

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 NAGENDRABABU VANAMALA	Social security number 729-50-4844
Spouse's name SINDHUJA BHEEMA	Spouse's social security number 987-96-5569

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	90,115.
2 Total tax	2	4,551.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	13,708.
4 Amount you want refunded to you	4	9,157.
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

0	4	8	4	4
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 as my signature on the income tax return (original or amended) I am now authorizing.
- 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

6	5	5	6	9
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 as my signature on the income tax return (original or amended) I am now authorizing.
- 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 NAGENDRABABU Last name VANAMALA Your social security number 729 50 4844

If joint return, spouse's first name and middle initial SINDHUJA Last name BHEEMA Spouse's social security number 987 96 5569

Home address (number and street). If you have a P.O. box, see instructions. 8636 THRUSH LN Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. MONTGOMERY State AL ZIP code 36117 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) 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)? (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 6 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. Rows include NIRMALA VANAMALA (Parent) and SURYA DEV VANAMALA (Son).

Income table with columns for description and amount. Rows include Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, Taxable dependent care benefits, Employer-provided adoption benefits, Wages from Form 8919, Other earned income, Nontaxable combat pay election, and Add lines 1a through 1h.

Table for Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, and Social security benefits. Includes sub-columns for taxable interest, ordinary dividends, and taxable amounts.

Table for Capital gain or (loss), Additional income from Schedule 1, Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8, Adjustments to income from Schedule 1, Subtract line 10 from line 9, Standard deduction or itemized deductions, Qualified business income deduction, Add lines 12 and 13, and Subtract line 14 from line 11.

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	7,051.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	7,051.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2,500.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	2,500.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	4,551.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	4,551.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	13,708.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	13,708.
	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	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	13,708.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	9,157.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	9,157.
	b	Routing number 062000080 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 80000560691		
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 DEVELOPER	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. (615) 638-0345	Email address NAGU323@GMAIL.COM		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 01/25/2024	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
NAGENDRABABU VANAMALA & SINDHUJA BHEEMA

Your social security number
729-50-4844

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	-9,974.
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 ABLÉ 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	-9,974.

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)

Supplemental Income and Loss

OMB No. 1545-0074

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

2023
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

Name(s) shown on return

NAGENDRABABU VANAMALA & SINDHUJA BHEEMA

Your social security number

729-50-4844

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	
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 3		A 365	0	<input type="checkbox"/>
B		B		<input type="checkbox"/>
C		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	3 600.		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7 1,286.		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11 840.		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14 1,455.		
15 Supplies	15 1,984.		
16 Taxes	16		
17 Utilities	17 1,680.		
18 Depreciation expense or depletion	18 3,329.		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 10,574.		
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 -9,974.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (9,974.)		
23a Total of all amounts reported on line 3 for all rental properties	23a 600.		
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 3,329.		
e Total of all amounts reported on line 20 for all properties	23e 10,574.		
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 (9,974.)		
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 -9,974.		

**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

Your social security number

NAGENDRABABU VANAMALA & SINDHUJA BHEEMA

729-50-4844

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	90,115.
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	90,115.	
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	1	
	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	500.	
8	Add lines 5 and 7	8	2,500.	
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	2,500.	
	<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	7,051.	
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	14	2,500.	

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		
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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 NAGENDRABABU VANAMALA & SINDHUJA BHEEMA	Taxpayer identification number 729-50-4844
Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	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"/>

Passive Activity Loss Limitations

See separate instructions.
 Attach to Form 1040, 1040-SR, or 1041.
 Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return: **NAGENDRABABU VANAMALA & SINDHUJA BHEEMA**
 Identifying number: **729-50-4844**

Part I 2023 Passive Activity Loss
Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a Activities with net income (enter the amount from Part IV, column (a))	1a	0 .		
b Activities with net loss (enter the amount from Part IV, column (b))	1b	(9,974 .)		
c Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	()		
d Combine lines 1a, 1b, and 1c	1d			-9,974 .

All Other Passive Activities

2a Activities with net income (enter the amount from Part V, column (a))	2a			
b Activities with net loss (enter the amount from Part V, column (b))	2b	()		
c Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	()		
d Combine lines 2a, 2b, and 2c	2d			

3 Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3			-9,974 .
--	----------	--	--	----------

If line 3 is a loss and:
 • Line 1d is a loss, go to Part II.
 • Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation
Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4 Enter the smaller of the loss on line 1d or the loss on line 3	4		9,974 .
5 Enter \$150,000. If married filing separately, see instructions	5	150,000 .	
6 Enter modified adjusted gross income, but not less than zero. See instructions Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.	6	100,089 .	
7 Subtract line 6 from line 5	7	49,911 .	
8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8		24,956 .
9 Enter the smaller of line 4 or line 8. If line 3 includes any CRD, see instructions	9		9,974 .

Part III Total Losses Allowed

10 Add the income, if any, on lines 1a and 2a and enter the total	10		0 .
11 Total losses allowed from all passive activities for 2023. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11		9,974 .

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
	0 .	9,974 .			9,974 .
Total. Enter on Part I, lines 1a, 1b, and 1c	0 .	9,974 .			

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
Total. Enter on Part I, lines 2a, 2b, and 2c					

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
	E Ln 22	9,974.	1.00000000	9,974.	0.
Total		9,974.	1.00	9,974.	0.

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total			1.00	

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Total				

D-400 (50) 8-16-23

Individual Income Tax Return 2023

< Staple All Pages of Your Return and W-2s Here

North Carolina Department of Revenue

Amended Return

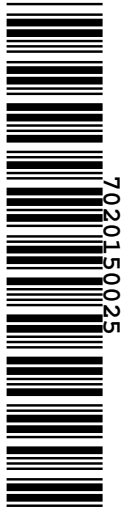
DOR Use Only

For calendar year 2023, or fiscal year beginning 23 and ending... NAGENDRABABU VANAMALA SINDHUJA BHEEMA... Filing Status... Were you a resident of N.C. for the entire year?...

FS 2 PP Y DT N OC N TPRES N SPRES N VT N SVT N
VANA 8636 36117 DS N EA N TD SD FDEXT N

NAGENDRABABU VANAMALA 729504844
SINDHUJA BHEEMA 987965569 AL 36117
8636 THRUSH LN MONTGOMERY

06 100089 16 0 26C 0
07 0 18 Y 0 26E 0
09 0 20A 3434 EU
10A 1 20B 0 27 0
10B 1000 21A 0 29 0
11 S Y I N 21B 0 30 0
11 25500 21C 0 31 0
13 08108 21D 0 32 0
14 59666 26A 0 34 600
15 2834 26B 0
TN 6156380345 PN 6789659522 PP P02082703



Sign Return Below [X] Refund Due 600 [] Payment Due 0
I declare and certify that I have examined this return...
Your Signature Date Spouse's Signature Date Contact Phone No. 6156380345
PAID PREPARER USE ONLY If prepared by a person other than taxpayer...
SYAM PRIYA RAM SAGAR GUPT 01 25 24 (678)965-9522 P02082703
Paid Preparer's Signature Date Preparer's Contact Phone Number Preparer's FEIN, SSN, or PTIN

If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001
If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640

D-400 Line-by-Line Information

6.	Federal Adjusted Gross Income	6.	100089
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	100089
9.	Deductions From Federal Adjusted Gross Income	9.	0
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	1
	b. Enter the amount of the child deduction	10b.	1000
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	25500
12.	a. Add Lines 9, 10b, and 11	12a.	26500
	b. Subtract Line 12a from Line 8	12b.	73589
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.8108
14.	N.C. Taxable Income	14.	59666
15.	N.C. Income Tax	15.	2834
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	2834
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	2834

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	3434
20b.	Spouse's tax withheld	20b.	0

Other Tax Payments

21a.	2023 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Additional Payments	22.	0
23.	Add Lines 20a through 22	23.	3434
24.	Previous Refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	3434
26a.	Tax Due	26a.	0
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	Pay this Amount	27.	0
28.	Overpayment	28.	600

Amount of Refund to Apply to:

29.	Amount of Line 28 to be applied to 2024 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	Amount to be Refunded	34.	600

D-400 Sch PN (50)

8-16-23

2023 Part-Year Resident and Nonresident Schedule
 North Carolina Department of Revenue

DOR
Use
Only

If you enter a taxable percentage on Form D-400, Line 13 because you or your spouse, if married filing jointly, were not full-year residents of North Carolina during tax year 2023, you must attach this schedule to Form D-400. Importantly, you must attach both pages of this schedule to Form D-400. If you do not, the Department may be unable to process your return.

Last Name (First 10 Characters) **VANAMALA** Your Social Security Number **729504844**

A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a **"part-year resident"** if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a **"nonresident"** if you were not a resident of N.C. at any time during the tax year.

Important: Refer to the Instructions before completing this form.

NRT N PYT Y 01 01 23 07 01 23 22 81157
 NRS N PYS Y 01 01 23 07 01 23 23 100089

Part A. Residency Status

Taxpayer is: (Select applicable box) Full-Year Resident Nonresident Part-Year Resident
 Date N.C. residency began 01 01 23 Date N.C. residency ended 07 01 23

Spouse is: (Select applicable box) Full-Year Resident Nonresident Part-Year Resident
 Date N.C. residency began 01 01 23 Date N.C. residency ended 07 01 23

If you and your spouse were both full-year residents of N.C., **stop here**; do not complete Parts B and C. Do not attach Schedule PN to Form D-400.

Part B. Allocation of Income for Part-Year Residents and Nonresidents

Total Income	COLUMN A Total Income from all Sources	COLUMN B Amount of Column A Attributable to N.C.
1. Wages, Salaries, Tips, Etc.	1. 100089	81157
2. Taxable Interest	2. 0	0
3. Taxable Dividends	3. 0	0
4. Taxable Refunds, Credits, or Offsets of State and Local Income Taxes	4. 0	0
5. Alimony Received	5. 0	0
6. Business Income or (Loss)	6. 0	0
7. Capital Gain or (Loss)	7. 0	0
8. Other Gains or (Losses)	8. 0	0
9. Taxable Amount of IRA Distributions	9. 0	0
10. Taxable Amount of Pensions and Annuities	10. 0	0
11. Rental Real Estate, Royalties, Partnerships, S-Corps, Estates, Trusts, Etc.	11. 0	0
12. Farm Income or (Loss)	12. 0	0
13. Unemployment Compensation	13. 0	0
14. Taxable Portion of Social Security and Railroad Retirement Benefits	14. 0	0
15. Other Income	15. 0	0
16. Total Income	16. 100089	81157
North Carolina Adjustments		
17. Additions	COLUMN A Amount from Form D-400 Schedule S	COLUMN B Amount of Column A Attributable to N.C.
a. Interest Income From Obligations of States Other Than N.C.	17a. 0	0
b. Deferred Gains Reinvested Into an Opportunity Fund	17b. 0	0
c. Bonus Depreciation	17c. 0	0
d. IRC Section 179 Expense	17d. 0	0
e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income	17e. 0	0
18. Total Additions	18. 0	0

Last Name (First 10 Characters) VANAMALA	Your Social Security Number 729504844
--	---------------------------------------

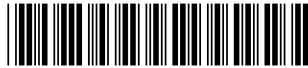
Part B. Allocation of Income for Part-Year Residents and Nonresidents (continued)

	COLUMN A Amount from Form D-400 Schedule S	COLUMN B Amount of Column A Attributable to N.C.
19. Deductions		
a. State or Local Income Tax Refund	19a. 0	0
b. Interest Income From Obligations of the United States or United States' Possessions	19b. 0	0
c. Taxable Portion of Social Security and Railroad Retirement Benefits	19c. 0	0
d. Retirement Benefits Received by Vested N.C. State Government, N.C. Local Government, or Federal Government Retirees, i.e. <i>Bailey Settlement</i>	19d. 0	0
e. Bonus Asset Basis	19e. 0	0
f. Bonus Depreciation	19f. 0	0
g. IRC Section 179 Expense	19g. 0	0
h. Other Deductions From Federal Adjusted Gross Income That Relate to Gross Income	19h. 0	0
20. Total Deductions	20. 0	0
21. Total Income Modified by N.C. Adjustments	21. 100089	81157

Part C. Part-Year Residents and Nonresidents Taxable Percentage

22. Enter the Amount From Column B, Line 21		22. 81157
23. Enter the Amount From Column A, Line 21		23. 100089
24. Part-Year Residents and Nonresident Taxable Percentage		24. 0.8108

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



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

Beginning: ● Ending: ●

Your social security number

● 729-50-4844

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

Spouse's SSN if joint return

● 987-96-5569

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

Your first name

● NAGENDRABABU

Initial

●

Last name

● VANAMALA

Spouse's first name

● SINDHUJA

Initial

●

Last name

● BHEEMA

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

● 8636 THRUSH LN

City, town, or post office

● MONTGOMERY

State

● AL

ZIP code

● 36117

Check if address is outside U.S. ●

Foreign Country

▶ CHECK BOX IF AMENDED RETURN ●

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

	A - Alabama tax withheld		B - Income	
	5a	●	5b	●
5a Alabama Income Tax Withheld (from Schedule W-2, line 18, column G)	740		18,932	
5b Wages, salaries, tips, etc. (from Schedule W-2, line 18, column I plus J):				
6 Interest and dividend income (also attach Schedule B if over \$1,500)				
7 Other income (from page 2, Part I, line 8)			0	
8 Total income. Add amounts in the income column for line 5b through line 7			18,932	
9 Total adjustments to income (from page 2, Part II, line 16)				
10 Adjusted gross income. Subtract line 9 from line 8.			18,932	

Deductions

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

	11	●	12	●
11 Box a or b MUST be checked. Check box a, if you itemize deductions , and enter amount from Schedule A, line 27. Check box b, if you do not itemize deductions, and enter standard deduction (see instructions) ● a <input type="checkbox"/> Itemized Deductions ● b <input checked="" type="checkbox"/> Standard Deduction	8,500			
12 Federal tax deduction (see instructions) DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)	1,087			
13 Personal exemption (from line 1, 2, 3, or 4)	3,000			
14 Dependent exemption (from page 2, Part III, line 2)	2,000			
15 Total deductions. Add lines 11, 12, 13, and 14			14,587	

Tax

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

16 Taxable income. Subtract line 15 from line 10	16	●	4,345	
17 Income Tax due. Enter amount from tax table or check if from ● <input type="checkbox"/> Form NOL-85A	17	●	154	
18 Net tax due Alabama. Check box if computing tax using Schedule OC ● <input type="checkbox"/> , otherwise enter amount from line 17.	18	●	154	
19 Additional taxes (from Schedule ATP, Part I, Line 3)	19	●	0	
20 Alabama Election Campaign Fund. You may make a voluntary contribution to the following: a Alabama Democratic Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input type="checkbox"/> none	20a	●		
b Alabama Republican Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input type="checkbox"/> none	20b	●		
21 Total tax liability and voluntary contribution. Add lines 18, 19, 20a, and 20b	21	●	154	

Payments

22 Alabama income tax withheld (from column A, line 5a)	22	●	740	
23 2023 estimated tax payments/Automatic Extension Payment	23	●		
24 Amended Returns Only - Previous payments (see instructions)	24	●		
25 Refundable Credits. Enter the amount from Schedule OC, Section F, line F4	25	●		
26 Payments from Schedule CP, Section B, Line 1	26	●		
27 Total payments. Add lines 22, 23, 24, 25, and 26	27	●	740	
28 Amended Returns Only - Previous refund (see instructions)	28	●		
29 Adjusted Total Payments. Subtract line 28 from line 27	29	●	740	

AMOUNT YOU OWE

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

OVERPAID

32 If line 29 is larger than line 21, subtract line 21 from line 29, and enter AMOUNT OVERPAID	32	●	586	
33 Amount of line 32 to be applied to your 2024 estimated tax	33	●		

Donations

34 Total Donation Check-offs from Schedule DC, line 2	34	●		
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REFUND

35 REFUNDED TO YOU. (CAUTION: You must sign this return on the reverse side.) If line 32 is greater than zero, subtract lines 31, 33, and 34 from line 32	35	●	586	
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For Direct Deposit, check here ● and complete Part V, Page 2.



PART I Other Income <i>(See instructions)</i>	1	Alimony received	1	●
	2	Business income or (loss) <i>(attach Federal Schedule C or C-EZ) (see instructions)</i>	2	●
	3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. <i>(attach Schedule D)</i>	3	●
	4	Retirement Income <i>(attach Schedule RS)</i>	4	●
	5	Rents, royalties, partnerships, estates, trusts, etc. <i>(attach Schedule E)</i>	5	● 0
	6	Farm income or (loss) <i>(attach Federal Schedule F)</i>	6	●
	7	Other income <i>(state nature and source — see instructions)</i>	7	●
	8	Total other income. Add lines 1 through 7. Enter here and also on page 1, line 7	8	● 0

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

PART III Dependents	1	Total number of dependents from Schedule DS, line 1b	1	● 2
	2	Amount allowed. Multiply total number of dependents claimed on line 1 by the amount on the dependent chart in the instructions. Enter amount here and on page 1, line 14	2	● 2,000

PART IV General Information All Taxpayers Must Complete This Section. <i>(See instructions)</i>	1	Residency <i>Check only one box</i> <input type="checkbox"/> Full Year <input checked="" type="checkbox"/> Part Year From <u>07-01</u> 2023 through <u>12-31</u> 2023.
	2	Did you file an Alabama income tax return for the year 2022? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, state reason <u>NC RESIDENT</u>
	3	Give name and address of present employer(s). Yours <u>PYRAMID CONSULTING INC 3060 KIMBALL BRG RD#200 ALPHARETTA GA 30022</u> Your Spouse's <u>NONE</u>
	4	Enter the Federal Adjusted Gross Income ● \$ <u>100,089</u> and Federal Taxable Income ● \$ <u>72,389</u> as reported on your 2023 Federal Individual Income Tax Return.
	5	Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter source(s) and amount(s) below: <i>(other than state income tax refund)</i>

PART V Direct Deposit	For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. <i>(See instructions to see if you qualify.)</i>		
	1	Routing Number: <u>062000080</u>	2
3	Account Number: <u>8000560691</u>	4	Is this refund going to or through an account that is located outside of the United States? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here In Black Ink Keep a copy of this return for your records.	Your Signature	Date	Daytime Telephone Number	Your Occupation
	_____	_____	<u>(615) 638-0345</u>	<u>SOFTWARE DEVELOPER</u>
	Spouse's Signature (if joint return, BOTH must sign)	Date	Daytime Telephone Number	Spouse's Occupation
	_____	_____	_____	<u>HOME MAKER</u>
Paid Preparer's Use Only	Preparer's Signature	Date	Check if Self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	<u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u>	<u>01/25/2024</u>	<input type="checkbox"/>	<u>P02082703</u>
	Firm's Name (or yours if self-employed) <u>GLOBAL TAXES LLC</u>		Daytime Telephone No. <u>(678) 965-9522</u>	E.I. Number <u>84-3171965</u>
	Address <u>245 ROONEY CT E BRUNSWICK NJ</u>		ZIP Code <u>08816</u>	

**SCHEDULE
DS & HOF 2023**
(Form 40 or 40NR)



Alabama Department of Revenue
Dependents Schedule

NAME(S) AS SHOWN ON TAX RETURN

NAGENDRABABU VANAMALA & SINDHUJA BHEEMA

PRIMARY'S SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECURITY NUMBER

729-50-4844 987-96-5569

Schedule DS – Dependents Schedule

See instructions for definition of a dependent. **NOTE:** If you checked filing status 3 (Married filing separate), you may claim **only** the dependent(s) for whom you **separately** furnished over 50% of the total support.

1a Dependents. Do not include yourself or your spouse. (See Instructions)

First Name	Last Name	Dependent's Social Security Number	Dependent's Relationship to you	Did you provide more than one-half dependent's support?
NIRMALA	VANAMALA	● 991-98-3641	PARENT	Y
SURYA DEV	VANAMALA	● 599-53-9182	SON	Y
		●		
		●		
		●		
		●		
		●		
		●		
		●		
		●		
		●		
		●		

1b Total number of dependents claimed above. Enter total here and on Form 40, Page 2, Part III, line 1 or Form 40NR, Page 2, Part V, line 1	1b	2
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SCHEDULE
ATP

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

2023

NAME(S) AS SHOWN ON THE TAX RETURN

SOCIAL SECURITY NUMBER

NAGENDRABABU VANAMALA & SINDHUJA BHEEMA

729-50-4844

PART I Additional Taxes

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

PART II Penalties

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



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

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

NAME(S) AS SHOWN ON TAX RETURN: NAGENDRABABU VANAMALA & SINDHUJA BHEEMA PRIMARY'S SOCIAL SECURITY NO. 729-50-4844 SPOUSE'S SOCIAL SECURITY NO. 987-96-5569

A	B	C	D	E	F	G	H	I	J	
Employee's Social Security Number	Employer's Identification Number (EIN)	Statutory Employee	Schedule C/C-EZ Filed?	State Code	Alabama Employer's State ID Number	Alabama State Income Tax Withheld	Federal Wages (Box 1 of Form W-2)	Alabama State Wages (Box 16 of Form W-2)	Additional Taxable Wages - Other States	
1 • 729-50-4844	• 582191055	• <input type="checkbox"/>	• <input type="checkbox"/>	• OS	•	•	• 81,157	•	• 0	
2 • 729-50-4844	• 582191055	• <input type="checkbox"/>	• <input type="checkbox"/>	• AL	• 0000417763	• 740	• 18,932	• 18,932	•	
3 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
4 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
5 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
6 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
7 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
8 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
9 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
10 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
11 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
12 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
13 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
14 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
15 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•	
16	TOTAL ALABAMA TAX WITHHELD FROM W-2s. Total lines 1-15, Column G and enter the amount here . . .					• 740				
17	ALABAMA TAX WITHHELD FROM 1099s AND W-2Gs. Enter the total Alabama Income Tax Withheld from all Form 1099s and Form W-2Gs received. See instructions on where to report the income from these statements.					• 0				
18	TOTAL WAGES AND TOTAL ALABAMA TAX WITHHELD FROM W-2s, 1099s, AND W-2Gs. See instructions.					• 740	• 100,089	• 18,932	• 0	

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



(From Rental Real Estate, Royalties, Partnerships, S Corporations, Estates, Trusts, REMICs, etc.)

▶ **ATTACH TO FORM 40.** ▶ **SEE INSTRUCTIONS FOR SCHEDULE E (FORM 40).**

Name(s) shown on return NAGENDRABABU VANAMALA & SINDHUJA BHEEMA	Your social security number 729-50-4844
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PART I Income or Loss From Rental Real Estate and Royalties
Note: If you are operating under a Federal Employer Identification Number, report income and expenses from your business of renting personal property on Schedule C or C-EZ.

1 Show the kind and location of each Rental Real Estate Property :	2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of: • 14 days, or • 10% of the total days rented at fair rental value?	Yes	No
A VACATION / SHORT-TERM		<input type="checkbox"/>	<input checked="" type="checkbox"/>
B		<input type="checkbox"/>	<input type="checkbox"/>
C		<input type="checkbox"/>	<input type="checkbox"/>

Income:	Properties			Totals (Add Columns A, B, and C)	
	A	B	C		
3 Rents received	600	00	00	3	600 00
4 Royalties received		00	00	4	00
Expenses:					
5 Advertising		00	00		
6 Auto and travel		00	00		
7 Cleaning and maintenance	1,286	00	00		
8 Commissions		00	00		
9 Insurance		00	00		
10 Legal and other professional fees		00	00		
11 Management fees	840	00	00		
12 Mortgage interest		00	00	12	00
13 Other interest		00	00		
14 Repairs	1,455	00	00		
15 Supplies	1,984	00	00		
16 Taxes		00	00		
17 Utilities	1,680	00	00		
18 Other (list) ▶		00	00		
		00	00		
		00	00		
		00	00		
19 Add lines 5 through 18	7,245	00	00	19	7,245 00
20 Depreciation expense or depletion	3,329	00	00	20	3,329 00
21 Total expenses. Add lines 19 and 20	10,574	00	00		
22 Income or (loss). Subtract line 21 from line 3 (rents) or line 4 (royalties)	-9,974	00	00		
23 Total Real Estate and Royalty income or (loss). Add columns A, B, and C from line 22 and enter the result here				23	-9,974 00

PART II Income from Partnerships, S Corporations, Estates, and Trusts	(h) Check One	(i) Employer Identification Number	(j) Amount
(g) Name and Address	Partnership	Estate or Trust	S Corporation
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 TOTAL INCOME FROM PARTNERSHIPS, S CORPORATIONS, ESTATES, AND TRUSTS. Add the amounts in column (j). Enter the total here and include on line 25 below. ▶			24 00

25 TOTAL INCOME OR (LOSS). Combine lines 23 and 24. Enter the total here and on Form 40, page 2, Part I, line 5 ▶	25	-9,974 00
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For the year January 1 – December 31, 2023

Your first name and initial: NAGENDRABABU; Last name: VANAMALA; If a joint return, spouse's first name and initial: SINDHUJA; Last name: BHEEMA; Home address: 8636 THRUSH LN; City, town or post office, state, and ZIP code: MONTGOMERY AL 36117

Your social security number: 729504844; Spouse's soc. sec. no. if joint return: 98796569; Telephone number (optional): (615) 638-0345

Table with 2 columns: Line number and Amount. Line 1: Alabama taxable income 4,345; Line 2: Total tax liability 154; Line 3: Total payments 740; Line 4: Refund 586; Line 5: Amount you owe.

Part II Refund and Payment Information. 1 Routing number: 062000080; 2 Account number: 8000560691; 3 Type of account: [X] Checking; 4 Type of transaction: [X] Direct Deposit; 5 Paper Check.

Part III Declaration of Taxpayer. Under penalties of perjury, I declare that I have compared the information contained on my return with the information I have provided to my electronic return originator and that the amounts described in Part 1 above agree with the amounts shown on the corresponding lines of my 2023 Alabama individual income tax return.

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

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer. I declare that I have reviewed the above taxpayer's Alabama individual income tax return and that the entries on this form are complete and correctly represented based on all information of which I have any knowledge.

ERO's Use Only. ERO's signature, Date: 01/25/2024, Check if also paid preparer, Preparer's PTIN, Firm's name: GLOBAL TAXES LLC, E.I. No. 84-3171965, Address: 245 ROONEY CT E BRUNSWICK NJ, ZIP Code 08816.

Paid Preparer's Use Only. Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Preparer's signature, Date: 01/25/2024, Check if self-employed, Preparer's PTIN: P02082703, Firm's name: SYAM PRIYA RAM SAGAR GUPTA TALLAM, E.I. No. 84-3171965, Address: 245 ROONEY CT E BRUNSWICK NJ, ZIP Code 08816.

DO NOT MAIL TO ALABAMA DEPT. OF REVENUE

Income Worksheet

2023

Name as Shown on Return
 NAGENDRABABU VANAMALA & SINDHUJA BHEEMA

Social Security Number
 729-50-4844

Wages, Salaries, Tips, Etc for Line 5 of Form 40/40NR

Special Type Indicator (X = Income will not be included in your return)
 Check this box to exclude income from your Alabama return.

Check this box if you are excluding income and plan to attempt to electronically file your return.

NOTE: Part-year residents may use this worksheet to remove non Alabama source income. Resident and Non-Resident returns may be rejected during electronic filing if you exclude income by marking boxes in the # column.

Payer's name	#	State name	Gross earnings	Alabama wages	Alabama tax withheld
PYRAMID CONSULTING INC	<input type="checkbox"/>	NC	81,157.	0.	
PYRAMID CONSULTING INC	<input type="checkbox"/>	AL	18,932.	18,932.	740.
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
Total			100,089.	18,932.	740.

Other Income for Form 40/40NR

Special Type Indicator (X = Income will not be included in your return)
 Check this box to exclude income from your Alabama return.

Description	#	Total amount	Alabama amount
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Total			