

# 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>RITHIKA REDDY MADUGULA | Social security number<br>806-15-2768 |
| 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.

|   |   |   |         |
|---|---|---|---------|
| 1 | Adjusted gross income . . . . .   | 1 | 82,849. |
| 2 | Total tax . . . . .   | 2 | 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 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 

|   |   |   |   |   |
|---|---|---|---|---|
| 5 | 2 | 7 | 6 | 8 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name  
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.   
ERO firm name  
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 | 6 | 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 [X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] 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 (RITHIKA REDDY), Last name (MADUGULA), Your social security number (806-15-2768), Spouse's social security number, Home address (600 NE HORIZON DR, WAUKEE, IA 50263), and Presidential Election Campaign checkbox.

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.

Income section table with rows 1a through 1z, including Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, etc.

Table for tax calculations: 2a Tax-exempt interest, 2b Taxable interest, 3a Qualified dividends, 3b Ordinary dividends, 4a IRA distributions, 4b Taxable amount, 5a Pensions and annuities, 5b Taxable amount, 6a Social security benefits, 6b Taxable amount, 7 Capital gain or (loss), 8 Other income from Schedule 1, line 10, 9 Total income, 10 Adjustments to income, 11 Adjusted gross income, 12 Standard deduction or itemized deductions, 13 Qualified business income deduction, 14 Adjusted taxable income, 15 Taxable income.

|                        |           |  |           |         |
|------------------------|-----------|--|-----------|---------|
| <b>Tax and Credits</b> | <b>16</b> | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | <b>16</b> | 10,990. |
|                        | <b>17</b> | Amount from Schedule 2, line 3   | <b>17</b> |         |
|                        | <b>18</b> | Add lines 16 and 17  | <b>18</b> | 10,990. |
|                        | <b>19</b> | Child tax credit or credit for other dependents from Schedule 8812   | <b>19</b> |         |
|                        | <b>20</b> | Amount from Schedule 3, line 8   | <b>20</b> |         |
|                        | <b>21</b> | Add lines 19 and 20  | <b>21</b> |         |
|                        | <b>22</b> | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b> | 10,990. |
|                        | <b>23</b> | Other taxes, including self-employment tax, from Schedule 2, line 21   | <b>23</b> | 0.      |
|                        | <b>24</b> | Add lines 22 and 23. This is your <b>total tax</b>   | <b>24</b> | 10,990. |

|                 |           |   |            |         |
|-----------------|-----------|---|------------|---------|
| <b>Payments</b> | <b>25</b> | Federal income tax withheld from:   |            |         |
|                 | <b>a</b>  | Form(s) W-2   | <b>25a</b> | 12,718. |
|                 | <b>b</b>  | Form(s) 1099  | <b>25b</b> |         |
|                 | <b>c</b>  | Other forms (see instructions)  | <b>25c</b> |         |
|                 | <b>d</b>  | Add lines 25a through 25c   | <b>25d</b> | 12,718. |
|                 | <b>26</b> | 2022 estimated tax payments and amount applied from 2021 return                                 | <b>26</b>  |         |
|                 | <b>27</b> | Earned income credit (EIC)  | <b>27</b>  |         |
|                 | <b>28</b> | Additional child tax credit from Schedule 8812  | <b>28</b>  |         |
|                 | <b>29</b> | American opportunity credit from Form 8863, line 8  | <b>29</b>  |         |
|                 | <b>30</b> | Reserved for future use   | <b>30</b>  |         |
|                 | <b>31</b> | Amount from Schedule 3, line 15   | <b>31</b>  |         |
|                 | <b>32</b> | Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> | <b>32</b>  |         |
|                 | <b>33</b> | Add lines 25d, 26, and 32. These are your <b>total payments</b>                                 | <b>33</b>  | 12,718. |

|                                      |            |   |            |        |
|--------------------------------------|------------|---|------------|--------|
| <b>Refund</b>                        | <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>                | <b>34</b>  | 1,728. |
|                                      | <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>     | <b>35a</b> | 1,728. |
| Direct deposit?<br>See instructions. | <b>b</b>   | Routing number 051000017 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |            |        |
|                                      | <b>d</b>   | Account number 435034932913   |            |        |
|                                      | <b>36</b>  | Amount of line 34 you want <b>applied to your 2023 estimated tax</b>  | <b>36</b>  |        |

|                       |           |   |           |  |
|-----------------------|-----------|---|-----------|--|
| <b>Amount You Owe</b> | <b>37</b> | Subtract line 33 from line 24. This is the <b>amount you owe</b> .<br>For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions | <b>37</b> |  |
|                       | <b>38</b> | Estimated tax penalty (see instructions)  | <b>38</b> |  |

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

|   |   |  |   |
|---|---|--|---|
| Your signature  | Date                                    | Your occupation<br>APPLICATION DEVELOPER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date                                    | Spouse's occupation                      | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. (980) 253-2116                                      | Email address RITHIKAREDDY193@GMAIL.COM |  |   |

**Paid Preparer Use Only**

|  |   |                    |                             |   |
|--|---|--------------------|-----------------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>02/02/2023 | PTIN<br>P02082703           | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>245 ROONEY CT E BRUNSWICK NJ 08816      |                    | Phone no.<br>(678) 965-9522 | Firm's EIN<br>88-2145487                            |

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **01**

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

Your social security number  
806-15-2768

**Part I Additional Income**

|           |   |           |         |
|-----------|---|-----------|---------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  | <b>1</b>  |         |
| <b>2a</b> | Alimony received . . . . .  | <b>2a</b> |         |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____  |           |         |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  | <b>3</b>  |         |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   | <b>4</b>  |         |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   | <b>5</b>  | -9,180. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  | <b>6</b>  |         |
| <b>7</b>  | Unemployment compensation . . . . .   | <b>7</b>  |         |
| <b>8</b>  | Other income:   |           |         |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> | ( )     |
| <b>b</b>  | Gambling . . . . .  | <b>8b</b> |         |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b> |         |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> | ( )     |
| <b>e</b>  | Income from Form 8853 . . . . .   | <b>8e</b> |         |
| <b>f</b>  | Income from Form 8889 . . . . .   | <b>8f</b> |         |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8g</b> |         |
| <b>h</b>  | Jury duty pay . . . . .   | <b>8h</b> |         |
| <b>i</b>  | Prizes and awards . . . . .   | <b>8i</b> |         |
| <b>j</b>  | Activity not engaged in for profit income . . . . .   | <b>8j</b> |         |
| <b>k</b>  | Stock options . . . . .   | <b>8k</b> |         |
| <b>l</b>  | 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 . . . . . | <b>8l</b> |         |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8m</b> |         |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8n</b> |         |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8o</b> |         |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8p</b> |         |
| <b>q</b>  | Taxable distributions from an ABL account (see instructions) . . . . .  | <b>8q</b> |         |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .  | <b>8r</b> |         |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .  | <b>8s</b> | ( )     |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b> |         |
| <b>u</b>  | Wages earned while incarcerated . . . . .   | <b>8u</b> |         |
| <b>z</b>  | Other income. List type and amount: _____   | <b>8z</b> |         |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   | <b>9</b>  |         |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8   | <b>10</b> | -9,180. |

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2022

**Part II Adjustments to Income**

|            |  |            |            |
|------------|--|------------|------------|
| <b>11</b>  | Educator expenses . . . . .  |            | <b>11</b>  |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .  |            | <b>12</b>  |
| <b>13</b>  | Health savings account deduction. Attach Form 8889 . . . . .   |            | <b>13</b>  |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .  |            | <b>14</b>  |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .   |            | <b>15</b>  |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .   |            | <b>16</b>  |
| <b>17</b>  | Self-employed health insurance deduction . . . . .   |            | <b>17</b>  |
| <b>18</b>  | Penalty on early withdrawal of savings . . . . .   |            | <b>18</b>  |
| <b>19a</b> | Alimony paid . . . . .   |            | <b>19a</b> |
| <b>b</b>   | Recipient's SSN . . . . .  |            |            |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions): _____   |            |            |
| <b>20</b>  | IRA deduction . . . . .  |            | <b>20</b>  |
| <b>21</b>  | Student loan interest deduction . . . . .  |            | <b>21</b>  |
| <b>22</b>  | Reserved for future use . . . . .  |            | <b>22</b>  |
| <b>23</b>  | Archer MSA deduction . . . . .   |            | <b>23</b>  |
| <b>24</b>  | Other adjustments:   |            |            |
| <b>a</b>   | Jury duty pay (see instructions) . . . . .   | <b>24a</b> |            |
| <b>b</b>   | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .                                       | <b>24b</b> |            |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .   | <b>24c</b> |            |
| <b>d</b>   | Reforestation amortization and expenses . . . . .  | <b>24d</b> |            |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .  | <b>24e</b> |            |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans . . . . .   | <b>24f</b> |            |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans . . . . .   | <b>24g</b> |            |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .  | <b>24h</b> |            |
| <b>i</b>   | 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 . . . . . | <b>24i</b> |            |
| <b>j</b>   | Housing deduction from Form 2555 . . . . .   | <b>24j</b> |            |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .  | <b>24k</b> |            |
| <b>z</b>   | Other adjustments. List type and amount: _____   | <b>24z</b> |            |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z . . . . .   |            | <b>25</b>  |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .   |            | <b>26</b>  |

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2022**  
Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

RITHIKA REDDY MADUGULA

Your social security number

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.

- A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

**1a** Physical address of each property (street, city, state, ZIP code)

**A** SAI NAGAR, CHAITANYAPURI HYDERABAD TELANGANA IN 500060

**B**  
**C**

| 1b Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days |   | Personal Use Days | QJV                      |
|---------------------------------------|--|------------------|---|-------------------|--------------------------|
|                                       |  | A                | B | C                 |                          |
| <b>A</b> 3                            |  | 365              |   | 0                 | <input type="checkbox"/> |
| <b>B</b>                              |  |                  |   |                   | <input type="checkbox"/> |
| <b>C</b>                              |  |                  |   |                   | <input type="checkbox"/> |

**Type of Property:**

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

| Income:          |   | Properties: |            |         |
|------------------|---|-------------|------------|---------|
|                  |   | A           | B          | C       |
| <b>3</b>         | Rents received . . . . .  | 3           | 550.       |         |
| <b>4</b>         | Royalties received . . . . .  | 4           |            |         |
| <b>Expenses:</b> |   |             |            |         |
| <b>5</b>         | Advertising . . . . .   | 5           |            |         |
| <b>6</b>         | Auto and travel (see instructions) . . . . .  | 6           |            |         |
| <b>7</b>         | Cleaning and maintenance . . . . .  | 7           | 1,370.     |         |
| <b>8</b>         | Commissions . . . . .   | 8           |            |         |
| <b>9</b>         | Insurance . . . . .   | 9           |            |         |
| <b>10</b>        | Legal and other professional fees . . . . .   | 10          |            |         |
| <b>11</b>        | Management fees . . . . .   | 11          | 1,260.     |         |
| <b>12</b>        | Mortgage interest paid to banks, etc. (see instructions)  | 12          |            |         |
| <b>13</b>        | Other interest . . . . .  | 13          |            |         |
| <b>14</b>        | Repairs . . . . .   | 14          | 2,700.     |         |
| <b>15</b>        | Supplies . . . . .  | 15          | 2,600.     |         |
| <b>16</b>        | Taxes . . . . .   | 16          |            |         |
| <b>17</b>        | Utilities . . . . .   | 17          | 1,800.     |         |
| <b>18</b>        | Depreciation expense or depletion . . . . .   | 18          |            |         |
| <b>19</b>        | Other (list) _____  | 19          |            |         |
| <b>20</b>        | Total expenses. Add lines 5 through 19 . . . . .  | 20          | 9,730.     |         |
| <b>21</b>        | 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 <b>Form 6198</b> . . . . .  | 21          | -9,180.    |         |
| <b>22</b>        | Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | 22          | ( 9,180. ) | ( )     |
| <b>23a</b>       | Total of all amounts reported on line 3 for all rental properties . . . . .   | 23a         | 550.       |         |
| <b>b</b>         | Total of all amounts reported on line 4 for all royalty properties . . . . .  | 23b         |            |         |
| <b>c</b>         | Total of all amounts reported on line 12 for all properties . . . . .   | 23c         |            |         |
| <b>d</b>         | Total of all amounts reported on line 18 for all properties . . . . .   | 23d         |            |         |
| <b>e</b>         | Total of all amounts reported on line 20 for all properties . . . . .   | 23e         | 9,730.     |         |
| <b>24</b>        | <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .  | 24          |            |         |
| <b>25</b>        | <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .  | 25          | ( 9,180. ) |         |
| <b>26</b>        | <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . | 26          |            | -9,180. |

Your first name, middle initial, and last name: RITHIKA REDDY MADUGULA

Spouse's first name, middle initial, and last name: \_\_\_\_\_

Your Social Security Number: 806-15-2768

Spouse's Social Security Number: \_\_\_\_\_

Home address, City, State, ZIP: 600 NE HORIZON DR, 219

WAUKEE IA 50263

**Part I Tax Return Information**

|   | B. Spouse<br>(filing status 3) | A. You or Joint      |
|---|--------------------------------|----------------------|
| 1. Iowa Net Income (IA 1040, line 26 A & B).....          | 1B _____ .00                   | 1A <u>82,849</u> .00 |
| 2. Total Tax (IA 1040, line 42 A & B).....                | 2B _____ .00                   | 2A <u>3,937</u> .00  |
| 3. Iowa Income Tax Withheld (IA 1040, line 63 A & B)..... | 3B _____ .00                   | 3A <u>4,085</u> .00  |
| 4. Amount to be Refunded (IA 1040, line 68).....          |                                | 4. <u>188</u> .00    |
| 5. Total Amount Due (IA 1040, line 73).....               |                                | 5. _____ .00         |

**Part II Declaration of Taxpayer** (Be sure to keep a copy of the tax return.)

6.  I do not want direct deposit or direct debit.
7.  I consent that my refund be directly deposited as designated below. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

I authorize the Iowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated below for payment of my individual Iowa taxes owed on this return, and the financial institution to debit the entry to this account on \_\_\_\_\_ (the payment/settlement date). I also authorize the financial institution 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. This authorization is to remain in full force and effect until I notify IDR to terminate the authorization. To cancel a payment, I must contact IDR at 515-281-3114 or idreft@iowa.gov. Payment cancellation requests must be received no later than five business days prior to the payment/settlement date. Note: This electronic withdrawal from your bank account will be identified with the ACH Company ID 4426004574. If you currently have a debit block on this account, contact your financial institution to request that they allow a withdrawal from your bank account by this ACH Company ID.

Name of financial institution: BANK OF AMERICA

Routing Number 

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| 0 | 5 | 1 | 0 | 0 | 0 | 0 | 1 | 7 |
|---|---|---|---|---|---|---|---|---|

 The first two digits must be 01 through 12 or 21 through 32.

Account Number 

|   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|
| 4 | 3 | 5 | 0 | 3 | 4 | 9 | 3 | 2 | 9 | 1 | 3 |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|

Type of Account: Savings  Checking

Will this refund go to (or payment come from) an account outside the United States? Yes  No

Under penalties of perjury, I declare that I have examined the information on my electronic individual income tax return, including any schedules, attachments, and statements for tax year ending December 31, 2022 and certify 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 shown on the copy of my electronic income tax return. I consent that my return, including accompanying schedules, attachments, and statements be sent to the Iowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by my Electronic Return Originator (ERO). In addition, by using software to prepare and transmit my return electronically, I consent to the disclosure to IDR of all information pertaining to the transmission of my tax return electronically. I authorize IDR to inform my ERO and/or transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize IDR to identify the reasons for rejection so that the return can be corrected and retransmitted. If I have filed a balance due return, I understand that if IDR does not receive full and timely payment of my tax liability I will remain liable for the tax liability and all applicable penalties and interest. I consent that my refund be directly deposited as designated in Part II and declare that the information shown in Part II is correct. If the processing of my return, refund, or direct debit is delayed, I authorize IDR to disclose to my ERO and/or transmitter the reason(s) for the delay or the date the refund was sent. I understand that this declaration with required attachments must be forwarded upon request to IDR.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature - If a joint return, both must sign. \_\_\_\_\_ Date \_\_\_\_\_

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer**

I declare that I have reviewed the above taxpayer's return and that entries on form IA 8453-IND are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. I have obtained the taxpayer's signature before submitting this return to the IRS. I have provided the taxpayer with a copy of all forms and information to be filed with IDR and have followed all other requirements described in the Iowa Modernized e-File (MeF) Information for e-File Providers publication. I understand that the original form IA 8453-IND should not be sent to IDR, but must be retained by the ERO for a period of three years from the due date of the return or the filing date, whichever is later, to which the IA 8453-IND relates was filed. I will make a copy available to IDR upon request. If I am a paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I have based this declaration on all information available to me.

| ERO Signature   | Date                   | Check if also paid preparer <input type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO PTIN                                    |
|---|------------------------|--|---|---|
| Firm's name (or yours if self-employed) <u>GLOBAL TAXES LLC</u>     |                        |  |   | FEIN <u>88-2145487</u>                      |
| Address, City, State, ZIP <u>245 ROONEY CT E BRUNSWICK NJ 08816</u> |                        |  |   | Phone Number ( <u>678</u> ) <u>965-9522</u> |
| Paid Preparer Signature <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u>    | Date <u>02/02/2023</u> | Check if self-employed <input type="checkbox"/>      |   | Preparer PTIN <u>P02082703</u>              |
| Firm's name (or yours if self-employed) <u>GLOBAL TAXES LLC</u>     |                        |  |   | FEIN <u>88-2145487</u>                      |
| Address, City, State, ZIP <u>245 ROONEY CT E BRUNSWICK NJ 08816</u> |                        |  |   | Phone Number ( <u>678</u> ) <u>965-9522</u> |

2022 IA 1040 Iowa Individual Income Tax Return

For fiscal year beginning / / and ending / /

Step 1: Fill in all spaces. You must fill in your Social Security Number (SSN).

Your last name: MADUGULA Your first name/middle initial: RITHIKA REDDY
Spouse's last name: Spouse's first name/middle initial:



Current mailing address (number and street, apartment, lot, or suite number) or PO Box: 600 NE HORIZON DR, 219
City, State, ZIP: WAUKEE IA 50263

Spouse SSN: Your SSN: 806-15-2768

Step 2 Filing Status: Mark one box only

Form with checkboxes for filing status: Single, Married filing a joint return, Married filing separately, Married filing separate returns, Head of household, Qualifying widow(er).

Step 3 Exemptions

Table with columns for Personal Credit, Blind, Dependents, and Total exemptions for Spouse and Joint filers.

Step 4 Reportable Social Security benefits as calculated on line 13 of Iowa Social Security Worksheet

Form for reporting Social Security benefits with columns for Spouse/Status 3 and A. You or Joint.

Main income table with columns for Gross Income, B. Spouse/Status 3, A. You or Joint, and Total Gross Income.

NOTE: Use only blue or black ink, no pencils or red ink.

Table for Step 6 Adjustments to Income, including IRA contributions, self-employment tax, and other deductions.

Table for Step 7 Federal Taxes and Qualified Deductions, including federal tax refund, taxes, and qualified deductions.





**2022 IA 1040, page 2**

|  | B. Spouse/Status 3  | A. You or Joint | B. Spouse/Status 3 | A. You or Joint |
|--|---|-----------------|--------------------|-----------------|
| <b>Step 8 Taxable Income</b>   |   |                 |                    |                 |
| 36. BALANCE. From side 1, line 35.....   |   |                 | 36. _____          | 71,721.00       |
| 37. Deduction. Check one box <input checked="" type="checkbox"/> Itemized.(Include IA Schedule A) <input type="checkbox"/> Standard <input checked="" type="checkbox"/>  |   |                 | 37. _____          | 2,210.00        |
| 38. TAXABLE INCOME. SUBTRACT line 37 from line 36 .....  |   |                 | 38. _____          | 69,511.00       |
| <b>Step 9 Tax, Credits, and Check-off Contributions</b>  |   |                 |                    |                 |
| 39. Tax from tables or alternate tax .....   | 39. _____   | 3,937.00        |                    |                 |
| 40. Iowa lump-sum tax. See instructions .....  | 40. _____   | _____           |                    |                 |
| 41. Iowa alternative minimum tax. Must include IA 6251. ....   | 41. _____   | _____           |                    |                 |
| 42. Total tax. ADD lines 39, 40, and 41. ....  | 42. _____   | 3,937.00        |                    |                 |
| 43. Total exemption credit amount(s) from Step 3, side 1.....  | 43. _____   | 40.00           |                    |                 |
| 44. Tuition and textbook credit for dependents K-12.....   | 44. _____   | _____           |                    |                 |
| 45. Volunteer firefighter/EMS/reserve peace officer credit.....  | 45. _____   | _____           |                    |                 |
| 46. Total credits. ADD lines 43, 44, and 45. ....  | 46. _____   | 40.00           |                    |                 |
| 47. BALANCE. SUBTRACT line 46 from line 42. If less than zero, enter zero.....   | 47. _____   | 3,897.00        |                    |                 |
| 48. Credit for nonresident or part-year resident. Must include IA 126 and federal return.....  | 48. _____   | _____           |                    |                 |
| 49. BALANCE. SUBTRACT line 48 from 47. If less than zero, enter zero.....  | 49. _____   | 3,897.00        |                    |                 |
| 50. Out-of-state tax credit. Must include IA 130. ....   | 50. _____   | _____           |                    |                 |
| 51. BALANCE. SUBTRACT line 50 from 49. If less than zero, enter zero.....  | 51. _____   | 3,897.00        |                    |                 |
| 52. Other nonrefundable Iowa credits. Must include IA 148 Tax Credits Schedule.....  | 52. _____   | _____           |                    |                 |
| 53. BALANCE. SUBTRACT line 52 from line 51. If less than zero, enter zero.....   | 53. _____   | 3,897.00        |                    |                 |
| 54. School district surtax or EMS surtax. Take percentage from table; multiply by line 53.....   | 54. _____   | 0.00            |                    |                 |
| 55. Total state and local tax. ADD lines 53 and 54.....  | 55. _____   | 3,897.00        |                    |                 |
| 56. TOTAL state and local tax before contributions. Combine columns A and B on line 55 and enter here. ....  | 56. _____   | 3,897.00        |                    |                 |
| 57. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars.  |   |                 |                    |                 |
| Fish/Wildlife 57a: <input type="checkbox"/> State Fair 57b: <input type="checkbox"/> Firefighters/Veterans 57c: <input type="checkbox"/> Child Abuse Prevention 57d: <input type="checkbox"/> Enter here....   |   |                 | 57. _____          | _____           |
| 58. TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add line 56 and line 57 and enter here.....  | 58. _____   | 3,897.00        |                    |                 |
| <b>Step 10 Credits</b>   |   |                 |                    |                 |
| 59. Iowa Fuel Tax Credit. Must include IA 4136.....  | 59. _____   | _____           |                    |                 |
| 60. Check One: Child and Dependent Care Credit <input type="checkbox"/> OR <input checked="" type="checkbox"/> Early Childhood Development Credit <input type="checkbox"/>   | 60. _____   | _____           |                    |                 |
| 61. Iowa earned income tax credit. 15.0% (.15) of federal credit .....   | 61. _____   | _____           |                    |                 |
| 62. Other refundable credits. Include IA 148 and/or Schedule CC.....   | 62. _____   | _____           |                    |                 |
| 63. Iowa income tax withheld.....  | 63. _____   | 4,085.00        |                    |                 |
| 64. Estimated and voucher payments made for tax year 2022. ....  | 64. _____   | _____           |                    |                 |
| 65. TOTAL. ADD lines 59 through 64 and enter here .....  | 65. _____   | 4,085.00        |                    |                 |
| 66. TOTAL CREDITS. ADD columns A and B on line 65 and enter here.....  | 66. _____   | 4,085.00        |                    |                 |
| <b>Step 11 Refund</b>  |   |                 |                    |                 |
| 67. If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid. ....  | 67. _____   | 188.00          |                    |                 |
| 68. Amount of line 67 to be REFUNDED. .... REFUND  | 68. _____   | 188.00          |                    |                 |
| 68a. Routing number: <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="7"/>  | 68b. Type <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |                 |                    |                 |
| 68c. Account number: <input type="text" value="4"/> <input type="text" value="3"/> <input type="text" value="5"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="9"/> <input type="text" value="3"/> <input type="text" value="2"/> <input type="text" value="9"/> <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value=""/> |   |                 |                    |                 |
| 69. Amount of line 67 to be applied to your 2023 estimated tax.....  | 69. _____   | _____           |                    |                 |
| <b>Step 12 Pay</b>   |   |                 |                    |                 |
| 70. If line 66 is less than line 58, subtract line 66 from line 58. This is the AMOUNT OF TAX YOU OWE .....  | 70. _____   | _____           |                    |                 |
| 71. Penalty for underpayment of estimated tax from IA 2210, IA 2210S, or IA 2210F. Check if annualized income method is used. <input type="checkbox"/>   | 71. _____   | _____           |                    |                 |
| 72. Penalty and interest <input checked="" type="checkbox"/> 72a. Penalty _____ <input type="checkbox"/> 72b. Interest _____ ADD. Enter total .....  | 72. _____   | _____           |                    |                 |
| 73. TOTAL AMOUNT DUE. ADD lines 70, 71, and 72. Enter here. .... PAY THIS AMOUNT   | 73. _____   | _____           |                    |                 |

**Step 13** I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this return, and, to the best of my knowledge and belief, it is true, correct, and complete.

|                  |                          |  |               |                          |                            |                        |   |                           |
|------------------|--------------------------|--|---------------|--------------------------|----------------------------|------------------------|---|---------------------------|
| <b>SIGN HERE</b> | <input type="checkbox"/> | _____<br>Your signature                    | _____<br>Date | <input type="checkbox"/> | _____<br>Check if deceased | _____<br>Date of death | SYAM PRIYA RAM SAGAR GUPTA TALLAMO2/02/2023<br>Preparer's signature | _____<br>Date             |
| <b>SIGN HERE</b> | <input type="checkbox"/> | _____<br>Spouse's signature                | _____<br>Date | <input type="checkbox"/> | _____<br>Check if deceased | _____<br>Date of death | P02082703<br>Preparer's PTIN  | 88-2145487<br>Firm's FEIN |
|                  |                          | (980) 253-2116<br>Daytime telephone number |               |                          |                            |                        | (678) 965-9522<br>Daytime 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**

