only o | ne had | income) | | | ricad or ric | Justin | old (Flori) | | |
| Check only one box. | | Married filing separately (MFS) | no naa | iiiooiiio) | | | Qualifying | surviv | ing spouse | (088) | |
| one box. | If v | ou checked the MFS box, enter the | name | of vour s | nouse. If you | ı che | | | | | ild's name if the |
| | | alifying person is a child but not you | | | ,,,,,, | . 0 | | | 00 00m, 0m | | |
| District | Λ+ or | ny time during 2023, did you: (a) rec | oivo (oc | | d award ar | no. /r | mont for propor | t or | iooo): or | (b) coll | |
| Digital Assets | | ange, or otherwise dispose of a digi | | | | | | - | | | ☐ Yes ⊠ No |
| Standard | | eone can claim: You as a de | | | • | | a dependent | | | | |
| Deduction | <u>□</u> ; | Spouse itemizes on a separate retur | n or yo | u were a | dual-status a | alien | <u> </u> | | | | |
| | | Were born before January 2, 1 | 959 | Are bl | lind Spo | use | : Was bor | | ore January 2 | | ☐ Is blind |
| Dependent | s (see | instructions): | | (2) | Social security | | (3) Relationshi | ip (4 | - | | lifies for (see instructions) |
| If more | (1) F | irst name Last name | | number | | to you | | Child tax cr | redit | Credit for other dependents | |
| than four | | | | | | | | | | | |
| dependents, see instruction | s | | | | | | | | | | |
| and check | ı — | | | | | | | | | | |
| here L | J | Tababassa at Casa Fasa (a) W.O. b | . 4/- | | | | | | | | 00 106 |
| Income | 1a | Total amount from Form(s) W-2, b | | | | | | | | . 18 | , |
| Attach Form(s) | b | Household employee wages not re | | | | | | | | . 1k | |
| W-2 here. Also attach Forms | ۲ C | Tip income not reported on line 1a Medicaid waiver payments not rep | • | | , | | | | | . 10 | |
| W-2G and | d | Taxable dependent care benefits f | | | | | | | | . 16 | |
| 1099-R if tax was withheld. | e f | Employer-provided adoption bene | | | | | | | | . 11 | |
| If you did not | | Wages from Form 8919, line 6. | 1113 1101 | ii i oiiii o | 1009, III I C 29 | • | | | | . 10 | |
| get a Form | g h | Other earned income (see instructi | ions) | | | • | | | | · <u>'``</u> . 11 | |
| W-2, see instructions. | i | Nontaxable combat pay election (s | , | ructions) | | | | j. | | | |
| | z | Add lines 1a through 1h | | | | | | <u> </u> | | . 12 | 88,186. |
| Attach Sch. B | | | 2a | | · · · · | b T | axable interest | | | . 2k | |
| if required. | 3a | · · · · · · · · · · · · · · · · · · · | 3a | | | | ordinary divider | | | . 3k | |
| | 4a | | 4a | | | | axable amount | | | . 4k | |
| Standard | 5a | | 5a | | | | axable amount | | | . 5k | |
| • Single or | 6a | | 6a | | | b T | axable amount | : | | . 6k | o |
| Married filing separately, | С | If you elect to use the lump-sum e | lection | method, | check here (| (see | instructions) | | [| | |
| \$13,850 | 7 | Capital gain or (loss). Attach Sche | | | | | | | [|] | |
| Married filing jointly or | 8 | Additional income from Schedule | 1, line ¹ | 10 | | | | | | . 8 | -14,856. |
| Qualifying surviving spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, | , and 8 | This is y | our total inc | ome | e | | | . 9 | 73,330. |
| \$27,700 | 10 | Adjustments to income from Sche | dule 1, | line 26 | | | | | | . 10 |) |
| Head of household, | 11 | Subtract line 10 from line 9. This is | your a | djusted | gross incon | ne | | | | . 11 | 73,330. |
| \$20,800 • If you checked | 12 | Standard deduction or itemized | deduc | tions (fro | m Schedule | A) | | | | . 12 | 13,850. |
| any box under | 13 | Qualified business income deduct | ion fror | n Form 8 | 995 or Form | 899 | 5-A | | | . 13 | 3 |
| Standard Deduction, | 14 | | | | | | | | | . 14 | 13,850. |
| see instructions. | 15 | Subtract line 14 from line 11. If zer | o or les | ss, enter | -0 This is y | our t | taxable incom | е. | | . 15 | 59,480. |

| Form 1040 (2023 | 3) | | | | | | | | Page 2 |
|-----------------------------------|---------|---|---------------------|--------------------------|-------------------|---------------------|-----------------|--------|---------------------------------------|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | n(s): 1 881 | 4 2 4972 | 3 🗌 | 1 | 6 | 8,392. |
| Credits | 17 | Amount from Schedule 2, lir | | | | | 1 | 17 | |
| | 18 | Add lines 16 and 17 | | | | | 1 | 8 | 8,392. |
| | 19 | Child tax credit or credit for | other dependen | ts from Sched | ule 8812 | | 1 | 9 | <u> </u> |
| | 20 | Amount from Schedule 3, lir | • | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | 2 | 21 | |
| | 22 | Subtract line 21 from line 18 | I. If zero or less, | enter -0 | | | 2 | 22 | 8,392. |
| | 23 | Other taxes, including self-e | • | | | | | 23 | 0. |
| | 24 | Add lines 22 and 23. This is | | | • | | | 24 | 8,392. |
| Payments | 25 | Federal income tax withheld | | | | | | | |
| . ayınıdını | а | Form(s) W-2 | | | | 25a 11 | ,661. | | |
| | b | Form(s) 1099 | | | | 25b | , | | |
| | C | Other forms (see instruction | | | | 25c | | | |
| | d | Add lines 25a through 25c | • | | | | 2: | 5d | 11,661. |
| 16 | 26 | 2023 estimated tax paymen | | | | | | 26 | |
| If you have a 1 qualifying child, | 27 | Earned income credit (EIC) | | | | 27 | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from | | | | 28 | | | |
| | 29 | American opportunity credit | | | | 29 | | | |
| | 30 | Reserved for future use . | | | | 30 | | | |
| | 31 | Amount from Schedule 3, lir | | | | 31 | | | |
| | 32 | Add lines 27, 28, 29, and 31 | | | | | 3 | 32 | |
| | 33 | Add lines 25d, 26, and 32. T | - | | | | | 33 | 11,661. |
| Refund | 34 | If line 33 is more than line 24 | | | | | | 34 | 3,269. |
| riciana | 35a | Amount of line 34 you want | | | | • | | 5a | 3,269. |
| Direct deposit? | b | Routing number 0 8 1 | | | | | Savings | | |
| See instructions. | d | Account number 2 9 1 | arnigo | | | | | | |
| | 36 | Amount of line 34 you want | | 6 4 5 5 2024 estimate | | 36 | | | |
| Amount | 37 | Subtract line 33 from line 24 | | | | 1 00 1 | | | |
| You Owe | 31 | For details on how to pay, g | | | | | | 37 | |
| | 38 | Estimated tax penalty (see in | _ | - | | 38 | | | |
| Third Party | | you want to allow another | | | | | | | |
| Designee | | structions | • | | | | mplete belo | w. | ⋉ No |
| | De | signee's | | Phone | | | nal identificat | | |
| - | naı | | | no. | | | er (PIN) | | |
| Sign | | der penalties of perjury, I declare t ief, they are true, correct, and com | | | | | | | |
| Here | | • | ipiete. Deciaration | | | sed on an imormatio | | • | , , |
| | Yo | ur signature | | Date | Your occupation | | | | t you an Identity N, enter it here |
| Joint return? | | | | | SOFTWARE E | NGINEER | (see inst. | | 1, 611161 11 11616 |
| See instructions. | Sp | ouse's signature. If a joint return, | both must sign. | Date | Spouse's occupati | | If the IRS | S sent | t your spouse an |
| Keep a copy for your records. | | | | ' ' | | | | | ction PIN, enter it here |
| your records. | | | | | | | (see inst. | .) | |
| | | one no. (217) 208–126 | | Email address | KOMPELLISANTHOS | HKUMAR9@GMAIL.CC | | | |
| Paid | | eparer's name | Preparer's signat | | | Date | PTIN | | Check if: |
| Preparer | SYAM | PRIYA RAM SAGAR GUPTA TALLAM | 1 | RAM SAGAR | GUPTA TALLAM | 01/31/2024 | P0208270 | | Self-employed |
| Use Only | Fire | m's name GLOBAL TA | | | | | Phone no | o. (6 | 678) 965-9522 |
| | Fir | m's address 245 ROONE | Y CT E BRU | NSWICK N | J 08816 | | Firm's El | N | 84-3171965 |
| Go to www.irs.go | ov/Forn | n1040 for instructions and the late | est information. | | BAA | REV 01/21/24 PRO | | | Form 1040 (2023) |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

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

SANTHOSH KUMAR KOMPELLI

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

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

| | Sequence No. 01 |
|----------|------------------------|
| Your soc | ial security number |
| 3/15-21 | _1095 |

| Par | t 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. Att | ach Schedule E . | 5 | -14,856. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| а | Net operating loss | 8a (| <u>)</u> | |
| b | Gambling | 8b | | |
| C | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d (| <u>)</u> | |
| е | 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 | | |
| ı | 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 | 81 | | |
| m | Olympic and Paralympic medals and USOC prize money (see | | | |
| | instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| 0 | Section 951A(a) inclusion (see instructions) | 80 | | |
| р | Section 461(I) 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 (| <u>)</u> | |
| t | Pension or annuity from a nonqualifed 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 . Ente 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -14,856. |

Schedule 1 (Form 1040) 2023 Page **2**

| Par | t II Adjustments to Income | | | |
|-----------|--|------------------|-----|--|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-base | sis 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 | | | |
| С | Date of original divorce or separation agreement (see instructions): | | | |
| 20 | IRA deduction | | 20 | |
| 21 | Student loan interest deduction | | 21 | |
| 22 | Reserved for future use | | 22 | |
| 23 | Archer MSA deduction | | 23 | |
| 24 | Other adjustments: | | | |
| а | Jury duty pay (see instructions) | a | | |
| b | Deductible expenses related to income reported on line 8l from the | | | |
| | rental of personal property engaged in for profit | b | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | | |
| | and USOC prize money reported on line 8m | | | |
| d | Reforestation amortization and expenses | d | | |
| е | Repayment of supplemental unemployment benefits under the Trade | | | |
| | Act of 1974 | | . | |
| f | Contributions to section 501(c)(18)(D) pension plans | | . | |
| g | Contributions by certain chaplains to section 403(b) plans 24g | 9 | - | |
| h | Attorney fees and court costs for actions involving certain unlawful | | | |
| | discrimination claims (see instructions) | h | - | |
| 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 | | . | |
| j | Housing deduction from Form 2555 | j _ | - | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | |
| | 1041) | K | . | |
| Z | Other adjustments. List type and amount: | | | |
| 05 | | | 0- | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . En | nter here and on | | |
| | Form 1040, 1040-ŠR, or 1040-NR, line 10 | | 26 | |

SCHEDULE E (Form 1040)

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,

Attachment

Department of the Treasury Go to www.irs.gov/ScheduleE for instructions and the latest information. Internal Revenue Service

Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number SANTHOSH KUMAR KOMPELLI 345-21-1095 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. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions 1a Physical address of each property (street, city, state, ZIP code) 3-60 MALLARAM, VEMULAWADA VEMULAWADA TELANGANA IN 505403 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. C C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 Rents received . 3 714. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 2,010. 7 Cleaning and maintenance . . . 7 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees 11 2,142. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 3,524. 14 Repairs 15 Supplies 15 2,454. 16 16 Taxes 17 Utilities 17 2,451. 18 2,989. 18 Depreciation expense or depletion Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 15,570. 21 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 Form 6198 21 -14,856. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 14,856.) 714. Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 2,989. 23d Total of all amounts reported on line 18 for all properties 23e 15,570. Total of all amounts reported on line 20 for all properties 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 14,856. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 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 .

-14**,**856.





2023 Form M1, Individual Income Tax Do not use staples on anything you submit.

| | THOSH KUMAR tt Name and Initial | KOMP1 | | 345211095 Your Social Security Number | 0 6 1 8 1 9 Your Date of B | 9 4 irth (MM/DD/YYYY) |
|------------|--|--|---|--|------------------------------------|--------------------------|
| If a Joint | Return, Spouse's First Name a | nd Initial Spouse's L | ast Name | Spouse's Social Security Number | Spouse's Date | of Birth |
| |) 5 PAPER BIRC Home Address | CH DR | | Check if Address is: | New | Foreign |
| | RLOTTE | | | NC | 28215 | |
| City | | | | State | 28215 ZIP Code | |
| | | Status (place an X | | | ٦ | |
| X (1) | Single (2) Married Fi | | | (4) Head of Household | (5) Qualifying S | Surviving Spouse |
| | | Spouse SSN | · | | | |
| State | e Elections Cam | paign Fund | | | | |
| | | | Il help candidates for state offices pa | y campaign expenses. This will not in | crease your tax o | reduce your refund. |
| | | Political Party Code Numbers: | Republican Democratic/Farmer-Labor12 | Grassroots/Legalize Cannabis 14 | Legal Marijuana General Campaig | |
| Your Cod | e Spouse's Code | | Democratic/Farmer-Labor12 | Libertarian | General Campaig | 11 Tuliu |
| From | n Your Federal F | Return (see instruct | tions) | | | |
| | 88186 | | • | 0 | 74336 | |
| A. Wage | es, salaries, tips, etc. | B. IRA, pensions, and annuit | ies C. Unemployme | ent D. Fed | leral taxable inco | me |
| | | | | | _ | 00106 |
| 1 | Federal adjusted gross | income (from line 11 of fede | ral Form 1040 and 1040-SR) . | | 1 = | 88186 |
| 2 | Additions to income fro | m line 10 of Schedule M1M o | and line 9 of Schedule M1MB (s | see instructions) | 2 🔳 | |
| 3 | Add lines 1 and 2 | | | | 3 | 88186 |
| 4 | Itemized deductions (fi | rom Schedule M1SA) or your | standard deduction (see instru | uctions) | 4 🔳 | 13825 |
| 5 | Exemptions (from Sched | dule M1DQC) | | | 5 🔳 | |
| 6 | State income tax refund | d from line 1 of federal Sched | ule 1 | | 6 🔳 | |
| 7 | Subtractions from line 3 | 35 of Schedule M1M and line | 21 of Schedule M1MB (see ins | tructions) | 7 ■ | |
| 8 | Total subtractions. Add | lines 4 through 7 | | | 8 | 13825 |
| 9 | Minnesota taxable inco | ome. Subtract line 8 from line | e 3. If zero or less, leave blank. | | 9 | 74361 |
| 10 | Tax from the table or so | chedules in the Form M1 instr | uctions | | 10 | 4620 |
| 11 | Alternative minimum to | ax (enclose Schedule M1MT) | | | 11 ■ | |
| 12 | Add lines 10 and 11 | | | : | 12 | 4620 |
| 13 | Part-year residents and line 13, from line 28 on | nonresidents: From Schedule line 13a, and from line 29 on | n line 13. Skip lines 13a and 13 M1NR, enter the amount from line 13b (enclose Schedule M1 88186 | n line 32 on | 13 | 4620 |

2023 M1, page 2



| 14 | Other taxes, such as recapture amounts and the tax on lump- | sum distributions (check appropriate boxes) | ^ 2 3 | 1 1 2 1 ^ |
|----------|--|---|-------|-------------------------|
| | (a) Schedule M1HOME (b) Schedule M1529 | (c) Schedule M1LS | 14 ■ | |
| 15 | Tax before credits. Add lines 13 and 14 | | 15 | 4620 |
| 16 | Amount from line 21 of Schedule M1C, Nonrefundable Credit | s (enclose Schedule M1C) | 16 ■ | |
| 17 18 | Subtract line 16 from line 15 (if result is zero or less, leave bla Nongame Wildlife Fund contribution (see instructions) | | | 4620 |
| | This will reduce your refund or increase the amount you owe | · · · · · · · · · · · · · · · · · · · | 18 ■ | |
| 19 | Add lines 17 and 18 | | .19 | 4620 |
| 20 | Minnesota income tax withheld. Complete and enclose Sched | lule M1W to report | | |
| | Minnesota withholding from Forms W-2, 1099, and W-2G and S | Schedules KPI, KS, and KF | 20 ■ | 5273 |
| 21 | Minnesota estimated tax and extension payments made for 2 | 2023 | 21 ■ | |
| 22 | Amount from line 11 of Schedule M1REF, Refundable Credits | 22 ■ | | |
| 23 | Total payments. Add lines 20 through 22 | | 23 | 5273 |
| 24 | REFUND . If line 23 is more than line 19, subtract line 19 from | line 23 (see instructions). | | 653 |
| | For direct deposit, complete line 25 | | 24 ■ | 000 |
| 25 | | 8 291021364550 | | |
| | Routing Number | Account Number | | |
| 26 27 | AMOUNT YOU OWE . If line 19 is more than line 23, subtract Penalty amount from Schedule M15 (see instructions). Also st | ubtract | | |
| | this amount from line 24 or add it to line 26 (enclose Schedule | e M15) | 27 ■ | |
| | Penalty and interest (see instructions) | | 28 ■ | |
| | OU PAY ESTIMATED TAX and want part of your refund credited Amount from line 24 you want sent to you | | 29 ■ | |
| | | | | |
| 30 | Amount from line 24 you want applied to your 2024 estimate | ed tax | 30 ■ | |
| Тахр | ayer(s): I declare that this return is correct and complete to the | best of my knowledge and belief. | | |
| Your | Signature | Spouse's Signatu If Filing Jointly) | | MM/DD/YYYY) |
| 21 | 72081266 | KOMPELLISANTHOSHKUMAR9@C | SMAIL | .COM |
| - | me Phone | Email Address | _ | |
| | AM PRIYA RAM SAGAR GUPTA TALLAM Preparer's Signature | 01312024 Date MM/DD/YYYY) | | 2082703 |
| | 89659522 | | PIII | TOT VITA/TCE# (Tequired |
| | arer's Daytime Phone | syam@gtaxfile.com Preparer's Email Address | | |
| | I do not want my paid preparer to file my return electronically. | I authorize the Minnesota Department of Revenue with the preparer or the third-party designee indic | | |

Include a copy of your 2023 federal return and schedules.

Mail to: Minnesota Individual Income Tax, Mail Station 0010, 600 N. Robert St., St. Paul, MN 55146-0010

REV 01/21/24 PRO 1031







2023 Schedule M1NR, Nonresidents/Part-Year ResidentsBefore you complete this schedule, read the instructions and complete lines 1 through 11 of Form M1.

| SANTHOSH KUMAR Your First Name and Initial | | KOMPELLI Your Last Name | | 345211095 Your Social Security Number | | | | |
|---|--|---|-------|--|------------------------|--|--|--|
| Spou | se's First Name and Initial | Spouse's Last Name | | Spouse's S | Social Security Number | | | |
| Mini | nesota Residency (Place an X in one box and e | nter other state of residency) | | | | | | |
| You: | X Full-year Nonresident Part- | Year Resident fromtoto | | her State of Residency: $\underline{}$ | IC | | | |
| Your | Spouse: Full-year Nonresident Part- | Year Resident fromtoto(MM/DD/YYYY) | _ Ot | her State of Residency: | | | | |
| | | | | A. Total Amount | B. Minnesota Portion | | | |
| 1 | Wages, salaries, tips, etc. (from line 1z o | of federal Form 1040 or 1040-SR) | . 1_ | 88186 | 88186 | | | |
| 2 | Taxable interest and ordinary dividend i | ncome (lines 2b and 3b of Form 1040 or 1040-SR) | . 2_ | | | | | |
| 3 | Business income or loss (from line 3 of) | federal Schedule 1) | . 3_ | | | | | |
| 4 | Capital gain or loss (from line 7 of Form | 1040 or 1040-SR) | . 4_ | | | | | |
| 5 6 | Net income from rents, royalties, partne | es (from lines 4b and 5b of Form 1040 or 1040-SR) erships, S corporations, al Schedule 1) | | | 0 | | | |
| 7 8 9 | Farm income or loss (from line 6 of fede Other income (add lines 6b of Form 104 | eral Schedule 1) | . 7_ | | | | | |
| 10 | | of Schedule M1MB | | | • | | | |
| 11 | | chedule M1REF, see instructions | | | • | | | |
| 12 | Suspended loss from line 4 of Schedule | M1MB | . 12■ | | | | | |
| 13 | Other required adjustments from Scheo | dules M1M, M1MB, and M1AR (see instructions) | . 13■ | | | | | |
| 14 | This line intentionally left blank | | . 14■ | | • | | | |
| 15 | Add lines 1 through 14 for each column | | 15 ■ | 88186 | 88186 | | | |
| If yo | ur Minnesota gross income is below \$13 | 3,825 see instructions | | | | | | |
| 16 | Educator expenses, certain business exp | penses, and Armed Forces moving expenses | | | | | | |
| | | dule 1) | . 16 | | | | | |
| 17 | Self-employed SEP, SIMPLE, and qualified | | | | | | | |
| | | ? 1) | . 17_ | | | | | |
| 18 | Health savings account and Archer MSA | | | | | | | |
| | | 2.1) | . 18 | | | | | |
| | | 21) | . 19 | | | | | |
| 20 | , . | nt loan interest | . 20 | | | | | |

2023 Form M1NR, page 2



| 21 | Penalty on early withdrawal of savings (from line 18 of federal Schedule 1) | |
|----------|---|---------|
| 22 | Other subtractions from Schedule M1MB (see instructions) | • |
| 23 | Social Security benefit from line 12 of Schedule M1M (see instructions) | ■ |
| 24 25 | Subtraction for federal bonus depreciation from line 10 of Schedule M1MB | |
| 26 | Subtraction for federal section 179 expensing (from line 11 of Schedule M1MB) | |
| 27 28 | Add lines 16 through 26 for each column | 0 |
| 29 | M1. If your Minnesota gross income is below \$13,825 or the result is zero or less, enter 0 | 88186 |
| 30 | Enter the result here and on line 13b of Form M1 | |
| | places). If line 28 is more than line 29, enter 1.0. If line 28 is zero, enter 0 | 1.00000 |
| 31 | Amount from line 12 of Form M1 | 4620 |
| 32 | Multiply line 30 by line 31. Enter the result here and on line 13 of Form M1 | 4620 |

You must include this schedule with Form M1. Enter the amounts from lines 28 and 29 of this schedule on Form M1, lines 13a and 13b.





2023 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

| SANTHOSH KUM | IAR | KOMPE: | LLI | 345211095 | | | | | | |
|---|--|--|---|--|---|----------------------------|--|--|--|--|
| our First Name and Initia | al | Last Name | | | | Your Socia | Your Social Security Num | | | |
| f a Joint Return, Spouse's F | irst Name and Initial | Spouse's Las | st Name | | | Spouse's S | Social Security Number | | | |
| If you received a feder complete this schedul amounts to the neare W-2G; keep them with Minnesota wages a | e to determine lind st whole dollar. You n your tax records. | e 20 of Form M u must include All instruction: | List only the form this schedule when are included on the | ns that rep n you file yo nis schedule | ort Minnesota incom our return. DO NOT s e. | e tax withh end in your | eld. Round dollar Forms W-2, 1099, o | | | |
| complete line 5 on | | | | | | | _ | | | |
| A If the Form W-2 is for: | B—Box 13 If Retirement Plan | C—Box 15 | oven digit Minneseta | D—Box | | E—Box 1 | . 7 ta tax withheld | | | |
| you, enter 1spouse, enter 2 | box is checked, mark an X below. | Tax ID Numb | even-digit Minnesota er | | ages, tips, etc. To nearest whole dollar) | | o nearest whole dollar) | | | |
| a1 <u>1</u> | b1 | c1 MN | 3552598 | d1 | 88186 | e1 | 5273 | | | |
| a2 | b2 | c2 MN | | d2 | | e2 | | | | |
| a3 | b3 | c3 MN | | d3 | | e3 | | | | |
| a4 | b4 | c4 MN | | d4 | | e4 | | | | |
| a5 | b5 | c5 MN | | d5 | | e5 | | | | |
| Subtotal for additio | nal Forms W-2 (fron | n line 5 on page | 2) | | | | | | | |
| Total Minnesota ta | x withheld on all Fo | orms W-2 (add a | amounts in line 1, co | lumn E) | | 1■ | 5273 | | | |
| Minnesota tax with A If the Form 1099, W-2G • you, enter 1 • spouse, enter 2 | | B Payer's seve | 42-S. If you have mondigit Minnesota Tax ID anknown, contact the page | C Income | r forms, complete line amount (see the table on k for amounts to include) | D Minne | ck. sota tax withheld I to nearest whole dollar) | | | |
| a1 | | b1 MN | | c1 | | d1 | | | | |
| a2 | | b2 MN | | c2 | | d2 | | | | |
| a3 | | b3 MN | | c3 | | d3 | | | | |
| a4 | | b4 MN | | c4 | | d4 | | | | |
| Subtotal for additio | nal 1099, W-2G, and | d 1042-S (from | line 6 on page 2) | | | | | | | |
| Total Minnesota ta | x withheld on all 10 | 99, W-2G, and | 1042-S (add amoun | ts in line 2, o | column D) | 2 🔳 | | | | |
| 3 Total Minnesota ta | | | , | | | | | | | |
| 1 Total. Add the Minr | nesota tax withheld | on lines 1, 2, ar | nd 3. | | | | | | | |
| Enter the total here | and on line 20 of F | orm M1 | | | | 4 🔳 | 5273 | | | |

| D-40 < Stap Retu | le All | | of Yo | | Indi | | | | <u>li</u> na D | Tax R Departmondended Retu | ent o | rn 2023 f Revenue | DO Use Oni | 9 | | | |
|-------------------------|----------|------------------------|-------------------|------------------|--|---------------|-----------|------------------------|----------------|-------------------------------|--------------|---|------------------|------------------------------------|------------------------------|--------------------|------------------|
| For ca | lenda | ır year 2 | 2023, 0 | or fiscal | year begi | - | | _ | | and ending | | | 1 1 | a veteran? | | Yes 📙 | No X |
| I - | | H KUN APER | | K .CH DR | OMPELI R | LI | | | | You | r SSN: | 345211095 | | spouse a vetera u granted an au | | Yes extension t | No Lto file your |
| CHAF | LOT | NC 2 | 28215 | 5 FORS | | $\overline{}$ | | | | Spouse's | SSN: | | 1 1 | eral income ta | x return, e | e.g., Form | , |
| Filing | Statu | s X | 1. Sing 4. Hea | gle ad of Hou | sehold | | | ed Filing fying Wid | - | □ 3. N | 1arried F | iling Separately | Year s | Yes L pouse died: | No 2 | <u>X.</u> | |
| | - | | | | entire ye | | | Yes X | No No | | | n for deceased | taxpayer | . Date o | f death: | | |
| | | | | | ne entire : d: You ma | | | Yes _ to the N | | | | n for deceased nt Fund by maki | | | <u>f death:</u> esignatin | ng some | or all of |
| | | | | | | | | | | | | payment of \$ s for information | | 0. To desig | gnate you | ur overpa | ayment |
| ☐ Se | elect b | oox if yo | u, or i | f married | d filing joi | ntly, yo | our spo | use we | re out o | of the count | try on A | pril 15, 2024, a | nd a U.S. | citizen or re | sident. | | |
| ∐ Se | elect t | oox if re | turn is | filed and | d signed | by Exe | ecutor, | Adminis | strator, | or Court-A _l | ppointe | d Personal Rep | resentativ | ve. | | | |
| FS | 1 | PP | Y | | | DT | N | OC | N | TPRES | S Y | SPRES | S N | VT | N | SVT | N |
| KOMP | | 1010 |) | 2821 | 15 | DS | N | EΑ | N | TD | | | SD | | | FDE | XT N |
| SANT | HOS | H KU | JMA | | KO | MPE | LLI | | | | 3 | 45211095 | | FOR | SY | | |
| | | | | | | | | | | | | | N | C 282 | 15 | | |
| 1010 | 5 P | APEI | R BI | IRCH | DR | | | | | | | CHARLOTT | 'E | | | | |
| 06 | | | 881 | 186 | | | 16 | | | 3583 | 3 | 26C | | | 0 | | — 7 |
| 07 | | | | 0 | | | 18 | Y | | C |) | 26E | | | 0 | | 0201 |
| 09 | | | | 0 | | | 20A | | | C |) | EU | | | | | 5002 |
| 10A | | | | 0 | | | 20B | | | C |) | 27 | | | 0 | | |
| 10B | | | | 0 | | | 21A | | | C |) | 29 | | | 0 | | |
| 11 | S | Y | I | N | | | 21B | | | C |) | 30 | | | 0 | | |
| 11 | | | 127 | 750 | | | 21C | | | C |) | 31 | | | 0 | | |
| 13 | | | 000 | 000 | | | 21D | | | C |) | 32 | | | 0 | | |
| 14 | | | 754 | 436 | | | 26A | | | C |) | 34 | | | 0 | | |
| 15 | | | 35 | 583 | | | 26B | | | C |) | | | | | | |
| TN | 2 | 1720 | 0812 | 266 | | | PN | 6 | 789 | 659522 | 2 | PP | P | 020827 | 03 | | |
| I declare | and cer | tify that I howledge a | ave exa | mined this | Refun return and a true, correct | accompa | nying sch | nedules ar | | | \Box | ent Due Check here if you a o discuss this retu | | achments with | the paid p | oreparer b | |
| Your Sign | ature | | | | | | Date | Spor | use's Sigi | nature (If filing | g joint retu | rn, both must sign.) | Date | | 720812 ct Phone N | | area code) |
| PAID PRI | PARE | R USE ON | ILY If | prepared b | by a person | other tha | n taxpay | er, this cei | rtification | is based on all | l informat | ion of which the prepa | arer has any | knowledge. | | | |
| | | | AM S | SAGAR | GUPT | 01 | | <u>.4</u> | |) 965-9 | | | | | 20827 | | |
| Paid Prep | arer's S | Signature | | | | | Date | <u>.</u> | | | | clude area code) | | • | rer's FEIN, | SSN, or P | ĪΝ |
| | lf y | ou ARE | NOT d | | - | | | | | | | OX R, RALEIGH, OF REVENUE, P.0 | | | H, NC 276 | 40-0640 | |

Last Name (First 10 Characters) KOMPELLI 345211095 Your Social Security Number **D-400 Line-by-Line Information** Federal Adjusted Gross Income 6. 88186 6. 7. 7. Additions to Federal Adjusted Gross Income 0 8. Add Lines 6 and 7 8. 88186 9. Deductions From Federal Adjusted Gross Income 9. 0 Child Deduction 10. a. Enter the number of qualifying children for whom you were allowed a federal child tax credit 10a. 0 b. Enter the amount of the child deduction 10b. 0 11. N.C. Standard Deduction 11. Υ N.C. Itemized Deduction 11 11. Ν Deduction amount 11. 11. 12750 12. a. Add Lines 9, 10b, and 11 12750 12a. b. Subtract Line 12a from Line 8 12b. 75436 Part-year Residents and Nonresidents Taxable Percentage 13. 13. 0.0000 14. N.C. Taxable Income 14. 75436 15. N.C. Income Tax 15. 3583 16. Tax Credits 3583 16. Subtract Line 16 from Line 15 17. 17. 0 18. Consumer Use Tax 18. 0 You certify that no Consumer Use Tax is due Υ 19. Add Lines 17 and 18 19. 0 North Carolina Income Tax Withheld 20a. Your tax withheld 20a. 0 20b. Spouse's tax withheld 20b. 0 Other Tax Payments 21a. 2023 estimated tax 21a. 0 21b. 0 Paid with extension 21b. 0 21c. Partnership 21c. S Corporation 21d. 21d. 0 22. **Additional Payments** 22. 0 23. Add Lines 20a through 22 23. 0 24. Previous Refunds \cap 24. 25. Subtract Line 24 from Line 23 25. 0 Tax Due 26a. 26a. 0 26b. Penalties 26b. 0 26c. Interest 26c. 0 26d. Add Lines 26b and 26c and enter the total on 26d 26d. 0 EU Exception to Underpayment of Estimated Tax EU 26e. Interest on the Underpayment of Estimated Income Tax 26e. Ω 27. Pay this Amount 27. 0 0 28. Overpayment 28. Amount of Refund to Apply to: 29. Amount of Line 28 to be applied to 2024 Estimated Income Tax 29. 0 30. N.C. Nongame and Endangered Wildlife Fund 30. 0 31. \cap 31. N.C. Education Endowment Fund 0 32. N.C. Breast and Cervical Cancer Control Program 32. 33. 0 33. Add Lines 29 through 32 34. 0 34. Amount to be Refunded

D-400TC (50)

2023 Individual Income Tax Credits

Use Only

88186

88186 1.0000

> 3583 3583

4620

3583

1.

2.

3

4.

5.

8-16-23

North Carolina Department of Revenue

If you claim a tax credit on Form D-400, Line 16, you must attach this form to the return. Otherwise, the tax credit may be disallowed. Important: Refer to the instructions before completing this form.

| Last Name (First 10 Characters) | | KOMPELLI | | Your So | cial Security Number | 345211095 | |
|---------------------------------|-------|----------|---|---------|----------------------|-----------|---|
| 01 | 88186 | 07B | 1 | 10A | 0 | 13 | 0 |
| 02 | 88186 | 08A | 0 | 10B | 0 | 14 | 0 |
| 04 | 3583 | 08B | 0 | 11A | 0 | 15 | 0 |
| 06 | 4620 | 09A | 0 | 11B | 0 | 19 | 0 |
| 07A | 3583 | 09B | 0 | 12 | 0 | | |

Part 1. Credit for Income Tax Paid to Another State or Country - N.C. Residents Only

If you claim a tax credit for taxes paid to more than one state or country, do not complete Lines 1-6. Instead, complete the "Out-of-State Tax Credit Worksheet" in the instructions to determine the amount to enter on Line 7a.

Total income from all sources while a resident of N.C. modified by N.C. adjustments to federal gross income

Portion of Line 1 that was taxed by another state or country 3. Divide Line 2 by Line 1

4. Total North Carolina income tax (From Form D-400, Line 15) 5. Multiply Line 4 by Line 3

Number of states or countries for which a credit is claimed

Amount of net tax paid to the other state or country on the income shown on Line 2 6. 6. Credit for Income Tax Paid to Another State or Country 7a. 7a. 7b.

Part 2. Credits for Rehabilitating Historic Structures

On Lines 8a, 9a, 10a, and 11a, enter the amount of expenditures or expenses only if tax year 2023 is the first year the credit is taken. Note: For Lines 8a and 9a, the expenditures and expenses must have been incurred prior to January 1, 2015.

On Lines 8b, 9b, 10b, 11b, 12, and 13, enter the amount of the tax credit taken.

| 8a. | An income-producing historic structure (Article 3D) | 8a. | 0 |
|------|--|------|---|
| 8b. | Enter installment amount of credit | 8b. | 0 |
| 9a. | A nonincome-producing historic structure (Article 3D) | 9a. | 0 |
| 9b. | Enter installment amount of credit | 9b. | 0 |
| 10a. | An income-producing historic mill facility (Article 3H) | 10a. | 0 |
| 10b. | Enter amount of credit | 10b. | 0 |
| 11a. | A nonincome-producing historic mill facility (Article 3H) | 11a. | 0 |
| 11b. | Enter installment amount of credit | 11b. | 0 |
| 12. | An income-producing historic structure (Article 3L) | 12. | 0 |
| 13. | A nonincome-producing historic structure (Article 3L) | 13. | 0 |
| | (If you take a credit on Lines 12 or 13, attach Form NC-Rehab to the front of Form D-400.) | | |



| Part 3. | Computation of | f Total Tax Credits t | to be Taken t | for Tax Year 2023 |
|---------|----------------|-----------------------|---------------|-------------------|
| | | | • | |

| 14. | Tax credits carried over from previous year | 14. | 0 |
|-----|--|-----|------|
| 15. | Reserved for Future Use | 15. | 0 |
| 16. | Add Lines 7a, 8b, 9b, 10b, 11b, 12, 13, 14, and 15 | 16. | 3583 |
| 17. | North Carolina income tax (From Form D-400, Line 15) | 17. | 3583 |
| 18. | Enter the lesser of Line 16 or Line 17 | 18. | 3583 |
| 19. | Business incentive and energy tax credits | 19. | 0 |
| | (Attach Form NC-478 and any required supporting schedules to the front of Form D-400.) | | |
| 20. | Total Tax Credits to be Taken for Tax Year 2023 | 20. | 3583 |
| 1 | | | |