

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 SPANDANA Last name YEDDANAPUDI Your social security number 774 95 6855

If joint return, spouse's first name and middle initial Last name Spouse's social security number

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

452 CHURCH STREET City, town, or post office. If you have a foreign address, also complete spaces below. State NC ZIP code 27560

MORRISVILLE Foreign country name Foreign province/state/county Foreign postal code 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.

Filing Status [X] Single [] Head of household (HOH) [] Married filing jointly (even if only one had income) [] Married filing separately (MFS) [] Qualifying surviving spouse (QSS)

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [] Yes [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.

Income section table with columns 1a-1z and 1a-1z. Includes rows for Total amount from Form(s) W-2, Household employee wages, Tip income, 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 with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. Includes rows for Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Taxable interest, Ordinary dividends, Taxable amount.

Table with columns 7-15. Includes rows for Capital gain or (loss), Additional income from Schedule 1, Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income, Adjustments to income from Schedule 1, Subtract line 10 from line 9. This is your adjusted gross income, Standard deduction or itemized deductions (from Schedule A), Qualified business income deduction from Form 8995 or Form 8995-A, Add lines 12 and 13, Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income.

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	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	13,529.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	13,529.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	13,529.
	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	13,529.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	16,816.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	16,816.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC) <input type="checkbox"/> NO	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	16,816.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,287.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,287.
	b	Routing number 2 2 1 1 7 2 6 1 0 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 1 5 5 6 8 5 1 4 7 0		
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 AUTOMATION ENGINEER ADVIS	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	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (417) 599-2308	Email address YSPANDANA460@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 02/22/2024	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

SPANDANA YEDDANAPUDI

Your social security number

774-95-6855

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	-14,999.
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 ABL account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount: _____	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	-14,999.

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

SPANDANA YEDDANAPUDI

Your social security number

774-95-6855

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 1/169 MAIN ROAD INAMANAMELLURU, ONGOLE ANDHRA PRADESH IN 523211

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		365		0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

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

Income:	Properties:		
	A	B	C
3 Rents received	3 674.		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7 2,897.		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11 2,410.		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14 2,974.		
15 Supplies	15 2,351.		
16 Taxes	16		
17 Utilities	17 2,574.		
18 Depreciation expense or depletion	18 2,467.		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 15,673.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21 -14,999.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (14,999.)		
23a Total of all amounts reported on line 3 for all rental properties	23a 674.		
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 2,467.		
e Total of all amounts reported on line 20 for all properties	23e 15,673.		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24		
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25 (14,999.)		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .	26 -14,999.		

For Paperwork Reduction Act Notice, see the separate instructions.

NPA -14,999.

Schedule E (Form 1040) 2023

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

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

2023
Attachment
Sequence No. **52**

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

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.
774-95-6855

SPANDANA YEDDANAPUDI

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 checked="" type="checkbox"/> Self-only <input 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	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	3,850.
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	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	3,850.
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	3,850.
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	0.
8	Add lines 6 and 7	3,850.
9	Employer contributions made to your HSAs for 2023	400.
10	Qualified HSA funding distributions	
11	Add lines 9 and 10	400.
12	Subtract line 11 from line 8. If zero or less, enter -0-	3,450.
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.	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)	
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	
c	Subtract line 14b from line 14a	
15	Qualified medical expenses paid using HSA distributions (see instructions)	
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	
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	

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	
19	Qualified HSA funding distribution	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	
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	

BE SURE TO DETACH WHERE INDICATED.
FAILURE TO DO SO WILL RESULT IN DELAYS
PROCESSING YOUR PAYMENT.

▼ DETACH HERE ▼

2024 Form 1-ES

REV 02/07/24 PRO

Estimated Tax Payment Voucher

Social Security number	Tax filing period	Due date	Tax type	Voucher type	ID type	Vendor code
774956855	12/31/2024	04/17/2024	053	17	005	1555
Last name (print)		First name and initial (and spouse's, if joint return)		1. Amount due with this installment (from line 12 of worksheet)		718.00
SPANDANA YEDDANAPUDI				Form you plan to file:		
Street address				<input type="checkbox"/> Form 1, Full-Year Resident		<input checked="" type="checkbox"/> Form 1-NR/PY, Nonresident/Part-Year Resident
452 CHURCH STREET				Return this voucher with check or money order payable to Commonwealth of Massachusetts.		
City/Town	State	Zip	Mail to Massachusetts Department of Revenue, PO Box 419540, Boston, MA 02241-9540.			
MORRISVILLE	NC	27560				
E-mail address		Phone number		Important: Make your estimated tax payment online. It's fast, easy and secure.		
YSPANDANA460@GMAIL.COM		417-599-2308		Go to mass.gov/masstaxconnect for more information.		



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**BE SURE TO DETACH WHERE INDICATED.
FAILURE TO DO SO WILL RESULT IN DELAYS
PROCESSING YOUR PAYMENT.**

▼ DETACH HERE ▼

2024 Form 1-ES

REV 02/07/24 PRO

Estimated Tax Payment Voucher

Social Security number	Tax filing period	Due date	Tax type	Voucher type	ID type	Vendor code
774956855	12/31/2024	06/17/2024	053	17	005	1555
Last name (print)		First name and initial (and spouse's, if joint return)		1. Amount due with this installment (from line 12 of worksheet)		718.00
SPANDANA YEDDANAPUDI				Form you plan to file:		
Street address				<input type="checkbox"/> Form 1, Full-Year Resident <input checked="" type="checkbox"/> Form 1-NR/PY, Nonresident/Part-Year Resident		
452 CHURCH STREET				Return this voucher with check or money order payable to Commonwealth of Massachusetts.		
City/Town	State	Zip	Mail to Massachusetts Department of Revenue, PO Box 419540, Boston, MA 02241-9540.			
MORRISVILLE	NC	27560				
E-mail address		Phone number		Important: Make your estimated tax payment online. It's fast, easy and secure.		
YSPANDANA460@GMAIL.COM		417-599-2308		Go to mass.gov/masstaxconnect for more information.		



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PROCESSING YOUR PAYMENT.

▼ DETACH HERE ▼

2024 Form 1-ES

REV 02/07/24 PRO

Estimated Tax Payment Voucher

Social Security number	Tax filing period	Due date	Tax type	Voucher type	ID type	Vendor code
774956855	12/31/2024	09/16/2024	053	17	005	1555
Last name (print)	First name and initial (and spouse's, if joint return)		1. Amount due with this installment (from line 12 of worksheet)			718.00
SPANDANA YEDDANAPUDI			Form you plan to file:			
Street address			<input type="checkbox"/> Form 1, Full-Year Resident <input checked="" type="checkbox"/> Form 1-NR/PY, Nonresident/Part-Year Resident			
452 CHURCH STREET			Return this voucher with check or money order payable to Commonwealth of Massachusetts.			
City/Town	State	Zip	Mail to Massachusetts Department of Revenue, PO Box 419540, Boston, MA 02241-9540.			
MORRISVILLE	NC	27560	Important: Make your estimated tax payment online. It's fast, easy and secure.			
E-mail address	Phone number		Go to mass.gov/masstaxconnect for more information.			
YSPANDANA460@GMAIL.COM	417-599-2308					



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BE SURE TO DETACH WHERE INDICATED.
FAILURE TO DO SO WILL RESULT IN DELAYS
PROCESSING YOUR PAYMENT.

▼ DETACH HERE ▼

2024 Form 1-ES

REV 02/07/24 PRO

Estimated Tax Payment Voucher

Social Security number	Tax filing period	Due date	Tax type	Voucher type	ID type	Vendor code
774956855	12/31/2024	01/15/2025	053	17	005	1555
Last name (print)		First name and initial (and spouse's, if joint return)		1. Amount due with this installment (from line 12 of worksheet)		718.00
SPANDANA YEDDANAPUDI				Form you plan to file:		
Street address				<input type="checkbox"/> Form 1, Full-Year Resident <input checked="" type="checkbox"/> Form 1-NR/PY, Nonresident/Part-Year Resident		
452 CHURCH STREET				Return this voucher with check or money order payable to Commonwealth of Massachusetts.		
City/Town	State	Zip	Mail to Massachusetts Department of Revenue, PO Box 419540, Boston, MA 02241-9540.			
MORRISVILLE	NC	27560				
E-mail address		Phone number		Important: Make your estimated tax payment online. It's fast, easy and secure.		
YSPANDANA460@GMAIL.COM		417-599-2308		Go to mass.gov/masstaxconnect for more information.		



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Form M-8453 Individual Income Tax Declaration for Electronic Filing

2023
Massachusetts
Department of
Revenue

Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2023.

Your first name and initial SPANDANA YEDDANAPUDI	Last name	Your Social Security number 774956855
If a joint return, spouse's first name and initial	Last name	Spouse's Social Security number
Present street address (and apartment number) 452 CHURCH STREET		
City/Town/Post Office MORRISVILLE	State NC	Zip 27560
Filing status: <input checked="" type="radio"/> Single <input type="radio"/> Married filing jointly <input type="radio"/> Married filing separately <input type="radio"/> Head of household		

Part 1. Tax Return Information for Electronic Filing

1 Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12)	1	60771
2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36)	2	2872
3 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38)	3	
4 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42)	4	
5 Refund amount (from Form 1, line 53, or Form 1-NR/PY, line 57)	5	
6 Tax due (from Form 1, line 54, or Form 1-NR/PY, line 58)	6	2872

Part 2. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2023 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signature	Date	Spouse's signature	Date
----------------	------	--------------------	------

Part 3. Declaration and Signature of Electronic Return Originator (ERO)

I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that 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. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

ERO's signature and SSN or PTIN	Date	EIN		<input type="radio"/> Fill in if self-employed
	02222024	843171965		
Firm name (or yours, if self-employed) and address	City/Town	State	Zip	<input type="radio"/> Fill in if also paid preparer
GLOBAL TAXES LLC 245 ROONEY CT	E BRUNSWICK	NJ	08816	

Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Paid preparer's signature and SSN or PTIN	Date	EIN		<input type="radio"/> Fill in if self-employed
P02082703	02222024	843171965		
Firm name (or yours, if self-employed) and address	City/Town	State	Zip	
SYAM PRIYA RAM SAGAR GUPTA TALLAM 245 ROONEY CT	E BRUNSWICK	NJ	08816	

IF YOU ARE MAILING THE FORM PV WITH THE PAYMENT BY ITSELF, MAIL IT WITH THE PAYMENT TO:
MASSACHUSETTS DEPARTMENT OF REVENUE
PO BOX 419540
BOSTON, MA 02241-9540

DETACH HERE

REV 02/07/24 PRO

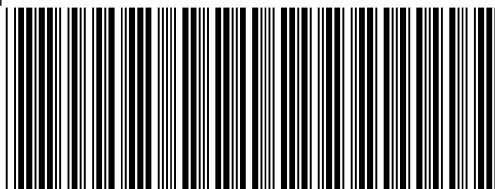
2023 Form PV Massachusetts Income Tax Payment Voucher

Payment for period end date (mm/dd/yyyy)	Tax type	Voucher type	ID type	Vendor code
12/31/2023	053	01	005	1555
Name of taxpayer	Social Security number		Amount enclosed	
SPANDANA YEDDANAPUDI	774956855		\$ 3,006.00	
Name of taxpayer's spouse	Social Security number of taxpayer's spouse			
Street address	City/Town	State	Zip	
452 CHURCH STREET	MORRISVILLE	NC	27560	
Phone	E-mail	Fill in if name/address changed since 2022		
417-599-2308	YSPANDANA460@GMAIL.COM	<input type="checkbox"/>		

Pay online at mass.gov/masstaxconnect. Or, return this voucher with check or money order payable to: **Commonwealth of Massachusetts**.
Mail to: **Massachusetts Department of Revenue, PO Box 419540, Boston, MA 02241-9540.**



00100774956855 123123 0000000000 053 010051555 00003006002



2023 Form 1-NR/PY

MA23006011555

Massachusetts Nonresident/Part-Year Resident Income Tax Return

For the year January 1–December 31, 2023 or other taxable

Year beginning

Ending

SPANDANA

YEDDANAPUDI

774956855

452 CHURCH STREET

MORRISVILLE

NC 27560

Fill in if: Amended return Other jurisdiction change Enter date of change
Federal amendment Amended return due to IRS BBA Partnership Audit

State Election Campaign Fund:

Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula

Taxpayer deceased

Fill in if under age 18

Fill in if name change

Check one: Nonresident

Part-year resident

a. Total federal income

96683

b. Federal adjusted gross income

96683

1. Filing status (select one only):

Single

Married filing jointly

Married filing separate return NRA

Head of household

You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents. Enter dates as Massachusetts resident: From

To

3. Total days as Massachusetts resident

÷ 365 = . 3

\$1 You \$1 Spouse TOTAL

You Spouse

You Spouse

You Spouse

You Spouse

Fill in if noncustodial parent

Fill in if filing Schedule TDS

Fill in if filing Schedule FCI

Fill in if reporting crypto currency

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature

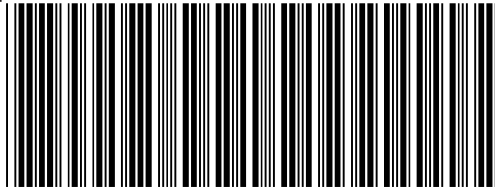
Date

Spouse's signature

Date

417-599-2308

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



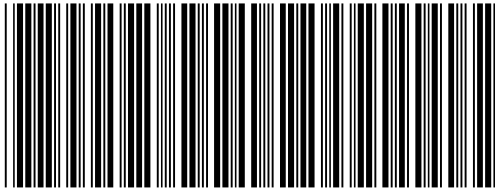
2023 Form 1-NR/PY, pg. 2

MA23006021555
Massachusetts Nonresident/
Part-Year Resident Income Tax Return
774956855

4. Exemptions:

a. Personal exemptions		4a	4400
b. Number of dependents. (Do not include yourself or your spouse.) Enter number		x \$1,000 = 4b	
c. Age 65 or over before 2024	You + Spouse =	x \$700 = 4c	
d. Blindness	You + Spouse =	x \$2,200 = 4d	
e. Medical/dental		4e	
f. Adoption		4f	
g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a		4g	4400
5. Wages, salaries, tips		5	75770
6. Taxable pensions and annuities		6	
7. Mass. bank interest: a.	- b. exemption	= 7	
8. Business/profession income/loss a.	+ b. Farming income/loss	= 8	
9. Rental, royalty and REMIC, partnership, S corp., trust income/loss		9	-14999
10a. Unemployment		10a	
10b. Mass. lottery winnings		10b	
11. Other income		11	
12. TOTAL 5.0% INCOME		12	60771
13. NONRESIDENT APPORTIONMENT WORKSHEET. You cannot apportion Mass. wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Mass. source income. Only use when income from employment/business is earned both inside and outside Mass. and the exact Mass. amount is not known. Basis: working days miles sales other:			
Working days (or other basis) outside Massachusetts		13a	
Working days (or other basis) inside Massachusetts		13b	
Total working days		13c	
Nonworking days (holidays, weekends, etc.)		13d	
Massachusetts ratio		13e	
Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2		13f	
Massachusetts income		13g	

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2023 Form 1-NR/PY, pg. 3

MA23006031555

Massachusetts Nonresident/

Part-Year Resident Income Tax Return

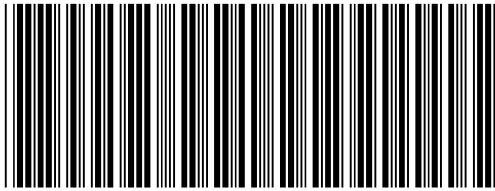
SPANDANA

YEDDANAPUDI

774956855

14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO		
a. Total 5.0% income	14a	60771
b. Interest income	14b	
c. Total capital gain income	14c	
d. Total income this return	14d	60771
e. Non-Massachusetts source income. Not less than "0"	14e	139619
f. Total income	14f	200390
g. Deduction and exemption ratio	14g	0.3033
15a. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	15a	2000
15b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	15b	
16. Reserved for future use	16	
17. Reserved for future use	17	
18. Rental deduction. a.	÷ 2 = 18	
Nonresidents, fill in if during 2023 you did not have a family home or any dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future		
19. Other deductions from Schedule Y, line 19	19	
20. Total deductions. Add lines 15 through 19	20	2000
21. 5.0% INCOME AFTER DEDUCTIONS. Subtract line 20 from line 12. Not less than "0"	21	58771
22. Exemption amount. a. 4400	22	1335
23. 5.0% INCOME AFTER EXEMPTIONS. Subtract line 22 from line 21. Not less than "0"	23	57436
24. INTEREST AND DIVIDEND INCOME	24	
25. TOTAL TAXABLE 5.0% INCOME. Add lines 23 and 24	25	57436
26. TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 21 by .0585	26	2872
27. INCOME FROM SCHEDULE B. Not less than "0."		
a. × .085 = 27a		
b. × .12 = 27b		
TOTAL TAX ON INCOME FROM SCHEDULE B. Add lines 27a and 27b	27	

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1

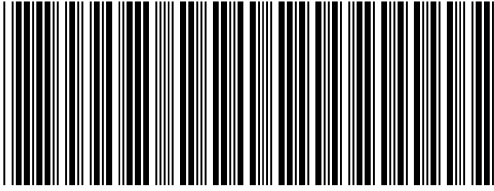


2023 Form 1-NR/PY, pg. 4

MA23006041555
Massachusetts Nonresident/
Part-Year Resident Income Tax Return
774956855

28. TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS			28	
Fill in if any excess exemptions were used in calculating lines 24, 27 or 28				
29. Credit recapture amount (from Credit Recapture Schedule)			29	
30. Additional tax on installment sale			30	
31. If you qualify for No Tax Status, fill in and enter "0" on line 32				
32. TOTAL INCOME TAX.				
a. Income tax. Add lines 26 through 30	32a	2872		
b. 4% Surtax. (from Schedule 4% Surtax, line 7)	32b			
c. If line 32b is greater than 0, enter the amount of Massachusetts income tax paid on your behalf on a Form MA NRCR, Nonresident Composite Return. Otherwise, enter 0	32c			
Total tax. Subtract line 32c from the total of lines 32a and 32b			32	2872
33. Limited Income Credit			33	
34. Income tax due to another state or jurisdiction			34	
35. Other credits (from Credit Manager Schedule)			35	
36. INCOME TAX AFTER CREDITS. Subtract the total of lines 33 through 35 from line 32. Not less than "0"			36	2872
37. Voluntary Contributions				
a. Endangered Wildlife Conservation	37a			
b. Organ Transplant Fund	37b			
c. Massachusetts Public Health HIV and Hepatitis Fund	37c			
d. Massachusetts U.S. Olympic Fund	37d			
e. Massachusetts Military Family Relief Fund	37e			
f. Homeless Animal Prevention and Care	37f			
Total. Add lines 37a through 37f	37			
38. Use tax due on Internet, mail order and other out-of-state purchases			38	
39. Health care penalty a. You + b. Spouse			39	
40. Amended return only. Overpayment from original return			40	
41. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 36 through 40			41	2872
42. a. Massachusetts income tax withheld from Form(s) W-2	42a			
b. Massachusetts income tax withheld from Form(s) 1099	42b			
c. Massachusetts income tax withheld from other forms	42c			
Total. Add lines 42a through 42c			42	

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2023 Form 1-NR/PY, pg. 5

MA23006051555

Massachusetts Nonresident/
Part-Year Resident Income Tax Return
774956855

43. 2022 overpayment applied to your 2023 estimated tax 43
44. 2023 Massachusetts estimated tax payments 44
45. Payments made with extension 45
46. Amended return only. Payments made with original return. Not less than "0" 46
47. Earned Income Credit. a. Number of qualifying children b. Amount from U.S. return x .40 = c. 47
Note: You cannot claim the Earned Income Credit if your filing status is married filing separately unless you qualify for an exception (see instructions). Fill in if you qualify for this exception
48. Senior Circuit Breaker Credit 48
49. Reserved for future use 49
50. Child and Family Tax Credit
a. x \$310 = b. Part-year residents multiply line 50b by line 3 = 50
51. Other Refundable Credits 51
52. Total Refundable Credits. Add lines 47 through 51 52
53. Excess Paid Family Leave Withholding 53
54. TOTAL. Add lines 42 through 46 and lines 52 and 53 54
55. Overpayment. Subtract line 41 from line 54 55
56. Amount of overpayment you want applied to your 2024 estimated tax 56
57. Refund. Subtract line 56 from line 55. Mail to: Massachusetts DOR, PO Box 7000, Boston, MA 02204 57

Direct deposit of refund. Type of account checking
savings

RTN # account #

58. Tax due. Pay online at www.mass.gov/dor/payonline. Mail to: Mass. DOR, PO Box 7003, Boston, MA 02204 58 2872
Interest Penalty M-2210 amt. 134 EX enclose
Form M-2210

May the Department of Revenue discuss this return with the preparer shown here?

I do not want preparer to file my return electronically

Print paid preparer's name

SYAM PRIYA RAM SAGAR GUPTA TALLAM

Paid preparer's signature

Yes

(this may delay your refund)

Date

02222024

Paid preparer's phone

678-965-9522

Check if self-employed

Paid preparer's

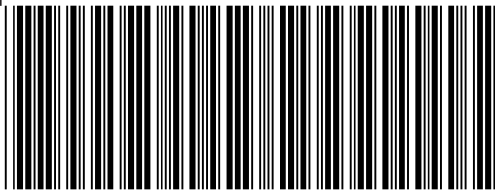
SSN/PTIN

P02082703

Paid preparer's EIN

84-3171965

SYAM PRIYA RAM SAGAR BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2023 Schedule INC

MA23INC011555

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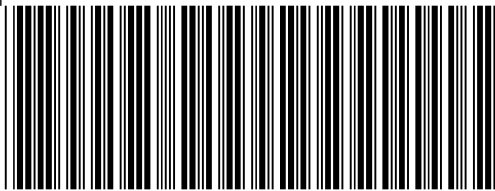
Form W-2 and 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
591031071		31980	1316		W2
852732455		43790	1898		W2

TOTALS

75770

3214



2023 Schedule NTS-L-NRPY

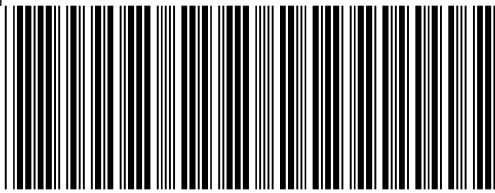
MA23021011555

No Tax Status and Limited Income Credit

774956855

Schedule NTS-L-NRPY. No Tax Status and Limited Income Credit

1. Total 5.0% income	1	60771
2. Adjustments to income	2	
3. Adjusted 5.0% income. Subtract line 2 from line 1. Do not enter if less than "0"	3	60771
4. Interest exemption used	4	
5. Adjusted gross interest, dividends and certain capital gains	5	
6. Long-term capital gain	6	
7. Additional income/loss while a nonresident/part-year resident	7	139619
8. Total income. Combine lines 3 through 7	8	200390
9. Additional adjustments to income while a nonresident/part-year resident	9	
10. Massachusetts Adjusted Gross Income (AGI)	10	200390
If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status		
11. If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$14,400 to that amount	11	
12. If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$25,200 to that amount	12	
13. No Tax Status threshold	13	
14. Income for Limited Income Credit	14	
15. Tax before adjustments	15	
16. Tax for Limited Income Credit	16	
17. Limited Income Credit	17	



2023 Schedule E

MA23013041555

SPANDANA

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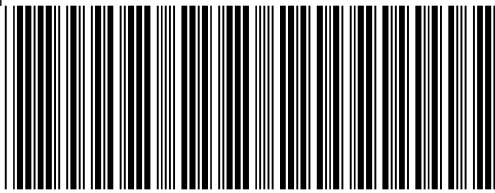
Income or Loss from Real Estate and Royalties

Income

1. Rents received	1	674
2. Royalties received	2	

Expenses

3. Advertising	3	
4. Auto and travel	4	
5. Cleaning and maintenance	5	2897
6. Commissions	6	
7. Insurance	7	
8. Legal and other professional fees	8	
9. Management fees	9	2410
10. Mortgage interest paid to banks, etc.	10	
11. Other interest	11	
12. Repairs	12	2974
13. Supplies	13	2351
14. Taxes	14	
15. Utilities	15	2574
16. Other expenses	16	
17. Add lines 3 through 16	17	13206
18. Depreciation expense or depletion	18	2467
19. Total expenses. Add lines 17 and 18	19	15673
20. Income or loss from rental real estate or royalty properties	20	-14999
21. Deductible rental real estate loss	21	-14999
22. Income. Enter positive amounts shown on line 20	22	
23. Losses. Add royalty losses from line 20 and real estate losses from line 21	23	-14999
24. Rental real estate and royalty income or loss	24	-14999



2023 Schedule E, pg. 2

MA23013051555

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Income or Loss from Partnerships and S Corporations

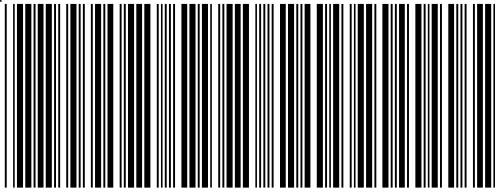
25. Passive loss allowed	25
26. Passive income	26
27. Non-passive loss	27
28. Section 179 expense deduction	28
29. Non-passive income	29
30. Combine lines 26 and 29	30
31. Combine lines 25, 27 and 28	31
32. Partnership and S corporation income or loss. Combine lines 30 and 31	32
33. Interest (other than MA banks) and dividends if included in line 32	33
34. Interest from Massachusetts banks if included in line 32	34
35. Total income or loss from partnerships and S corporations	35
36. Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses	

Income or Loss from Estates and Trusts

37. Passive deduction or loss allowed	37
38. Passive income	38
39. Non-passive deduction or loss	39
40. Non-passive other income	40
41. Add lines 38 and 40	41
42. Add lines 37 and 39	42
43. Estate and trust income or loss. Combine lines 41 and 42	43
44. Estate or non-grantor-type trust income	44
45. Grantor-type trust and non-Massachusetts estate and trust income	45
46. Interest and dividends if included in line 45	46
47. Adjustments to 5.0% income	47
48. Subtotal. Combine lines 46 and 47	48
49. Income or loss from grantor type and non-Mass estates and trusts	49

Income or Loss from REMICs

50. Excess inclusion	50
51. Taxable income or loss	51
52. Income	52
53. Combine lines 51 and 52	53



2023 Schedule E, pg. 3

MA23013061555

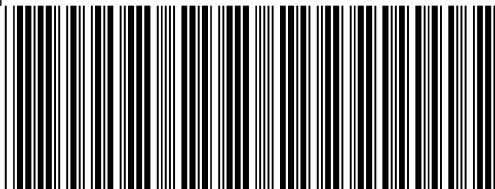
774956855

Farm Income

54. Net farm rental income or loss 54

Summary

55. Income or loss. Combine lines 24, 35, 49, 53 and 54	55	-14999
56. Massachusetts differences Enclose statements	56	
57. Abandoned building renovation deduction	57	
58. Total income or loss. Combine lines 55 through 57	58	-14999



2023 Schedule E-1

MA23013011555

SPANDANA YEDDANAPUDI 774956855
1/169 MAIN ROAD, INAMANAMEL
1/169 MAIN ROAD INAMANAMELLURU, ONGOLE

Check one: Real estate Royalty Rental property used for short-term rentals

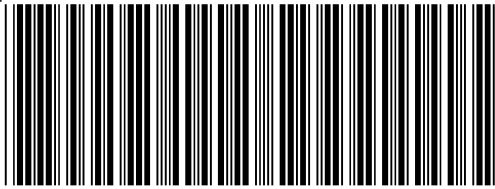
Income or Loss from Real Estate and Royalties

Income

1. Rents received	1	674
2. Royalties received	2	

Expenses

3. Advertising	3	
4. Auto and travel	4	
5. Cleaning and maintenance	5	2897
6. Commissions	6	
7. Insurance	7	
8. Legal and other professional fees	8	
9. Management fees	9	2410
10. Mortgage interest paid to banks, etc	10	
11. Other interest	11	
12. Repairs	12	2974
13. Supplies	13	2351
14. Taxes	14	
15. Utilities	15	2574
16. Other expenses	16	
17. Add lines 3 through 16	17	13206
18. Depreciation expense or depletion	18	2467
19. Total expenses. Add lines 17 and 18	19	15673
20. Income or loss from rental real estate or royalty properties	20	-14999
21. Deductible rental real estate loss	21	-14999
22. Income. Enter positive amounts shown on line 20	22	
23. Losses. Enter royalty losses from line 20 or rental real estate loss from line 21	23	-14999
24. Rental real estate and royalty income or loss	24	-14999
25. Check if this rental property was used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value		



2023 M-2210

MA23653011555

Underpayment of Massachusetts Estimated
Income Tax

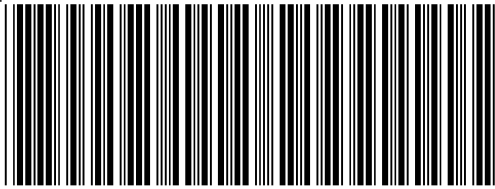
SPANDANA YEDDANAPUDI

774956855

You are a qualified farmer or fisherman filing and paying your full amount due on or before March 1, 2024
You were a resident of Massachusetts for 12 months and not liable for taxes during 2022.
Your estimated payments and withholding equal or exceed your 2022 tax (where taxable year was 12 months and a return was filed).

Part 1. Figuring your underpayment

1.	2023 tax		1						2872
2.	Total credits		2						
3.	Balance		3						2872
4.	Enter 80% of line 3 or 66.667% of line 3 if you are a qualified farmer or fisherman		4						2298
5.	Enter 2022 tax liability after credits		5						4611
6.	Enter the smaller of line 4 or line 5		6						2298
- Installment due dates -									
7.	Installment due dates.			a. April 15, 2023	b. June 15, 2023	c. Sept. 15, 2023		d. Jan. 15, 2024	
	Fiscal year filers, see instructions	7		04152023	06152023	09152023		01152024	
8.	Divide the amount in line 6 by the number of installments required for the year. Enter the result in the appropriate columns	8		574	574	575		575	
9.	Estimated taxes paid and taxes withheld for each installment	9							
10.	Overpayment of previous installments	10							
11.	Total	11							
12.	Overpayment	12							
13.	Underpayment	13		574	574	575		575	



2023 M-2210 pg. 2

MA23653021555

Underpayment of Massachusetts Estimated
Income Tax

**AREA RESERVED
FOR 2-D BARCODE**

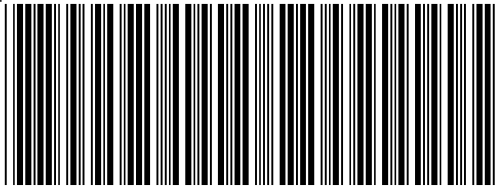
SPANDANA YEDDANAPUDI

774956855

Part 2. Figuring your underpayment penalty

14. Enter the date you paid the amount in line 13 or the 15th day of the 4th month after the close of the taxable year, whichever is earlier	14	04172024	04172024	04172024	04172024
15. Number of days from the due date of installment to the date shown in line 14	15	365	307	215	92
16. Number of days in line 15 after 4/15/23 and before 7/1/23	16	73	15		
17. Number of days in line 15 after 6/30/23 and before 10/1/23	17	92	92	15	
18. Number of days in line 15 after 9/30/23 and before 1/1/24	18	92	92	92	
19. Number of days in line 15 after 12/31/23 and before 4/15/24	19	108	108	108	92
20. Underpayment in line 13 × (number of days in line 16 ÷ 365) × 8%	20	9	2		
21. Underpayment in line 13 × (number of days in line 17 ÷ 365) × 8%	21	12	12	2	
22. Underpayment in line 13 × (number of days in line 18 ÷ 365) × 9%	22	13	13	13	
23. Underpayment in line 13 × (number of days in line 19 ÷ 365) × 9%	23	15	15	15	13
24. Penalty. Add all amounts shown in lines 20 through 23.				24	134

SEE STMT



2023 M-2210 pg. 3

MA23653031555

Underpayment of Massachusetts Estimated
Income Tax

SPANDANA YEDDANAPUDI

774956855

Part 3. Annualized income installment method

		Installment due dates			
		Jan. 1–March 31	Jan. 1–May 31	Jan. 1–August 31	Jan. 1–Dec. 31
1. Taxable 5.0% income each period (including long-term capital gain income taxed at 5.0%)	1				
2. Annualization amount	2	4	2.4	1.5	1
3. Multiply line 1 by line 2	3				
4. Tax on amount in line 3. Multiply line 3 by .05	4				
5. Taxable 8.5% income each period	5				
6. Annualization amount	6	4	2.4	1.5	1
7. Multiply line 5 by line 6	7				
8. Tax on amount in line 7. Multiply line 7 by .085	8				
9. Taxable 12% income each period	9				
10. Annualization amount	10	4	2.4	1.5	1
11. Multiply line 9 by line 10	11				
12. Tax on amount in line 11. Multiply line 11 by .12	12				
13. Total tax. Add lines 4, 8, and 12	13				
14. Total credits	14				
15. Total tax after credits	15				
16. Applicable percentage	16	20%	40%	60%	80%
17. Multiply line 15 by line 16	17				
18. Enter the combined amounts of line 17 from all preceding periods	18				
19. Subtract line 18 from line 17. Not less than "0"	19				
20. Divide line 6 of Form M-2210 by 4 and enter result in each column	20				
21. Enter the amount from line 20 of this worksheet for the preceding column	21				
22. Add lines 20 and 21	22				
23. If line 22 is more than line 19, subtract line 19 from line 22. Otherwise enter "0"	23				
24. Enter the smaller of line 19 or line 22 here and on Form M-2210, line 8	24				

Form CT-1040NR/PY Required Fields

The following fields are required to be automatically populated or completed for taxpayers to continue filing, or must be completed in response to the selection of other fields.

Required to be Automatically-Populated Fields

Each page of each form submitted to DRS must include the following automatically populated fields:

1. **Document Identification Numbers** - Three occurrences of the Document Identification Number (DIN) must be on each page. The QR Code and two DINs must be on each scannable page. (See Document Identification Number on Page 4 and Quick Reference (QR) Code, on Page 5.)
2. **Social Security Number** - The Social Security Number must appear at the top of Form CT-1040NR/PY, Pages 2, 3, and 4; Schedule CT-CHET; Supplemental Schedule CT-1040WH; Schedule CT-IT Credit, Pages 1 and 2; Schedule CT-PE; and Form CT-6251, Pages 1 and 2.
3. In addition, the following **Checklist for filing your Connecticut income tax return** must be included when hard copies of the form are printed. Taxpayers should not send the checklist to DRS with the return.

Do not send this sheet with your return.

1. Be sure that Page 1 of your return is not printed on the back of this sheet.
2. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
3. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
4. **Do not attach or send copies of forms W-2 or 1099.**
5. Verify that the address lines on the return are correct and proper abbreviations are used.
6. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 18a through 18e, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
7. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
8. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return. (File Form CT-1040X electronically at www.ct.gov/TSC using the Taxpayer Service Center.)
9. Send **all** completed pages of CT-1040NR/PY, Schedule CT-CHET, Supplemental Schedule CT-1040WH, Schedule CT-IT Credit, Schedule CT-PE, and Form CT-6251. Send **all** four pages of your completed return, both pages of your completed Schedule CT-CHET, and any other supporting schedules.
10. Make check payable to: Commissioner of Revenue Services
11. To ensure proper posting, write your SSN(s) (optional) and "2023 Form CT-1040NRPY" on your check.
12. To mail your return, use the following addresses:
 - For all tax returns with payment:
 - Department of Revenue Services
 - PO Box 2977
 - Hartford CT 06104-2977
 - For refunds and tax returns without payment:
 - Department of Revenue Services
 - PO Box 2976
 - Hartford CT 06104-2976
13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 25a through 25d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited. Alpha characters are not allowed in Routing or Account Number fields.
15. When making payment using Form CT-1040V, **DO NOT** attach copies of your previously filed Form CT-1040NR/PY.

Do not send this sheet with your return.

NRPY1223V011555



Form CT-1040NR/PY - 2023
Connecticut Nonresident and Part-Year
Resident Income Tax Return (Rev. 12/23)

Page 1 of 4

Other tax year, beginning: and ending:

Y S N FJ N MFS N HOH N QSS
774 - 95 - 6855 - -

SPANDANA YEDDANAPUDI N Dec. N P
N Dec. Y N

452 CHURCH ST N CT-837 N CT-221 N CT-19IT

USA N CT-1040 CRC N Federal Form 1310

MORRISVILLE NC 27560 - •

Table with 3 columns: Line number, Description, and Amount. Includes lines 1 through 18 detailing federal adjusted gross income, deductions, and total tax.

Clip check here. Do not use staples. Do not send Forms W-2 or 1099, or Schedules CT K-1



NRPY1223V011555

Form CT-1040NR/PY, Page 2 of 4

NRPY1223V021555



• 774956855

19. Amount from Line 18

19. • 5474

Forms W-2, W-2G, 1099, and Schedule CT K-1 Information

	Col. A - Employer's Federal ID #	Col. B - CT Wages, Tips, etc.	Sch. CT K-1	Col. C - CT Income Tax Withheld
20a.	59 - 1031071	• 31980	• N	2234
20b.	85 - 2732455	• 71727	• N	5011
20c.	-	• 0	•	0
20d.	-	• 0	•	0
20e.	-	• 0	•	0

20f. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) 20f. 0

20. Total Connecticut income tax withheld: Amounts in Column C. 20. 7245

21. All 2023 estimated tax payments and any overpayments applied from a prior year 21. 0

22. Payments made with Form CT-1040 EXT 22. 0

22a. Claim of right credit (from Form CT-1040 RC, Line 6) 22a. 0

22b. Pass-through entity tax credit (from Schedule CT-PE, Line 1). Schedule must be attached. 22b. 0

23. Total payments and refundable credits: Add Lines 20, 21, 22, 22a and 22b. 23. 7245

24. Overpayment: If Line 23 is more than Line 19, Line 19 subtracted from Line 23. 24. 1771

25. Amount of Line 24 you want applied to your 2024 estimated tax 25. 0

26. Amount of Line 24 you want applied as a CHET contribution (from Schedule CT-CHET, Line 4) 2 0

26a. Total contributions of refund to designated charities (from Schedule 4, Line 63) 26a. 0

27. Refund: Lines 25, 26, and 26a subtracted from Line 24. 27. 1771

If you have not elected to direct deposit, a refund check will be issued and processing may be delayed.

27a. Acct. type Y Ck. N Sv. 27b. Rout. # 221172610 27c. Acct. # 1556851470

27d. Refund going to a bank account outside the U.S. 27d. N

28. Tax due: If Line 19 is more than Line 23, Line 23 subtracted from Line 19. 28. 0

29. If late: Penalty entered. Line 28 multiplied by 10% (.10). 0

30. If late: Interest entered. 0

Line 28 multiplied by number of months or fraction of a month late, then by 1% (.01). 3 0

31. Interest on underpayment of estimated tax (from Form CT-2210.) 31 0

32. Total amount due: Add Lines 28 through 31. 32. 0.00

Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Your signature •	Date •	Home/cell telephone number 4175992308
Spouse's signature (if joint return) •	Date •	Daytime telephone number •
Paid preparer's signature • SYAM PRIYA RAM SAGAR GU	Date • 022224	Telephone number • 6789659522
Paid preparer's name SYAM PRIYA RAM SAGAR GUPTA TALL		Paid Preparer's PTIN P02082703
Firm's name, address and ZIP code GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWI NJ 08816 -		FEIN 843171965
		Self-employed N

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

Designee's name •	Telephone number •	Personal identification number (PIN) •
----------------------	-----------------------	---

NRPY1223V021555

Sign Here
Keep a copy for your records.

Form CT-1040NR/PY, Page 3 of 4

NRPY1223V031555



• 774956855

Schedule 1 - Modifications to Federal Adjusted Gross Income

33. Interest on state and local government obligations other than Connecticut	33.	0
34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	34.	0
35. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	35.	0
36. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero.	36.	0
37. Loss on sale of Connecticut state and local government bonds	37.	0
38. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year.	38.	0
38a. 80% of Section 179 federal deduction.	38a.	0
39. Other - specify •	39.	0
40. Total additions: Add Lines 33 through 39.	40.	0
41. Interest on U.S. government obligations	41.	0
42. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	42.	0
43. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet)	43.	0
44. Refunds of state and local income taxes	44.	0
45. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	45.	0
46. Military retirement pay	46.	0
47. 50% of income received from Connecticut Teachers' Retirement System	47.	0
48. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero.	48.	0
49. Gain on sale of Connecticut state and local government bonds	49.	0
50. CHET contributions made in 2023 or an excess carried forward from a prior year Acct. #	50.	0
50a. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding four years.	50a.	0
50b. 100 of pension or annuity income.	50b.	0
50c. Ordinary and necessary business expenses for taxpayers licensed under Chapter 420f or 420h that are not claimed for federal income tax purposes.	50c.	0
51. Other - specify •	51.	0
52. Total subtractions: Add Lines 41 through 51.	52.	0

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

53. Connecticut AGI during residency portion of taxable year	53.	0
	Col. A	Col. B
54. Qualifying jurisdiction's name and two-letter code	54. •	•
55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return (from Schedule 2 Worksheet)	55.	0
56. Line 55 divided by Line 53. May not exceed 1.0000.	56.	0.0000
57. Apportioned income tax	57.	0
58. Line 56 multiplied by Line 57	58.	0
59. Allowable income tax paid to a qualifying jurisdiction	59.	0
60. Lesser of Line 58 or Line 59	60.	0
61. Total credit: Add Line 60, all columns.	61.	0

NRPY1223V031555

NRPY1223V041555



• 774956855

Schedule 3 - Individual Use Tax

62a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)	62a.	0
62b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)	62b.	0
62c. Use tax at 7.75% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)	62c.	0
62d. Use tax at 2.99% (from Connecticut Individual Use Tax Worksheet, Section D, Column 7)	6 d.	0
62. Individual use tax: Add Lines 62a, 62b, 62c, and 62d.	62. •	0

Schedule 4 - Contributions to Designated Charities

63a. R	63a.	0
63b. OT	63b.	0
63c. ES/W	63c.	0
63d. BCR	63d.	0
63e. SNS	63e.	0
63f. MR	63f.	0
63g. CBS	63g.	0
63h. MHCIA	63h.	0
63. Total Contributions: Add Lines 63a through 63h.	6	0

Taxpayer email

NRPY1223V041555

Schedule CT-SI

Nonresident or Part-Year Resident

Schedule of Income From Connecticut Sources



Complete this schedule if you were a nonresident or part-year resident of Connecticut and attach it to Form CT-1040NR/PY. Do not use staples. Complete in blue or black ink only. Please note that each form is year specific. To prevent any delay in processing your return, the correct year's form **must** be submitted to the Department of Revenue Services (DRS).

Your first name and middle initial SPANDANA	Last name YEDDANAPUDI	Your Social Security Number 7 7 4 : 9 5 : 6 8 5 5
If joint return, spouse's first name and middle initial	Last name	Spouse's Social Security Number

Visit portal.ct.gov/DRS/Individuals/Individual-Income-Tax before completing this schedule.

Part 1 - Connecticut Income - Part-Year Residents: Complete **Schedule CT-1040AW, Part-Year Resident Income Allocation.** Add Columns B and D for each line of Schedule CT-1040AW and enter the totals on Lines 1 through 30 below.
Nonresidents: Enter the income received from Connecticut sources.

1. Wages, salaries, tips, etc.	▶	1.	103,707	
2. Taxable interest	▶	2.		
3. Ordinary dividends	▶	3.		
4. Alimony received	▶	4.		
5. Business income or (loss)	▶	5.		
6. Capital gain or (loss)	▶	6.		
7. Other gains or (losses)	▶	7.		
8. Taxable amount of IRA distributions	▶	8.		
9. Taxable amounts of pension and annuities	▶	9.		
10. Rental real estate, royalties, partnerships, S corporations, trusts, etc.	▶	10.	0	
11. Farm income or (loss)	▶	11.		
12. Unemployment compensation	▶	12.		
13. Taxable amount of social security benefits	▶	13.		
14. Other income: See instructions.	▶	14.		
15. Gross income from Connecticut sources: Add Lines 1 through 14.	▶	15.	103,707	00

Part 2 - Adjustments to Connecticut Income - Enter adjustments **directly** related to income reported above.

16. E cator expenses.....	▶	16.		
17. Certain business expenses of reservists, performing artists, and fee-basis government officials.....	▶	17.		
18. Health savings account deduction.....	▶	18.		
19. Moving expenses for members of the armed forces	▶	19.		
20. Deductible part of self-employment tax	▶	20.		
21. Self-employed SEP, SIMPLE, and qualified plans	▶	21.		
22. Self-employed health insurance deduction	▶	22.		
23. Penalty on early withdrawal of savings	▶	23.		
24. Alimony paid. Recipient's last name ▶ _____ SSN ▶ _____ - _____ - _____	▶	24.		
25. IRA deduction	▶	25.		
26. Student loan interest deduction	▶	26.		
27. Archer MSA deduction.....	▶	27.		
28. Other adjustments	▶	28.		
29. Total adjustments: Add Lines 16 through 28.	▶	29.		
30. Income from Connecticut sources: Subtract Line 29 from Line 15. Enter the amount here and on Form CT-1040NR/PY , Line 6.	▶	30.	103,707	00

Employee Apportionment Worksheet - Complete Lines A through G only when the income from employment is earned both inside and outside Connecticut and the exact amount of Connecticut income is not known. **Do not complete Lines A through G if you know the exact amount of your Connecticut-sourced income.**

A. Working days (or other basis) outside Connecticut				
B. Working days (or other basis) inside Connecticut		B		
C. Total working days: Add Line A and Line B.		C		
D. Nonworking days (Holidays, weekends, etc.).....		D		
E. Connecticut ratio: Divide Line B by Line C. Round to four decimal places.				
F. Total income being apportioned				
G. Connecticut income: Multiply Line E by Line F. Enter here and on Schedule CT-SI, Line 1. Basis, if other than working days: _____		G		

D-400 (50) 8-16-23 **Individual Income Tax Return 2023**

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

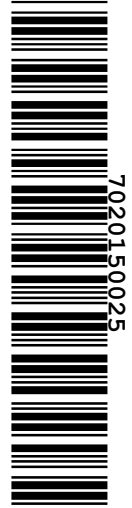
North Carolina Department of Revenue

Amended Return

DOR
Use
Only

For calendar year 2023, or fiscal year beginning <u>23</u> and ending		Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
SPANDANA YEDDANAPUDI 452 CHURCH STREET MORRISV NC 27560 WAKE		Is your spouse a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>
Your SSN: 774956855 Spouse's SSN:		Were you granted an automatic extension to file your 2023 federal income tax return, e.g., Form 1040? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Filing Status <input checked="" type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er)		
Were you a resident of N.C. for the entire year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Return for deceased taxpayer. Date of death:
Was your spouse a resident for the entire year? Yes <input type="checkbox"/> No <input type="checkbox"/>		Return for deceased spouse. Date of death:
N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> . To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.)		
<input type="checkbox"/> Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 2024, and a U.S. citizen or resident.		
<input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.		

FS	1	PP	Y	DT	N	OC	N	TPRES	Y	SPRES	N	VT	N	SVT	N
YEDD	452	27560	DS	N	EA	N	TD			SD				FDEXT	N
SPANDANA		YEDDANAPUDI						774956855				WAKE			
												NC	27560		
452	CHURCH	STREET						MORRISVILLE							
06		96683		16				3987		26C				0	
07		0		18	Y			0		26E				0	
09		0		20A				338		EU					
10A		0		20B				0		27				0	
10B		0		21A				0		29				0	
11	S	Y	I	N				0		30				0	
11		12750		21C				0		31				0	
13		00000		21D				0		32				0	
14		83933		26A				0		34				338	
15		3987		26B				0							
TN	4175992308			PN			6789659522			PP				P02082703	



Sign Return Below <input checked="" type="checkbox"/> Refund Due <u>338</u>		<input type="checkbox"/> Payment Due <u>0</u>	
I declare and certify 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.			
Your Signature _____		Spouse's Signature (If filing joint return, both must sign.) _____	
Date _____		Date _____	
		Contact Phone No. (Include area code) <u>4175992308</u>	
PAID PREPARER USE ONLY If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.			
SYAM PRIYA RAM SAGAR GUPT <u>02 22 24</u>		<u>(678) 965-9522</u>	
Paid Preparer's Signature _____		Preparer's Contact Phone Number (Include area code) _____	
Date _____		Preparer's FEIN, SSN, or PTIN <u>P02082703</u>	

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.	96683
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	96683
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.	0
	b. Enter the amount of the child deduction	10b.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	12750
12.	a. Add Lines 9, 10b, and 11	12a.	12750
	b. Subtract Line 12a from Line 8	12b.	83933
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	83933
15.	N.C. Income Tax	15.	3987
16.	Tax Credits	16.	3987
17.	Subtract Line 16 from Line 15	17.	0
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	0

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	338
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.	338
24.	Previous Refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	338
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.	338

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.	338

D-400TC (50)

8-16-23

2023 Individual Income Tax Credits

North Carolina Department of Revenue

DOR Use Only

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

Important: Refer to the instructions before completing this form.

Last Name (First 10 Characters) YEDDANAPUD Your Social Security Number 774956855

Table with 8 columns: Line number, Amount, Code, Count, Code, Amount, Count, Amount. Rows include 01, 02, 04, 06, 07A.

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

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

Table with 3 columns: Description, Line number, Amount. Rows include 1. Total income from all sources, 2. Portion of Line 1 that was taxed by another state or country, 3. Divide Line 2 by Line 1, 4. Total North Carolina income tax, 5. Multiply Line 4 by Line 3, 6. Amount of net tax paid to the other state or country, 7a. Credit for Income Tax Paid to Another State or Country, 7b. Number of states or countries for which a credit is claimed.

Part 2. Credits for Rehabilitating Historic Structures

On Lines 8a, 9a, 10a, and 11a, enter the amount of expenditures or expenses only if tax year 2023 is the first year the credit is taken.

Note: For Lines 8a and 9a, the expenditures and expenses must have been incurred prior to January 1, 2015.

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

Table with 3 columns: Description, Line number, Amount. Rows include 8a. An income-producing historic structure, 8b. Enter installment amount of credit, 9a. A nonincome-producing historic structure, 9b. Enter installment amount of credit, 10a. An income-producing historic mill facility, 10b. Enter amount of credit, 11a. A nonincome-producing historic mill facility, 11b. Enter installment amount of credit, 12. An income-producing historic structure, 13. A nonincome-producing historic structure.

Part 3. Computation of Total Tax Credits to be Taken for Tax Year 2023

Table with 3 columns: Description, Line number, Amount. Rows include 14. Tax credits carried over from previous year, 15. Reserved for Future Use, 16. Add Lines 7a, 8b, 9b, 10b, 11b, 12, 13, 14, and 15, 17. North Carolina income tax, 18. Enter the lesser of Line 16 or Line 17, 19. Business incentive and energy tax credits, 20. Total Tax Credits to be Taken for Tax Year 2023.

