

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 SUDHEER GOURISHETTY | Social security number 686-93-2844 |
| Spouse's name SRIJANYA KODIPYAKA | Spouse's social security number 682-70-6543 |

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 | 79,695. |
| 2 | Total tax | 2 | 5,797. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 7,867. |
| 4 | Amount you want refunded to you | 4 | 2,070. |
| 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

| | | | | |
|---|---|---|---|---|
| 3 | 2 | 8 | 4 | 4 |
|---|---|---|---|---|

 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

| | | | | |
|---|---|---|---|---|
| 0 | 6 | 5 | 4 | 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.

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: SUDHEER Last name: GOURISHETTY Your social security number: 686 | 93 | 2844

If joint return, spouse's first name and middle initial: SRIJANYA Last name: KODIPYAKA Spouse's social security number: 682 | 70 | 6543

Home address (number and street): 101 NE 53RD ST Apt. no.: 2224 Presidential Election Campaign: [] You [] Spouse
City, town, or post office: OKLAHOMA CITY State: OK ZIP code: 73105
Foreign country name: Foreign province/state/county: Foreign postal code:

Filing Status: [] Single [] Head of household (HOH) [X] Married filing jointly (even if only one had income) [] Married filing separately (MFS) [] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Digital Assets: At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? [] Yes [X] No

Standard Deduction: Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1959 [] Are blind Spouse: [] Was born before January 2, 1959 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes rows for dependents and checkboxes for more than four dependents.

Income section table with rows 1a through 1z. 1a Total amount from Form(s) W-2, box 1 (see instructions) 96,927. 1b Household employee wages not reported on Form(s) W-2. 1c Tip income not reported on line 1a (see instructions). 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions). 1e Taxable dependent care benefits from Form 2441, line 26. 1f Employer-provided adoption benefits from Form 8839, line 29. 1g Wages from Form 8919, line 6. 1h Other earned income (see instructions) 0. 1i Nontaxable combat pay election (see instructions). 1z Add lines 1a through 1h 96,927.

Table with rows 2a through 15. 2a Tax-exempt interest. 2b Taxable interest. 3a Qualified dividends. 3b Ordinary dividends. 4a IRA distributions. 4b Taxable amount. 5a Pensions and annuities. 5b Taxable amount. 6a Social security benefits. 6b Taxable amount. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here. 8 Additional income from Schedule 1, line 10. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 79,695. 10 Adjustments to income from Schedule 1, line 26. 11 Subtract line 10 from line 9. This is your adjusted gross income 79,695. 12 Standard deduction or itemized deductions (from Schedule A) 27,700. 13 Qualified business income deduction from Form 8995 or Form 8995-A. 14 Add lines 12 and 13 27,700. 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 51,995.

Attach Sch. B if required. Standard Deduction for: • Single or Married filing separately, \$13,850 • Married filing jointly or Qualifying surviving spouse, \$27,700 • Head of household, \$20,800 • If you checked any box under Standard Deduction, see instructions.

Tax and Credits table with rows 16-24. Includes Tax (5,797), Amount from Schedule 2, line 3, Add lines 16 and 17 (5,797), Child tax credit, Amount from Schedule 3, line 8, Add lines 19 and 20, Subtract line 21 from line 18 (5,797), Other taxes (0), and Add lines 22 and 23 (5,797).

Payments table with rows 25-33. Includes Federal income tax withheld (7,867), 2023 estimated tax payments, Earned income credit (0), Additional child tax credit, American opportunity credit, Reserved for future use, Amount from Schedule 3, line 15, and total other payments and refundable credits (7,867).

Refund table with rows 34-36. Includes amount overpaid (2,070), amount refunded (2,070), routing number (081000032), account number (355004375910), and amount applied to 2024 estimated tax.

Amount You Owe table with rows 37-38. Includes amount you owe (37) and estimated tax penalty (38).

Third Party Designee section with a declaration to allow another person to discuss the return with the IRS. Includes fields for name, phone number, and PIN.

Sign Here section with a declaration under penalties of perjury. Includes signature lines for taxpayer and spouse, with occupations (SOFTWARE DEVELOPER and HOME MAKER) and contact information.

Paid Preparer Use Only section with fields for preparer name (SYAM PRIYA RAM SAGAR GUPTA TALLAM), signature, date (01/27/2024), PTIN (P02082703), firm name (GLOBAL TAXES LLC), address (245 ROONEY CT E BRUNSWICK NJ 08816), phone number (678) 965-9522, and 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
SUDHEER GOURISHETTY & SRIJANYA KODIPYAKA

Your social security number
686-93-2844

Part I Additional Income

| | | | | |
|-----------|---|---------------|-----------|----------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | |
| 2a | Alimony received | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): _____ | | | |
| 3 | Business income or (loss). Attach Schedule C | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | | 5 | -17,232. |
| 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 | -17,232. |

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 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

SUDHEER GOURISHETTY & SRIJANYA KODIPYAKA

Your social security number

686-93-2844

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 RAMAYAMPET MEDAK TELANGANA IN 502101

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 | | 185 | | 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 | 900. | | |
| 4 Royalties received | | | |
| Expenses: | | | |
| 5 Advertising | | | |
| 6 Auto and travel (see instructions) | | | |
| 7 Cleaning and maintenance | 1,860. | | |
| 8 Commissions | | | |
| 9 Insurance | | | |
| 10 Legal and other professional fees | | | |
| 11 Management fees | 1,425. | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | | | |
| 13 Other interest | | | |
| 14 Repairs | 3,989. | | |
| 15 Supplies | 3,456. | | |
| 16 Taxes | | | |
| 17 Utilities | 2,500. | | |
| 18 Depreciation expense or depletion | 4,902. | | |
| 19 Other (list) _____ | | | |
| 20 Total expenses. Add lines 5 through 19 | 18,132. | | |
| 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 | -17,232. | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | (17,232.) | | |
| 23a Total of all amounts reported on line 3 for all rental properties | | 900. | |
| b Total of all amounts reported on line 4 for all royalty properties | | | |
| c Total of all amounts reported on line 12 for all properties | | | |
| d Total of all amounts reported on line 18 for all properties | | 4,902. | |
| e Total of all amounts reported on line 20 for all properties | | 18,132. | |
| 24 Income. Add positive amounts shown on line 21. Do not include any losses | | | |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | | | (17,232.) |
| 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 . | | | -17,232. |

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form8889 for instructions and the latest information.

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

Social security number of HSA beneficiary.
 If both spouses have HSAs, see instructions.
 686-93-2844

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

| | | |
|----|--|---|
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions | <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family |
| 2 | HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions | 2 0. |
| 3 | If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter | 3 7,750. |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs | 4 0. |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0- | 5 7,750. |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter | 6 7,750. |
| 7 | If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions | 7 |
| 8 | Add lines 6 and 7 | 8 7,750. |
| 9 | Employer contributions made to your HSAs for 2023 | 9 2,000. |
| 10 | Qualified HSA funding distributions | 10 |
| 11 | Add lines 9 and 10 | 11 2,000. |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 5,750. |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. | 13 0. |

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

| | | |
|-----|--|-----|
| 14a | Total distributions you received in 2023 from all HSAs (see instructions) | 14a |
| b | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions | 14b |
| c | Subtract line 14b from line 14a | 14c |
| 15 | Qualified medical expenses paid using HSA distributions (see instructions) | 15 |
| 16 | Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f | 16 |
| 17a | If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/> | |
| b | Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c | 17b |

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

| | | |
|----|--|----|
| 18 | Last-month rule | 18 |
| 19 | Qualified HSA funding distribution | 19 |
| 20 | Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f | 20 |
| 21 | Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d | 21 |



Oklahoma Individual Income Tax Declaration for Electronic Filing

NOTE: Do not mail Oklahoma Tax Return - Form 511 or Form 511-NR.

See instructions on Page 2 to determine if you are required to send Form 511-EF to the OTC.

2023
Form 511-EF

| | |
|---|--------------------------|
| Your first name and middle initial SUDHEER | Last name GOURISHETTY |
| If a joint return, spouse's first name and middle initial SRIJANYA | Last name KODIPYAKA |
| Mailing address (number and street, including apartment number, rural route or PO Box) 101 NE 53RD ST 2224 | |
| City, State, ZIP OKLAHOMA CITY OK 73105 | |

Your social security number: 686932844

Spouse's social security number: 682706543

Filing status:

Total number of exemptions:

PART ONE - TAX RETURN INFORMATION (WHOLE DOLLARS ONLY)

| | | | | |
|---|---|---|-------|----|
| 1 | Oklahoma Adjusted Gross Income (511, Line 7) or Adjusted Gross Income: All Sources (511-NR, Line 8) | 1 | 79695 | 00 |
| 2 | Oklahoma Income Tax and Use Tax (511, Line 20 or 511-NR, Line 24) | 2 | 2731 | 00 |
| 3 | Oklahoma Income Tax Payments and Credits (511, Line 32 or 511-NR, Line 33) | 3 | 4114 | 00 |
| 4 | Refund (511, Line 37 or 511-NR, Line 38) | 4 | 1383 | 00 |
| 5 | Balance Due (511, Line 41 or 511-NR, Line 42) | 5 | | 00 |

For a balance due return with an electronic payment, complete line 6b below. The due date for an electronic payment is April 20th. For a balance due return with a non-electronic payment, enclose a payment with the 511-V and submit on or before the due date of April 15th. If the Internal Revenue Code (IRC) of the IRS provides for a later due date, your payment may be made by the later due date and will be considered timely. If the due date falls on a weekend or legal holiday when OTC offices are closed, your payment is due the next business day.

PART TWO - DECLARATION OF TAXPAYER

6a I consent that my refund be directly deposited as designated in the electronic portion of my 2023 Oklahoma income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

6b I authorize the Oklahoma State 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 Oklahoma taxes owed on this return and/or a payment of estimated tax. 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.

If I have filed a balance due return, I understand that if the Oklahoma Tax Commission (OTC) does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

Under penalties of perjury, I declare I have compared the information contained on my return, with information I have provided to my Electronic Return Originator (ERO), and the amounts described in Part One above, agree with the amounts shown on the corresponding lines of my 2023 Oklahoma income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent that my return, including this declaration and accompanying schedules and statements, be sent to the OTC by my ERO.

In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the Oklahoma Tax Commission of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here: _____
Your Signature Date Spouse's Signature (If joint return, both must sign) Date

PART THREE - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare I have reviewed the above taxpayer's return and the entries on Form 511-EF are complete and correct to the best of my knowledge. (EROs who are collectors are not responsible for reviewing the taxpayer's return; however, they must ensure Form 511-EF accurately reflects the data on the return.) I have obtained the taxpayer's signature on Form 511-EF and I have provided the taxpayer with a copy of all forms and information to be filed with the OTC, and have followed all other requirements described in Pub. 1345, Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2023). If I am also a Paid Preparer, under penalties of perjury I declare I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO Use Only
ERO or Paid Preparer's Signature 01/27/2024 Date PTIN

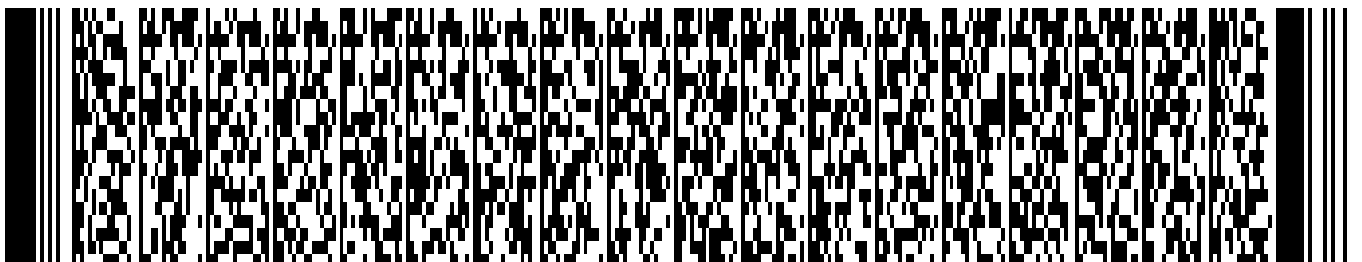
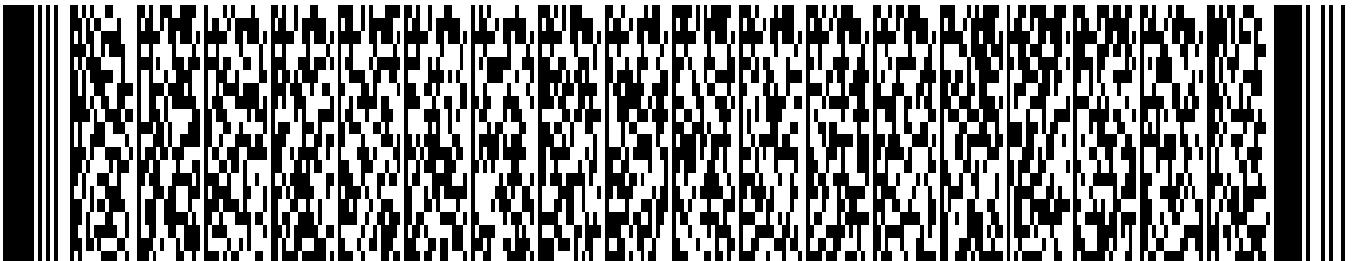
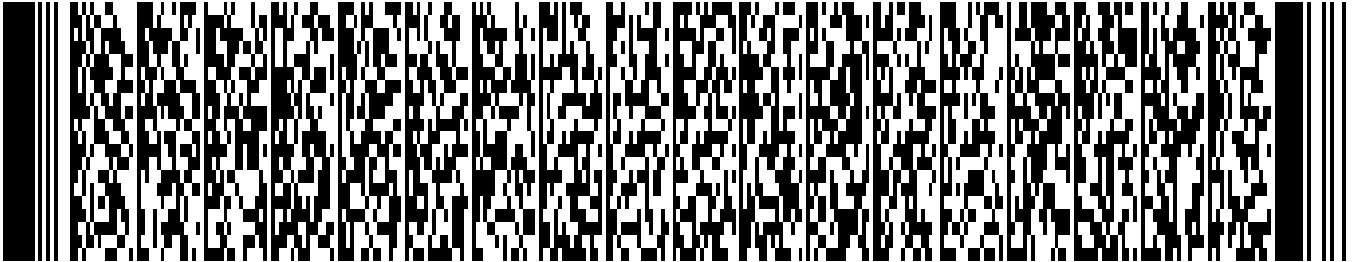
Paid Preparer Use Only
Paid Preparer Signature 01/27/2024 Date P02082703 PTIN

Firm Name (or yours if self-employed): SYAM PRIYA RAM SAGAR GUPTA TALLAM

Address and ZIP: 245 ROONEY CT E BRUNSWICK NJ 08816

Phone Number: (678) 965-9522

**FAILURE TO SUBMIT THIS PAGE
WILL DELAY PROCESSING OF YOUR RETURN**



Note: This is to be mailed with original return. Please DO NOT attach this sheet when filing the payment voucher, Form 511V.

Oklahoma Resident Income Tax Return

Form 511
2023



Your Social Security Number

686-93-2844

Place an 'X' in this box if this taxpayer is deceased →

Spouse's Social Security Number
(joint return only)

682-70-6543

Place an 'X' in this box if this taxpayer is deceased →

AMENDED RETURN!

Place an 'X' in this box if this is an amended 511. See Schedule 511-I. →

Name and Address - Please Print or Type

| | | | | | |
|---|----------------|-------------|--|--------------------|------------|
| Your First Name | Middle Initial | Last Name | If a Joint Return, Spouse's First Name | Middle Initial | Last Name |
| SUDHEER | | GOURISHETTY | SRIJANYA | | KODI PYAKA |
| Mailing Address (Number and street, including apartment number, rural route or PO Box) City | | | State | ZIP or Postal Code | Country |
| 101 NE 53RD ST APT 2224 | | | OKLAHOMA CITY | OK 73105 | |

Filing Status

1 Single

2 Married filing joint return (even if only one had income)

3 Married filing separate
(If spouse is also filing, list name and SSN in the boxes)

| Name | SSN |
|------|-----|
| | |

4 Head of household with qualifying person

5 Qualifying widow(er) with dependent child
• Please list the year spouse died in box at right:

* Note: If claiming **Special Exemption**, see instructions on page 9 of 511 Packet.

| | Regular | * Special | Blind | | |
|--|---------|-----------|-------|---|-----|
| Exemptions | 1 | + | + | = | 1 |
| | 1 | + | + | | |
| Number of dependents | | | | = | (c) |
| Add the Totals from boxes (a), (b) and (c). Enter the TOTAL here: | | | | = | 2 |

Note: If you may be claimed as a dependent on another return, enter "0" in the Total box for your regular exemption.

Age 65 or Older? (Please see instructions) Yourself Spouse

Dependents - If more than four dependents, see instructions and place an 'X' here:

| 1. First Name | 2. Last Name | 3. Social Security Number | 4. Date of Birth | 5. Relationship to You |
|---------------|--------------|---------------------------|------------------|------------------------|
| | | | | |
| | | | | |
| | | | | |

| PART ONE: TO ARRIVE AT OKLAHOMA ADJUSTED GROSS INCOME | | Round to Nearest Whole Dollar | |
|---|---|-------------------------------|-----------|
| 1 | Federal adjusted gross income (from Federal 1040 or 1040-SR)..... | 1 | 79 695 00 |
| 2 | Oklahoma Subtractions (provide Schedule 511-A)..... | 2 | 00 |
| 3 | Line 1 minus line 2..... | 3 | 79 695 00 |
| 4 | Out-of-state income, except wages. Describe: _____ (Provide Federal schedule with detailed description; see instructions)..... | 4 | 00 |
| 5 | Line 3 minus line 4..... | 5 | 79 695 00 |
| 6 | Oklahoma Additions (provide Schedule 511-B)..... | 6 | 00 |
| 7 | Oklahoma adjusted gross income (line 5 plus line 6)..... (If line 7 is different than line 1, provide a copy of your Federal return.) | 7 | 79 695 00 |
| PART TWO: OKLAHOMA TAXABLE INCOME, TAX AND CREDITS | | | |
| 8 | Oklahoma Adjustments (provide Schedule 511-C)..... | 8 | 00 |
| 9 | Oklahoma income after adjustments (line 7 minus line 8)..... | 9 | 79 695 00 |



Name(s) Shown
 on Form 511: SUDHEER GOURISHETTY SRIJANYA KODIPYAKA

Your Social Security Number: 686-93-2844

PART TWO: OKLAHOMA TAXABLE INCOME, TAX AND CREDITS continued

STOP AND READ: If line 4 on page 1 is zero, complete lines 10-11. If line 4 is more than zero, see Schedule 511-E and do not complete lines 10-11.

| | | | | |
|----|--|-----|-------|----|
| 10 | Oklahoma itemized deductions (from Schedule 511-D, line 11) or Oklahoma standard deduction (Single or Married Filing Separate: \$6,350 • Married Filing Joint or Qualifying Widow(er): \$12,700 • Head of Household: \$9,350)..... | 10 | 12700 | 00 |
| 11 | Exemptions: Enter the total number of exemptions claimed on page 1..... <input type="text" value="2"/> X \$1,000..... | 11 | 2000 | 00 |
| 12 | Total deductions and exemptions (add lines 10 and 11 or amount from Sch. 511-E, line 5)..... | 12 | 14700 | 00 |
| 13 | Oklahoma Taxable Income (line 9 minus line 12) | 13 | 64995 | 00 |
| 14 | (a) Oklahoma Income Tax from Tax Table (see pages 27-38 of instructions) or if using Farm Income Averaging, enter tax from Form 573, line 22 and enter a "1" in box on line 14 | 14a | 2731 | 00 |
| | (b) If paying the Health Savings Account additional 10% tax, add additional tax here and enter a "2" in box on line 14. If recapturing the Oklahoma Affordable Housing Tax Credit, add recaptured credit here and enter a "3" in box on line 14. If making an Oklahoma installment payment pursuant to IRC Section 965(h) and 68 OS Sec. 2368(K), add the installment payment here and enter a "4" in the box on line 14 | 14b | | 00 |
| | Oklahoma Income Tax (line 14a plus line 14b) | 14 | 2731 | 00 |

STOP AND READ: If line 7 is equal to or larger than line 1, complete line 15. If line 7 is smaller than line 1, complete Schedules 511-F and 511-G.

| | | | | |
|----|---|----|------|----|
| 15 | Oklahoma child care/child tax credit (see instructions)..... | 15 | | 00 |
| 16 | Credit for taxes paid to another state (provide Form 511TX)..... | 16 | | 00 |
| 17 | Form 511CR - Other Credits Form. List 511CR line number claimed here:..... <input type="text"/> | 17 | | 00 |
| 18 | Income Tax (line 14 minus lines 15-17) Do not enter less than zero | 18 | 2731 | 00 |

DO NOT PAY THIS AMOUNT. PAYMENT IS FIGURED ON LINE 41.

PART THREE: TAX, CREDITS AND PAYMENTS

| | | | | |
|----|--|----|------|----|
| 19 | Use tax due on Internet, mail order, or other out-of-state purchases..... | 19 | | 00 |
| | (For use tax table, see page 14 of the Packet) If you certify that no use tax is due, place an 'X' here: <input checked="" type="checkbox"/> | | | |
| 20 | Balance (add lines 18 and 19) | 20 | 2731 | 00 |
| 21 | Oklahoma withholding (provide all W-2s, 1099s or other withholding statements) .. | 21 | 4114 | 00 |
| 22 | 2023 estimated tax payments (qualified farmer <input type="checkbox"/>) | 22 | | 00 |
| 23 | 2023 payment with extension | 23 | | 00 |
| 24 | Low Income Property Tax Credit (provide Form 538-H)..... | 24 | | 00 |
| 25 | Sales Tax Relief Credit (provide Form 538-S)..... | 25 | | 00 |
| 26 | Natural Disaster Tax Credit (provide Form 576)..... | 26 | | 00 |
| 27 | Credit from Form 578 | 27 | | 00 |
| 28 | Oklahoma earned income credit (see instructions)..... | 28 | | 00 |
| 29 | Amount paid with original return plus additional paid after it was filed (amended return only)..... | 29 | | 00 |



Name(s) Shown on Form 511: SUDHEER GOURISHETTY SRIJANYA KODIPYAKA

Your Social Security Number: 686-93-2844

PART THREE: TAX, CREDITS AND PAYMENTS continued

Table with 3 columns: Line number, Description, Amount. Rows 30-32 showing payments and credits totaling 4114.00.

PART FOUR: REFUND

Table with 3 columns: Line number, Description, Amount. Rows 33-34 showing refund calculation resulting in 1383.00.

Schedule 511-H provides you with the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Please place the line number of the organization from Schedule 511-H in the box below.

Table with 3 columns: Line number, Description, Amount. Rows 35-37 showing deductions from refund totaling 1383.00.

Refund Note: For Direct Deposit, verify your account and routing numbers are correct. If your direct deposit fails to process, you will receive a debit card. You can also choose to receive either a debit card or a paper check by placing an 'X' in the appropriate box below.

Send my refund as a: Debit Card, Paper Check. Direct Deposit my refund in my: Checking Account (selected), Savings Account. Includes routing and account numbers.

PART FIVE: AMOUNT YOU OWE

Table with 3 columns: Line number, Description, Amount. Rows 38-41 showing tax due and interest totaling 0.00.

Under penalty of perjury, I declare the information contained in this document, and all attachments and schedules, is true and correct to the best of my knowledge and belief.

Signature and occupation fields for Taxpayer, Spouse, and Paid Preparer. Includes contact information for the paid preparer.

Do not staple documentation to this form. To attach items, please use a paper clip. Mailing Address for this form: PO Box 26800, Oklahoma City, OK 73126-0800