

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 SAMRAT KONJARLA | Social security number 499-49-1783 |
| Spouse's name RAKSHITHA KONJARLA | Spouse's social security number 982-98-2567 |

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 | 227,339. |
| 2 Total tax | 2 | 32,757. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 40,379. |
| 4 Amount you want refunded to you | 4 | 12,436. |
| 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 9 1 7 8 3 as my signature on the income tax return (original or amended) I am now authorizing. **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 GLOBAL TAXES LLC to enter or generate my PIN 8 2 5 6 7 as my signature on the income tax return (original or amended) I am now authorizing. **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 SAMRAT Last name KONJARLA Your social security number 499 49 1783

If joint return, spouse's first name and middle initial RAKSHITHA Last name KONJARLA Spouse's social security number 982 98 2567

Home address (number and street). If you have a P.O. box, see instructions. 1620 HOPE DR Apt. no. 522 Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. SANTA CLARA State CA ZIP code 95054 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) 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)? (See instructions.) Yes 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 dependent SAHISHNU KONJARLA.

Income section table with columns 1a-1z and 1a-1z. Includes rows for Total amount from Form(s) W-2, Household employee wages, Tip income, etc.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. Includes rows for Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits.

Table with columns 7-15. Includes rows for Capital gain or (loss), Additional income from Schedule 1, Total income, Adjustments to income, Adjusted gross income, Standard deduction or itemized deductions, Qualified business income deduction.

| | | | | |
|------------------------|-----------|--|-----------|---------|
| 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 | 34,713. |
| | 17 | Amount from Schedule 2, line 3 | 17 | 44. |
| | 18 | Add lines 16 and 17 | 18 | 34,757. |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 | 19 | 2,000. |
| | 20 | Amount from Schedule 3, line 8 | 20 | |
| | 21 | Add lines 19 and 20 | 21 | 2,000. |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 32,757. |
| | 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 | 32,757. |

| | | | | |
|-----------------|-----------|---|------------|---------|
| Payments | 25 | Federal income tax withheld from: | | |
| | a | Form(s) W-2 | 25a | 40,379. |
| | b | Form(s) 1099 | 25b | |
| | c | Other forms (see instructions) | 25c | |
| | d | Add lines 25a through 25c | 25d | 40,379. |
| | 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 | 4,814. |
| | 32 | Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits | 32 | 4,814. |
| | 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 45,193. |

| | | | | |
|--------------------------------------|------------|---|------------|---------|
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 12,436. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 12,436. |
| Direct deposit? See instructions. | b | Routing number 073000176 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d | Account number 445002526668 | | |
| | 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 HOME MAKER | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. (781) 392-6543 | Email address SAMRATKONJARLA@GMAIL.COM | | |

Paid Preparer Use Only

| | | | | |
|---|--|--------------------|-------------------|---|
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA | Date 04/09/2024 | 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 |

**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
SAMRAT KONJARLA & RAKSHITHA KONJARLA

Your social security number
499-49-1783

Part I Additional Income

| | | | |
|-----------|---|-----------|----------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 1 | 0. |
| 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 | -14,184. |
| 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 | -14,184. |

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 |
| 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 8l 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 |

**SCHEDULE 2
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Taxes

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. **02**

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

SAMRAT KONJARLA & RAKSHITHA KONJARLA

Your social security number

499-49-1783

Part I Tax

| | | | |
|----------|--|----------|-----|
| 1 | Alternative minimum tax. Attach Form 6251 | 1 | |
| 2 | Excess advance premium tax credit repayment. Attach Form 8962 | 2 | 44. |
| 3 | Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 | 3 | 44. |

Part II Other Taxes

| | | | |
|-----------|--|-----------|--|
| 4 | Self-employment tax. Attach Schedule SE | 4 | |
| 5 | Social security and Medicare tax on unreported tip income. Attach Form 4137 | 5 | |
| 6 | Uncollected social security and Medicare tax on wages. Attach Form 8919 | 6 | |
| 7 | Total additional social security and Medicare tax. Add lines 5 and 6 | 7 | |
| 8 | Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/> | 8 | |
| 9 | Household employment taxes. Attach Schedule H | 9 | |
| 10 | Repayment of first-time homebuyer credit. Attach Form 5405 if required | 10 | |
| 11 | Additional Medicare Tax. Attach Form 8959 | 11 | |
| 12 | Net investment income tax. Attach Form 8960 | 12 | |
| 13 | Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 | 13 | |
| 14 | Interest on tax due on installment income from the sale of certain residential lots and timeshares | 14 | |
| 15 | Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 | 15 | |
| 16 | Recapture of low-income housing credit. Attach Form 8611 | 16 | |

(continued on page 2)

Part II Other Taxes *(continued)*

| | | | |
|-----------|---|------------|-----------|
| 17 | Other additional taxes: | | |
| a | Recapture of other credits. List type, form number, and amount: _____ | 17a | |
| b | Recapture of federal mortgage subsidy, if you sold your home see instructions | 17b | |
| c | Additional tax on HSA distributions. Attach Form 8889 | 17c | |
| d | Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 | 17d | |
| e | Additional tax on Archer MSA distributions. Attach Form 8853 | 17e | |
| f | Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 | 17f | |
| g | Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property | 17g | |
| h | Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A | 17h | |
| i | Compensation you received from a nonqualified deferred compensation plan described in section 457A | 17i | |
| j | Section 72(m)(5) excess benefits tax | 17j | |
| k | Golden parachute payments | 17k | |
| l | Tax on accumulation distribution of trusts | 17l | |
| m | Excise tax on insider stock compensation from an expatriated corporation | 17m | |
| n | Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 | 17n | |
| o | Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR | 17o | |
| p | Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund | 17p | |
| q | Any interest from Form 8621, line 24 | 17q | |
| z | Any other taxes. List type and amount: _____ _____ | 17z | |
| 18 | Total additional taxes. Add lines 17a through 17z | | 18 |
| 19 | Reserved for future use | | 19 |
| 20 | Section 965 net tax liability installment from Form 965-A | 20 | |
| 21 | Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b | | 21 |

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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. **03**

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

SAMRAT KONJARLA & RAKSHITHA KONJARLA

Your social security number

499-49-1783

Part I Nonrefundable Credits

| | | | |
|-----------|---|-----------|--|
| 1 | Foreign tax credit. Attach Form 1116 if required | 1 | |
| 2 | Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 | 2 | |
| 3 | Education credits from Form 8863, line 19 | 3 | |
| 4 | Retirement savings contributions credit. Attach Form 8880 | 4 | |
| 5a | Residential clean energy credit from Form 5695, line 15 | 5a | |
| b | Energy efficient home improvement credit from Form 5695, line 32 | 5b | |
| 6 | Other nonrefundable credits: | | |
| a | General business credit. Attach Form 3800 | 6a | |
| b | Credit for prior year minimum tax. Attach Form 8801 | 6b | |
| c | Adoption credit. Attach Form 8839 | 6c | |
| d | Credit for the elderly or disabled. Attach Schedule R | 6d | |
| e | Reserved for future use | 6e | |
| f | Clean vehicle credit. Attach Form 8936 | 6f | |
| g | Mortgage interest credit. Attach Form 8396 | 6g | |
| h | District of Columbia first-time homebuyer credit. Attach Form 8859 | 6h | |
| i | Qualified electric vehicle credit. Attach Form 8834 | 6i | |
| j | Alternative fuel vehicle refueling property credit. Attach Form 8911 | 6j | |
| k | Credit to holders of tax credit bonds. Attach Form 8912 | 6k | |
| l | Amount on Form 8978, line 14. See instructions | 6l | |
| m | Credit for previously owned clean vehicles. Attach Form 8936 | 6m | |
| z | Other nonrefundable credits. List type and amount: _____ _____ | 6z | |
| 7 | Total other nonrefundable credits. Add lines 6a through 6z | 7 | |
| 8 | Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 | 8 | |

(continued on page 2)

Part II Other Payments and Refundable Credits

| | | | | |
|-----------|--|------------|-----------|--------|
| 9 | Net premium tax credit. Attach Form 8962 | | 9 | |
| 10 | Amount paid with request for extension to file (see instructions) | | 10 | |
| 11 | Excess social security and tier 1 RRTA tax withheld | | 11 | 4,814. |
| 12 | Credit for federal tax on fuels. Attach Form 4136 | | 12 | |
| 13 | Other payments or refundable credits: | | | |
| a | Form 2439 | 13a | | |
| b | Credit for repayment of amounts included in income from earlier years | 13b | | |
| c | Elective payment election amount from Form 3800, Part III, line 6, column (i) | 13c | | |
| d | Deferred amount of net 965 tax liability (see instructions) | 13d | | |
| z | Other payments or refundable credits. List type and amount: _____ | 13z | | |
| 14 | Total other payments or refundable credits. Add lines 13a through 13z | | 14 | |
| 15 | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 | | 15 | 4,814. |

**SCHEDULE B
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **08**

Name(s) shown on return

SAMRAT KONJARLA & RAKSHITHA KONJARLA

Your social security number

499-49-1783

**Part I
Interest**

(See instructions and the Instructions for Form 1040, line 2b.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:

BANK OF AMERICA
DIGITAL FEDERAL CREDIT UNION

Amount

3,634.
46.

1

2 Add the amounts on line 1
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b

3,680.

3,680.

2

3

4

Note: If line 4 is over \$1,500, you must complete Part III.

Amount

**Part II
Ordinary Dividends**

(See instructions and the Instructions for Form 1040, line 3b.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

5 List name of payer: _____

5

6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b

6

Note: If line 6 is over \$1,500, you must complete Part III.

**Part III
Foreign Accounts and Trusts**

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instructions.

7a At any time during 2023, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

| Yes | No |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

| | |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|--------------------------|-------------------------------------|

b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located: _____

8 During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

| | |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|--------------------------|-------------------------------------|

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. **13**

Name(s) shown on return

SAMRAT KONJARLA & RAKSHITHA KONJARLA

Your social security number

499-49-1783

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A H NO:5-4-54, KARU WADA KARIMNAGAR TELANGANA IN 505001

B
C

| 1b Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | | Personal Use Days | QJV |
|---------------------------------------|--|------------------|---|-------------------|--------------------------|
| | | A | B | C | |
| A 3 | | 355 | | 0 | <input type="checkbox"/> |
| B | | | | | <input type="checkbox"/> |
| C | | | | | <input type="checkbox"/> |

Type of Property:

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

| Income: | Properties: | | |
|---|-----------------------|---|---|
| | A | B | C |
| 3 Rents received | 3 756. | | |
| 4 Royalties received | 4 | | |
| Expenses: | | | |
| 5 Advertising | 5 | | |
| 6 Auto and travel (see instructions) | 6 | | |
| 7 Cleaning and maintenance | 7 745. | | |
| 8 Commissions | 8 | | |
| 9 Insurance | 9 | | |
| 10 Legal and other professional fees | 10 | | |
| 11 Management fees | 11 1,574. | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | |
| 13 Other interest | 13 | | |
| 14 Repairs | 14 3,251. | | |
| 15 Supplies | 15 4,125. | | |
| 16 Taxes | 16 | | |
| 17 Utilities | 17 1,745. | | |
| 18 Depreciation expense or depletion | 18 3,500. | | |
| 19 Other (list) _____ | 19 | | |
| 20 Total expenses. Add lines 5 through 19 | 20 14,940. | | |
| 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 -14,184. | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 (14,184.) | | |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a 756. | | |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | | |
| c Total of all amounts reported on line 12 for all properties | 23c | | |
| d Total of all amounts reported on line 18 for all properties | 23d 3,500. | | |
| e Total of all amounts reported on line 20 for all properties | 23e 14,940. | | |
| 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 (14,184.) | | |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 | 26 -14,184. | | |

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-14,184.

Schedule E (Form 1040) 2023

**SCHEDULE 8812
(Form 1040)**

**Credits for Qualifying Children
and Other Dependents**

OMB No. 1545-0074

2023

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Name(s) shown on return

SAMRAT KONJARLA & RAKSHITHA KONJARLA

Your social security number

499-49-1783

Part I Child Tax Credit and Credit for Other Dependents

| | | | | |
|-----------|---|-----------|----------|----------|
| 1 | Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR | | 1 | 227,339. |
| 2a | Enter income from Puerto Rico that you excluded | 2a | | |
| b | Enter the amounts from lines 45 and 50 of your Form 2555 | 2b | 0. | |
| c | Enter the amount from line 15 of your Form 4563 | 2c | | |
| d | Add lines 2a through 2c | 2d | 0. | |
| 3 | Add lines 1 and 2d | 3 | 227,339. | |
| 4 | Number of qualifying children under age 17 with the required social security number | 4 | 1 | |
| 5 | Multiply line 4 by \$2,000 | 5 | 2,000. | |
| 6 | Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number | 6 | 0 | |
| | Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4. | | | |
| 7 | Multiply line 6 by \$500 | 7 | | |
| 8 | Add lines 5 and 7 | 8 | 2,000. | |
| 9 | Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 } | 9 | 400,000. | |
| 10 | Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. } | 10 | 0. | |
| 11 | Multiply line 10 by 5% (0.05) | 11 | 0. | |
| 12 | Is the amount on line 8 more than the amount on line 11? | 12 | 2,000. | |
| | <input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. | | | |
| | <input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result. | | | |
| 13 | Enter the amount from Credit Limit Worksheet A | 13 | 34,757. | |
| 14 | Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents | 14 | 2,000. | |

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

| | | | |
|------------|--|------------|----|
| 15 | Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 <input type="checkbox"/> | | |
| 16a | Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 | 16a | 0. |
| b | Number of qualifying children under 17 with the required social security number: _____ x \$1,600. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 | 16b | |
| | TIP: The number of children you use for this line is the same as the number of children you used for line 4. | | |
| 17 | Enter the smaller of line 16a or line 16b | 17 | |
| 18a | Earned income (see instructions) | 18a | |
| b | Nontaxable combat pay (see instructions) | 18b | |
| 19 | Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result | 19 | |
| 20 | Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,800 or more? <input type="checkbox"/> No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21. | 20 | |

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

| | | | |
|-----------|--|-----------|--|
| 21 | Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions. | | |
| 22 | Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 | 22 | |
| 23 | Add lines 21 and 22 | 23 | |
| 24 | 1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. } | 24 | |
| 25 | Subtract line 24 from line 23. If zero or less, enter -0- | 25 | |
| 26 | Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27. | 26 | |

Part II-C Additional Child Tax Credit

| | | | |
|-----------|--|-----------|--|
| 27 | This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 | | |
| | | 27 | |

Paid Preparer's Due Diligence Checklist
*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*
**To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
Go to www.irs.gov/Form8867 for instructions and the latest information.**

| | | |
|--|--|---|
| Taxpayer name(s) shown on return SAMRAT KONJARLA & RAKSHITHA KONJARLA | | Taxpayer identification number 499-49-1783 |
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA | | Preparer tax identification number P02082703 |

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

| | Yes | No | N/A |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| a Did you make reasonable inquiries to determine the correct, complete, and consistent information? | <input type="checkbox"/> | <input type="checkbox"/> | |
| b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a Did you complete the required recertification Form 8862? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

| | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.) | <input type="checkbox"/> | <input type="checkbox"/> | |
| b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? | <input type="checkbox"/> | <input type="checkbox"/> | |
| c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

| | Yes | No | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| 10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

| | Yes | No |
|--|--------------------------|--------------------------|
| 13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? | <input type="checkbox"/> | <input type="checkbox"/> |

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

| | Yes | No |
|--|--------------------------|--------------------------|
| 14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? | <input type="checkbox"/> | <input type="checkbox"/> |

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - 1. A copy of this Form 8867.
 - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

| | Yes | No |
|---|-------------------------------------|--------------------------|
| 15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Premium Tax Credit (PTC)

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8962 for instructions and the latest information.

Name shown on your return

Your social security number

SAMRAT KONJARLA & RAKSHITHA KONJARLA

499-49-1783

A. You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box

Part I Annual and Monthly Contribution Amount

| | | | | |
|-----------|--|-----------|----------|--|
| 1 | Tax family size. Enter your tax family size. See instructions | | 1 | 3 |
| 2a | Modified AGI. Enter your modified AGI. See instructions | 2a | 227,339. | |
| b | Enter the total of your dependents' modified AGI. See instructions | 2b | | |
| 3 | Household income. Add the amounts on lines 2a and 2b. See instructions | 3 | 227,339. | |
| 4 | Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the appropriate box for the federal poverty table used. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC | 4 | 23,030. | |
| 5 | Household income as a percentage of federal poverty line (see instructions) | 5 | 401 % | |
| 6 | Reserved for future use | | | |
| 7 | Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions | 7 | 0.0850 | |
| 8a | Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount | 8a | 19,324. | b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount |
| | | | | 8b |
| | | | | 1,610. |

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

- 9** Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions.
 Yes. Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. **No.** Continue to line 10.
- 10** See the instructions to determine if you can use line 11 or must complete lines 12 through 23.
 Yes. Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24. **No.** Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

| Annual Calculation | (a) Annual enrollment premiums (Form(s) 1095-A, line 33A) | (b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B) | (c) Annual contribution amount (line 8a) | (d) Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-) | (e) Annual premium tax credit allowed (smaller of (a) or (d)) | (f) Annual advance payment of PTC (Form(s) 1095-A, line 33C) | |
|-------------------------|--|--|---|--|--|--|-----|
| 11 Annual Totals | | | | | | | |
| Monthly Calculation | (a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A) | (b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B) | (c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation) | (d) Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-) | (e) Monthly premium tax credit allowed (smaller of (a) or (d)) | (f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C) | |
| 12 January | | | | | | | |
| 13 February | | | | | | | |
| 14 March | | | | | | | |
| 15 April | | | | | | | |
| 16 May | | | | | | | |
| 17 June | | | | | | | |
| 18 July | | | | | | | |
| 19 August | | | | | | | |
| 20 September | | | | | | | |
| 21 October | | | | | | | |
| 22 November | 421. | 293. | 1,610. | 0. | 0. | 22. | |
| 23 December | 421. | 293. | 1,610. | 0. | 0. | 22. | |
| 24 | Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here | | | | | 24 | 0. |
| 25 | Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here | | | | | 25 | 44. |
| 26 | Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 9. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27 | | | | | 26 | |

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

| | | | |
|-----------|---|-----------|-----|
| 27 | Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here | 27 | 44. |
| 28 | Repayment limitation (see instructions) | 28 | |
| 29 | Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 2 | 29 | 44. |

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

Part IV Allocation of Policy Amounts

Complete the following information for up to four policy amount allocations. See instructions for allocation details.

Allocation 1

| | | | | |
|-----------|---|----------------------------------|-----------------------------------|--|
| 30 | (a) Policy Number (Form 1095-A, line 2) | (b) SSN of other taxpayer | (c) Allocation start month | (d) Allocation stop month |
| | Allocation percentage applied to monthly amounts | (e) Premium Percentage | (f) SLCSP Percentage | (g) Advance Payment of the PTC Percentage |
| | | | | |

Allocation 2

| | | | | |
|-----------|---|----------------------------------|-----------------------------------|--|
| 31 | (a) Policy Number (Form 1095-A, line 2) | (b) SSN of other taxpayer | (c) Allocation start month | (d) Allocation stop month |
| | Allocation percentage applied to monthly amounts | (e) Premium Percentage | (f) SLCSP Percentage | (g) Advance Payment of the PTC Percentage |
| | | | | |

Allocation 3

| | | | | |
|-----------|---|----------------------------------|-----------------------------------|--|
| 32 | (a) Policy Number (Form 1095-A, line 2) | (b) SSN of other taxpayer | (c) Allocation start month | (d) Allocation stop month |
| | Allocation percentage applied to monthly amounts | (e) Premium Percentage | (f) SLCSP Percentage | (g) Advance Payment of the PTC Percentage |
| | | | | |

Allocation 4

| | | | | |
|-----------|---|----------------------------------|-----------------------------------|--|
| 33 | (a) Policy Number (Form 1095-A, line 2) | (b) SSN of other taxpayer | (c) Allocation start month | (d) Allocation stop month |
| | Allocation percentage applied to monthly amounts | (e) Premium Percentage | (f) SLCSP Percentage | (g) Advance Payment of the PTC Percentage |
| | | | | |

34 Have you completed all policy amount allocations?

- Yes.** Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12–23, columns (a), (b), and (f). Compute the amounts for lines 12–23, columns (c)–(e), and continue to line 24.
- No.** See the instructions to report additional policy amount allocations.

Part V Alternative Calculation for Year of Marriage

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12–23, see the instructions for this Part V.

| | | | | | |
|-----------|--|------------------------------------|--|------------------------------------|-----------------------------------|
| 35 | Alternative entries for your SSN | (a) Alternative family size | (b) Alternative monthly contribution amount | (c) Alternative start month | (d) Alternative stop month |
| 36 | Alternative entries for your spouse's SSN | (a) Alternative family size | (b) Alternative monthly contribution amount | (c) Alternative start month | (d) Alternative stop month |

TAXABLE YEAR

FORM

2023

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name (Your name, Spouse's/RDP's name) and SSN/ITIN. Values include SAMRAT KONJARLA, RAKSHITHA KONJARLA, 499-49-1783, and 982-98-2567.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number and Amount. Line 1: 150643, Line 2: (blank), Line 3: 1644.

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter my PIN 9 1 7 8 3 as my signature on my 2023 e-filed California individual income tax return. I will enter my PIN as my signature on my 2023 e-filed California individual income tax return.

Your signature Date

Spouse's/RDP's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter my PIN 8 2 5 6 7 as my signature on my 2023 e-filed California individual income tax return. I will enter my PIN as my signature on my 2023 e-filed California individual income tax return.

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (EFIN)/PIN.

Enter your six-digit EFIN followed by your five-digit self-selected PIN.

Table with 11 cells containing digits: 2 2 2 4 9 6 0 8 2 7 1

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2023 California individual income tax return for the taxpayer(s) indicated above.

ERO's signature Date 04/09/2024

California Nonresident or Part-Year Resident Income Tax Return

2023

540NR

APE

ATTACH FEDERAL RETURN

499-49-1783 KONJ 982-98-2567
SAMRAT KONJARLA
RAKSHITHA KONJARLA

23

1620 HOPE DR
SANTA CLARA CA 95054

APT 522

11-11-1990 08-21-1996

If your California filing status is different from your federal filing status, check the box here

Filing Status

- 1 Single
- 2 Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.
- 3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here
- 4 Head of household (with qualifying person). See instructions.
- 5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died. See instructions.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr.

► For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

Exemptions

- 7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions. 7 2 X \$144 = \$ 288
- 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions. 8 X \$144 = \$
- 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. 9 X \$144 = \$

10 **Dependents: Do not include yourself or your spouse/RDP.**

| | Dependent 1 | Dependent 2 | Dependent 3 |
|---------------------------------|---------------------------------|-----------------------|-----------------------|
| First Name | <input type="radio"/> SAHISHNU | <input type="radio"/> | <input type="radio"/> |
| Last Name | <input type="radio"/> KONJARLA | <input type="radio"/> | <input type="radio"/> |
| SSN. See instructions. | <input type="radio"/> 893504568 | <input type="radio"/> | <input type="radio"/> |
| Dependent's relationship to you | <input type="radio"/> SON | <input type="radio"/> | <input type="radio"/> |

Total dependent exemptions 10 1 X \$446 = \$ 446

Your name: Your SSN or ITIN:

11 Exemption amount: Add line 7 through line 10 **11 \$**

| | |
|-----------------------------|---|
| Total Taxable Income | 12 Total California wages from your federal Form(s) W-2, box 16 <input checked="" type="radio"/> 12 <input type="text" value="150643"/> <input type="text" value=".00"/> |
| | 13 Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 <input checked="" type="radio"/> 13 <input type="text" value="227339"/> <input type="text" value=".00"/> |
| | 14 California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, line 27, column B <input checked="" type="radio"/> 14 <input type="text" value="0"/> <input type="text" value=".00"/> |
| | 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 <input type="text" value="227339"/> <input type="text" value=".00"/> |
| | 16 California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 27, column C <input checked="" type="radio"/> 16 <input type="text" value=""/> <input type="text" value=".00"/> |
| | 17 Adjusted gross income from all sources. Combine line 15 and line 16. <input checked="" type="radio"/> 17 <input type="text" value="227339"/> <input type="text" value=".00"/> |
| | 18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction . See instructions <input checked="" type="radio"/> 18 <input type="text" value="10726"/> <input type="text" value=".00"/> |
| | 19 Subtract line 18 from line 17. This is your total taxable income . If less than zero, enter -0- <input checked="" type="radio"/> 19 <input type="text" value="216613"/> <input type="text" value=".00"/> |

| | |
|--|--|
| CA Taxable Income | 31 Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule |
| | <input checked="" type="radio"/> 31 <input type="text" value="13451"/> <input type="text" value=".00"/> |
| | 32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. <input checked="" type="radio"/> 32 <input type="text" value="150643"/> <input type="text" value=".00"/> |
| | 35 CA Taxable Income from Schedule CA (540NR), Part IV, line 5. <input checked="" type="radio"/> 35 <input type="text" value="143536"/> <input type="text" value=".00"/> |
| | 36 CA Tax Rate. Divide line 31 by line 19. <input checked="" type="radio"/> 36 <input type="text" value="0.0621"/> |
| | 37 CA Tax Before Exemption Credits. Multiply line 35 by line 36. <input checked="" type="radio"/> 37 <input type="text" value="8914"/> <input type="text" value=".00"/> |
| | 38 CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. <input checked="" type="radio"/> 38 <input type="text" value="0.6626"/> |
| | 39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$237,035, see instructions <input checked="" type="radio"/> 39 <input type="text" value="486"/> <input type="text" value=".00"/> |
| | 40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- ... <input checked="" type="radio"/> 40 <input type="text" value="8428"/> <input type="text" value=".00"/> |
| 41 Tax. See instructions. Check the box if from: <input checked="" type="radio"/> Schedule G-1 <input type="checkbox"/> FTB 5870A <input checked="" type="radio"/> 41 <input type="text" value=""/> <input type="text" value=".00"/> | |
| 42 Add line 40 and line 41 <input checked="" type="radio"/> 42 <input type="text" value="8428"/> <input type="text" value=".00"/> | |

| | |
|---|--|
| Special Credits | 50 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506. <input checked="" type="radio"/> 50 <input type="text" value=""/> <input type="text" value=".00"/> |
| | 51 Credit for joint custody head of household. See instructions <input checked="" type="radio"/> 51 <input type="text" value=""/> <input type="text" value=".00"/> |
| | 52 Credit for dependent parent. See instructions. <input checked="" type="radio"/> 52 <input type="text" value=""/> <input type="text" value=".00"/> |
| | 53 Credit for senior head of household. See instructions. <input checked="" type="radio"/> 53 <input type="text" value=""/> <input type="text" value=".00"/> |
| | 54 Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions <input checked="" type="radio"/> 54 <input type="text" value=""/> |
| 55 Credit amount. See instructions <input checked="" type="radio"/> 55 <input type="text" value=""/> <input type="text" value=".00"/> | |

REV 03/05/24 PRO

Your name: Your SSN or ITIN:

| | | | | | | |
|------------------------|----|---|----------------------------------|----|-----------------------------------|----------------------------------|
| Special Credits | 58 | Enter credit name <input type="text"/> code <input type="text"/> and amount... | <input type="radio"/> | 58 | <input type="text"/> | <input type="text" value=".00"/> |
| | 59 | Enter credit name <input type="text"/> code <input type="text"/> and amount... | <input type="radio"/> | 59 | <input type="text"/> | <input type="text" value=".00"/> |
| | 60 | To claim more than two credits, see instructions. Attach Schedule P (540NR) | <input type="radio"/> | 60 | <input type="text"/> | <input type="text" value=".00"/> |
| | 61 | Nonrefundable Renter's Credit. See instructions | <input type="radio"/> | 61 | <input type="text"/> | <input type="text" value=".00"/> |
| | 62 | Add line 50 and line 55 through line 61. These are your total credits | <input checked="" type="radio"/> | 62 | <input type="text"/> | <input type="text" value=".00"/> |
| | 63 | Subtract line 62 from line 42. If less than zero, enter -0- | <input checked="" type="radio"/> | 63 | <input type="text" value="8428"/> | <input type="text" value=".00"/> |

| | | | | | | |
|--------------------|----|--|-----------------------|----|-----------------------------------|----------------------------------|
| Other Taxes | 71 | Alternative Minimum Tax. Attach Schedule P (540NR) | <input type="radio"/> | 71 | <input type="text"/> | <input type="text" value=".00"/> |
| | 72 | Mental Health Services Tax. See instructions | <input type="radio"/> | 72 | <input type="text"/> | <input type="text" value=".00"/> |
| | 73 | Other taxes and credit recapture. See instructions | <input type="radio"/> | 73 | <input type="text"/> | <input type="text" value=".00"/> |
| | 74 | Add line 63, line 71, line 72, and line 73. This is your total tax | <input type="radio"/> | 74 | <input type="text" value="8428"/> | <input type="text" value=".00"/> |

| | | | | | | |
|-----------------|----|--|----------------------------------|----|------------------------------------|----------------------------------|
| Payments | 81 | California income tax withheld. See instructions | <input type="radio"/> | 81 | <input type="text" value="10072"/> | <input type="text" value=".00"/> |
| | 82 | 2023 California estimated tax and other payments. See instructions | <input type="radio"/> | 82 | <input type="text"/> | <input type="text" value=".00"/> |
| | 83 | Withholding (Form 592-B and/or Form 593). See instructions | <input type="radio"/> | 83 | <input type="text"/> | <input type="text" value=".00"/> |
| | 84 | Excess SDI (or VPD) withheld. See instructions | <input type="radio"/> | 84 | <input type="text"/> | <input type="text" value=".00"/> |
| | 85 | Earned Income Tax Credit (EITC). See instructions | <input type="radio"/> | 85 | <input type="text"/> | <input type="text" value=".00"/> |
| | 86 | Young Child Tax Credit (YCTC). See instructions | <input type="radio"/> | 86 | <input type="text"/> | <input type="text" value=".00"/> |
| | 87 | Foster Youth Tax Credit (FYTC). See instructions | <input type="radio"/> | 87 | <input type="text"/> | <input type="text" value=".00"/> |
| | 88 | Add line 81 through line 87. These are your total payments. See instructions | <input checked="" type="radio"/> | 88 | <input type="text" value="10072"/> | <input type="text" value=".00"/> |

| | | | | |
|--------------------|----|--|----------------------------------|--|
| ISR Penalty | 91 | If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. | <input checked="" type="radio"/> | <input type="text" value="X"/> |
| | 91 | Individual Shared Responsibility (ISR) Penalty. See instructions | <input type="radio"/> | <input type="text" value=""/> <input type="text" value=".00"/> |

| | | | | | | |
|-----------------------------|-----|--|----------------------------------|-----|------------------------------------|----------------------------------|
| Overpaid Tax/Tax Due | 92 | Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88 | <input checked="" type="radio"/> | 92 | <input type="text" value="10072"/> | <input type="text" value=".00"/> |
| | 93 | Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91 | <input checked="" type="radio"/> | 93 | <input type="text"/> | <input type="text" value=".00"/> |
| | 101 | Overpaid tax. If line 92 is more than line 74, subtract line 74 from line 92 | <input checked="" type="radio"/> | 101 | <input type="text" value="1644"/> | <input type="text" value=".00"/> |
| | 102 | Amount of line 101 you want applied to your 2024 estimated tax | <input type="radio"/> | 102 | <input type="text" value="0"/> | <input type="text" value=".00"/> |
| | 103 | Overpaid tax available this year. Subtract line 102 from line 101 | <input type="radio"/> | 103 | <input type="text" value="1644"/> | <input type="text" value=".00"/> |

Your name:

Your SSN or ITIN:

104 Tax due. If line 92 is less than line 74, subtract line 92 from line 74 **104** .00

| | | Code | Amount |
|--|---|--------------------------|--------------------------|
| Contributions | California Seniors Special Fund. See instructions | ● 400 | <input type="text"/> .00 |
| | Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund | ● 401 | <input type="text"/> .00 |
| | Rare and Endangered Species Preservation Voluntary Tax Contribution Program | ● 403 | <input type="text"/> .00 |
| | California Breast Cancer Research Voluntary Tax Contribution Fund. | ● 405 | <input type="text"/> .00 |
| | California Firefighters' Memorial Voluntary Tax Contribution Fund | ● 406 | <input type="text"/> .00 |
| | Emergency Food for Families Voluntary Tax Contribution Fund | ● 407 | <input type="text"/> .00 |
| | California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund. | ● 408 | <input type="text"/> .00 |
| | California Sea Otter Voluntary Tax Contribution Fund | ● 410 | <input type="text"/> .00 |
| | California Cancer Research Voluntary Tax Contribution Fund | ● 413 | <input type="text"/> .00 |
| | School Supplies for Homeless Children Voluntary Tax Contribution Fund | ● 422 | <input type="text"/> .00 |
| | State Parks Protection Fund/Parks Pass Purchase | ● 423 | <input type="text"/> .00 |
| | Protect Our Coast and Oceans Voluntary Tax Contribution Fund. | ● 424 | <input type="text"/> .00 |
| | Keep Arts in Schools Voluntary Tax Contribution Fund | ● 425 | <input type="text"/> .00 |
| | California Senior Citizen Advocacy Voluntary Tax Contribution Fund | ● 438 | <input type="text"/> .00 |
| | Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund. | ● 439 | <input type="text"/> .00 |
| | Rape Kit Backlog Voluntary Tax Contribution Fund | ● 440 | <input type="text"/> .00 |
| | Suicide Prevention Voluntary Tax Contribution Fund | ● 444 | <input type="text"/> .00 |
| Mental Health Crisis Prevention Voluntary Tax Contribution Fund. | ● 445 | <input type="text"/> .00 | |
| 120 Add amounts in code 400 through code 445. This is your total contribution | ● 120 | <input type="text"/> .00 | |

REV 03/05/24 PRO

Your name: Your SSN or ITIN:

Amount You Owe
121 AMOUNT YOU OWE. Add line 93, line 104, and line 120. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001.** ● **121** **.00**
Pay Online – Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties
122 Interest, late return penalties, and late payment penalties. **122** **.00**
123 Underpayment of estimated tax.
Check the box: ● **FTB 5805 attached** ● **FTB 5805F attached** ● **123** **.00**
124 Total amount due. See instructions. Enclose, but **do not** staple, any payment **124** **.00**

125 REFUND OR NO AMOUNT DUE. Subtract line 120 from line 103. See instructions.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001.** ● **125** **.00**

Refund and Direct Deposit
Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.
See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:
● Routing number ● Type Checking Savings ● Account number ● **126** Direct deposit amount **.00**

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:
● Routing number ● Type Checking Savings ● Account number ● **127** Direct deposit amount **.00**

Voter Info.
For voter registration information, check the box and go to **sos.ca.gov/elections.** See instructions

Health Care Coverage Info.
Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions ● Yes No

REV 03/05/24 PRO

Sign your tax return on Side 6

Your name: Your SSN or ITIN:

IMPORTANT: Attach a copy of your complete federal return.

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature Date Spouse's/RDP's signature (if a joint tax return, both must sign)

Your email address. Enter only one email address.
 Preferred phone number

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? See instructions.

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

Firm's name (or yours, if self-employed) PTIN

Firm's address Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. Yes No

Print Third Party Designee's Name Telephone Number

REV 03/05/24 PRO

California Adjustments —
Nonresidents or Part-Year Residents

2023

CA (540NR)

Important: Attach this schedule behind Form 540NR, Side 6 as a supporting California schedule.

Table with 2 columns: Name(s) as shown on tax return (S KONJARLA & R KONJARLA) and SSN or ITIN (499491783)

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2023.

During 2023:

- 1 My California (CA) Residency (Check one)
a Myself: [] Nonresident [X] Part-Year Resident [] Resident
b Spouse: [] Nonresident [X] Part-Year Resident [] Resident

Table for residency information with columns: Yourself, Spouse/RDP. Rows include domicile, military, CA resident/nonresident status, days in CA, and home ownership.

Part II Income Adjustment Schedule

Main income adjustment table with columns A-E: Federal Amounts, Subtractions, Additions, Total Amounts Using CA Law, CA Amounts. Rows include total federal income, household employee wages, tip income, etc.

REV 03/05/24 PRO

| | A | B | C | D | E |
|--|---|---|--|---|---|
| Section B — Additional Income from federal Schedule 1 (Form 1040) | Federal Amounts (taxable amounts from your federal tax return) | Subtractions See instructions (difference between CA & federal law) | Additions See instructions (difference between CA & federal law) | Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result) | CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident) |
| 1 Taxable refunds, credits, or offsets of state and local income taxes. 1 | <input checked="" type="radio"/> 0 | <input checked="" type="radio"/> 0 | | | |
| 2 a Alimony received. See instructions. 2a | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 3 Business income or (loss). See instructions. 3 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 4 Other gains or (losses) 4 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc 5 | <input checked="" type="radio"/> -14184 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> -14184 | <input checked="" type="radio"/> |
| 6 Farm income or (loss) 6 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 7 Unemployment compensation 7 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | | |
| 8 Other income: | | | | | |
| a Federal net operating loss. 8a | <input checked="" type="radio"/> () | | <input checked="" type="radio"/> | | |
| b Gambling 8b | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| c Cancellation of debt. 8c | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| d Foreign earned income exclusion from federal Form 2555 8d | <input checked="" type="radio"/> () | | <input checked="" type="radio"/> | | |
| e Income from federal Form 8853 8e | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| f Income from federal Form 8889 8f | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | | |
| g Alaska Permanent Fund dividends 8g | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| h Jury duty pay 8h | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| i Prizes and awards. 8i | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| j Activity not engaged in for profit income 8j | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| k Stock options 8k | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 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 | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| m Olympic and Paralympic medals and USOC prize money 8m | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| n IRC Section 951(a) inclusion 8n | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | | |
| o IRC Section 951A(a) inclusion 8o | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | | |
| p IRC Section 461(l) excess business loss adjustment 8p | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| q Taxable distributions from an ABLE account 8q | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| r Scholarship and fellowship grants not reported on federal Form(s) W-2. 8r | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d 8s | <input checked="" type="radio"/> () | | | <input checked="" type="radio"/> () | <input checked="" type="radio"/> () |
| t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. 8t | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| u Wages earned while incarcerated 8u | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| z Other income. List type and amount. <input checked="" type="radio"/> _____ 8z | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 9 a Total other income. Add line 8a through line 8z 9a | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |

| | A | B | C | D | E |
|--|---|---|--|---|---|
| Section B — Additional Income Continued | Federal Amounts (taxable amounts from your federal tax return) | Subtractions See instructions (difference between CA & federal law) | Additions See instructions (difference between CA & federal law) | Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result) | CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident) |
| b1 Disaster loss deduction from form FTB 3805V 9b1 | | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| b2 NOL deduction from form FTB 3805V 9b2 | | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| b3 NOL deduction from form FTB 3805Z, FTB 3807, or FTB 3809 .. 9b3 | | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| 10 Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b3 (as applicable) in each column. See instructions. 10 | <input checked="" type="radio"/> 227339 | <input type="radio"/> 0 | <input checked="" type="radio"/> | <input checked="" type="radio"/> 227339 | <input checked="" type="radio"/> 150643 |

Section C — Adjustments to Income
from federal Schedule 1 (Form 1040)

| | | | | | |
|---|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 11 Educator expenses 11 | <input checked="" type="radio"/> | <input type="radio"/> | | | |
| 12 Certain business expenses of reservists, performing artists, and fee-basis government officials 12 | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 Health savings account deduction. 13 | <input checked="" type="radio"/> | <input type="radio"/> | | | |
| 14 Moving expenses. Attach form FTB 3913. See instructions 14 | <input checked="" type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15 Deductible part of self-employment tax. See instructions. 15 | <input checked="" type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| 16 Self-employed SEP, SIMPLE, and qualified plans. 16 | <input checked="" type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 17 Self-employed health insurance deduction. See instructions. 17 | <input checked="" type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| 18 Penalty on early withdrawal of savings . . . 18 | <input checked="" type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 19 a Alimony paid. b Enter recipient's: SSN <input checked="" type="radio"/> _____ Last name <input type="radio"/> _____ 19a | <input checked="" type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 IRA deduction 20 | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21 Student loan interest deduction 21 | <input checked="" type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22 Reserved for future use 22 | | | | | |
| 23 Archer MSA deduction 23 | <input checked="" type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 24 Other adjustments: | | | | | |
| a Jury duty pay 24a | <input checked="" type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit. 24b | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c | <input checked="" type="radio"/> | <input type="radio"/> | | | |
| d Reforestation amortization and expenses. 24d | <input checked="" type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e | <input checked="" type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| f Contributions to IRC Section 501(c)(18)(D) pension plans . . 24f | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g Contributions by certain chaplains to IRC Section 403(b) plans 24g | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h | <input checked="" type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |

REV 03/05/24 PRO

| Section C — Adjustments to Income Continued | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions (difference between CA & federal law) | C Additions See instructions (difference between CA & federal law) | D Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result) | E CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident) |
|--|---|---|--|--|---|
| 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 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | | |
| j Housing deduction from federal Form 2555 24j | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | | |
| k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| z Other adjustments. List type and amount. <input checked="" type="radio"/> 24z | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 25 Total other adjustments. Add line 24a through line 24z. 25 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 26 Add line 11 through line 23 and line 25 in each column, A through E 26 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 27 Total. Subtract line 26 from line 10 in each column, A through E. See instructions. 27 | <input checked="" type="radio"/> 227339 | <input checked="" type="radio"/> 0 | <input checked="" type="radio"/> | <input checked="" type="radio"/> 227339 | <input checked="" type="radio"/> 150643 |

Part III Adjustments to Federal Itemized Deductions
Check the box if you did NOT itemize for federal but will itemize for California

| | A Federal Amounts (from federal Schedule A (Form 1040)) | B Subtractions See instructions | C Additions See instructions |
|--|---|------------------------------------|---------------------------------|
|--|---|------------------------------------|---------------------------------|

Medical and Dental Expenses See instructions.

| | | | | |
|---|----------------------------------|--------|----------------------------------|---|
| 1 Medical and dental expenses 1 | <input checked="" type="radio"/> | 842 | | |
| 2 Enter amount from federal Form 1040 or 1040-SR, line 11 2 | <input checked="" type="radio"/> | 227339 | | |
| 3 Multiply line 2 by 7.5% (0.075) 3 | <input checked="" type="radio"/> | 17050 | | |
| 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 4 | <input checked="" type="radio"/> | 0 | <input checked="" type="radio"/> | 0 |

Taxes You Paid

| | | | | | |
|--|----------------------------------|-------|----------------------------------|-------|---------------------------------------|
| 5a State and local income tax or general sales taxes 5a | <input checked="" type="radio"/> | 14537 | <input checked="" type="radio"/> | 14537 | |
| 5b State and local real estate taxes 5b | <input checked="" type="radio"/> | | | | |
| 5c State and local personal property taxes 5c | <input checked="" type="radio"/> | | | | |
| 5d Add line 5a through line 5c. 5d | <input checked="" type="radio"/> | 14537 | | | |
| 5e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C. 5e | <input checked="" type="radio"/> | 10000 | <input checked="" type="radio"/> | 14537 | <input checked="" type="radio"/> 4537 |
| 6 Other taxes. List type <input checked="" type="radio"/> 6 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | | <input checked="" type="radio"/> |
| 7 Add line 5e and line 6. 7 | <input checked="" type="radio"/> | 10000 | <input checked="" type="radio"/> | 14537 | <input checked="" type="radio"/> 4537 |

Interest You Paid

| | | | | |
|--|----------------------------------|--|----------------------------------|----------------------------------|
| 8a Home mortgage interest and points reported to you on federal Form 1098 8a | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| 8b Home mortgage interest not reported to you on federal Form 1098 8b | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| 8c Points not reported to you on federal Form 1098. 8c | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| 8d Reserved for future use 8d | | | | |
| 8e Add line 8a through line 8c. 8e | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 9 Investment interest. 9 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 10 Add line 8e and line 9. 10 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |

Gifts to Charity

| | | | | |
|---|----------------------------------|--|----------------------------------|----------------------------------|
| 11 Gifts by cash or check 11 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 12 Other than by cash or check. 12 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 13 Carryover from prior year. 13 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 14 Add line 11 through line 13 14 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |

| | | | |
|---|--|---|--|
| Part III Adjustments to Federal Itemized Deductions Continued | A Federal Amounts (from federal Schedule A (Form 1040)) | B Subtractions See instructions | C Additions See instructions |
|---|--|---|--|

| | | | |
|---|-------|-----------------------|-----------------------|
| Casualty and Theft Losses | | | |
| 15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions. | 15 | <input type="radio"/> | <input type="radio"/> |
| Other Itemized Deductions | | | |
| 16 Other—from list in federal instructions. | 16 | <input type="radio"/> | <input type="radio"/> |
| 17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C. | 17 | <input type="radio"/> | <input type="radio"/> |
| | 10000 | <input type="radio"/> | <input type="radio"/> |
| | | <input type="radio"/> | <input type="radio"/> |
| | | <input type="radio"/> | <input type="radio"/> |
| 18 Total. Combine line 17 column A less column B plus column C. | 18 | <input type="radio"/> | <input type="radio"/> |
| | | | 0 |

| |
|--|
| Job Expenses and Certain Miscellaneous Deductions |
|--|

| | | | |
|--|-----------|-----------------------|--------|
| 19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions. | 19 | <input type="radio"/> | |
| 20 Tax preparation fees. | 20 | <input type="radio"/> | |
| 21 Other expenses: investment, safe deposit box, etc. List type <input type="radio"/> | 21 | <input type="radio"/> | 0 |
| 22 Add line 19 through line 21. | 22 | <input type="radio"/> | 0 |
| 23 Enter amount from federal Form 1040 or 1040-SR, line 11 <input type="radio"/> | 23 | <input type="radio"/> | 227339 |
| 24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. | 24 | <input type="radio"/> | 4547 |
| 25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. | 25 | <input type="radio"/> | 0 |
| 26 Total Itemized Deductions. Add line 18 and line 25. | 26 | <input type="radio"/> | 0 |
| 27 Other adjustments. See instructions. Specify. <input type="radio"/> | 27 | <input type="radio"/> | |
| 28 Combine line 26 and line 27. | 28 | <input type="radio"/> | 0 |
| 29 Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status? | | | |
| Single or married/RDP filing separately. | \$237,035 | | |
| Head of household. | \$355,558 | | |
| Married/RDP filing jointly or qualifying surviving spouse/RDP. | \$474,075 | | |
| No. Transfer the amount on line 28 to line 29. | | | |
| Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29. | 29 | <input type="radio"/> | 0 |
| 30 Enter the larger of the amount on line 29 or your standard deduction shown below: | | | |
| Single or married/RDP filing separately. See instructions. | \$5,363 | | |
| Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP. | \$10,726 | <input type="radio"/> | 10726 |

| |
|--|
| Part IV California Taxable Income |
|--|

| | | | |
|--|---|-----------------------|--------|
| 1 California AGI. Enter your California AGI from Part II, line 27, column E. | 1 | <input type="radio"/> | 150643 |
| 2 Enter your deductions from line 30. | 2 | <input type="radio"/> | 10726 |
| 3 Deduction Percentage. Divide Part II, line 27, column E by Part II, line 27, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- | 3 | <input type="radio"/> | 0.6626 |
| 4 California Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3. | 4 | <input type="radio"/> | 7107 |
| 5 California Taxable Income. Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zero, enter -0- | 5 | <input type="radio"/> | 143536 |

REV 03/05/24 PRO



MISSOURI DEPARTMENT OF REVENUE 2024 Declaration of Estimated Tax for Individuals (Form MO-1040ES)



24352011555

Social Security Number

499 - 49 - 1783

Name Control

KONJ

[X] 1st Qtr. [] 2nd Qtr. [] 3rd Qtr. [] 4th Qtr.

Spouse's Social Security Number

982 - 98 - 2567

Name Control

KONJ

Amount Paid \$ 140 . 00

Your Name (Last, First, Initial) KONJARLA, SAMRAT
Spouse's Name (Last, First, Initial) KONJARLA, RAKSHITHA
Address (Number and Street), City, State, and ZIP Code 1620 HOPE DR # 522 SANTA CLARA CA 95054

Return this form with check or money order payable to the Missouri Department of Revenue P.O. Box 555, Jefferson City, MO 65105-0555. If you pay by check, you authorize the Department to process the check electronically. Any returned check may be presented again electronically.

Department Use Only [] [] [] [] [] [] [] [] [] []

(Revised 12-2023)



MISSOURI DEPARTMENT OF REVENUE 2024 Declaration of Estimated Tax for Individuals (Form MO-1040ES)



24352011555

Social Security Number

499 - 49 - 1783

Name Control

KONJ

1st Qtr. [X] 2nd Qtr. 3rd Qtr. 4th Qtr.

Spouse's Social Security Number

982 - 98 - 2567

Name Control

KONJ

Amount Paid \$ 140 . 00

Your Name (Last, First, Initial) KONJARLA, SAMRAT Spouse's Name (Last, First, Initial) KONJARLA, RAKSHITHA Address (Number and Street), City, State, and ZIP Code 1620 HOPE DR # 522 SANTA CLARA CA 95054

Return this form with check or money order payable to the Missouri Department of Revenue P.O. Box 555, Jefferson City, MO 65105-0555. If you pay by check, you authorize the Department to process the check electronically. Any returned check may be presented again electronically.

Department Use Only [] [] []

(Revised 12-2023)

250 555 000000 4994917834 111514106 9829825679 24 000014000 1



MISSOURI DEPARTMENT OF REVENUE

2024 Declaration of Estimated Tax for Individuals (Form MO-1040ES)



24352011555

Social Security Number

499 - 49 - 1783

Name Control

KONJ

1st Qtr. 2nd Qtr. 3rd Qtr. 4th Qtr.

Spouse's Social Security Number

982 - 98 - 2567

Name Control

KONJ

Amount Paid \$ 140 . 00

Your Name (Last, First, Initial)
KONJARLA, SAMRAT
Spouse's Name (Last, First, Initial)
KONJARLA, RAKSHITHA
Address (Number and Street), City, State, and ZIP Code
1620 HOPE DR # 522 SANTA CLARA CA 95054

Return this form with check or money order payable to the Missouri Department of Revenue P.O. Box 555, Jefferson City, MO 65105-0555. If you pay by check, you authorize the Department to process the check electronically. Any returned check may be presented again electronically.

Department Use Only

(Revised 12-2023)

250 555 000000 4994917834 111514106 9829825679 24 000014000 1



MISSOURI DEPARTMENT OF REVENUE 2024 Declaration of Estimated Tax for Individuals (Form MO-1040ES)



24352011555

Social Security Number

499 - 49 - 1783

Name Control

KONJ

1st Qtr. 2nd Qtr. 3rd Qtr. [X] 4th Qtr.

Spouse's Social Security Number

982 - 98 - 2567

Name Control

KONJ

Amount Paid \$ 140 . 00

Your Name (Last, First, Initial) KONJARLA, SAMRAT Spouse's Name (Last, First, Initial) KONJARLA, RAKSHITHA Address (Number and Street), City, State, and ZIP Code 1620 HOPE DR # 522 SANTA CLARA CA 95054

Return this form with check or money order payable to the Missouri Department of Revenue P.O. Box 555, Jefferson City, MO 65105-0555. If you pay by check, you authorize the Department to process the check electronically. Any returned check may be presented again electronically.

Department Use Only [] [] []

(Revised 12-2023)

250 555 000000 4994917834 111514106 9829825679 24 000014000 1



MISSOURI DEPARTMENT OF REVENUE

REV 02/08/24 PRO

2023 Individual Income Tax Payment Voucher (Form MO-1040V)

Please print. Make check payable to Missouri Department of Revenue. Mail Form MO-1040V and payment to the Missouri Department of Revenue, P.O. Box 371, Jefferson City, MO 65105-0371.

| | | |
|--|-------|----------|
| Name | | |
| SAMRAT KONJARLA | | |
| Spouse's Name | | |
| RAKSHITHA KONJARLA | | |
| Street Address | | |
| 1620 HOPE DR #522 | | |
| City | State | ZIP Code |
| SANTA CLARA | CA | 95054 |
| Full payment of taxes must be submitted by April 15, 2024 to avoid interest and additions to tax for failure to pay. If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically. | | |
| 1555 (12-2023) | | |

Social Security Number 499 - 49 - 1783

Name Control KONJ

Spouse's Social Security Number 982 - 98 - 2567

Spouse's Name Control KONJ

Amount of Payment (U.S. funds only) \$ 569.00



23347011555

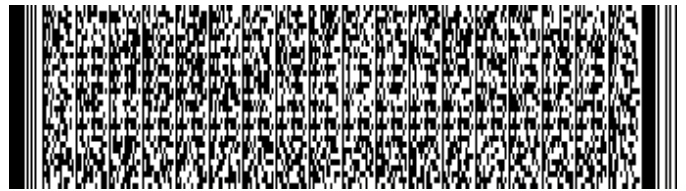
Department Use Only

Department Use Only

055 555 000000 4994917834 111514106 9829825679 23 000056900 4



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 | | |
|----------------------------------|--|-------------------------------|--|-------------|---------------------|--|--|
| | | | | 1555 | | | |

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

499 - 49 - 1783 982 - 98 - 2567

First Name M.I. Last Name Suffix

SAMRAT KONJARLA

Spouse's First Name M.I. Spouse's Last Name Suffix

RAKSHITHA KONJARLA

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

Address

Present Address (Include Apartment Number or Rural Route)

1620 HOPE DR APT 522

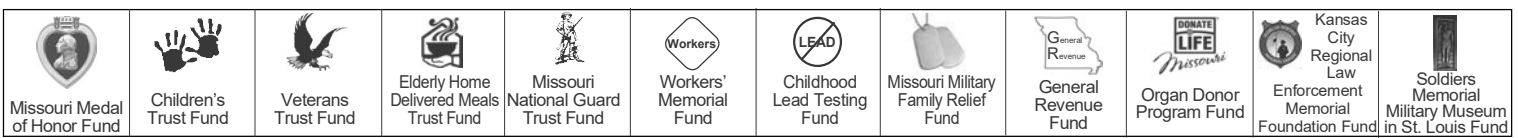
City, Town, or Post Office State ZIP Code

SANTA CLARA CA 95054 -

County of Residence

STCO

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 | 227339 | 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 | 227339 | 00 | 3S | | 00 |
| 4. Total subtractions (from Form MO-A, Part 1, Line 18) | 4Y | 842 | 00 | 4S | | 00 |
| 5. Missouri adjusted gross income - Subtract Line 4 from Line 3 | 5Y | 226497 | 00 | 5S | | 00 |
| 6. Total Missouri adjusted gross income - Add columns 5Y and 5S | 6 | 226497 | 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 | 32713 | 00 |
| 10. Other tax from federal return | 10 | 44 | 00 |
| 11. Total tax from federal return. Do not enter federal income tax withheld. | 11 | 32757 | 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 | 0.00 | % |

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% |




23322021555

| | | | |
|--|----|-------|----|
| 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 | 0 | 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 | 27700 | 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: 100%; height: 20px;" type="text"/> | .00 | | | |
| 23. Long term dignity savings account deduction | 23 | <input style="width: 100%; height: 20px;" type="text"/> | .00 | | | |
| 24. Foster parent tax deduction | 24 | <input style="width: 100%; height: 20px;" type="text"/> | .00 | | | |
| 25. Total deductions - Add Lines 8 and 13 through 24 | 25 | 27700 | .00 | | | |
| 26. Subtotal - Subtract Line 25 from Line 6 | 26 | 198797 | .00 | | | |
| 27. Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S | 27Y | 198797 | .00 | 27S | 0 | .00 |
| 28. Enterprise zone or rural empowerment zone income modification | 28Y | <input style="width: 100%; height: 20px;" type="text"/> | .00 | 28S | <input style="width: 100%; height: 20px;" type="text"/> | .00 |

Tax

| | | | | | | |
|--|--|---|-----|-----|---|-----|
| 29. Taxable income - Subtract Line 28 from Line 27 | 29Y | 198797 | .00 | 29S | 0 | .00 |
| 30. Tax (see tax chart on page 26 of the instructions) | 30Y | 9656 | .00 | 30S | 0 | .00 |
| 31. Resident credit - Attach Form MO-CR and other states' income tax return(s) | 31Y | <input style="width: 100%; height: 20px;" type="text"/> | .00 | 31S | <input style="width: 100%; height: 20px;" 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 | 38 | % | 32S | 100 | % |
| 33. Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32 | 33Y | 3669 | .00 | 33S | 0 | .00 |
| 34. Other taxes - Select box and attach federal form indicated. |  <small>23322031555</small> | | | | | |
| <input type="checkbox"/> Lump sum distribution (Form 4972) | 34Y | <input style="width: 100%; height: 20px;" type="text"/> | .00 | 34S | <input style="width: 100%; height: 20px;" type="text"/> | .00 |
| <input type="checkbox"/> Recapture of low income housing credit (Form 8611) | 34Y | <input style="width: 100%; height: 20px;" type="text"/> | .00 | 34S | <input style="width: 100%; height: 20px;" type="text"/> | .00 |
| 35. Subtotal - Add Lines 33 and 34 | 35Y | 3669 | .00 | 35S | 0 | .00 |
| 36. Total Tax - Add Lines 35Y and 35S | 36 | 3669 | .00 | | | |

Payments and Credits

| | | | |
|--|----|---|-----|
| 37. MISSOURI tax withheld - Attach Forms W-2 and 1099 | 37 | 3109 | .00 |
| 38. 2023 Missouri estimated tax payments - Include overpayment from 2022 applied to 2023 | 38 | <input style="width: 100%; height: 20px;" 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: 100%; height: 20px;" type="text"/> | .00 |
| 40. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT | 40 | <input style="width: 100%; height: 20px;" type="text"/> | .00 |
| 41. Amount paid with Missouri extension of time to file (Form MO-60) | 41 | <input style="width: 100%; height: 20px;" type="text"/> | .00 |
| 42. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC | 42 | <input style="width: 100%; height: 20px;" type="text"/> | .00 |
| 43. Property tax credit - Attach Form MO-PTS | 43 | <input style="width: 100%; height: 20px;" type="text"/> | .00 |
| 44. Missouri Working Family Tax Credit (Attach Form MO-WFTC and federal return) | 44 | <input style="width: 100%; height: 20px;" type="text"/> | .00 |
| 45. Total payments and credits - Add Lines 37 through 44 | 45 | 3109 | .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

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

48. Amended return total payments and credits - Add Lines 45 and 46; subtract Line 47.
 Enter on Line 48. 48 .00

49. If Line 45, or if amended return, Line 48, is larger than Line 36, enter the difference.
 Amount of OVERPAYMENT 49 .00

50. Amount of Line 49 to be applied to your 2024 estimated tax 50 .00

51. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.

51a. Children's Trust Fund .00 51b. Veterans Trust Fund .00 51c. Elderly Home Delivered Meals Trust Fund .00 51d. Missouri National Guard Trust Fund .00

51e. Workers' Memorial Fund .00 51f. Childhood Lead Testing Fund .00 51g. Missouri Military Family Relief Fund .00 51h. General Revenue Fund .00

51i. Organ Donor Program Fund .00 51j. Kansas City Regional Law Enforcement Memorial Foundation Fund .00 51k. Soldiers Memorial Military Museum in St. Louis Fund .00 51l. Missouri Medal of Honor Fund .00

51m. Additional Fund Code Additional Fund Amount .00 51n. Additional Fund Code Additional Fund Amount .00

Total Donation - Add amounts from Boxes 51a through 51n and enter here 51 .00

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

53. **REFUND** - Subtract Lines 50, 51, and 52 from Line 49 and enter here 53 .00

Amended Return

Refund



Amount Due

54. If Line 36 is larger than Line 45 or Line 48, enter the difference.
 Amount of UNDERPAYMENT 54 560 .00

55. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here . . . 55 9 .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 56 569 .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 | Date (MM/DD/YY) | | |
| <input type="text"/> | <input type="text"/> | <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"/> | <input type="text"/> | <input type="text"/> |
| E-mail Address | Daytime Telephone | | |
| <input type="text"/> | 7813926543 | | |
| Preparer's Signature | Date (MM/DD/YY) | | |
| SYAM PRIYA RAM SAGAR GUPTA | 04 | 09 | 24 |
| Preparer's FEIN, SSN, or PTIN | Preparer's Telephone | | |
| 84-3171965 | 6789659522 | | |
| Preparer's Address | State | ZIP Code | |
| 245 ROONEY CT E BRUNSWICK | NJ | 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



23322051555

Department Use Only

A FA E10 DE F .

Form MO-1040 (Revised 12-2023)

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

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



MISSOURI DEPARTMENT OF
REVENUE
2023 Individual Income Tax Adjustments

Department Use Only (MM/DD/YY)


Attach to Form MO-1040. Attach your federal return. See information beginning on page 13 to assist you in completing this form.

Name

| | | | | | | | |
|------------------------|--|------|---------------------------------|--|---------------------------------------|--------|----------------------|
| Social Security Number | <input type="text" value="499"/> - <input type="text" value="49"/> - <input type="text" value="1783"/> | | Spouse's Social Security Number | <input type="text" value="982"/> - <input type="text" value="98"/> - <input type="text" value="2567"/> | | | |
| First Name | <input type="text" value="SAMRAT"/> | M.I. | <input type="text"/> | Last Name | <input type="text" value="KONJARLA"/> | Suffix | <input type="text"/> |
| Spouse's First Name | <input type="text" value="RAKSHITHA"/> | M.I. | <input type="text"/> | Spouse's Last Name | <input type="text" value="KONJARLA"/> | Suffix | <input type="text"/> |

Part 1 - Missouri Modifications to Federal Adjusted Gross Income

Additions

| | Yourself (Y) | | Spouse (S) | | | |
|--|--|----------------------|---------------------------------|---------------------------------|----------------------|---------------------------------|
| 1. Interest on state and local obligations other than Missouri source. | <input type="text" value="1Y"/> | <input type="text"/> | <input type="text" value="00"/> | <input type="text" value="1S"/> | <input type="text"/> | <input type="text" value="00"/> |
| 2. <input type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary <input type="checkbox"/> S Corporation <input type="checkbox"/> Business Interest |  23340011555 | | | | | |
| <input type="checkbox"/> Net Operating Loss (Carryback/Carryforward) | | | | | | |
| <input type="checkbox"/> Other (description) <input type="text"/> | <input type="text" value="2Y"/> | <input type="text"/> | <input type="text" value="00"/> | <input type="text" value="2S"/> | <input type="text"/> | <input type="text" value="00"/> |
| 3. Nonqualified distribution received from a qualified 529 plan not used for qualified expenses. | <input type="text" value="3Y"/> | <input type="text"/> | <input type="text" value="00"/> | <input type="text" value="3S"/> | <input type="text"/> | <input type="text" value="00"/> |
| 4. Food Pantry contributions included on Federal Schedule A. | <input type="text" value="4Y"/> | <input type="text"/> | <input type="text" value="00"/> | <input type="text" value="4S"/> | <input type="text"/> | <input type="text" value="00"/> |
| 5. Nonresident Property Tax. | <input type="text" value="5Y"/> | <input type="text"/> | <input type="text" value="00"/> | <input type="text" value="5S"/> | <input type="text"/> | <input type="text" value="00"/> |
| 6. Nonqualified distribution received from a qualified Achieving a Better Life Experience Program (ABLE) not used for qualified expenses. | <input type="text" value="6Y"/> | <input type="text"/> | <input type="text" value="00"/> | <input type="text" value="6S"/> | <input type="text"/> | <input type="text" value="00"/> |
| 7. Total Additions - Add Lines 1 through 6. Enter here and on Form MO-1040, Line 2. | <input type="text" value="7Y"/> | <input type="text"/> | <input type="text" value="00"/> | <input type="text" value="7S"/> | <input type="text"/> | <input type="text" value="00"/> |

Subtractions

| | | | | | | |
|--|----------------------------------|----------------------------------|---------------------------------|----------------------------------|----------------------|---------------------------------|
| 8. Interest from exempt federal obligations included in federal adjusted gross income - Attach a detailed list or all Federal Form(s) 1099 | <input type="text" value="8Y"/> | <input type="text"/> | <input type="text" value="00"/> | <input type="text" value="8S"/> | <input type="text"/> | <input type="text" value="00"/> |
| 9. Any state income tax refund included in federal adjusted gross income. | <input type="text" value="9Y"/> | <input type="text"/> | <input type="text" value="00"/> | <input type="text" value="9S"/> | <input type="text"/> | <input type="text" value="00"/> |
| 10. Military Retirement Benefits (see Instructions on page 14). | <input type="text" value="10Y"/> | <input type="text"/> | <input type="text" value="00"/> | <input type="text" value="10S"/> | <input type="text"/> | <input type="text" value="00"/> |
| 11. <input type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary <input type="checkbox"/> S Corporation <input type="checkbox"/> Railroad Retirement Benefits <input type="checkbox"/> Military (nonresident) | | | | | | |
| <input type="checkbox"/> Combat Pay <input type="checkbox"/> Build America and Recovery Zone Bond Interest <input type="checkbox"/> MO Public-Private Transportation Act | | | | | | |
| <input type="checkbox"/> Net Operating Loss <input type="checkbox"/> Business Interest | | | | | | |
| <input type="checkbox"/> Other (description) <input type="text"/> | <input type="text" value="11Y"/> | <input type="text"/> | <input type="text" value="00"/> | <input type="text" value="11S"/> | <input type="text"/> | <input type="text" value="00"/> |
| 12. Exempt contributions made to a qualified 529 plan | <input type="text" value="12Y"/> | <input type="text"/> | <input type="text" value="00"/> | <input type="text" value="12S"/> | <input type="text"/> | <input type="text" value="00"/> |
| 13. Qualified Health Insurance Premiums - Attach the Qualified Health Insurance Premiums Worksheet (Form 5695) and supporting documentation | <input type="text" value="13Y"/> | <input type="text" value="842"/> | <input type="text" value="00"/> | <input type="text" value="13S"/> | <input type="text"/> | <input type="text" value="00"/> |

| | | | | | |
|--|-----|-----|----|-----|--|
| 14. Missouri depreciation adjustment (Section 143.121, RSMo.) | | | | | |
| <input type="checkbox"/> Sold or disposed property previously taken as addition modification | 14Y | | 00 | 14S | |
| 15. Exempt contributions made to a qualified Achieving a Better Life Experience Program (ABLE) | 15Y | | 00 | 15S | |
| 16. Agriculture Disaster Relief | 16Y | | 00 | 16S | |
| 17. Business Income Deduction – see worksheet on page 16. | 17Y | | 00 | 17S | |
| 18. Total Subtractions - Add Lines 8 through 17. Enter here and on Form MO-1040, Line 4 | 18Y | 842 | 00 | 18S | |

Complete this section only if you itemize deductions on your federal return. Attach your Federal Form 1040 (pages 1 and 2) and Federal Schedule A.

| | | | |
|--|----|--|----|
| 1. Total federal itemized deductions from Federal Form 1040 or Federal Form 1040-SR, Line 12 | 1 | | 00 |
| 2. 2023 Social security tax - (Yourself) | 2 | | 00 |
| 3. 2023 Social security tax - (Spouse) | 3 | | 00 |
| 4. 2023 Railroad retirement tax - Tier I and Tier II (Yourself) | 4 | | 00 |
| 5. 2023 Railroad retirement tax - Tier I and Tier II (Spouse) | 5 | | 00 |
| 6. 2023 Medicare tax - Yourself and Spouse (see instructions on page 16) | 6 | | 00 |
| 7. 2023 Self-employment tax (see instructions on page 16) | 7 | | 00 |
| 8. Total - Add Lines 1 through 7 | 8 | | 00 |
| 9. State and local income taxes from Federal Schedule A, Line 5 or enter \$0 if completing worksheet below | 9 | | 00 |
| 10. Earnings taxes included in Line 9 | 10 | | 00 |
| 11. Net state income taxes - Subtract Line 10 from Line 9 or enter Line 7 from worksheet below | 11 | | 00 |
| 12. Missouri Itemized Deductions - Subtract Line 11 from Line 8. Enter here and on Form MO-1040, Line 14 | 12 | | 00 |

Complete this worksheet only if your total state and local taxes included in your federal itemized deductions (Federal Schedule A, Line 5d) exceeds \$10,000 (or \$5,000 for married filing separate filers).

| | | | |
|---|---|--|----|
| 1. Enter the sum of your state and local taxes on Federal Form 1040 or Federal Form 1040-SR, Schedule A, Line 5d. | 1 | | 00 |
| 2. State and local income taxes from Federal Form 1040 or Federal Form 1040-SR, Schedule A, Line 5a. | 2 | | 00 |
| 3. Earnings taxes included on Federal Form 1040 or Federal Form 1040-SR, Schedule A, Line 5a. | 3 | | 00 |
| 4. Subtract Line 3 from Line 2. | 4 | | 00 |
| 5. Divide Line 4 by Line 1. | 5 | | % |
| 6. Enter \$10,000 (\$5,000 if married filing separately). | 6 | | 00 |
| 7. Multiply Line 6 by percentage on Line 5. Enter here and on Missouri Itemized Deductions, Line 11, above. | 7 | | 00 |



Part 3 - Pension and Social Security/Social Security Disability

Public Pension Calculation - Pensions received from any federal, state, or local government.

Part 3 - Section A

| | | | | | |
|---|----|--------|----|----|---|
| 1. Missouri adjusted gross income from Form MO-1040, Line 6 | 1 | 226497 | 00 | | |
| 2. Taxable social security benefits from Federal Form 1040 or Federal Form 1040-SR, Line 6b | 2 | | 00 | | |
| 3. Subtract Line 2 from Line 1 | 3 | 226497 | 00 | | |
| 4. Select the appropriate filing status and enter amount on Line 4. <ul style="list-style-type: none"> • Married Filing Combined (joint federal) - \$100,000 • Single, Head of Household, Married Filing Separate, and Qualifying Widow(er) - \$85,000 | 4 | 100000 | 00 | | |
| 5. Subtract Line 4 from Line 3 and enter on Line 5. If Line 4 is greater than Line 3, enter \$0 | 5 | 126497 | 00 | | |
| 6. Taxable pension for each spouse from public sources from Federal Form 1040 or Federal Form 1040-SR, Line 5b | 6Y | | 00 | 6S | |
| 7. Amount from Line 6 or \$44,683 (maximum social security benefit), whichever is less | 7Y | | 00 | 7S | |
| 8. If you received taxable social security, complete Form MO-A, Lines 1 through 8 of Section C, and enter the amount(s) from Line(s) 6Y and 6S. See instructions if Line 3 of Section C is more than \$0. | 8Y | | 00 | 8S | |
| 9. Subtract Line 8 from Line 7. If Line 8 is greater than Line 7, enter \$0. | 9Y | 0 | 00 | 9S | 0 |
| 10. Add amounts on Lines 9Y and 9S | 10 | 0 | 00 | | |
| 11. Total public pension, subtract Line 5 from Line 10. If Line 5 is greater than Line 10, enter \$0 | 11 | 0 | 00 | | |

Private Pension Calculation - Annuities, pensions, IRAs, and 401(k) plans funded by a private source.

Part 3 - Section B

| | | | | | |
|---|----|--------|----|----|---|
| 1. Missouri adjusted gross income from Form MO-1040, Line 6 | 1 | 226497 | 00 | | |
| 2. Taxable social security benefits from Federal Form 1040 or Federal Form 1040-SR, Line 6b | 2 | | 00 | | |
| 3. Subtract Line 2 from Line 1 | 3 | 226497 | 00 | | |
| 4. Select the appropriate filing status and enter the amount on Line 4. <ul style="list-style-type: none"> • Married Filing Combined (joint federal) - \$32,000 • Single, Head of Household, and Qualifying Widow(er) - \$25,000 • Married Filing Separate - \$16,000 | 4 | 32000 | 00 | | |
| 5. Subtract Line 4 from Line 3. If Line 4 is greater than Line 3, enter \$0 | 5 | 194497 | 00 | | |
| 6. Taxable pension for each spouse from private sources from Federal Form 1040 or Federal Form 1040-SR, Line 4b and 5b | 6Y | | 00 | 6S | |
| 7. Amounts from Line 6Y and 6S or \$6,000, whichever is less | 7Y | 0 | 00 | 7S | 0 |
| 8. Add Lines 7Y and 7S | 8 | 0 | 00 | | |
| 9. Total private pension, subtract Line 5 from Line 8. If Line 5 is greater than Line 8, enter \$0. | 9 | 0 | 00 | | |



Social Security or Social Security Disability Calculation - To be eligible for social security deduction you must be 62 years of age by December 31 and have selected the 62 and older box on page 1 of Form MO-1040. Age limit does not apply to social security disability deduction.

Part 3 - Section C

| | | | | | | |
|---|----|--------|-----|----|--|-----|
| 1. Missouri adjusted gross income from Form MO-1040, Line 6 | 1 | 226497 | .00 | | | |
| 2. Select the appropriate filing status and enter the amount on Line 2. • Married Filing Combined (joint federal) - \$100,000 • Single, Head of Household, Married Filing Separate, and Qualifying Widow(er) - \$85,000 | 2 | 100000 | .00 | | | |
| 3. Subtract Line 2 from Line 1 and enter on Line 3. If Line 2 is greater than Line 1, enter \$0 | 3 | 126497 | .00 | | | |
| 4. Taxable social security benefits for each spouse from Federal Form 1040 or Federal Form 1040-SR, Line 6b | 4Y | | .00 | 4S | | .00 |
| 5. Taxable social security disability benefits for each spouse from Federal Form 1040 or 1040-SR, Line 6b | 5Y | | .00 | 5S | | .00 |
| 6. Amount from Line(s) 4Y or 5Y, and 4S or 5S | 6Y | | .00 | 6S | | .00 |
| 7. Add Lines 6Y and 6S | 7 | | .00 | | | |
| 8. Total social security/social security disability, subtract Line 3 from Line 7. If Line 3 is greater than Line 7, enter \$0 | 8 | 0 | .00 | | | |

Part 3 - Section D

Total Pension and Social Security/Social Security Disability

Add Line 11 (Section A), Line 9 (Section B), and Line 8 (Section C) from Form MO-A.
Enter total amount here and on Form MO-1040, Line 8.

| | | | |
|--|--|---|-----|
| | | 0 | .00 |
|--|--|---|-----|

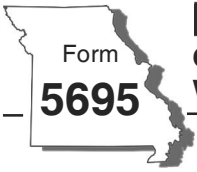
Note: There is no longer a calculation for computing a **military pension** exemption since 100% of military retirement benefits can be subtracted from federal adjusted gross income. (The military retirement benefits must be included on your federal return, Line 5b). Please use MO-A, Part 1, Line 10 to claim your military subtraction.



23340041555

Attach to Form MO-1040. Attach your federal return.
Instructions for Part 2 and 3 begin on page 16.

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/.



MISSOURI DEPARTMENT OF REVENUE
Qualified Health Insurance Premiums Worksheet for MO-A

Social Security Number
499 - 49 - 1783

Spouse's Social Security Number
982 - 98 - 2567

Complete this worksheet and attach it, along with proof of premiums paid, to Form MO-1040 if you included health insurance premiums paid as an itemized deduction or had health insurance premiums withheld from your social security benefits.

If you had premiums withheld from your social security benefits, complete Lines 1 through 4 to determine your taxable percentage of social security income and the corresponding taxable portion of your health insurance premiums included in your taxable income.

Worksheet lines 1-17 with input fields for amounts and percentages. Includes sub-sections for 'Yourself (Y)' and 'Spouse (S)'.

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/.



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 _____

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: 01/01/2023 Date To: 10/30/2023

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

Date From: 10/31/2023 Date To: 12/31/2023

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: 01/01/2023 Date To: 10/30/2023

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

Date From: 10/31/2023 Date To: 12/31/2023

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 | 87200 | 00 | A | | 00 |
| B. Taxable interest income. | 2b | B | 0 | 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 | 0 | 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 | 87200 | 00 | P | | 00 |
| Q. Minus: federal adjustments to income | 10 | Q | | 00 | Q | | 00 |
| R. SUBTOTAL (Line P - Line Q) If no modifications to income, enter this amount on Part C, Line 1. | 11 | R | 87200 | 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 | 87200 | 00 | 1S | 0 | 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 | 226497 | 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 | 38 | % | 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)

Spouse's Signature (if filing combined, BOTH must sign) Date (MM/DD/YY)

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/.



MISSOURI DEPARTMENT OF
REVENUE
2023 Underpayment of Estimated
Tax By Individuals

Department Use Only
(MM/DD/YY)

| | | |
|--|--|--|
| | | |
|--|--|--|

Social Security Number

| | | | | |
|-----|---|----|---|------|
| 499 | - | 49 | - | 1783 |
|-----|---|----|---|------|

Spouse's Social Security Number

| | | | | |
|-----|---|----|---|------|
| 982 | - | 98 | - | 2567 |
|-----|---|----|---|------|

Taxpayer Name

| |
|------------------|
| KONJARLA, SAMRAT |
|------------------|

Spouse's Name

| |
|---------------------|
| KONJARLA, RAKSHITHA |
|---------------------|

Address, City, State, and ZIP Code

| |
|--|
| 1620 HOPE DR #522 SANTA CLARA CA 95054 |
|--|

You may qualify for the Short Method to calculate your penalty. You may use the Short Method if:

- a. All withholding and estimated tax payments were made equally throughout the year **and**
- b. You **do not** annualize your income.

If both (a) and (b) apply to you, complete Part I, Required Annual Payment and Part II, Short Method. Otherwise, complete Part I, Required Annual Payment and Part III, Regular Method.

Part I - Required Annual Payment

| | | | |
|--|---|-------|--|
| 1. Enter your 2023 tax after credits (Form MO-1040, Line 36 minus approved credits from Line 42, Property Tax Credit from Line 43 and Missouri Working Family Tax Credit Line 44)..... | 1 | 3669. | |
| 2. Multiply Line 1 by 90% (66 2/3% for qualified farmers)..... | 2 | 3302. | |
| 3. Withholding Taxes - Do not include any estimated tax payments on this line | 3 | 3109. | |
| 4. Subtract Line 3 from Line 1. If less than \$500, stop here; do not complete or file this form. You do not owe the penalty. | 4 | 560. | |
| 5. Enter the tax shown on your 2022 tax return. If you did not file a 2022 Missouri return or only filed a Property Tax Credit Claim, skip line 5 and enter the amount from Line 2 on Line 6. | 5 | 3916. | |
| 6. Required Annual Payment - Enter the smaller of Line 2 or Line 5 (Note: If Line 3 is equal to or more than Line 6, stop here; you do not owe the penalty. Do not file Form MO-2210). | 6 | 3302. | |

Part II - Short Method

| | | | |
|--|----|-------|--|
| 7. Enter the amount, if any, from Line 3 above | 7 | 3109. | |
| 8. Enter the total amount, if any, of 2023 estimated tax payments you made | 8 | | |
| 9. Add Lines 7 and 8 | 9 | 3109. | |
| 10. Total Underpayment for Year - Subtract Line 9 from Line 6. If zero or less, stop here; you do not owe the penalty. Do not file Form MO-2210 | 10 | 193. | |
| 11. Multiply Line 10 by 0.04840 | 11 | 9. | |
| 12. If the amount on Line 10 was paid on or after 04/15/24, enter 0 (zero). If the amount on Line 10 was paid before 04/15/24, make the following computation to find the amount to enter on Line 12. Amount on Line 10 X Number of days paid before 04/15/24 X 0.0002459 | 12 | | |
| 13. Penalty - Subtract Line 12 from Line 11. Enter result here and on Form MO-1040, Line 55 | 13 | 9. | |

Part II Instructions - Short Method

- A. **Purpose of the Form** - Use this form to determine whether your income tax was sufficiently paid throughout the year by withholding or by estimated tax payments. If it is not, you may owe a penalty on the underpaid amount.
- B. **Short Method** - You may qualify for the Short Method to calculate your penalty if all withholding and estimated tax payments were made equally throughout the year and you do not annualize your income.

If you do not qualify to use the Short Method, you must use the Regular Method.

Section A - Figure Your Underpayment

Complete Lines 14 through 19. If you meet any of the exceptions (see instruction D) to the penalty for all quarters, omit Lines 14 through 19 and go directly to Line 20.

| 14. Required annual payment (Enter payment as computed on Part I, Line 6) | 14 | | | |
|---|---------------------------|---------------|----------------|---------------|
| | Due Dates of Installments | | | |
| | April 15, 2023 | June 15, 2023 | Sept. 15, 2023 | Jan. 15, 2024 |
| 15. Required installment payments (See Instructions) | | | | |
| 16. Estimated tax paid | | | | |
| 17. Overpayment of previous installments | | | | |
| 18. Total payments | | | | |
| 19. Underpayment of current installment | | | | |
| 19a. Overpayment of current installment | | | | |
| 19b. Underpayment of previous installments | | | | |
| 19c. Total overpayment | | | | |
| 19d. Total underpayment | | | | |

Section B - Exceptions To The Penalty

See instruction D - For special exceptions see instruction I for service in a "combat zone", and instruction J for farmers.

| | | | | |
|--|-----------------|-----------------|-----------------|------------------|
| 20. Total amount paid and withheld from January 1 through the installment date indicated | | | | |
| 21. Exception No. 1 - prior year's tax 2022 tax | 25% of 2022 Tax | 50% of 2022 Tax | 75% of 2022 Tax | 100% of 2022 Tax |
| 22. Exception No. 2 - tax on prior year's income using 2023 rates and exemptions | 25% of Tax | 50% of Tax | 75% of Tax | 100% of Tax |
| 23. Exception No. 3 - tax on annualized 2023 income | 22.5% of Tax | 45% of Tax | 67.5% of Tax | |
| 24. Exception No. 4 - tax on 2023 income (See Instructions) .. | 90% of Tax | 90% of Tax | 90% of Tax | |

Section C - Figure the Penalty

Complete Lines 25 through 29

| | | | | |
|---|--|--|--|--|
| 25. Amount of underpayment | | | | |
| 26. Date of payment, due date of installment, or April 15, 2024, whichever is earlier | | | | |
| 27a. Number of days between the due date of installment, and either date of payment, the due date of the next installment, or December 31, 2023, whichever is earlier .. | | | | |
| 27b. Number of days from January 1, 2024 or installment date to date of payment or April 15, 2024 | | | | |
| 28a. Multiply the 6% annual interest rate times the amount on Line 25 for the number of days shown on Line 27a | | | | |
| 28b. Multiply the 9% annual interest rate times the amount on Line 25 for the number of days shown on Line 27b | | | | |
| 28c. Total Penalty (Line 28a plus Line 28b) | | | | |
| 29. Total amount on Line 28c. Show this amount on Line 55 of Form MO-1040 as "Underpayment of Estimated Tax Penalty". If you have an underpayment on Line 54 of Form MO-1040, enclose your check or money order for payment in the amount equal to the total of Line 54 and the penalty amount on Line 55. If you have an overpayment on Line 53, the Department of Revenue will reduce your overpayment by the amount of penalty | | | | |

Note: If this form is not filed with Form MO-1040, attach check or money order payable to "Department of Revenue" and mail.

Taxation Division
P.O. Box 329
Jefferson City, MO 65107-0329

E-mail: income@dor.mo.gov (For inquiry and correspondence)
E-mail: incometaxprocessing@dor.mo.gov
(For submission of Individual Income Tax and Property Tax Credit return)