

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

|                                            |                                       |
|--------------------------------------------|---------------------------------------|
| Taxpayer's name<br><b>PRIYANKA ALAPATI</b> | Social security number<br>858-21-4902 |
| Spouse's name                              | Spouse's social security number       |

## Part I Tax Return Information – Tax Year Ending December 31, 2022 (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.

|                                                                                  |                   |
|----------------------------------------------------------------------------------|-------------------|
| <b>1</b> Adjusted gross income . . . . .                                         | <b>1</b> 156,483. |
| <b>2</b> Total tax . . . . .                                                     | <b>2</b> 22,636.  |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | <b>3</b> 21,048.  |
| <b>4</b> Amount you want refunded to you . . . . .                               | <b>4</b>          |
| <b>5</b> Amount you owe . . . . .                                                | <b>5</b> 833.     |

## 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 

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 4 | 9 | 0 | 2 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.   
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

- I authorize \_\_\_\_\_ to enter or generate my PIN 

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

 as my signature on the income tax return (original or amended) I am now authorizing.   
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 2 | 2 | 4 | 9 | 6 | 3 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

  
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**

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

Form fields for personal information: Your first name and middle initial (PRIYANKA), Last name (ALAPATI), Your social security number (858-21-4902), Spouse's social security number, Home address (10 COTTAGE STREET, MANVILLE, RI, 02838), and Presidential Election Campaign options.

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, 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, 1958 [ ] Are blind Spouse: [ ] Was born before January 2, 1958 [ ] Is blind

Table for Dependents with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes dependent AARYANSH GARIKAPATI.

Main income table with columns for various income types (1a-1z, 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b, 7, 8, 9, 10, 11, 12, 13, 14, 15) and corresponding amounts, ending with taxable income of 137,083.



**SCHEDULE 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **03**

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

Your social security number  
858-21-4902

**Part I Nonrefundable Credits**

|          |                                                                                                  |           |      |
|----------|--------------------------------------------------------------------------------------------------|-----------|------|
| <b>1</b> | Foreign tax credit. Attach Form 1116 if required . . . . .                                       | <b>1</b>  |      |
| <b>2</b> | Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . . | <b>2</b>  | 600. |
| <b>3</b> | Education credits from Form 8863, line 19 . . . . .                                              | <b>3</b>  |      |
| <b>4</b> | Retirement savings contributions credit. Attach Form 8880 . . . . .                              | <b>4</b>  |      |
| <b>5</b> | Residential energy credits. Attach Form 5695 . . . . .                                           | <b>5</b>  |      |
| <b>6</b> | Other nonrefundable credits:                                                                     |           |      |
| <b>a</b> | General business credit. Attach Form 3800 . . . . .                                              | <b>6a</b> |      |
| <b>b</b> | Credit for prior year minimum tax. Attach Form 8801 . . . . .                                    | <b>6b</b> |      |
| <b>c</b> | Adoption credit. Attach Form 8839 . . . . .                                                      | <b>6c</b> |      |
| <b>d</b> | Credit for the elderly or disabled. Attach Schedule R . . . . .                                  | <b>6d</b> |      |
| <b>e</b> | Alternative motor vehicle credit. Attach Form 8910 . . . . .                                     | <b>6e</b> |      |
| <b>f</b> | Qualified plug-in motor vehicle credit. Attach Form 8936 . . . . .                               | <b>6f</b> |      |
| <b>g</b> | Mortgage interest credit. Attach Form 8396 . . . . .                                             | <b>6g</b> |      |
| <b>h</b> | District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .                     | <b>6h</b> |      |
| <b>i</b> | Qualified electric vehicle credit. Attach Form 8834 . . . . .                                    | <b>6i</b> |      |
| <b>j</b> | Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .                   | <b>6j</b> |      |
| <b>k</b> | Credit to holders of tax credit bonds. Attach Form 8912 . . . . .                                | <b>6k</b> |      |
| <b>l</b> | Amount on Form 8978, line 14. See instructions . . . . .                                         | <b>6l</b> |      |
| <b>z</b> | Other nonrefundable credits. List type and amount: _____<br>_____                                | <b>6z</b> |      |
| <b>7</b> | Total other nonrefundable credits. Add lines 6a through 6z . . . . .                             | <b>7</b>  |      |
| <b>8</b> | Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . . | <b>8</b>  | 600. |

(continued on page 2)

**Part II Other Payments and Refundable Credits**

|           |                                                                                                                                                             |            |           |      |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|------|
| <b>9</b>  | Net premium tax credit. Attach Form 8962 . . . . .                                                                                                          |            | <b>9</b>  |      |
| <b>10</b> | Amount paid with request for extension to file (see instructions) . . . . .                                                                                 |            | <b>10</b> |      |
| <b>11</b> | Excess social security and tier 1 RRTA tax withheld . . . . .                                                                                               |            | <b>11</b> | 755. |
| <b>12</b> | Credit for federal tax on fuels. Attach Form 4136 . . . . .                                                                                                 |            | <b>12</b> |      |
| <b>13</b> | Other payments or refundable credits:                                                                                                                       |            |           |      |
| <b>a</b>  | Form 2439 . . . . .                                                                                                                                         | <b>13a</b> |           |      |
| <b>b</b>  | Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021 . . . . .                             | <b>13b</b> |           |      |
| <b>c</b>  | Reserved for future use . . . . .                                                                                                                           | <b>13c</b> |           |      |
| <b>d</b>  | Credit for repayment of amounts included in income from earlier years . . . . .                                                                             | <b>13d</b> |           |      |
| <b>e</b>  | Reserved for future use . . . . .                                                                                                                           | <b>13e</b> |           |      |
| <b>f</b>  | Deferred amount of net 965 tax liability (see instructions) . . . . .                                                                                       | <b>13f</b> |           |      |
| <b>g</b>  | Reserved for future use . . . . .                                                                                                                           | <b>13g</b> |           |      |
| <b>h</b>  | Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021 . . . . . | <b>13h</b> |           |      |
| <b>z</b>  | Other payments or refundable credits. List type and amount:                                                                                                 | <b>13z</b> |           |      |
| <b>14</b> | Total other payments or refundable credits. Add lines 13a through 13z . . . . .                                                                             |            | <b>14</b> |      |
| <b>15</b> | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . .                                                          |            | <b>15</b> | 755. |

Child and Dependent Care Expenses

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form2441 for instructions and the latest information.

Name(s) shown on return

PRIYANKA ALAPATI

Your social security number

858-21-4902

A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under Married Persons Filing Separately. If you meet these requirements, check this box . . .

B If you or your spouse was a student or was disabled during 2022 and you're entering deemed income of \$250 or \$500 a month on Form 2441 based on the income rules listed in the instructions under If You or Your Spouse Was a Student or Disabled, check this box . . .

Part I Persons or Organizations Who Provided the Care—You must complete this part. If you have more than three care providers, see the instructions and check this box . . .

Table with 5 columns: (a) Care provider's name, (b) Address, (c) Identifying number, (d) Was the care provider your household employee in 2022?, (e) Amount paid. Row 1: CADENCE ACADEMY PRESCHOOL, 25 Blackstone Valley Place, LINCOLN RI 02865, 86-0793666, Yes, 12,423.

Did you receive dependent care benefits? No Complete only Part II below. Yes Complete Part III on page 2 next.

Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040). If you incurred care expenses in 2022 but didn't pay them until 2023, or if you prepaid in 2022 for care to be provided in 2023, don't include these expenses in column (d) of line 2 for 2022. See the instructions.

Part II Credit for Child and Dependent Care Expenses 2 Information about your qualifying person(s). If you have more than three qualifying persons, see the instructions and check this box

Table with 4 columns: (a) Qualifying person's name, (b) Qualifying person's social security number, (c) Check here if the qualifying person was over age 12 and was disabled, (d) Qualified expenses. Row 1: AARYANSH, GARIKAPATI, 797-99-6543, No, 12,423.

Summary table for Part II with rows 3-11. Row 3: 3,000. Row 4: 156,483. Row 5: 156,483. Row 6: 3,000. Row 7: 156,483. Row 8: X .20. Row 9a: 600. Row 9b: 0. Row 9c: 600. Row 10: 25,236. Row 11: 600.

**SCHEDULE 8812  
(Form 1040)**

**Credits for Qualifying Children  
and Other Dependents**

OMB No. 1545-0074

**2022**

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](http://www.irs.gov/Schedule8812) for instructions and the latest information.

Name(s) shown on return

Your social security number

PRIYANKA ALAPATI

858-21-4902

| <b>Part I Child Tax Credit and Credit for Other Dependents</b>                                                                                                                                       |                                                                                                                                                                                                                                                             |           |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>1</b>                                                                                                                                                                                             | Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . . . . .                                                                                                                                                                              | <b>1</b>  | 156,483. |
| <b>2a</b>                                                                                                                                                                                            | Enter income from Puerto Rico that you excluded . . . . .                                                                                                                                                                                                   | <b>2a</b> |          |
| <b>b</b>                                                                                                                                                                                             | Enter the amounts from lines 45 and 50 of your Form 2555 . . . . .                                                                                                                                                                                          | <b>2b</b> | 0.       |
| <b>c</b>                                                                                                                                                                                             | Enter the amount from line 15 of your Form 4563 . . . . .                                                                                                                                                                                                   | <b>2c</b> |          |
| <b>d</b>                                                                                                                                                                                             | Add lines 2a through 2c . . . . .                                                                                                                                                                                                                           | <b>2d</b> | 0.       |
| <b>3</b>                                                                                                                                                                                             | Add lines 1 and 2d . . . . .                                                                                                                                                                                                                                | <b>3</b>  | 156,483. |
| <b>4</b>                                                                                                                                                                                             | Number of qualifying children under age 17 with the required social security number . . . . .                                                                                                                                                               | <b>4</b>  | 1        |
| <b>5</b>                                                                                                                                                                                             | Multiply line 4 by \$2,000 . . . . .                                                                                                                                                                                                                        | <b>5</b>  | 2,000.   |
| <b>6</b>                                                                                                                                                                                             | Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number . . . . .                                                                                                     | <b>6</b>  | 0        |
| <b>Caution:</b> 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.                |                                                                                                                                                                                                                                                             |           |          |
| <b>7</b>                                                                                                                                                                                             | Multiply line 6 by \$500 . . . . .                                                                                                                                                                                                                          | <b>7</b>  |          |
| <b>8</b>                                                                                                                                                                                             | Add lines 5 and 7 . . . . .                                                                                                                                                                                                                                 | <b>8</b>  | 2,000.   |
| <b>9</b>                                                                                                                                                                                             | Enter the amount shown below for your filing status.<br>• Married filing jointly—\$400,000 }<br>• All other filing statuses—\$200,000 }                                                                                                                     | <b>9</b>  | 200,000. |
| <b>10</b>                                                                                                                                                                                            | Subtract line 9 from line 3.<br>• If zero or less, enter -0-.<br>• 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. } | <b>10</b> | 0.       |
| <b>11</b>                                                                                                                                                                                            | Multiply line 10 by 5% (0.05) . . . . .                                                                                                                                                                                                                     | <b>11</b> | 0.       |
| <b>12</b>                                                                                                                                                                                            | Is the amount on line 8 more than the amount on line 11? . . . . .                                                                                                                                                                                          | <b>12</b> | 2,000.   |
| <input type="checkbox"/> <b>No. STOP.</b> 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"/> <b>Yes.</b> Subtract line 11 from line 8. Enter the result.                                                                                                      |                                                                                                                                                                                                                                                             |           |          |
| <b>13</b>                                                                                                                                                                                            | Enter the amount from the <b>Credit Limit Worksheet A</b> . . . . .                                                                                                                                                                                         | <b>13</b> | 24,636.  |
| <b>14</b>                                                                                                                                                                                            | Enter the smaller of line 12 or 13. <b>This is your child tax credit and credit for other dependents</b> . . . . .                                                                                                                                          | <b>14</b> | 2,000.   |

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

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



**Part II-A Additional Child Tax Credit for All Filers**

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

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

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

|           |                                                                                                                                                                                                                                                                                       |           |  |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>21</b> | 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, see instructions. . . . . |           |  |
| <b>22</b> | 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 . . . . .                                                                                                    | <b>22</b> |  |
| <b>23</b> | Add lines 21 and 22 . . . . .                                                                                                                                                                                                                                                         | <b>23</b> |  |
| <b>24</b> | <b>1040 and 1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. }<br><b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11. }                                                          | <b>24</b> |  |
| <b>25</b> | Subtract line 24 from line 23. If zero or less, enter -0- . . . . .                                                                                                                                                                                                                   | <b>25</b> |  |
| <b>26</b> | Enter the <b>larger</b> of line 20 or line 25 . . . . .<br><b>Next,</b> enter the <b>smaller</b> of line 17 or line 26 on line 27.                                                                                                                                                    | <b>26</b> |  |

**Part II-C Additional Child Tax Credit**

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



**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](http://www.irs.gov/Form8867) for instructions and the latest information.**

OMB No. 1545-0074

For tax year  
20 \_\_\_\_\_

Attachment  
Sequence No. **70**

|                                                      |  |                                                 |
|------------------------------------------------------|--|-------------------------------------------------|
| Taxpayer name(s) shown on return<br>PRIYANKA ALAPATI |  | Taxpayer identification number<br>858-21-4902   |
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM |  | Preparer tax identification number<br>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                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| <b>1</b> Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| <b>2</b> 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"/> |
| <b>3</b> Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.<br>• 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.<br>• 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"/>            |                          |
| <b>4</b> 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"/> |                          |
| <b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |
| <b>b</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"/>            |                          |
| <b>5</b> 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) . . . . .<br>List those documents provided by the taxpayer, if any, that you relied on:<br>_____<br>_____<br>_____ | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| <b>6</b> 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"/>            |                          |
| <b>7</b> Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . .<br><b>(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>a</b> Did you complete the required recertification Form 8862? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>8</b> 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                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| <b>9a</b> 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? <b>(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)</b> . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>b</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"/> |                          |
| <b>c</b> 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                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| <b>10</b> 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"/> |                          |
| <b>11</b> 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"/> |
| <b>12</b> 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                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| <b>13</b> 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                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| <b>14</b> 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 checked="" 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:**

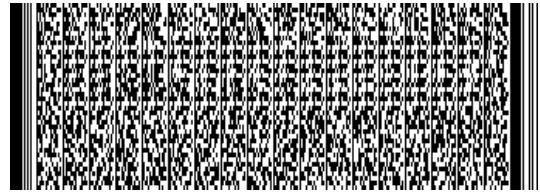
- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- 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                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|
| <b>15</b> 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"/> |



22100115550101



Your social security number: 858-21-4902  
 Spouse's social security number: \_\_\_\_\_  
 Your first name: PRIYANKA MI Last name: ALAPATI Suffix: \_\_\_\_\_  
 Spouse's name: \_\_\_\_\_ MI Last name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
 Address: 10 COTTAGE STREET  
 City, town or post office: MANVILLE State: RI ZIP code: 02838  
 City or town of legal residence: PROVIDENCE  
 Check each box that applies. Otherwise, leave blank.  
 Primary deceased?  Spouse deceased?  New address?  Amended Return? \*   
 ELECTORAL CONTRIBUTION: If you want \$5.00 (\$10.00 if a joint return) to go to this fund, check here. (See instructions. This will not increase your tax or reduce your refund.)  Yes  
 If you wish the 1st \$2.00 (\$4.00 if a joint return) be paid to a specific party, check the box and fill in the name of the political party. Otherwise, it will be paid to a nonpartisan general account.

**FILING STATUS** Check one  
 Single  Married filing jointly  Married filing separately  Head of household  Qualifying widow(er)

| INCOME, TAX AND CREDITS                                                                                                                                    | 1   | 2 | 3      | 4  | 5 | 6 | 7           | 8 | 9a | 9b | 9c | 9d | 10a | 10b | 11 | 12a | 12b | 13a |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---|--------|----|---|---|-------------|---|----|----|----|----|-----|-----|----|-----|-----|-----|
| 1 Federal AGI from Federal Form 1040 or 1040-SR, line 11                                                                                                   | 1   |   | 156483 | 00 |   |   |             |   |    |    |    |    |     |     |    |     |     |     |
| 2 Net modifications to Federal AGI from RI Sch M, line 3. If no modifications, enter 0 on this line.                                                       | 2   |   | 0      | 00 |   |   |             |   |    |    |    |    |     |     |    |     |     |     |
| 3 Modified Federal AGI. Combine lines 1 and 2 (add net increases or subtract net decreases)....                                                            | 3   |   | 156483 | 00 |   |   |             |   |    |    |    |    |     |     |    |     |     |     |
| 4 RI Standard Deduction from left. If line 3 is over \$ 217,050 see Standard Deduction Worksheet                                                           | 4   |   | 13950  | 00 |   |   |             |   |    |    |    |    |     |     |    |     |     |     |
| 5 Subtract line 4 from line 3. If zero or less, enter 0                                                                                                    | 5   |   | 142533 | 00 |   |   |             |   |    |    |    |    |     |     |    |     |     |     |
| 6 Enter # of exemptions from RI Sch E, line 5 in box, multiply by \$4,350 and enter result on line 6. If line 3 is over \$217,050, see Exemption Worksheet | 6   |   | 8700   | 00 |   | 2 | X \$4,350 = |   |    |    |    |    |     |     |    |     |     |     |
| 7 RI TAXABLE INCOME. Subtract line 6 from line 5. If zero or less, enter 0                                                                                 | 7   |   | 133833 | 00 |   |   |             |   |    |    |    |    |     |     |    |     |     |     |
| 8 RI income tax from Rhode Island Tax Table or Tax Computation Worksheet                                                                                   | 8   |   | 5675   | 00 |   |   |             |   |    |    |    |    |     |     |    |     |     |     |
| 9a RI percentage of allowable Federal credit from page 3, RI Sch I, line 22                                                                                | 9a  |   | 150    | 00 |   |   |             |   |    |    |    |    |     |     |    |     |     |     |
| b RI Credit for income taxes paid to other states from page 3, RI Sch II, line 29                                                                          | 9b  |   | 00     |    |   |   |             |   |    |    |    |    |     |     |    |     |     |     |
| c Other Rhode Island Credits from RI Schedule CR, line 8                                                                                                   | 9c  |   | 00     |    |   |   |             |   |    |    |    |    |     |     |    |     |     |     |
| d Total RI credits. Add lines 9a, 9b and 9c                                                                                                                | 9d  |   | 150    | 00 |   |   |             |   |    |    |    |    |     |     |    |     |     |     |
| 10a Rhode Island income tax after credits. Subtract line 9d from line 8 (not less than zero)                                                               | 10a |   | 5525   | 00 |   |   |             |   |    |    |    |    |     |     |    |     |     |     |
| b Recapture of Prior Year Other Rhode Island Credits from RI Schedule CR, line 11                                                                          | 10b |   |        | 00 |   |   |             |   |    |    |    |    |     |     |    |     |     |     |
| 11 RI checkoff contributions from page 3, RI Checkoff Schedule, line 37. Contributions reduce your refund or increase your balance due                     | 11  |   | 0      | 00 |   |   |             |   |    |    |    |    |     |     |    |     |     |     |
| 12a USE/SALES tax due from RI Schedule U, line 4 or line 8, whichever applies                                                                              | 12a |   |        | 00 |   |   |             |   |    |    |    |    |     |     |    |     |     |     |
| b Individual Mandate Penalty (see instructions). Check ✓ to certify full year coverage.                                                                    | 12b |   |        | 00 |   |   | X           |   |    |    |    |    |     |     |    |     |     |     |
| 13a TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS. Add lines 10a, 10b, 11, 12a and 12b                                                                           | 13a |   | 5525   | 00 |   |   |             |   |    |    |    |    |     |     |    |     |     |     |

Rhode Island Standard Deduction  
 Single **\$9,300**  
 Married filing jointly or Qualifying widow(er) **\$18,600**  
 Married filing separately **\$9,300**  
 Head of household **\$13,950**

Using a paper clip, please attach Forms W-2 and 1099 here.

RETURN MUST BE SIGNED - SIGNATURE IS LOCATED ON PAGE 2



22100115550102

|                                                                |                                            |
|----------------------------------------------------------------|--------------------------------------------|
| Name(s) shown on Form RI-1040 or RI-1040NR<br>PRIYANKA ALAPATI | Your social security number<br>858-21-4902 |
|----------------------------------------------------------------|--------------------------------------------|

PAYMENTS AND PROPERTY TAX RELIEF CREDIT

|                                                                                                                                                                                                     |     |      |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------|----|
| 13b TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS from line 13a.....                                                                                                                                      | 13b | 5525 | 00 |
| 14a RI 2022 income tax withheld from RI Schedule W, line 16. You must attach Sch W AND all W-2 and 1099 forms with RI withholding. ....                                                             | 14a | 6435 | 00 |
| b 2022 estimated tax payments and amount applied from 2021 return....                                                                                                                               | 14b |      | 00 |
| c Property tax relief credit from RI-1040H, line 13. Attach RI-1040H.....                                                                                                                           | 14c |      | 00 |
| d RI earned income credit from page 3, RI Schedule EIC, line 40.....                                                                                                                                | 14d |      | 00 |
| e RI Residential Lead Paint Credit from RI-6238, line 7. Attach RI-6238..                                                                                                                           | 14e |      | 00 |
| f Other payments.....                                                                                                                                                                               | 14f |      | 00 |
| g TOTAL PAYMENTS AND CREDITS. Add lines 14a, 14b, 14c, 14d, 14e and 14f.....                                                                                                                        | 14g | 6435 | 00 |
| h Previously issued overpayments (if filing an amended return).....                                                                                                                                 | 14h |      | 00 |
| i NET PAYMENTS. Subtract line 14h from line 14g.....                                                                                                                                                | 14i | 6435 | 00 |
| 15a AMOUNT DUE. If line 13b is LARGER than line 14i, subtract line 14i from line 13b.....                                                                                                           | 15a |      | 00 |
| b Enter the amount of underestimating interest due from Form RI-2210 or RI-2210A. (attach form) This amount should be added to line 15a or subtracted from line 16, whichever applies.....          | 15b | 0    | 00 |
| c TOTAL AMOUNT DUE. Add lines 15a and 15b. Complete RI-1040V and send in with your payment ☹️                                                                                                       | 15c |      | 00 |
| 16 AMOUNT OVERPAID. If line 14i is LARGER than line 13b, subtract line 13b from line 14i. If there is an amount due for underestimating interest on line 15b, subtract line 15b from line 16..... 😊 | 16  | 910  | 00 |
| 17 Amount of overpayment to be refunded.....                                                                                                                                                        | 17  | 910  | 00 |
| 18 Amount of overpayment to be applied to 2023 estimated tax.....                                                                                                                                   | 18  | 0    | 00 |

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, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

|                                   |                                            |            |                  |
|-----------------------------------|--------------------------------------------|------------|------------------|
| Your signature                    | Your driver's license number and state     | Date       | Telephone number |
|                                   |                                            |            | 603-290-1070     |
| Spouse's signature                | Spouse's driver's license number and state | Date       | Telephone number |
|                                   |                                            |            |                  |
| Paid preparer signature           | Print name                                 | Date       | Telephone number |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM | GLOBAL TAXES LLC                           | 04/11/2023 | 678-965-9522     |
| Paid preparer address             | City, town or post office                  | State      | ZIP code PTIN    |
| 245 ROONEY CT                     | E BRUNSWICK                                | NJ         | 08816 P02082703  |



22100115550103

|                                                                |                                            |
|----------------------------------------------------------------|--------------------------------------------|
| Name(s) shown on Form RI-1040 or RI-1040NR<br>PRIYANKA ALAPATI | Your social security number<br>858-21-4902 |
|----------------------------------------------------------------|--------------------------------------------|

**RI SCHEDULE I - ALLOWABLE FEDERAL CREDIT**

|                                                                                                            |    |      |    |
|------------------------------------------------------------------------------------------------------------|----|------|----|
| 19 RI income tax from page 1, line 8 .....                                                                 | 19 | 5675 | 00 |
| 20 Credit for child and dependent care expenses from Federal Form 1040 or 1040-SR, Schedule 3, line 2..... | 20 | 600  | 00 |
| 21 Tentative allowable federal credit. Multiply line 20 by 25% (0.2500).....                               | 21 | 150  | 00 |
| 22 MAXIMUM CREDIT. Line 19 or 21, whichever is SMALLER. Enter here and on page 1, line 9a.....             | 22 | 150  | 00 |

**RI SCHEDULE II - CREDIT FOR INCOME TAX PAID TO ANOTHER STATE**  
 (ATTACH COPY OF OTHER STATE(S) RETURN)

|                                                                                                                 |    |  |    |
|-----------------------------------------------------------------------------------------------------------------|----|--|----|
| 23 RI income tax from RI-1040, page 1, line 8 less allowable federal credit from RI-1040, page 3, line 22 ..... | 23 |  | 00 |
| 24 Income derived from other state. If more than one state, see instructions.....                               | 24 |  | 00 |
| 25 Modified federal AGI from page 1, line 3.....                                                                | 25 |  | 00 |
| 26 Divide line 24 by line 25 .....                                                                              | 26 |  |    |
| 27 Tentative credit. Multiply line 23 by line 26.....                                                           | 27 |  | 00 |
| 28 Tax due and paid to other state (see specific instructions). Insert abbreviation for state paid _____        | 28 |  | 00 |
| 29 MAXIMUM TAX CREDIT. Line 23, 27 or 28, whichever is the SMALLEST. Enter here and on pg 1, line 9b            | 29 |  | 00 |

**RI CHECKOFF CONTRIBUTIONS SCHEDULE**

|                                                                                                                                                             | \$1.00                   | \$5.00                   | \$10.00                  | Other                    |    |  |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----|--|----|
| 30  Drug program account <b>RIGL §44-30-2.4</b> .....                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 30 |  | 00 |
| 31  Olympic Contribution <b>RIGL §44-30-2.1</b> ..... Yes <input type="checkbox"/> \$1.00 contribution (\$2.00 if a joint return)                           |                          |                          |                          |                          | 31 |  | 00 |
| 32  RI Organ Transplant Fund <b>RIGL §44-30-2.5</b> .....                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 32 |  | 00 |
| 33  RI Council on the Arts <b>RIGL §42-75.1-1</b> .....                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 33 |  | 00 |
| 34  Nongame Wildlife Fund <b>RIGL §44-30-2.2</b> .....                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 34 |  | 00 |
| 35  Childhood Disease Victim's Fund <b>RIGL §44-30-2.3</b><br>and Substance Use and Mental Health Leadership<br>Council of RI <b>RIGL §44-30-2.11</b> ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 35 |  | 00 |
| 36  RI Military Family Relief Fund <b>RIGL §44-30-2.9</b> .....                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 36 |  | 00 |
| 37 TOTAL CONTRIBUTIONS. Add lines 30 through 36. Enter here and on RI-1040, page 1, line 11 .....                                                           |                          |                          |                          |                          | 37 |  | 00 |

**RI SCHEDULE EIC - RHODE ISLAND EARNED INCOME CREDIT**

|                                                                                                            |    |     |    |
|------------------------------------------------------------------------------------------------------------|----|-----|----|
| 38 Federal earned income credit from Federal Form 1040 or 1040-SR, line 27.....                            | 38 |     | 00 |
| 39 Rhode Island percentage .....                                                                           | 39 | 15% |    |
| 40 RI EARNED INCOME CREDIT. Multiply line 38 by line 39. Enter here and on RI-1040, page 2, line 14d ..... | 40 |     | 00 |



22101015550101

|                                                                |                                            |
|----------------------------------------------------------------|--------------------------------------------|
| Name(s) shown on Form RI-1040 or RI-1040NR<br>PRIYANKA ALAPATI | Your social security number<br>858-21-4902 |
|----------------------------------------------------------------|--------------------------------------------|

Complete this Schedule listing all of your and, if applicable, your spouse's W-2s and 1099s showing Rhode Island Income Tax withheld. ***W-2s or 1099s showing Rhode Island Income Tax withheld must still be attached to the front of your return.***

Failure to do so may delay the processing of your return. **ATTACH THIS SCHEDULE W TO YOUR RETURN**

| Column A                          | Column B                                                                                                                            | Column C                                                                   | Column D                                                                             | Column E                                                        |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| Enter "S" if Spouse's W-2 or 1099 | Enter 1099 letter code from chart                                                                                                   | Employer's Name from Box C of your W-2 or Payer's Name from your Form 1099 | Employer's state ID # from box 15 of your W-2 or Payer's Federal ID # from Form 1099 | Rhode Island Income Tax Withheld (SEE BELOW FOR BOX REFERENCES) |
| 1                                 |                                                                                                                                     | VENTOIS INC                                                                | 455486340                                                                            | 3635 00                                                         |
| 2                                 |                                                                                                                                     | CORUS SOFT INC                                                             | 461434545                                                                            | 2800 00                                                         |
| 3                                 |                                                                                                                                     |                                                                            |                                                                                      | 00                                                              |
| 4                                 |                                                                                                                                     |                                                                            |                                                                                      | 00                                                              |
| 5                                 |                                                                                                                                     |                                                                            |                                                                                      | 00                                                              |
| 6                                 |                                                                                                                                     |                                                                            |                                                                                      | 00                                                              |
| 7                                 |                                                                                                                                     |                                                                            |                                                                                      | 00                                                              |
| 8                                 |                                                                                                                                     |                                                                            |                                                                                      | 00                                                              |
| 9                                 |                                                                                                                                     |                                                                            |                                                                                      | 00                                                              |
| 10                                |                                                                                                                                     |                                                                            |                                                                                      | 00                                                              |
| 11                                |                                                                                                                                     |                                                                            |                                                                                      | 00                                                              |
| 12                                |                                                                                                                                     |                                                                            |                                                                                      | 00                                                              |
| 13                                |                                                                                                                                     |                                                                            |                                                                                      | 00                                                              |
| 14                                |                                                                                                                                     |                                                                            |                                                                                      | 00                                                              |
| 15                                |                                                                                                                                     |                                                                            |                                                                                      | 00                                                              |
| 16                                | Total RI Income Tax Withheld. Add lines 1 through 15, Col. E. Enter total here and on RI-1040, line 14a or RI-1040NR, line 17a..... |                                                                            |                                                                                      | 6435 00                                                         |
| 17                                | Total number of W-2s and 1099s showing Rhode Island Income Tax Withheld .....                                                       |                                                                            |                                                                                      | 2                                                               |

| Schedule W Reference Chart |                          |                 |           |                          |                 |           |                          |                 |
|----------------------------|--------------------------|-----------------|-----------|--------------------------|-----------------|-----------|--------------------------|-----------------|
| Form Type                  | Letter Code for Column B | Withholding Box | Form Type | Letter Code for Column B | Withholding Box | Form Type | Letter Code for Column B | Withholding Box |
| W-2                        |                          | 17              | 1099-G    | G                        | 11              | 1099-OID  | O                        | 14              |
| W-2G                       | W                        | 15              | 1099-INT  | I                        | 17              | 1099-R    | R                        | 14              |
| 1042-S                     | S                        | 17a             | 1099-K    | K                        | 8               | RI-1099E  | E                        | 11              |
| 1099-B                     | B                        | 16              | 1099-MISC | M                        | 16              | RI-1099PT | P                        | 9               |
| 1099-DIV                   | D                        | 16              | 1099-NEC  | N                        | 5               |           |                          |                 |

State of Rhode Island Division of Taxation  
**2022 RI Schedule E**  
 Exemption Schedule for RI-1040 and RI-1040NR



22105915550101

|                                                                |                                          |
|----------------------------------------------------------------|------------------------------------------|
| Name(s) shown on Form RI-1040 or RI-1040NR<br>PRIYANKA ALAPATI | Your social security number<br>858214902 |
|----------------------------------------------------------------|------------------------------------------|

**EXEMPTIONS**

Complete this Schedule listing all individuals you can claim as a dependent.

ATTACH THIS EXEMPTION SCHEDULE TO YOUR RETURN

Failure to do so may delay the processing of your return.

|    |          |                                     |
|----|----------|-------------------------------------|
| 1a | Yourself | <input checked="" type="checkbox"/> |
| b  | Spouse   | <input type="checkbox"/>            |

|    | (A) Name of Dependent | (B) Social Security Number | (C) Date of Birth | (D) Relationship |
|----|-----------------------|----------------------------|-------------------|------------------|
| 2a | AARYANSH GARIKAPATI   | 797996543                  | 10052018          | SON              |
| b  |                       |                            |                   |                  |
| c  |                       |                            |                   |                  |
| d  |                       |                            |                   |                  |
| e  |                       |                            |                   |                  |
| f  |                       |                            |                   |                  |
| g  |                       |                            |                   |                  |
| h  |                       |                            |                   |                  |
| i  |                       |                            |                   |                  |
| j  |                       |                            |                   |                  |
| k  |                       |                            |                   |                  |
| l  |                       |                            |                   |                  |
| m  |                       |                            |                   |                  |

**Exemption Number Summary**

|    |                                                                                                                    |    |   |
|----|--------------------------------------------------------------------------------------------------------------------|----|---|
| 3  | Enter the number of boxes checked on lines 1a and 1b .....                                                         | 3  | 1 |
| 4a | Enter the number of children from lines 2a through 2m who lived with you .....                                     | 4a | 1 |
| b  | Enter the number of children from lines 2a through 2m who did not live with you due to divorce or separation ..... | 4b | 0 |
| c  | Enter the number of other dependents from lines 2a through 2m not included on lines 4a or 4b.                      | 4c | 0 |
| 5  | Add the numbers from lines 3 through 4c. Enter here and in the box on RI-1040/NR, pg 1, line 6.                    | 5  | 2 |