





YOUR TAXPAYER ID	SECONDARY TAXPAYER ID (if joint return)	AMOUNT OF THE PAYMENT
1 8 5 7 3 3 5 0 5	972921392	14
YOUR FIRST NAME	YOUR LAST NAME	
BIPIN SECONDARY FIRST NAME	KUMAR SECONDARY LAST NAME	
MOHANA MANOGJNA STREET ADDRESS	PARUPALLI	
1030 APPLECROSS DR CITY	STATE ZIP CODE	Make your check or money order payable to "Delaware Division of Revenue". Do not send cash. Mail completed form to:
MIDDLETOWN	DE 19709	Delaware Division of Revenue PO Box 830 Wilmington, DE 19899-0830

DO NOT CUT THIS PAGE

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DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN

ALATTY AND INDEPENDENCE OF	For Fiscal Year	beginnin	g			and e	ending				
Your Taxpayer ID	Spou	use Taxpa	ayer ID								Amended Re Must include page 3
1 8 5 7 3 3 5 0	5 9	72	921	L 3	92			Filing Stat	us (Must 🗸	check	one)
						1.	Single, Divorced	, Widow(er) 2.	X Joint	3.	Married & Filing Separa
ur First Name	M.I. Last N			Su	ıffix						
PIN	KUM.					4.	Married & Filing	g Combined Separ	ate on this form	5.	Head of Household
ouse First Name	M.I. Last N		_	Su	ıffix						
HANA MANOGJNA		UPALLI		o 141-100 o 10	- 4		Form				
esent Home Address (Number 130 APPLECROSS DR	and Street)		Ара	artmen	ι#		PIT-UND Attached	lf you			sident in 2023, give the d in Delaware:
Y APPLECROSS DR		State	Zip Cod	do			Claimed as				
, IDDLETOWN		DE	1970				Dependant	mr	n-dd-yyyy		mm-dd-yyyy
			1970	2			on someone else's return				
Column A is for Spouse infor	mation. Filing statu	us 4 onlv.	All other	r filing s	tatus u	se Coli					
SECTION A - ADDITIONS	, ,			0				СС	UMN A		COLUMN B
FEDERAL AGI AMOUNT FROM	FEDERAL FORM 10	40					1.			.00 1	. 114078
INTEREST ON STATE & LOCAL	OBLIGATIONS OTH	IER THAN	DELAWA	RE			2.			.00 2	
FIDUCIARY ADJUSTMENT, OIL	DEPLETION						3.			.00 3	
TOTAL - Add Lines 1 through 3	1						4.			.00 4	. 114078
SECTION B - SUBTRACTIONS											
INTEREST RECEIVED ON U.S. O	DBLIGATIONS						5.			.00 5	i.
PENSION/RETIREMENT EXCLU	JSIONS (For a definition of	of eligible inco	me, see instru	ictions)							
Column A if Spouse had a Military Pe		nn B if You I		,			6.			.00 6	i.
DELAWARE STATE TAX REFUN	ID, FIDUCIARY ADJU	JSTMENT,	, WORK O	PPORT	JNITY T	AX					
CREDIT, DELAWARE NOL CAR							7.			.00 7	
TAXABLE SOCIAL SECURITY/R				JCATIO	N						
EXCLUSION/CERTAIN LUMP S							8a	•		.00 8	a.
529 CONTRIBUTION TO DELA Column A if Spouse 529 A		n B if You		ABLE	BLE PRO	JGRAN	n 8b			.00 81	h
Add Lines 5 through 8b		II D II TOU	529	ADLE			ou 9.			.00 8	
0							9. 10			.00 9	
Subtract Line 9 from Line 4 EXCLUSION FOR CERTAIN PEI	RSONS 60 AND OVE		ABLED (See	e instruction	15)		11			.00 1	
DELAWARE ADJUSTED GROSS							12			.00 12	
DELAWARE ADJUSTED GROSS SECTION C - DEDUCTIONS					te deductio	ns betwee	en spouses, you m	ust prorate in a	cordance with	income.	
TOTAL ITEMIZED DEDUCTION							13			.00 13	3.
FOREIGN TAXES PAID (See instru	ctions)						14			.00 14	4.
CHARITABLE MILEAGE DEDUC	CTION (See instructions)						15			.00 1	5.
SUBTOTAL - Add Line 13 throu	ıgh Line 15						16			.00 10	6.
FORM PIT-CRS TAX CREDIT A	DJUSTMENT (See instru	ctions)					17	•		.00 12	7.
NET ITEMIZED DEDUCTIONS -	Subtract Line 17 fro	om Line 16	5. Enter here	and on Line	19 (See in	structions	i) 18			.00 18	8.
If you elect the DELAWARE S		ON check	c here		lf you		DELAWARE				
a. X Filing Statuses 1, 3, & 5 enter Filing Status 2 enter \$6500 i Filing Status 4 enter \$3250 i	in Column B;	n R			b.						ns from Line 18 in Column 3 in Columns A and B
-							19			.00 19	9. 6500
ADDITIONAL STANDARD DED	-						-				
Multiply the number of boxes checke		-				-			propriate colu		
Column A - if Spouse was: 65 or ove		olumn B - if		65 or over	b	ind	20			.00 20	
TOTAL DEDUCTIONS - Add Lir	ie 19 and Line 20 an	d enter he	ere.				21			.00 2 [.]	1. 6500
SECTION D - CALCULATIONS										00 00	
TAXABLE INCOME - Subtract I				on this a	mount		22			.00 22	
TAX LIABILITY FROM TAX RAT			uulis)				23			.00 23	
24. TAX ON LUMP SUM DISTRIBU	HUN (FORM PH-SIC	.)					24			.00 24	4.

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DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN

ATT AND INDEPENDENC	

Col	umn A is for Spouse information, Filing status 4 only. All other filing status use Column B.	COLUMN A		COLUMN B
25.	TOTAL TAX - Add Line 23 and Line 24	250	0 25.	6084 . oo
26a.	PERSONAL CREDITS If you are Filing Status 3, see instructions. If you use Filing Status 4, enter the			
	Enter number of exemptions 3 x \$110 total for each appropriate column. All others enter total in Column B.			
	On Line 26a, enter the number of exemptions for: Column A Column B 3	26a0	0 26a.	330.00
26b.	CHECK BOXES Spouse 60 or over (Column A) Self 60 or over (Column B)			
	Enter number of boxes checked on Line 26b x \$110	26b0	0 26b.	.00
27.	TAX IMPOSED BY OTHER STATES (Must attach copy of PIT-RSS and other state return.)	270	0 27.	.00
28.	VOLUNTEER FIREFIGHTER CO. # Spouse (Column A) Self (Column B) Enter credit amount	280	0 28.	.00
29.	OTHER NON-REFUNDABLE CREDITS (See instructions)	290	0 29.	00. O
30.	CHILD CARE CREDIT. Must attach Form 2441. (Enter 50% of Federal credit)	300	0 30.	.00
31.	TOTAL NON-REFUNDABLE CREDITS (See instructions)	310	0 31.	330.00
32.	BALANCE - Subtract Line 31 from Line 25. If Line 31 is greater than Line 25, enter 0.	320	0 32.	5754. 00
33.	EARNED INCOME TAX CREDIT. REFUNDABLE NON-REFUNDABLE (See instructions)	330	0 33.	.00
34.	DELAWARE TAX WITHHELD (Attach W2s/1099s)	340	0 34.	5740. 00
35.	ESTIMATED TAX PAID & PAYMENTS WITH EXTENSIONS	350	0 35.	.00
36.	S CORP PAYMENTS	360	0 36.	.00
37.	REFUNDABLE BUSINESS CREDITS	370	0 37.	.00
38.	CAPITAL GAINS TAX PAYMENTS (Attach Form REW-EST)	380	0 38.	.00
39.	TOTAL REFUNDABLE CREDITS For amended return, enter Line 39 then proceed to Line 47 on page 3 (All else, see instructions)	390	0 39.	5740. 00
40.	BALANCE DUE If Line 33 plus Line 39 is less than or equal to Line 32, Subtract the sum of Line 33 and Line 39 from Line 32.	400	0 40.	14.00
41.	OVERPAYMENT If Line 33 plus Line 39 is greater than Line 32, Subtract Line 32 from the sum of Line 33 and Line 39.	410	0 41.	00. O
42.	CONTRIBUTIONS TO SPECIAL FUNDS. If electing a contribution, complete and attach PIT-RSS.		42.	.00
43.	AMOUNT OF LINE 41 TO BE APPLIED TO 2024 ESTIMATED TAX ACCOUNT		43.	.00
44.	PENALTIES AND INTEREST DUE. If Line 40 is greater than \$800, see estimated tax instructions		44.	.00
45.	NET BALANCE DUE. For Filing Status 4, see instructions. For all other filing statuses Add Line 40, Line 42, and Line 44.		45.	14.00
46.	NET REFUND. For Filing Status 4, see instructions. For all other filing statuses, Subtract Line 42, Line 43, and Line 44 from Line 41.		46.	.00

SECTION E - DIRECT DEPOSIT INFORMATION

If you would like your refund deposited directly to your checking or savings account, complete Section E below. See instructions for details.

ACCOUNT TYPE	ROUTING NUMBER	ACCOUNT NUMBER	Is this refund going to or
CHECKING	ROOTING NOWBER	ACCOUNT NOMBER	through an account that is located outside of the United
SAVINGS			States?
			YES NO

DMV STATE ID

BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete.

PAID PREPARER INFORMATION

		SYAM PRIYA RAM SA	AGAR GUPTA TAI	LAM 03/12/2024
YOUR SIGNATURE		PAID PREPARER SIGNATURE		i DATE
		ADDRESS		
		245 ROONEY CT		
SPOUSE SIGNATURE	in an	CITY	STATE	ZIP CODE
		E BRUNSWICK	NJ	08816
A HOME PHONE NUMBER	\mathscr{P} business phone number	EIN, SSN or PTIN	SN or PTIN 🥒 PHONE NUM	
	201-884-0932	843171965	678-96	5-9522
email address		@ EMAIL ADDRESS		
		SYAM@GTAXFILE.C	COM	
BALANCE DUE WITH PAYMENT ENCLOSED (LINE 45) MAIL COMPLETED FORM TO: Delaware Division of Revenue PO Box 508, Wilmington, DE 19899-0508	MAIL COMPLETED Delaware Di	D (LINE 46) FORM TO: vision of Revenue PO Box 8710		

PO Box 508, Make check payable to: Delaware Division of Revenue Wilmington, DE 19899-8710

Wilmington, DE 19899-8711

PLEASE REMEMBER TO ATTACH W-2, 1099-R AND APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN @

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DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN

FO	R AMENDED RETURNS ONLY	COLUMN A		COLUMN B		
47.	TOTAL REFUNDABLE CREDITS - Add Line 39 and any EITC on Line 33.	47.	.00	47.		.00
48.	AMOUNT PAID ON ORIGINAL RETURN	48.	.00	48.		.00
49.	SUBTOTAL. Add Lines 47 and 48.	49.	.00	49.		.00
50.	REFUND RECEIVED (If any, see instructions)	50.	.00	50.		.00
51.	Estimated tax carryover and/or Special Funds contributions as shown on original return	51.	.00	51.		.00
52.	Subtract Line 50 and Line 51 from Line 49.	52.	.00	52.		.00
53.	BALANCE DUE. If Line 32 is greater than Line 52, Subtract 52 from 32.	53.	.00	53.		.00
54.	OVERPAYMENT. If Line 52 is greater than Line 32, Subtract 32 from 52.	54.	.00	54.		.00
55.	AMOUNT OF LINE 54 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT (See instruction	ns)		55.		.00
56.	PENALTIES AND INTEREST DUE			56.		.00
57.	NET BALANCE DUE For Filing Status 4, see instructions. For all other filing statuses Add Line 53, Line 55, and Line 56.		57.		.00	
58.	NET REFUND For Filing Status 4, see instructions. For all other filing statuses, Subtract Line 55 and Line 56 from Line 54.		58.		.00	
59.	Is an amended Federal return being filed?		Yes	No		
	If no, please explain. If the changes pertain to the DE return only, list the line numbers being					

60.	Has the Delaware Division of Revenue advised you your original return is being audited?	Yes	No			
61.	Is this amended return being filed as a protective claim?	Yes	No			
	A detailed explanation of all changes must be provided in this space. All supporting schedules and/or documentation must be attached. 🖉					







PLEASE REMEMBER TO ATTACH W-2, 1099-R AND APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN @

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FIRST NAME		LAST NAME	TAXPAYER ID					
	BIPIN & MOHANA MANOGJNA	KUMAR, PARUPALLI	1 8 5 7 3 3 5 0 5					

Columns: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See instructions for worksheet.) Taxpayers using filing statuses 1,2,3, or 5 are to complete Column B only.

	DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE Enter the credit in the highest to lowest amount order. See the instructions and complete the worksheet prior to completing DE Schedule I.			Filing Status 4 ONLY Spouse Information COLUMN A		All other filing statuses You or You plus Spouse COLUMN B
1.	Tax imposed by State of	(Enter 2 character state name)	1.	.00	1.	.00
2.	Tax imposed by State of	(Enter 2 character state name)	2.	.00	2.	.00
3.	Tax imposed by State of	(Enter 2 character state name)	3.	.00	3.	.00
4.	Tax imposed by State of	(Enter 2 character state name)	4.	.00	4.	.00
5.	Tax imposed by State of	(Enter 2 character state name)	5.	.00	5.	.00
6.	Enter the total here and on Form PIT-RES Page copy of the other state return(s) with your l		6.	.00	6.	.00

DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)

Complete the Earned Income Tax Credit for each child YOU CLAIMED the Earned Income Credit for on your federal return.

	QUALIFYING CHILD INFORMATION

7a. CHILD'S FIRST NAME	7b. CHILD'S LAST NAME	8. CHILD'S SSN	9. CHILD'S DATE OF BIRTH

10.	Was the child under age 24 at the end of 2023, a student, and younger than	CHILD 1		CHILD 2		CHILD 3	
	you (or your spouse, if filing jointly)?		No	Yes	No	Yes	No
11.	Was the child permanently and totally disabled during any part of 2023?	CHILD 1		CHILD 2		CHILD 3	
	was the child permanently and totally disabled during any part of 2025?		No	Yes	No	Yes	No
12.	DELAWARE STATE INCOME TAX LESS NON-REFUNDABLE CREDITS – Enter the higher tax amount from Column A or						
12.	Column B of Form PIT-RES Line 32				12.		.00
13.	FEDERAL EARNED INCOME TAX CREDIT (EITC) - Enter amount from IRS form 1040 or 1040-SR, Line 27			13.		.00	
14.	REFUNDABLE EITC CALCULATION – Multiply Line 13 x 0.045 and enter here			14.		.00	
15.	NON-REFUNDABLE EITC CALCULATION – Multiply Line 13 x 0.20 and enter here			15.		.00	
16.	REFUNDABLE EITC - If Line 14 is greater than or equal to Line 12, enter the amount from Line 14 here and on Line 33						
10.	of Form PIT-RES and check the refundable box on Line 33 of Form PIT-RES			16.		.00	
17.	NON-REFUNDABLE EITC – If Line 14 is less than Line 12, compare Line 12 to Line 15, enter the smaller amount here and on Line 33 of Form PIT-RES, and check the non-refundable box on Line 33 of Form PIT-RES			ount here			
				17.		.00	

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

18

See the instructions for ALL required documentation to attach.

	See instructions for a description of each worthwhile fund listed below.						
3.	Α.	Non-Game Wildlife	.00	Н.	DE National Guard		
	В.	Beau Biden Fund	.00	١.	Juvenile Diabetes Fund		
	C.	Emergency Housing	.00	J.	Multiple Sclerosis Soc.		
	D.	Breast Cancer Edu.	.00	Κ.	Ovarian Cancer Fndn		
	Ε.	Organ Donations	.00	L.	Intentionally left blank		
	F.	Diabetes Education	.00	Μ.	White Clay Creek		
	G.	Veterans Home	.00	N.	Home of the Brave		

.00 O. Senior Trust Fund
.00 P. Veterans Trust Fund
.00 Q. Protect DE's Child Fund
.00 R. Food Bank of DE
S. DE Hab For Humanity
.00 T. B+ Childhood Cancer

19.

.00

.00

.00

.00

.00

.00

.00

.00

- .00 U. Combined Campaign for Justice
- **19.** Enter the total Contribution amount here and on Form PIT-RES, Line 42

This page MUST be sent in with your Delaware return if any of the schedules (above) are completed.

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DELAWARE RESIDENT SCHEDULES

DE SCHEDULE IV - W-2 AND 1099-R INFORMATION

Complete this Schedule listing all of your, and if applicable, your spouse's, forms W-2 and 1099-R showing Delaware Income Tax withheld. Forms W-2 and 1099-R showing income tax withheld must still be attached to the front of your return if you elect to file by paper. Failure to do so may delay the processing of your return.

EMPLOYER NAME	EMPLOYER TAXPAYER ID	STATE	STATE WAGES	STATE WITHHOLDING	TAXPAYER OR SPOUSE
CLARIUM MANAGED SERVICES,LLC	592726145				
		DE	110994	5740	 X Taxpayer Spouse Taxpayer Spouse Taxpayer Spouse Taxpayer
					Spouse Taxpayer
					Spouse Taxpayer Spouse
					Taxpayer Spouse
					Taxpayer Spouse Taxpayer
					Spouse Taxpayer Spouse
					Taxpayer Spouse
					NULE V., DELAWARE S CORPORATION DAYMENTS

DE SCHEDULE V - DELAWARE S CORPORATION PAYMENTS

Complete this Schedule by listing all estimated Delaware tax payments made by an S Corporation on behalf of you or your spouse. Failure to do so may delay the processing of your return.

S CORPORATION FEIN	NAME OF S CORPORATION	PAYEE ID	AMOUNT OF ESTIMATED PAYMENT
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