

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name PARTHIVAN GOUD BOOSARAPU	Social security number 648-70-8358
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	121,976.
2	Total tax	2	20,002.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	21,170.
4	Amount you want refunded to you	4	1,168.
5	Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

0	8	3	5	8
---	---	---	---	---

 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

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 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	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:

Personal information section including name, social security number, and home address.

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 for name, social security number, relationship, and tax credits.

Main income table with rows 1a through 15, including income types, deductions, and taxable income.

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 20,002.

Table for Payments (lines 25-33). Includes federal income tax withheld (21,170) and total payments (21,170).

If you have a qualifying child, attach Sch. EIC.

Table for Refund (lines 34-36). Shows overpaid amount of 1,168 and amount applied to 2023 estimated tax.

Table for Amount You Owe (lines 37-38). Shows amount owed and estimated tax penalty.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with signature lines for preparer and spouse, including occupation and ID Protection PIN fields.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, firm name, address, and phone number.

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment
Sequence No. **01**

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

PARTHIVAN GOUD BOOSARAPU

Your social security number

648-70-8358

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions): _____			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	-14,524.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) excess business loss adjustment	8p		
q	Taxable distributions from an ABL account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount: _____	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	-14,524.

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

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

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

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

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 for instructions and the latest information.

Name(s) shown on return

PARTHIVAN GOUD BOOSARAPU

Your social security number

648-70-8358

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 2-22/10, SEETHAMPUR KARIMNAGAR TELANGANA IN 505001

B
C

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

Type of Property:

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

Income:	Properties:		
	A	B	C
3 Rents received	3 550.		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7 1,250.		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11 1,850.		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13 2,524.		
14 Repairs	14 3,850.		
15 Supplies	15 3,250.		
16 Taxes	16		
17 Utilities	17 2,350.		
18 Depreciation expense or depletion	18		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 15,074.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21 -14,524.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (14,524.)		
23a Total of all amounts reported on line 3 for all rental properties	23a 550.		
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c		
d Total of all amounts reported on line 18 for all properties	23d		
e Total of all amounts reported on line 20 for all properties	23e 15,074.		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24		
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25 (14,524.)		
26 Total rental real estate and royalty income or (loss). 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 -14,524.		

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-14,524.

Schedule E (Form 1040) 2022

Form OR-40-V Oregon Individual Income Tax Payment Voucher

Oregon Department of Revenue

Page 1 of 1 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Tax year begins (MM/DD/YYYY)	Tax year ends (MM/DD/YYYY)	For taxpayer use only: Enter quarter (if making an estimated payment)
01/01/2023	12/31/2023	1

First name	Initial
PARTHIVAN GOUD	
Last name	
BOOSARAPU	
Social Security number (SSN)	
648-70-8358	

Spouse first name	Initial
Spouse last name	
Spouse SSN	

Current mailing address		
3017 ORDWAY DR NW APT E		
City	State	ZIP code
ROANOKE	VA	24017
Contact phone		
813-313-0388		

Want to make your payment online? Find options at www.oregon.gov/dor.

Use this voucher only if you are sending a payment separate from a return. For more information, see Form OR-40-V Instructions. Make your check, money order, or cashier's check payable to the Oregon Department of Revenue. Write "Form OR-40-V," your daytime phone, the last four digits of your SSN or ITIN, and the tax year on your payment. Don't mail cash. Mail the payment and voucher to:

Oregon Department of Revenue
PO Box 14950
Salem OR 97309-0950

REV 02/01/23 PRO

Payment type (check one)

- Original return
- Estimated payment
- Amended return

Enter payment amount

\$ 892.00



150-101-172
(Rev. 08-16-22, ver. 03)

1555 00

1003000000648708358800S000000000202312310201555001

Form OR-40-V Oregon Individual Income Tax Payment Voucher

Oregon Department of Revenue

Page 1 of 1 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Tax year begins (MM/DD/YYYY)	Tax year ends (MM/DD/YYYY)	For taxpayer use only: Enter quarter (if making an estimated payment)
01/01/2023	12/31/2023	2

First name Initial

PARTHIVAN GOUD

Last name

BOOSARAPU

Social Security number (SSN)

648-70-8358

Spouse first name Initial

Spouse last name

Spouse SSN

Current mailing address

3017 ORDWAY DR NW APT E

City

ROANOKE

Contact phone

813-313-0388

State

VA

ZIP code

24017

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Oregon Department of Revenue
PO Box 14950
Salem OR 97309-0950

REV 02/01/23 PRO

Payment type (check one)

- Original return
 Estimated payment
 Amended return

Enter payment amount

\$ 892.00



150-101-172
(Rev. 08-16-22, ver. 03)

1555 00

1003000000648708358800S000000000202312310201555001

Form OR-40-V
Oregon Individual Income Tax Payment Voucher

Oregon Department of Revenue

Page 1 of 1 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Tax year begins (MM/DD/YYYY)	Tax year ends (MM/DD/YYYY)	For taxpayer use only: Enter quarter (if making an estimated payment)
01/01/2023	12/31/2023	3

First name Initial

PARTHIVAN GOUD

Last name

BOOSARAPU

Social Security number (SSN)

648-70-8358

Spouse first name Initial

Spouse last name

Spouse SSN

Current mailing address

3017 ORDWAY DR NW APT E

City

ROANOKE

Contact phone

813-313-0388

State

VA

ZIP code

24017

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Oregon Department of Revenue
PO Box 14950
Salem OR 97309-0950

REV 02/01/23 PRO

Payment type (check one)

- Original return
- Estimated payment
- Amended return

Enter payment amount

\$ 892.00



150-101-172
(Rev. 08-16-22, ver. 03)

1555 00

1003000000648708358800S000000000202312310201555001

Form OR-40-V Oregon Individual Income Tax Payment Voucher

Oregon Department of Revenue

Page 1 of 1 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Tax year begins (MM/DD/YYYY) Tax year ends (MM/DD/YYYY) **For taxpayer use only:**
Enter quarter (if making an estimated payment) 4

01/01/2023 12/31/2023

First name Initial

PARTHIVAN GOUD

Last name

BOOSARAPU

Social Security number (SSN)

648-70-8358

Spouse first name Initial

Spouse last name

Spouse SSN

Current mailing address

3017 ORDWAY DR NW APT E

City

ROANOKE

Contact phone

813-313-0388

State

VA

ZIP code

24017

Want to make your payment online? Find options at www.oregon.gov/dor.

Use this voucher only if you are sending a payment separate from a return. For more information, see Form OR-40-V Instructions. Make your check, money order, or cashier's check payable to the Oregon Department of Revenue. Write "Form OR-40-V," your daytime phone, the last four digits of your SSN or ITIN, and the tax year on your payment. Don't mail cash. Mail the payment and voucher to:

Oregon Department of Revenue
PO Box 14950
Salem OR 97309-0950

REV 02/01/23 PRO

Payment type (check one)

- Original return
 Estimated payment
 Amended return

Enter payment amount

\$ 892.00



150-101-172
(Rev. 08-16-22, ver. 03)

1555 00

1003000000648708358800S000000000202312310201555001

Form OR-40-V
Oregon Individual Income Tax Payment Voucher

Oregon Department of Revenue

Page 1 of 1 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Tax year begins (MM/DD/YYYY) Tax year ends (MM/DD/YYYY) **For taxpayer use only:**
01/01/2022 12/31/2022 Enter quarter (if making
an estimated payment)

First name Initial

PARTHIVAN GOUD

Last name

BOOSARAPU

Social Security number (SSN)

648-70-8358

Spouse first name Initial

Spouse last name

Spouse SSN

Current mailing address

3017 ORDWAY DR NW APT E

City

ROANOKE

Contact phone

813-313-0388

State

VA

ZIP code

24017

Want to make your payment online? Find options at www.oregon.gov/dor.

Use this voucher only if you are sending a payment separate from a return. For more information, see Form OR-40-V Instructions. Make your check, money order, or cashier's check payable to the Oregon Department of Revenue. Write "Form OR-40-V," your daytime phone, the last four digits of your SSN or ITIN, and the tax year on your payment. Don't mail cash. Mail the payment and voucher to:

Oregon Department of Revenue
PO Box 14950
Salem OR 97309-0950

REV 02/01/23 PRO

Payment type (check one)

- Original return
- Estimated payment
- Amended return

Enter payment amount

\$ 3,650.00



150-101-172
(Rev. 08-16-22, ver. 03)

1555 00

1003000000648708358800S000000000202212310101555003

2022 Form OR-40
Oregon Individual Income Tax Return for Full-year Residents

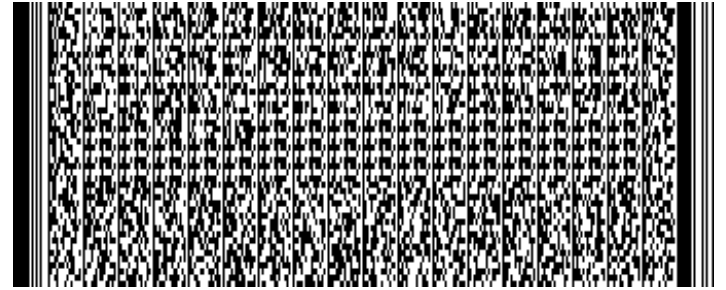
Oregon Department of Revenue

Page 1 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Fiscal year ending date (MM/DD/YYYY)

Space for 2-D barcode—do not write in box below

- Extension filed
- Amended return.
If amending for an NOL tax year (YYYY)
NOL, tax year the
NOL was generated:
- Calculated with "as if" federal return
- Short-year tax election
- Form OR-24
- Form OR-243
- Federal Form 8379
- Federal Form 8886
- Disaster relief



First name Initial Date of birth (MM/DD/YYYY)

PARTHIVAN GOUD 03/17/1995

Last name

BOOSARAPU

Social Security number (SSN)

648-70-8358

- First time using this SSN (see instructions)
- Applied for ITIN
- Deceased

Spouse first name Initial Spouse date of birth (MM/DD/YYYY)

Spouse last name

Spouse SSN

- First time using this SSN (see instructions)
- Applied for ITIN
- Deceased

Current address

3017 ORDWAY DR NW APT E

City

ROANOKE

Country

USA

State

VA

Phone

ZIP code

24017

813-313-0388

Filing Status (check only one box)

- 1. Single
- 2. Married filing jointly
- 3. Married filing separately (enter spouse's information **above**)
- 4. Head of household (with qualifying dependent)
- 5. Qualifying surviving spouse



Page 2 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

BOOSARAPU

648-70-8358

Note: Reprint page 1 if you make changes to this page.

Exemptions

6a. Credits for yourself.....6a. 1

Check boxes that apply: [X] Regular [] Severely disabled [] Someone else can claim you as a dependent

6b. Credits for your spouse6b.

Check boxes that apply: [] Regular [] Severely disabled [] Someone else can claim you as a dependent

Dependents.

List your dependents in order from youngest to oldest.

Dependent 1: First name Initial Dependent 1: Last name

Dependent 1: Date of birth (MM/DD/YYYY) Dependent 1: SSN Code *

[] Dependent 1: Check if child has a qualifying disability

Dependent 2: First name Initial Dependent 2: Last name

Dependent 2: Date of birth (MM/DD/YYYY) Dependent 2: SSN Code *

[] Dependent 2: Check if child has a qualifying disability

Dependent 3: First name Initial Dependent 3: Last name

Dependent 3: Date of birth (MM/DD/YYYY) Dependent 3: SSN Code *

[] Dependent 3: Check if child has a qualifying disability

*Dependent relationship code (see instructions).

6c. Total number of dependents6c.

6d. Total number of dependent children with a qualifying disability (see instructions).....6d.

6e. Total exemptions. Add lines 6a through 6d..... Total 6e. 1



Page 3 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name BOOSARAPU SSN 648-70-8358

Note: Reprint page 1 if you make changes to this page.

Taxable income

- 7. Federal adjusted gross income from federal Form 1040, 1040-SR, or 1040-NR, line 11; or 1040-X, line 1C (see instructions) 7. 121,976.00
8. Total additions from Schedule OR-ASC, line A5 8.
9. Income after additions. Add lines 7 and 8 9. 121,976.00

Subtractions

- 10. 2022 federal tax liability (see instructions) 10. 7,250.00
11. Social Security amount on federal Form 1040 or 1040-SR, line 6b 11.
12. Oregon income tax refund included in federal income 12.
13. Total subtractions from Schedule OR-ASC, line B7 13.
14. Total subtractions. Add lines 10 through 13 14. 7,250.00
15. Income after subtractions. Line 9 minus line 14 15. 114,726.00

Deductions

- 16. Oregon itemized deductions. Enter your Oregon itemized deductions from Schedule OR-A, line 23. If you are not itemizing your deductions, enter 0 16. 0.00
17. Standard deduction. Enter your standard deduction 17. 2,420.00

You were: 17a. [] 65 or older 17b. [] Blind Your spouse was: 17c. [] 65 or older 17d. [] Blind

Standard deductions

Table with 5 columns: Single (\$2,420), Married filing jointly (\$4,840), Married filing separately (\$2,420 or \$0), Qualifying surviving spouse (\$4,840), Head of Household (\$3,895)

See instructions if you are age 65 or older, blind, or if someone can claim you as a dependent. See instructions if you are married filing separately.



Page 4 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name BOOSARAPU SSN 648-70-8358

Note: Reprint page 1 if you make changes to this page.

Deductions (continued)

18. Enter the larger of line 16 or 17..... 18. 2,420.00
19. Oregon taxable income. Line 15 minus line 18. If line 18 is more than line 15, enter 0 19. 112,306.00

Oregon tax

20. Tax (see instructions) 20. 9,563.00
Check the appropriate box if you're using an alternative method to calculate your tax:
20a. [] Schedule OR-FIA-40 20b. [] Worksheet FCG 20c. [] Schedule OR-PTE-FY

21. Interest on certain installment sales 21.
22. Total tax before credits. Add lines 20 and 21 22. 9,563.00

Standard and carryforward credits

23. Exemption credit. If the amount on line 7 is \$100,000 or less, multiply your total exemptions on line 6e by \$219. Otherwise, see instructions 23.
24. Political contribution credit. See limits in instructions 24.
25. Total standard credits from Schedule OR-ASC, line C16 25.
26. Total standard credits. Add lines 23 through 25 26.
27. Tax minus standard credits. Line 22 minus line 26. If line 26 is more than line 22, enter 0 27. 9,563.00
28. Total carryforward credits used this year from Schedule OR-ASC, line D9. Line 28 can't be more than line 27 (see Schedule OR-ASC instructions) 28.
29. Tax after standard and carryforward credits. Line 27 minus line 28 29. 9,563.00
30. Total tax recaptures reported this year from Schedule OR-ASC, line E5 30.



2022 Form OR-40
Oregon Individual Income Tax Return for Full-year Residents

Oregon Department of Revenue

Page 5 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name SSN
BOOSARAPU 648-70-8358

Note: Reprint page 1 if you make changes to this page.

Standard and carryforward credits (continued)

31. Tax including tax recaptures. Line 29 plus line 30..... 31. 9,563.00

Payments and refundable credits

32. Oregon income tax withheld. **Include a copy of your Forms W-2 and 1099**..... 32. 5,998.00

33. Amount applied from your prior year's tax refund..... 33.

34. Estimated tax payments for 2022. **Include all payments you made** before filing this return (see instructions). Do not include the amount on line 33..... 34.

35. Tax payments from a pass-through entity 35.

36. Earned income credit (see instructions)..... 36.

Reserved

38. Total refundable credits from Schedule OR-ASC, line F7 38.

39. Total payments and refundable credits. Add lines 32 through 38..... 39. 5,998.00

Tax to pay or refund

40. **Overpayment of tax.** If line 31 is **less** than line 39, you overpaid.
Line 39 minus line 31 40.

41. **Net tax.** If line 31 is **more** than line 39, you have tax to pay.
Line 31 minus line 39 41. 3,565.00

42. Penalty and interest for filing or paying late (see instructions) 42.

43. Interest on underpayment of estimated tax. **Include Form OR-10** 43. 85.00

Exception number from Form OR-10, line 1 43a. Check box if you annualized: 43b.



Page 6 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name BOOSARAPU SSN 648-70-8358

Note: Reprint page 1 if you make changes to this page.

Tax to pay or refund (continued)

- 44. Total penalty and interest due. Add lines 42 and 43 44. 85.00
45. Net tax including penalty and interest. Line 41 plus line 44 This is the amount you owe. 45. 3,650.00
46. Overpayment less penalty and interest. Line 40 minus line 44 This is your refund. 46.
47. Estimated tax. Fill in the portion of line 46 you want applied to your open estimated tax account 47.
48. Charitable checkoff donations from Schedule OR-DONATE, line 30 48.
49. Political party \$3 checkoff 49.
Party code: 49a. You 49b. Spouse
50. Oregon 529 college savings plan deposits from Schedule OR-529, line 5 50.
51. Total. Add lines 47 through 50. Line 51 can't be more than your refund on line 46 51.
52. Net refund. Line 46 minus line 51 This is your net refund. 52.

Direct deposit

53. For direct deposit of your refund, see instructions. Check the box if the final deposit destination is outside the United States: []

Type of account:

- [] Checking or
[] Savings

Account information:

Routing number Account number

Reserved



Page 7 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name SSN
 BOOSARAPU 648-70-8358

Note: Reprint page 1 if you make changes to this page.

Sign here. Under penalty of false swearing, I declare that the information in this return and any attachments is true, correct and complete.

Your signature

X
 Date (MM/DD/YYYY)

Spouse signature

X
 Date (MM/DD/YYYY)

Signature of preparer other than taxpayer

X SYAM PRIYA RAM SAGAR GUPTA TALLAM
 Date (MM/DD/YYYY) Preparer phone Preparer license number
 02/22/2023 678-965-9522

Preparer first name Initial Preparer last name
 SYAM P RAM SAGAR GUPTA TALLAM

Preparer address
 245 ROONEY CT
 City State ZIP code
 E BRUNSWICK NJ 08816

Signing this return does not grant your preparer the right to represent you or make decisions on your behalf. For more information, see the instructions for the *Tax Information Authorization and Power of Attorney for Representation* form on our website.

Important: Include a copy of your federal Form 1040, 1040-SR, 1040-X, or 1040-NR. **We may adjust your return without it.**

Pay the amount due (shown on line 45)

- **Online:** www.oregon.gov/dor.
- **By mail:** Payable to the **Oregon Department of Revenue**. Write “2022 Oregon Form OR-40” and the last four digits of your SSN or ITIN on your check or money order. If you include a payment with your return, **don't** include Form OR-40-V payment voucher.

Mail your return

- **Non-2-D barcode.** If the large 2-D barcode box on the first page of this form is blank:
 - Mail **tax-due** returns to: Oregon Department of Revenue, PO Box 14555, Salem OR 97309-0940.
 - Mail **refund and no-tax-due** returns to: Oregon Department of Revenue, PO Box 14700, Salem OR 97309-0930.
- **2-D barcode.** If the large 2-D barcode box on the first page of this form is filled in:
 - Mail **tax-due** returns to: Oregon Department of Revenue, PO Box 14720, Salem OR 97309-0463.
 - Mail **refund and no-tax-due** returns to: Oregon Department of Revenue, PO Box 14710, Salem OR 97309-0460.



Page 8 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

BOOSARAPU

648-70-8358

Note: Reprint page 1 if you make changes to this page.

Amended statement. Complete this section only if you're amending your 2022 return or filing with a new SSN.

If filing an amended return, use this space to explain what you're changing. Include the return line numbers and the reason for each change. If your filing status has changed, explain why. Include all supporting forms and schedules when you file your amended return, even if you haven't changed anything on them.

If filing with a new SSN, enter your former identification number.



2022 Form OR-10
Underpayment of Oregon Estimated Tax

Oregon Department of Revenue

Page 1 of 1 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Instructions: Use this form to report the interest on underpaid estimated tax or to claim an exception to paying estimated tax. Figure your required installment payments and total underpayment interest using the worksheets inside Form OR-10 Instructions.
If you're claiming an exception or owe underpayment interest, include this form when you file your Oregon return.

Last name

BOOSARAPU

Social Security number (SSN)

648-70-8358

Exception

- 1. If you qualify for an exception to the imposition of underpayment interest, enter the exception number here and on Form OR-40, box 43a; Form OR-40-N, box 68a; or Form OR-40-P, box 67a..... 1.

Required annual payment

- 2. Enter the amount from line 10 of the *Required annual payment worksheet* inside Form OR-10 Instructions. 2. 8,607.00

Required installment payments

- 3. Enter the amounts for each installment period from lines 1, 6, 11, and 17 of the *Underpayment interest worksheet* inside Form OR-10 Instructions.
 - 3A. Installment payment 1: due April 18, 2022..... 3A. 2,151.00
 - 3B. Installment payment 2: due June 15, 2022 3B. 2,152.00
 - 3C. Installment payment 3: due September 15, 2022 3C. 2,152.00
 - 3D. Installment payment 4: due January 17, 2023 3D. 2,152.00

Total underpayment interest for tax year 2022

- 4. Enter the amount from line 22 of the *Underpayment interest worksheet* inside Form OR-10 Instructions here and on Form OR-40, line 43; Form OR-40-N, line 68; or Form OR-40-P, line 67 **Total 4.** 85.00

—You must include this form with your Oregon income tax return—



Annualized income worksheet

The worksheet calculates your tax for each period while factoring the other items claimed on your return.

Read the instructions **before** completing this worksheet. **Note:** Start with column A. Work down each column, and complete lines 1 through 31 before going on to columns B, C, and D.

	(A) Jan 1 to Mar 31	(B) Jan 1 to May 31	(C) Jan 1 to Aug 31	(D) Jan 1 to Dec 31
1. Federal adjusted gross income for each period (see instructions).....1.				
2. Oregon additions for each period (see instructions)2.				
3. Add lines 1 and 2.....3.				
4. Annualization multiplier.....4.	4	2.4	1.5	1
5. Annualized Oregon income. Multiply line 3 by line 4.....5.				
6. Oregon subtractions for each period (except federal tax).....6.				
7. Annualization multiplier.....7.	4	2.4	1.5	1
8. Annualized Oregon subtractions. Multiply line 6 by line 7.....8.				
9. Federal tax liability from Table 3 (see instructions).....9.				
10. Total subtractions. Add lines 8 and 9.....10.				
11. Oregon itemized deductions for each period. If you don't itemize, enter \$0 and skip to line 14 (see instructions).....11.				
12. Annualization multiplier.....12.	4	2.4	1.5	1
13. Annualized Oregon itemized deductions. Multiply line 11 by line 12.....13.				
14. In each column, enter the full amount of your Oregon standard deduction (see instructions)14.				
15. Enter line 13 or 14, whichever is larger15.				
16. Total subtractions and deductions. Add lines 10 and 15.....16.				
17. Annualized Oregon taxable income. Line 5 minus line 16.....17.				
18. Oregon tax for the amount on line 17 (see tax tables or tax rate chart in the 2022 return instructions).....18.				
19. Exemption credit (not annualized) from Form OR-40, line 23; Form OR-40-N, line 49; or Form OR-40-P, line 48.....19.				
20. Credits minus tax recaptures for each period. Do not include exemption credits (see instructions)20.				
21. Total credits. Add lines 19 and 20.....21.				
22. Net annualized income tax. Line 18 minus line 21.....22.				
23. Percentage that applies for each period.....23.	22.5%	45%	67.5%	90%
24. Annualized tax per period. Multiply line 22 by line 23.....24.				
25. Prior period installment payment. Enter the amount from box 31A in box 25B, from boxes 31A and 31B in box 25C, and from boxes 31A, 31B, and 31C in box 25D.....25.				
26. Line 24 minus line 25. If less than zero, enter \$0.....26.				
27. Line 10 of the required annual payment worksheet divided by four.*27.				
28. Prior excess regular installment. Enter the amount from box 30A in box 28B, from box 30B in box 28C, and from box 30C in box 28D.....28.				
29. Add lines 27 and 28.....29.				
30. Excess regular installment amount. Line 29 minus line 26. If line 29 is less than line 26, enter \$0.....30.				
31. Annualized installment payment. Enter the smaller of line 26 or line 29.....31.				

Enter the amounts from line 31 on line 1 of the **underpayment interest worksheet** on page 4 and on Form OR-10, line 3.

* If you are a part-year filer, divide by the number of periods you were an Oregon resident or had income from Oregon sources while you were a nonresident, if less than four.

Additional Information From 2022 Oregon Tax Return

Form OR-10: Underpayment of Oregon Estimated Tax Underpayment Statement

Explanation Statement

Line 34							
Event	Date	Amount Due	Amount Paid	Running Balance	Percent	# of Days	Penalty
Amount Due	04/18/22	2151		2151	4.00	0	
Withholding	04/18/22		1499	652	4.00	58	4.14
Amount Due	06/15/22	2152		2804	4.00	0	
Withholding	06/15/22		1499	1305	4.00	92	13.16
Amount Due	09/15/22	2152		3457	4.00	0	
Withholding	09/15/22		1500	1957	4.00	108	23.16
Rate Change	01/01/23			1957	6.00	16	5.15
Amount Due	01/17/23	2152		4109	6.00	0	
Withholding	01/17/23		1500	2609	6.00	91	39.03
Date Filed	04/18/23			2609	6.00		