Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

IIILEIIIA	heverlue Service				
Subm	nission Identification Number (SID)				
Taxpay	ver's name	Social sec	curity numb	per	
RIT	HIKA REDDY MADUGULA	806-1	15-276	8	
Spouse	o's name	Spouse's	social secu	urity number	r
Par	Tax Return Information — Tax Year Ending December 31, 2022 (Enter	Vear voi	ı are alı	thorizina	1
	whole dollars only on lines 1 through 5.	year you	a ai e au	uionzing.	·)
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		. 1		,849.
2	Total tax			10	,990.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		. 3	12	,718.
4	Amount you want refunded to you		. 4	1	,728.
5	Amount you owe		. 5		
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and I penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)				
to sen for any Agent payme author payme busine taxes persor	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, transm d my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject y delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated for my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I applied to the payment of the payment (PIN) below is my signature for the income tax return (original or amended) I applied to the payment (PIN) below is my signature for the income tax return (original or amended) I applied to the payment (PIN) below is my signature for the income tax return (original or amended) I are prior to the payment (PIN) below is my signature for the income tax return (original or amended) I are prior to the payment (PIN) below is my signature for the income tax return (original or amended) I are prior to the payment (PIN) below is my signature for the income tax return (original or amended) I are prior to the payment (PIN) below is my signature for the income tax return (original or amended) I are prior to the payment (PIN) the payment (PIN) to the payment of the p	ection of the S. Treasur icated in the on to debit the author uests must processing ayment. I	e transmisy and its of the entry for ization. To be received of the elfurther acceptants.	ssion, (b) the designated paration soft to this according revoke (wed no late ectronic passion).	ne reason Financial ftware for ount. This cancel) a er than 2 ayment of e that the
	ayer's PIN: check one box only	[_ _		
	I authorize GLOBAL TAXES LLC to enter or generate	mv PIN	5 2 7	7 6 8	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	,	Enter five don't ente	digits, but er all zeros	,
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.				
Your	signature ► Rithika Reddy Madugula Date ► C)2/23/202	23		
Snou	se's PIN: check one box only				
Г	I authorize to enter or generate	mv PIN			as my
	ERO firm name	iiiy i iiv [Enter five	digits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.		don't ente	r all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.				
Spou	se's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part	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 4 9 Don't	6 6 enter all ze	1 9 8 eros	9
autho	by that the above numeric entry is my PIN, which is my signature for the electronic individual income to take to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Ir	itting this i	return in a	accordance	
ERO'	s signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To I	Do So			

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



OMB No. 1545-007

IRS Use Only-Do not write or staple in this space.

Filing Status	s X	Single Married filing jointly	Marrie	ed filing separately (N	/IFS)	Head of	household (HOI	H) [fying sur	viving					
Check only one box.											spouse (QSS) e child's name if the qualifying					
ONC BOX.	•	on is a child but not your dependent	,	our spouse. If you or	iconc		QOO DOX, CITE	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Jillia 5	name ii ti	io quairying					
Your first name	and mi	iddle initial	Your social security number													
RITHIKA	REDI	YC	MADU	GULA				8	806-15-2768							
		s first name and middle initial	Last nar								curity number					
	/ 1															
	,	er and street). If you have a P.O. box, see	Instructio	ons.			Apt. no.	- 1		i tial Electio ere if you,	on Campaign					
600 NE I		ZON DR ce. If you have a foreign address, also co	manlata au	nacea balaw	Ctat		219 7ID and a				itly, want \$3					
, , , , , , , , , , , , , , , , , , ,	OST OTH	ce. If you have a foreign address, also co	mpiete s	paces below.	Stat		ZIP code	to	go to	this fund.	Checking a					
WAUKEE Foreign countr	ı, nama		1.	Earaign province/atata/	IA		50263			w will not or refund.						
Foreign countr	y name		'	Foreign province/state/o	Journey	y	Foreign postal co	ode y	Jui tax	You	Spouse					
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, award, or	paym	nent for prope	rty or services)	; or (b	sell,							
Assets	exch	ange, gift, or otherwise dispose of a	digital a	asset (or a financial i	ntere	st in a digital	asset)? (See in	struct	ons.)	Yes	⊠ No					
Standard	Som	eone can claim: You as a de	pendent	t Your spouse	e as a	a dependent										
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien											
Age/Blindnes	s You:	Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n before Janua	ıry 2, ⁻	958	☐ Is bl	ind					
Dependent	s (see	instructions):		(2) Social security	(3) Relationsh	ip (4) Check th	ne box	if qualif	es for (see	instructions):						
If more	(1) Fi	irst name Last name	number			to you	Child to	ax cred	it (Credit for other dependents						
than four										[
dependents, see instruction	s ——															
and check	, —															
here]								\perp	[
Income	1a	Total amount from Form(s) W-2, b	,	,					1a	- 9	90,638.					
Attach Form(s)	b	Household employee wages not re	•	, ,					1b							
W-2 here. Also	С	Tip income not reported on line 1a							1c							
attach Forms W-2G and	d	Medicaid waiver payments not rep		()	nstrud	ctions)			1d							
1099-R if tax	e	Taxable dependent care benefits f		•					1e							
was withheld.	f	Employer-provided adoption bene			•				1f							
If you did not get a Form	9	Wages from Form 8919, line 6 .							1g		0.					
W-2, see	h i	Other earned income (see instruct Nontaxable combat pay election (s	,						1h							
instructions.	z	Add lines 1a through 1h	see ii isti	uctions)		!!			1z		90,638.					
Attach Sch. B			2a		h Ta	xable interest			2b		1,391.					
if required.	3a	· –	3a			rdinary divide			3b							
	4a		4a			axable amoun			4b							
Standard	5a		5a			axable amoun			5b							
Deduction for—	6a	_	6a			axable amoun			6b							
 Single or Married filing 	С	If you elect to use the lump-sum e						. 🗆								
separately, \$12,950	7	Capital gain or (loss). Attach Sche		,	`	,		. $\overline{\Box}$	7							
Married filing	8	Other income from Schedule 1, lin							8	-	-9 , 180.					
jointly or Qualifying	ontily or								9		82,849.					
surviving spouse, 10 Adjustments to income from Schedule 1 line 26									10							
\$25,900 Head of 11 Subtract line 10 from line 9. This is your adjusted gross income										3	82,849.					
household, \$19,400	12	Standard deduction or itemized	-						12		12,950.					
If you checked	13	Qualified business income deduct	on from	Form 8995 or Form	8995	5-A			13							
any box under Standard	14	Add lines 12 and 13							14		12 , 950.					
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is y	our t a	axable incom	е		15		69 , 899.					

Form 1040 (2022	2)							Pa	age 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌	16	10,99	0.
Credits	17	Amount from Schedule 2, lir	ne 3				17	7	
	18	Add lines 16 and 17	18	10,99	0.				
	19	Child tax credit or credit for	19						
	20	Amount from Schedule 3, lir	ne 8				20)	
	21	Add lines 19 and 20					21	ı	
	22	Subtract line 21 from line 18	22	10,99	0.				
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21		23		0.
	24	Add lines 22 and 23. This is	your total tax				24		
Payments	25	Federal income tax withheld						, , , , , , , , , , , , , , , , , , ,	
,	а	Form(s) W-2				25a 12,	,718.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction				25c			
	d	Add lines 25a through 25c	25	d 12,71	8.				
	26	2022 estimated tax paymen					26		
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	3. line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir							
	32	Add lines 27, 28, 29, and 31	32	2					
	33	Add lines 25d, 26, and 32. T						40.74	8.
Defined	34	If line 33 is more than line 24	•				34	1	8.
Refund	35a	Amount of line 34 you want				•	. 35	1 50	
Direct deposit?	b	Routing number 0 5 1				_	Savings		
See instructions.	d	Account number 4 3 5					95		
	36	Amount of line 34 you want				36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe.					
You Owe		For details on how to pay, g					37	7	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party		you want to allow another						₩ N -	
Designee		structions					mplete belov		
	nai	signee's ne		Phone no.			nal identificatio er (PIN)	,n	\Box
Sign	Un	der penalties of perjury, I declare	that I have examine	ed this return and	d accompanying sch	edules and statemen	ts, and to the b	pest of my knowledge	e and
Here	bel	ief, they are true, correct, and com	plete. Declaration	of preparer (other	r than taxpayer) is ba	sed on all information	n of which prep	parer has any knowle	dge.
TICIC	Yo	ur signature		Date	Your occupation		I	sent you an Identity	
l=:-tt 0		Rithika Reddy Madug	ula			N DEVELOPE	/!+\	PIN, enter it here	$\neg \neg$
Joint return? See instructions.	Sn	ouse's signature. If a joint return, l		Date	Spouse's occupation	.\ ' '	sent your spouse an		
Keep a copy for	Ор	ouse s signature. If a joint return, i	John mast sign.	Date	opouse s occupan		rotection PIN, enter it		
your records.							(see inst.)		
	Ph	one no. (980) 253-211	6	Email address	RITHIKAREDDY	193@GMAIL.COM	M		
Doid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN	Check if:	
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/02/2023	P02082703	3 Self-employ	/ed
Preparer	Fire	m's name GLOBAL TA	XES LLC				Phone no.	. (678)965-95	522
Use Only	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's EIN	N 88-21454	187
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/28/23 PRO		Form 1040	(2022)

SCHEDULE 1 (Form 1040)

9

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment
Sequence No. 01

Your social security number

Department of the Treasury Internal Revenue Service

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

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

RITHIKA REDDY MADUGULA 806-15-2768 Part | Additional Income Taxable refunds, credits, or offsets of state and local income taxes 1 1 2a Date of original divorce or separation agreement (see instructions): 3 3 4 4 -9,180. 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . 5 6 6 7 7 8 Other income: 8a а 8b 8c Foreign earned income exclusion from Form 2555 8d 8e Income from Form 8889 8f Alaska Permanent Fund dividends 8g 8i Activity not engaged in for profit income 8i 8k 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 . . . 81 m Olympic and Paralympic medals and USOC prize money (see 8m 8n Section 951A(a) inclusion (see instructions) 80 Section 461(I) excess business loss adjustment 8p Taxable distributions from an ABLE account (see instructions) . . . 8q Scholarship and fellowship grants not reported on Form W-2 . . . 8r Nontaxable amount of Medicaid waiver payments included on Form 8s Pension or annuity from a nonqualifed deferred compensation plan or 8t **u** Wages earned while incarcerated 8u Other income. List type and amount:

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

-9,180.

9

10

Schedule 1 (Form 1040) 2022 Page **2**

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-base			
	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			
С	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:			
а	Jury duty pay (see instructions)	1		
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit)		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses	i e		
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g	1		
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	1		
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			
J	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
Z	Other adjustments. List type and amount:			
05	Tatal athous diseases and Add lines Of a three will Of		05	
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . En		00	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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. Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number RITHIKA REDDY MADUGULA 806-15-2768 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. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . 1a Physical address of each property (street, city, state, ZIP code) SAI NAGAR, CHAITANYAPURI HYDERABAD TELANGANA IN 500060 Α В C 1b Type of Property For each rental real estate property listed **Fair Rental Personal Use** QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. C C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 550. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,370. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees 11 1,260. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 2,700. 14 14 Repairs . . . 2,600. 15 Supplies 15 16 16 Taxes 17 Utilities 17 1,800. 18 18 Depreciation expense or depletion Other (list) 19 19 20 20 9,730. Total expenses. Add lines 5 through 19 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -9,180. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 9,180.) 550. Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 9,730. Total of all amounts reported on line 20 for all properties 23e 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 9,180. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on

26

-9,180.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2







tax.iowa.gov

ur first name, middle initial, and la	st name: <u>RITHIKA_RE</u> I	ULA	Spouse's first name, middle initial, and last name:								
ur Social Security Number: 806-	-15-2768										
me address, City, State, ZIP: 60	O NE HORIZON DE	R, 219		WAUF	KEE	IA 50263					
Part I Tax Return Information	1					B. Spouse (filing status			A. You or Joint		
1. Iowa Net Income (IA 104					1	, 0	,	1A			
2. Total Tax (IA 1040, line 4											
3. Iowa Income Tax Withhe											
4. Amount to be Refunded									188 .00		
5. Total Amount Due (IA 10	40, line 73)								.00		
Part II Declaration of Taxpaye	er (Be sure to keep a copy	of the tax ret	urn.)								
	ect deposit or direct debit.										
7. X I consent that my as an agent to re-	refund be directly deposit reive the refund.	ed as design	ated below	. If I have filed a	i joint r	eturn, this is an irre	evocable a	appointn	nent of the other spouse		
authorization is to 3114 or idreft@io This electronic wi account, contact	ent of taxes to receive of premain in full force and enter a support of the control of the contr	effect until I notation requests account will be request that	otify IDR to s must be re e identified they allow a	terminate the a eceived no later t with the ACH C a withdrawal fror	iuthoriz than fiv ompar m your	ation. To cancel a ve business days p y ID 4426004574.	payment, rior to the If you cur nis ACH C	I must of paymer rently has company	contact IDR at 515-281- nt/settlement date. Note: ave a debit block on this		
Nouting Number					. I	1110ugii 12 01 2 1	unougn	OL.			
Account Number		9 3 2									
Type of Account:	Savings □	Checking	X								
and statements for tax year end the amounts in Part I above an attachments, and statements (ERO). In addition, by using transmission of my tax return of is rejected, I authorize IDR to understand that if IDR does not consent that my refund be direfund, or direct debit is delay understand that this declaration.	re the amounts shown on be sent to the lowa Depar software to prepare and the electronically. I authorize II or identify the reasons for ot receive full and timely prectly deposited as design- ayed, I authorize IDR to	the copy of m rtment of Rev transmit my r DR to inform rejection so payment of m ated in Part II disclose to m	ny electroniony enue (IDR) return electrony ERO are that the related to the properties of the that the properties of the the that the properties of the	c income tax reto) through the Intronically, I cons nd/or transmitter turn can be con y I will remain li- re that the inforr d/or transmitter	urn. I of ternal for sent to when rected able for mation the re	onsent that my reting the disclosure to the disclosure to my electronic return and retransmitted or the tax liability ar shown in Part II is	um, includ IRS) by m IDR of al n has bee . If I have nd all appl s correct.	ding according according according according according a licable professional according a licable professional according accor	ompanying schedules, onic Return Originator ation pertaining to the ted. In the event that it balance due return, I enalties and interest. I occessing of my return,		
Your Signature		Date		Spouse Sign	ature -	If a joint return, bo	th must s	ian.	Date		
Part III Declaration of Electr I declare that I have reviewed only a collector, I am not res taxpayer's signature before su followed all other requirement 8453-IND should not be sent later, to which the IA 8453-IN that I have examined the abovare true, correct, and complete	If the above taxpayer's retisponsible for reviewing the abmitting this return to the its described in the lowa M to IDR, but must be retain D relates was filed. I will rive taxpayer's return and a	urn and that ever return and IRS. I have produced by the ER make a copy ccompanying	entries on f only declar provided the File (MeF) RO for a per available to schedules	form IA 8453-INIties that this formse taxpayer with a confirmation for extended of three years. Information for extended the properties of IDR upon request, attachments, a available to me. Check if	accur a copy e-File F ars fron uest. If	ately reflects the conforms and introviders publication the due date of the lama a paid prepartements, and to the	data on the formation on. I under he return rer, under	ne returr to be file stand the or the file penaltic	n. I have obtained the led with IDR and have nat the original form IA ling date, whichever is es of perjury, I declare		
ERO Signature		Date		also paid preparer □		Check if self- employed □	ERO PT	IN			
self-employed)	GLOBAL TAXES LL						FEIN Phone	88-2	145487		
	245 ROONEY CT E	BRUNSW	ICK NJ	08816	Cha	eck if self-		(678) 965-9522		
Paid Preparer Signature SYAM PR	IYA RAM SAGAR GUPTA TAL	LAM	Date 02	/02/2023		oloyed \square	Prepare	PTIN	P02082703		
Firm's name (or yours if self-employed)	GLOBAL TAXES L	LC					FEIN 88-2145487				
Address City Ctata ZID	245 ROONEY CT	NICK N.	T 08816			Phone Number (678) 965-9522					

		1040 lowa Individual Income Tax Retu	rn ,											
	•	Il spaces. You must fill in your Social Security Number (SSN).			III WAS NOWN	duary a Bos. r	an and a	COMPN:	a Kira-Katifa	KANNIJI KYD	September	₩Q. E IIII		
Your las														
MADU								W. 1	CK VARGED	804365	18762			
Spouse'	s last na	ame: Spouse's first name/middle initial:				381841101		NV N	GIBANAN		(Marico)			
600	NE I	address (number and street, apartment, lot, or suite number) or PO Box: HORIZON DR, 219												
City, Sta WAUK		IA 50263												
Spouse														
Step 2 F	iling St	atus: Mark one box only												
1 X		Were you claimed as a dependent on another person's lowa return? Yes	No	X Email	Address:									
2		filing a joint return. (Two-income families may benefit by using status 3 or 4.)			this box if y	ou or your sp	ouse were 6	5 or olde	er as of 12/31	/22.		7		
3		filing separately on this combined return. Spouse use column B.				31/22: County			School Dis		231			
4		filing separate returns. Spouse's name:		▲ SSN:		,		Net	Income: \$					
5		f household with qualifying person. If qualifying person is not claimed as a dependent	ent on this	return, enter the	person's nan	ne and SSN b	elow.							
6		ng widow(er) with dependent child. Name:			SS									
Step 3 E	xempti	ons		B. S	pouse (Filing	Status 3 ON	LY)			A. You or	Joint			
a. Pe	rsonal C	credit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3.		\	X \$ 40	= \$		A	1	X \$ 40	= \$	40		
b . En	ter 1 for	each taxpayer who is 65 or older and/or 1 for each taxpayer who is blind			X \$ 20	= \$		<u> </u>		X \$ 20	= \$			
c. De	penden	ts: Enter 1 for each dependent			X \$ 40	= \$		A		X \$ 40	= \$			
d. En	ter first ı	names of dependents here			e. T	otal \$				e. To	otal \$	40		
Step 4 F	Reporta	ble Social Security benefits as calculated on line 13 of Iowa Social Security V	Vorksheet	t B. Sp	ouse/Statu	s 3 🛦			A. You or	Joint ▲				
			B. S	pouse/Status 3	3 /	A. You or Jo	oint B	. Spou	se/Status 3		A. You	u or Joint		
Step 5 Gross	1.	Wages, salaries, tips, etc	1			90,6	38.00							
Income	2.	Taxable interest income. If more than \$1,500, complete Sch. B	2			1,3	91.00							
	3.	Ordinary dividend income. If more than \$1,500, complete Sch. B	3.	.(.00							
	4.	Taxable alimony received	4				00							
	5.	Business income/(loss). See instructions	5	.(00			OTE: Us	,			
	6.	Capital gain/(loss). See instructions	6.	.(00		.00			lue or bla k, no per				
	7.	Other gains/(losses). See instructions	7	.(00		.00			r red ink.				
	8.	Taxable IRA distributions	8.	.(00		.00							
	9.	Taxable pensions and annuities	9.	.(00		.00							
	10.	Rents, royalties, partnerships, estates, etc. See instructions	10.	.(00	-9, 1	.80.00							
	11.	Farm income/(loss). See instructions	11.		00		.00							
	12.	Unemployment compensation. See instructions	12.	.(00		.00							
	13.	Gambling winnings	13.	.(00		.00							
	14.	Other income, bonus depreciation, and section 179 adjustment	14.		00		0.00							
	15.	Gross Income. Add lines 1-14				······································	15.		.00	A	82 , 8	<u>34</u> 9 .00		
Step 6 Adjust-	16.	Payments to an IRA, Keogh, or SEP	16.	.(00		.00							
ments to	17.	Deductible part of self-employment tax.	17	.(00		.00							
Income	18.	Health insurance premium	18.).	00		0.00							
	19.	Penalty on early withdrawal of savings	19.).	00		.00							
	20.	Alimony paid	20.).	00		.00							
	21.	Pension/retirement income exclusion	21.	.(00 🔺		.00							
	22.	Moving expense deduction from federal form 3903	22.	.(00		.00							
	23.	lowa capital gain deduction. Must include corresponding IA 100 schedule	23.	,	00		.00							
	24.	- · · · · · · · · · · · · · · · · · · ·	24.		00		.00							
	25.	Total adjustments. Add lines 16-24							.00	A		0.00		
	26.	Net Income. Subtract line 25 from line 15					 26.		00	. —	82,	849 _{.00}		
Step 7	27.						90.00		.00					
Federal Taxes a			28.	\			.00							
Qualified	, t					2	00 29.		.00		1.	590.00		
	30.						30.		.00			439.00		
	31.	· · · · · · · · · · · · · · · · · · ·	31.						00	_		_100.00		
	20	in 2022, and federal taxes paid in 2022 for 2021 and prior years	_		.00 💂 _	12,7	<u>′18</u> .00							
	32.	Qualified business income deduction. 75.0% (.75) of federal amount. See instructions	32.		.00		.00							
	33.		33.		.00 🛦		.00							
	34.	Total federal tax and other qualified deductions. Add lines 31, 32, an	d 33						.00		12.	718.00		
	35.	Balance. Subtract line 34 from line 30. Enter here and on line 36, page	ge 2				35.		.00	A		721.00		



2022 Step 8	IA 36.	1040, page 2 BALANCE. From side 1,	line 35.							ouse/Statu			ou or Joint	B. Spot	use/Stat	.00	A.	You or Joint 71,721.00	
Taxable ncome	37.									X						.00	_	2,210.00	
	38.	TAXABLE INCOME. SUE											38.			00 <i>1</i>	_	69,511.00	
Step 9	39.	Tax from tables or alterna	ate tax .					3	39.		00	<u> </u>	3,93	7 00		.00			
Tax, Credits,	40.	Iowa lump-sum tax. See i	nstructi	ions									3/33						
and Check-	41.	lowa alternative minimum									00			.00					
off Contri-	42.	Total tax. ADD lines 39, 4												00		00		3,937.00	
butions	43.	Total exemption credit an												0.00		00		3 <i>f</i> 33 7.00	
	44.	Tuition and textbook cred	lit for de	, epende	nts K-12	2		4	14.		—.00 	_							
_	45.	Volunteer firefighter/EMS												.00					
	46.	Total credits. ADD lines 4	3, 44, a	and 45.							_			00		.00		40.00	
	47.	BALANCE. SUBTRACT I	ine 46 f	rom lin	e 42. If	less tha	an zero,	enter ze	ro				47.			00 .00	_	3,897.00	
	48.	Credit for nonresident or	part-yea	ar resid	ent. Mu	ıst inclu	de IA 1	26 and fe	ederal retu	ırn			48.			.00 4		.00	
	49.	BALANCE. SUBTRACT I														.00 4		3,897.00	
	50.	Out-of-state tax credit. M														.00 4		.00	
	51.	BALANCE. SUBTRACT I														_		3,897.00	
	52.	Other nonrefundable low					,									_		.00	
	53.	BALANCE. SUBTRACT I														_		3,897.00	
	54.	School district surtax or E														_		0.00	
	55.	Total state and local tax.				Ū										.00 4			
	56.	TOTAL state and local ta														_		3,897.00	
	57.	Contributions will reduce																	
	01.																		
		Wildlife 57a: ▲ Sta											n 57d: 🔺					.00	
Step 10		TOTAL STATE AND LOC lowa Fuel Tax Credit. Mu								57 and e						58.	k .	3,897.00	
Credits	59.	Check One: Child and					OR				00	_		00				_	
	- 00.	▲ Early Child	-					6	60.					00					
	61.						credit							_				_	
	62.	Other refundable credits.		,	,									.00					
	63.												4 085	_					
	64.																		
	65.	TOTAL. ADD lines 59 thr	ough 64	4 and e	nter he	re		6	 35.		00		4.085						
	66.	TOTAL CREDITS. ADD														66.		4,085.00	
Step 11	67.	If line 66 is more than line	e 58, su	ıbtract l	ine 58 f	rom line	e 66. Th	is is the	amount yo	ou overpa	id					67.		188.00	
Refund	68.	Amount of line 67 to be R	REFUNE	DED										REF	UND	68.		188.00	
	68	Ba. Routing number:	0	5	1	0	0	0	0	1 7	6	8b. Typ	e Checkin	g X	1	Savin	as		
		ŭ									4-			9 /	٠		,	=	
	68	Bc. Account number:	4	3	5	0	3	4	9	3 2	9	1	3					_	
	69.	Amount of line 67 to be a	pplied t	o your	2023 es	stimated	tax	6	59. 		00	<u> </u>		00					
Step 12 Pay	70.	If line 66 is less than line	,													70.	<u> </u>	.00	
	71.	, , ,			tax fron	n IA 221		210S, or			annua	lized inco				71.	<u> </u>	.00	
	73.	72. Penalty and interest A 72a. Penalty00 A 72b. Interest00 ADD. Enter total 73. TOTAL AMOUNT DUE. ADD lines 70, 71, and 72. Enter here													72. 73.		.00		
2, 10		undersigned, declare und															f it is t		
Step 13		olete.	or porto	111103 01	perjury	or raise	Cortino	oato, triat	THUVE CX	arriirica ti	iio retu	iii, aiia, i	to the best of	THY KHOW	icage ai	ia belle	1, 10 13 11	ac, correct, and	
CICN																			
SIGN HERE	Ri	thika Reddy Madu	gula	(02/23	/2023	3						SYAM PR	IYA RAM S	SAGAR G	UPTA TA	ALLAMO:	2/02/2023	
									eceased	Date	e of dea	ath	Preparer's signature					Date	
SIGN HERE													P020	082703	3	8-2	145487		
_	Spouse's signature Date Check								eceased		e of dea	ath	Preparei				F	irm's FEIN	
							_		<u>) 253-</u>					-)965-9522			
											aytıme t	telephone number							

This return is due May 1st, 2023. Sign, enclose W-2s, and verify SSNs. MAILING ADDRESS: Iowa Income Tax Document Processing, PO BOX 9187, Des Moines IA 50306-9187 Make check payable to Iowa Department of Revenue

