

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **04/18/2023**

2023 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	585.
----------------------------------------------------------------------------	-------------

REV 03/22/23 PRO 1555

350-93-0624 773-93-8613
LUKKY DEEP RAYADURGAM
NIROSHA ARISETTY
2800 NW 192ND STREET APT 19203
EDMOND OK 73012

INTERNAL REVENUE SERVICE
PO BOX 931100
LOUISVILLE KY 40293-1100

350930624 BL RAYA 30 0 202312 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **06/15/2023**

2023 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	585.
----------------------------------------------------------------------------	-------------

REV 03/22/23 PRO 1555

350-93-0624 773-93-8613
LUKKY DEEP RAYADURGAM
NIROSHA ARISETTY
2800 NW 192ND STREET APT 19203
EDMOND OK 73012

INTERNAL REVENUE SERVICE
PO BOX 931100
LOUISVILLE KY 40293-1100

350930624 BL RAYA 30 0 202312 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **09/15/2023**

2023 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	585.
----------------------------------------------------------------------------	-------------

REV 03/22/23 PRO 1555

350-93-0624 773-93-8613
LUKKY DEEP RAYADURGAM
NIROSHA ARISETTY
2800 NW 192ND STREET APT 19203
EDMOND OK 73012

INTERNAL REVENUE SERVICE
PO BOX 931100
LOUISVILLE KY 40293-1100

350930624 BL RAYA 30 0 202312 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **01/16/2024**

2023 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	585.
----------------------------------------------------------------------------	-------------

REV 03/22/23 PRO 1555

350-93-0624 773-93-8613
LUKKY DEEP RAYADURGAM
NIROSHA ARISETTY
2800 NW 192ND STREET APT 19203
EDMOND OK 73012

INTERNAL REVENUE SERVICE
PO BOX 931100
LOUISVILLE KY 40293-1100

350930624 BL RAYA 30 0 202312 430

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 LUKKY DEEP RAYADURGAM	Social security number 350-93-0624
Spouse's name NIROSHA ARISETTY	Spouse's social security number 773-93-8613

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	133,268.
2 Total tax	2	11,836.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	9,499.
4 Amount you want refunded to you	4	
5 Amount you owe	5	2,337.

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

3	0	6	2	4
---	---	---	---	---

 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 GLOBAL TAXES LLC to enter or generate my PIN

3	8	6	1	3
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

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

 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

IF you live in...	THEN use this address to send in your payment...
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

▼ **Detach Here and Mail With Your Payment and Return** ▼

Department of the Treasury
Internal Revenue Service

2022

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount of your payment ▶	2,337.
----------------------------------------------	---------------

REV 03/22/23 PRO 1555

LUKKY DEEP RAYADURGAM
NIROSHA ARISETTY
2800 NW 192ND STREET 19203
EDMOND OK 73012

INTERNAL REVENUE SERVICE
P.O. BOX 931000
LOUISVILLE, KY 40293-1000

350930624 BL RAYA 30 0 202212 610

Filing Status [] Single [X] 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 numbers, 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 with 6 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes dependents SAMARARRJWN RAYADURGAM and SHIVARRJWN RAYADURGAM.

Income section table with columns 1a-1z and 1a-1z. Includes total amount from Form(s) W-2, household employee wages, tip income, etc.

Table for tax-exempt interest, qualified dividends, IRA distributions, pensions and annuities, social security benefits, taxable interest, ordinary dividends, taxable amounts.

Table for capital gain or loss, other income from Schedule 1, total income, adjustments to income, adjusted gross income, standard deduction or itemized deductions, qualified business income deduction, taxable income.

**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
LUKKY DEEP RAYADURGAM & NIROSHA ARISETTY

Your social security number
350-93-0624

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	-17,700.
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	-17,700.

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 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2022
Attachment
Sequence No. **03**

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

LUKKY DEEP RAYADURGAM & NIROSHA ARISSETTY

Your social security number

350-93-0624

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	519.
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Alternative motor vehicle credit. Attach Form 8910	6e	
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
z	Other nonrefundable credits. List type and amount: _____ _____	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	519.

(continued on page 2)

Part II Other Payments and Refundable Credits

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

**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

LUKKY DEEP RAYADURGAM & NIROSHA ARISETTY

Your social security number

350-93-0624

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 ATTAPUR HYDERABAD TELANGANA IN 500072

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	650.	
4	Royalties received	4		
Expenses:				
5	Advertising	5		
6	Auto and travel (see instructions)	6		
7	Cleaning and maintenance	7	1,850.	
8	Commissions	8		
9	Insurance	9		
10	Legal and other professional fees	10		
11	Management fees	11	2,850.	
12	Mortgage interest paid to banks, etc. (see instructions)	12		
13	Other interest	13		
14	Repairs	14	5,960.	
15	Supplies	15	4,740.	
16	Taxes	16		
17	Utilities	17	2,950.	
18	Depreciation expense or depletion	18		
19	Other (list) _____	19		
20	Total expenses. Add lines 5 through 19	20	18,350.	
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	-17,700.	
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(17,700.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a	650.	
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	18,350.	
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	(17,700.)	
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		-17,700.

For Paperwork Reduction Act Notice, see the separate instructions.

NPA -17,700.

Schedule E (Form 1040) 2022

**SCHEDULE 8812
(Form 1040)**

**Credits for Qualifying Children
and Other Dependents**

OMB No. 1545-0074

2022

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Name(s) shown on return

LUKKY DEEP RAYADURGAM & NIROSHA ARISETTY

Your social security number

350-93-0624

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	133,268.
2a	Enter income from Puerto Rico that you excluded	2a		
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.	
c	Enter the amount from line 15 of your Form 4563	2c		
d	Add lines 2a through 2c	2d	0.	
3	Add lines 1 and 2d	3	133,268.	
4	Number of qualifying children under age 17 with the required social security number	4	1	
5	Multiply line 4 by \$2,000	5	2,000.	
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	1	
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7	500.	
8	Add lines 5 and 7	8	2,500.	
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	9	400,000.	
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	10	0.	
11	Multiply line 10 by 5% (0.05)	11	0.	
12	Is the amount on line 8 more than the amount on line 11?	12	2,500.	
	<input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
	<input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from the Credit Limit Worksheet A	13	14,336.	
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents	14	2,500.	

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

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

Part II-A Additional Child Tax Credit for All Filers

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

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

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

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions.	21	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22	
23	Add lines 21 and 22	23	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. }	24	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	26	

Part II-C Additional Child Tax Credit

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

**Education Credits
(American Opportunity and Lifetime Learning Credits)**

Department of the Treasury
Internal Revenue Service

Attach to Form 1040 or 1040-SR.
Go to www.irs.gov/Form8863 for instructions and the latest information.

Name(s) shown on return

LUKKY DEEP RAYADURGAM & NIROSHA ARISETTY

Your social security number

350-93-0624



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part I Refundable American Opportunity Credit

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . .	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	2	
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	3	
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4	
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	5	
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)	6	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/>	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below.	8	

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	9	
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	2,595.
11	Enter the smaller of line 10 or \$10,000	11	2,595.
12	Multiply line 11 by 20% (0.20)	12	519.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	13	180,000.
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	14	133,268.
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	46,732.
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	16	20,000.
17	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)	17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions)	18	519.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3	19	519.

Name(s) shown on return

LUKKY DEEP RAYADURGAM & NIROSHA ARISETTY

Your social security number

350-93-0624



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information. See instructions.

<p>20 Student name (as shown on page 1 of your tax return) NIROSHA ARISETTY</p>	<p>21 Student social security number (as shown on page 1 of your tax return) 773-93-8613</p>		
<p>22 Educational institution information (see instructions)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <p>a. Name of first educational institution CAMPBELLSVILLE UNIVERSITY INC</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 1 UNIVERSITY DRIVE CAMPBELLSVILLE KY 42718</p> <p>(2) Did the student receive Form 1098-T from this institution for 2022? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2021 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. 61-0469267</p> </td> <td style="width:50%; vertical-align: top;"> <p>b. Name of second educational institution (if any)</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p>(2) Did the student receive Form 1098-T from this institution for 2022? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2021 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p> </td> </tr> </table>		<p>a. Name of first educational institution CAMPBELLSVILLE UNIVERSITY INC</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 1 UNIVERSITY DRIVE CAMPBELLSVILLE KY 42718</p> <p>(2) Did the student receive Form 1098-T from this institution for 2022? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2021 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. 61-0469267</p>	<p>b. Name of second educational institution (if any)</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p>(2) Did the student receive Form 1098-T from this institution for 2022? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2021 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p>
<p>a. Name of first educational institution CAMPBELLSVILLE UNIVERSITY INC</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 1 UNIVERSITY DRIVE CAMPBELLSVILLE KY 42718</p> <p>(2) Did the student receive Form 1098-T from this institution for 2022? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2021 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. 61-0469267</p>	<p>b. Name of second educational institution (if any)</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p>(2) Did the student receive Form 1098-T from this institution for 2022? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2021 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p>		
<p>23 Has the American opportunity credit been claimed for this student for any 4 prior tax years? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.</p>			
<p>24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2022 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. <input checked="" type="checkbox"/> Yes — Go to line 25. <input type="checkbox"/> No — Stop! Go to line 31 for this student.</p>			
<p>25 Did the student complete the first 4 years of postsecondary education before 2022? See instructions. <input checked="" type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input type="checkbox"/> No — Go to line 26.</p>			
<p>26 Was the student convicted, before the end of 2022, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input type="checkbox"/> No — Complete lines 27 through 30 for this student.</p>			



You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000	27	
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	28	
29 Multiply line 28 by 25% (0.25)	29	
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	30	

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	2,595.
-----------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------	--------

Paid Preparer's Due Diligence Checklist
*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*
**To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
Go to www.irs.gov/Form8867 for instructions and the latest information.**

OMB No. 1545-0074

For tax year
20 _____

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return LUKKY DEEP RAYADURGAM & NIROSHA ARISETTY		Taxpayer identification number 350-93-0624
Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM		Preparer tax identification number P02082703

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - 1. A copy of this Form 8867.
 - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Oklahoma Individual Estimated Tax Tax Year 2023 Worksheet for Individuals

See the general instructions for additional filing information.

1	Estimated total income for tax year (less income exempt by statute)	133268	00
2	Estimated deductions (Oklahoma standard or itemized).....	12700	00
3	Exemptions (\$1000 for each exemption).....	4000	00
4	Total deductions and exemptions (add lines 2 and 3)	16700	00
5	Estimated taxable income (subtract line 4 from line 1).....	116568	00
6	Estimated Oklahoma tax *	5182	00
7	Estimated Oklahoma income tax credits	0	00
8	Estimated Oklahoma income tax liability (subtract line 7 from 6)	5182	00
9	A. Multiply line 8 by 70%	3627	00
	B. Enter the tax liability shown on your previous year's tax return	5182	00
	C. Enter the smaller of line 9a or 9b.	3627	00
10	Estimated amount of withholding.....	4659	00
11	Subtract line 10 from line 9c..... <small>(Note: If zero or less, or if line 8 minus line 10 is less than \$500, stop here. You are not required to make estimated tax payments.)</small>	-1032	00
12	Amount to be paid with each coupon (if paid quarterly, 1/4 of line 11)	0	00

* The following applies to part-year and nonresident taxpayers who will be filing Form 511-NR. Lines 1 through 5 shall be calculated as if all income were earned in Oklahoma.

- 1) Using the amount from line 5, calculate the tax; this is the base tax and will be prorated for line 6.
- 2) To calculate line 6, first estimate your income from Oklahoma sources. Divide your income from Oklahoma sources by the amount on line 1.
- 3) Multiply this percentage by the base tax and enter the result on line 6. This is your estimated Oklahoma tax liability. Complete the remainder of the worksheet as directed.

Record of Estimated Tax Payments

Quarter	Date Paid	Amount
Applied from 2022 Tax Return		
1		
2		
3		
4		
Total		

The Oklahoma Tax Commission is not required to give actual notice of change in any state tax law.

**After this estimated tax payment is processed, you will receive a pre-printed coupon each quarter.
Please use the pre-printed coupon to make further tax payments.**

● Do not fold, staple, or paper clip **Detach Here and Return Coupon with Payment** ● Do not tear or cut below line

REV 01/20/23 PRO

ITE OW-8-ES Oklahoma Individual Estimated Tax Coupon



Mailing Address Change
(Enter new mailing address below)

LUKKY DEEP RAYADURGAM & NIROSHA ARISETTY
Name
2800 NW 192ND STREET , APT. 19203
Address
EDMOND OK 73012
City State ZIP

Taxpayer SSN	350-93-0624
	773-93-8613
Tax Year	2023
Quarter	1
Due Date	04/18/2023

Amount of Payment: ----- Dollars ----- -- Cents --
131 .
Please remit only one check per coupon.

Mail this coupon, along with payment, to:
Oklahoma Tax Commission - PO Box 269027 - Oklahoma City, OK 73126-9027

**Oklahoma Individual Estimated Tax
Tax Year 2023 Worksheet for Individuals**
See the general instructions for additional filing information.

1	Estimated total income for tax year (less income exempt by statute)	00
2	Estimated deductions (Oklahoma standard or itemized).....	00
3	Exemptions (\$1000 for each exemption).....	00
4	Total deductions and exemptions (add lines 2 and 3)	00
5	Estimated taxable income (subtract line 4 from line 1).....	00
6	Estimated Oklahoma tax *	00
7	Estimated Oklahoma income tax credits	00
8	Estimated Oklahoma income tax liability (subtract line 7 from 6)	00
9	A. Multiply line 8 by 70%	00
	B. Enter the tax liability shown on your previous year's tax return	00
	C. Enter the smaller of line 9a or 9b	00
10	Estimated amount of withholding.....	00
11	Subtract line 10 from line 9c..... (Note: If zero or less, or if line 8 minus line 10 is less than \$500, stop here. You are not required to make estimated tax payments.)	00
12	Amount to be paid with each coupon (if paid quarterly, 1/4 of line 11)	00

* The following applies to part-year and nonresident taxpayers who will be filing Form 511-NR. Lines 1 through 5 shall be calculated as if all income were earned in Oklahoma.

- 1) Using the amount from line 5, calculate the tax; this is the base tax and will be prorated for line 6.
- 2) To calculate line 6, first estimate your income from Oklahoma sources. Divide your income from Oklahoma sources by the amount on line 1.
- 3) Multiply this percentage by the base tax and enter the result on line 6. This is your estimated Oklahoma tax liability. Complete the remainder of the worksheet as directed.

Record of Estimated Tax Payments

Quarter	Date Paid	Amount
Applied from 2022 Tax Return		
1		
2		
3		
4		
Total		

The Oklahoma Tax Commission is not required to give actual notice of change in any state tax law.

**After this estimated tax payment is processed, you will receive a pre-printed coupon each quarter.
Please use the pre-printed coupon to make further tax payments.**

● Do not fold, staple, or paper clip

Detach Here and Return Coupon with Payment

● Do not tear or cut below line

REV 01/20/23 PRO

ITE OW-8-ES Oklahoma Individual Estimated Tax Coupon



Mailing Address Change
(Enter new mailing address below)

LUKKY DEEP RAYADURGAM & NIROSHA ARISETTY
Name
2800 NW 192ND STREET , APT. 19203
Address
EDMOND OK 73012
City State ZIP

Taxpayer SSN	350-93-0624
	773-93-8613
Tax Year	2023
Quarter	2
Due Date	06/15/2023

Amount of Payment: ----- Dollars ----- Cents --
131 .
Please remit only one check per coupon.

Mail this coupon, along with payment, to:
Oklahoma Tax Commission - PO Box 269027 - Oklahoma City, OK 73126-9027

**Oklahoma Individual Estimated Tax
Tax Year 2023 Worksheet for Individuals**
See the general instructions for additional filing information.

1	Estimated total income for tax year (less income exempt by statute)	00
2	Estimated deductions (Oklahoma standard or itemized).....	00
3	Exemptions (\$1000 for each exemption).....	00
4	Total deductions and exemptions (add lines 2 and 3)	00
5	Estimated taxable income (subtract line 4 from line 1).....	00
6	Estimated Oklahoma tax *	00
7	Estimated Oklahoma income tax credits	00
8	Estimated Oklahoma income tax liability (subtract line 7 from 6)	00
9	A. Multiply line 8 by 70%	00
	B. Enter the tax liability shown on your previous year's tax return	00
	C. Enter the smaller of line 9a or 9b	00
10	Estimated amount of withholding.....	00
11	Subtract line 10 from line 9c..... (Note: If zero or less, or if line 8 minus line 10 is less than \$500, stop here. You are not required to make estimated tax payments.)	00
12	Amount to be paid with each coupon (if paid quarterly, 1/4 of line 11)	00

* The following applies to part-year and nonresident taxpayers who will be filing Form 511-NR. Lines 1 through 5 shall be calculated as if all income were earned in Oklahoma.

- 1) Using the amount from line 5, calculate the tax; this is the base tax and will be prorated for line 6.
- 2) To calculate line 6, first estimate your income from Oklahoma sources. Divide your income from Oklahoma sources by the amount on line 1.
- 3) Multiply this percentage by the base tax and enter the result on line 6. This is your estimated Oklahoma tax liability. Complete the remainder of the worksheet as directed.

Record of Estimated Tax Payments

Quarter	Date Paid	Amount
Applied from 2022 Tax Return		
1		
2		
3		
4		
Total		

The Oklahoma Tax Commission is not required to give actual notice of change in any state tax law.

**After this estimated tax payment is processed, you will receive a pre-printed coupon each quarter.
Please use the pre-printed coupon to make further tax payments.**

● Do not fold, staple, or paper clip **Detach Here and Return Coupon with Payment** ● Do not tear or cut below line

REV 01/20/23 PRO

ITE OW-8-ES Oklahoma Individual Estimated Tax Coupon



Mailing Address Change
(Enter new mailing address below)

LUKKY DEEP RAYADURGAM & NIROSHA ARISETTY
Name
2800 NW 192ND STREET , APT. 19203
Address
EDMOND OK 73012
City State ZIP

Taxpayer SSN	350-93-0624
	773-93-8613
Tax Year	2023
Quarter	3
Due Date	09/15/2023

Amount of Payment: ----- Dollars ----- -- Cents --
131 .
Please remit only one check per coupon.

Mail this coupon, along with payment, to:
Oklahoma Tax Commission - PO Box 269027 - Oklahoma City, OK 73126-9027

**Oklahoma Individual Estimated Tax
Tax Year 2023 Worksheet for Individuals**
See the general instructions for additional filing information.

1	Estimated total income for tax year (less income exempt by statute)	00
2	Estimated deductions (Oklahoma standard or itemized).....	00
3	Exemptions (\$1000 for each exemption).....	00
4	Total deductions and exemptions (add lines 2 and 3)	00
5	Estimated taxable income (subtract line 4 from line 1).....	00
6	Estimated Oklahoma tax *	00
7	Estimated Oklahoma income tax credits	00
8	Estimated Oklahoma income tax liability (subtract line 7 from 6)	00
9	A. Multiply line 8 by 70%	00
	B. Enter the tax liability shown on your previous year's tax return	00
	C. Enter the smaller of line 9a or 9b	00
10	Estimated amount of withholding.....	00
11	Subtract line 10 from line 9c..... (Note: If zero or less, or if line 8 minus line 10 is less than \$500, stop here. You are not required to make estimated tax payments.)	00
12	Amount to be paid with each coupon (if paid quarterly, 1/4 of line 11)	00

* The following applies to part-year and nonresident taxpayers who will be filing Form 511-NR. Lines 1 through 5 shall be calculated as if all income were earned in Oklahoma.

- 1) Using the amount from line 5, calculate the tax; this is the base tax and will be prorated for line 6.
- 2) To calculate line 6, first estimate your income from Oklahoma sources. Divide your income from Oklahoma sources by the amount on line 1.
- 3) Multiply this percentage by the base tax and enter the result on line 6. This is your estimated Oklahoma tax liability. Complete the remainder of the worksheet as directed.

Record of Estimated Tax Payments

Quarter	Date Paid	Amount
Applied from 2022 Tax Return		
1		
2		
3		
4		
Total		

The Oklahoma Tax Commission is not required to give actual notice of change in any state tax law.

**After this estimated tax payment is processed, you will receive a pre-printed coupon each quarter.
Please use the pre-printed coupon to make further tax payments.**

● Do not fold, staple, or paper clip

Detach Here and Return Coupon with Payment

● Do not tear or cut below line

REV 01/20/23 PRO

ITE OW-8-ES Oklahoma Individual Estimated Tax Coupon



Mailing Address Change
(Enter new mailing address below)

LUKKY DEEP RAYADURGAM & NIROSHA ARISETTY
Name
2800 NW 192ND STREET , APT. 19203
Address
EDMOND OK 73012
City State ZIP

Taxpayer SSN	350-93-0624
	773-93-8613
Tax Year	2023
Quarter	4
Due Date	01/16/2024

Amount of Payment: ----- Dollars ----- Cents -----
131 .
Please remit only one check per coupon.

Mail this coupon, along with payment, to:
Oklahoma Tax Commission - PO Box 269027 - Oklahoma City, OK 73126-9027



Oklahoma Individual Income Tax Declaration for Electronic Filing

NOTE: Do not mail Oklahoma Tax Return - Form 511 or Form 511-NR.

See instructions on Page 2 to determine if you are required to send Form 511-EF to the OTC.

2022
Form 511-EF

Your first name and middle initial LUKKY DEEP	Last name RAYADURGAM
If a joint return, spouse's first name and middle initial NIROSHA	Last name ARISSETTY
Mailing address (number and street, including apartment number, rural route or PO Box) 2800 NW 192ND STREET 19203	
City, State, ZIP EDMOND OK 73012	

Your social security number: 350930624

Spouse's social security number: 773938613

Filing status:

Total number of exemptions:

PART ONE - TAX RETURN INFORMATION (WHOLE DOLLARS ONLY)

1	Oklahoma Adjusted Gross Income (511, Line 7) or Adjusted Gross Income: All Sources (511-NR, Line 8)	1	133268	00
2	Oklahoma Income Tax and Use Tax (511, Line 20 or 511-NR, Line 24)	2	5182	00
3	Oklahoma Income Tax Payments and Credits (511, Line 32 or 511-NR, Line 33)	3	4659	00
4	Refund (511, Line 37 or 511-NR, Line 38)	4	0	00
5	Balance Due (511, Line 42 or 511-NR, Line 43)	5	523	00

For a balance due return with an electronic payment, complete line 6b below. The due date for an electronic payment is April 20th. For a balance due return with a non-electronic payment, enclose a payment with the 511-V and submit on or before the due date of April 15th. If the Internal Revenue Code (IRC) of the IRS provides for a later due date, your payment may be made by the later due date and will be considered timely. If the due date falls on a weekend or legal holiday when OTC offices are closed, your payment is due the next business day.

PART TWO - DECLARATION OF TAXPAYER

- 6a I consent that my refund be directly deposited as designated in the electronic portion of my 2022 Oklahoma income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- 6b I authorize the Oklahoma State 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 Oklahoma taxes owed on this return and/or a payment of estimated tax. 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.

If I have filed a balance due return, I understand that if the Oklahoma Tax Commission (OTC) does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

Under penalties of perjury, I declare I have compared the information contained on my return, with information I have provided to my Electronic Return Originator (ERO), and the amounts described in Part One above, agree with the amounts shown on the corresponding lines of my 2022 Oklahoma income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent that my return, including this declaration and accompanying schedules and statements, be sent to the OTC by my ERO.

In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the Oklahoma Tax Commission of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here:

_____ Your Signature	_____ Date	_____ Spouse's Signature (If joint return, both must sign)	_____ Date
-------------------------	---------------	---------------------------------------------------------------	---------------

PART THREE - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare I have reviewed the above taxpayer's return and the entries on Form 511-EF are complete and correct to the best of my knowledge. (EROs who are collectors are not responsible for reviewing the taxpayer's return; however, they must ensure Form 511-EF accurately reflects the data on the return.) I have obtained the taxpayer's signature on Form 511-EF and I have provided the taxpayer with a copy of all forms and information to be filed with the OTC, and have followed all other requirements described in Pub. 1345, Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2022). If I am also a Paid Preparer, under penalties of perjury I declare I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO Use Only

_____ ERO or Paid Preparer's Signature	04/18/2023 Date	_____ PTIN
-------------------------------------------	--------------------	---------------

Paid Preparer Use Only

_____ Paid Preparer Signature	04/18/2023 Date	P02082703 PTIN
----------------------------------	--------------------	-------------------

Firm Name (or yours if self-employed): SYAM PRIYA RAM SAGAR GUPTA TALLAM

Address and ZIP: 245 ROONEY CT E BRUNSWICK NJ 08816

Phone Number: (678) 965-9522

State of Oklahoma
Individual Income Tax Payment Voucher
Instructions

What is Form 511-V and Do You Have to Use It?

If you have already filed your return, either electronically or by paper, send this voucher with your check or money order for any balance due on your 2022 Form 511 or 511NR. Using Form 511-V allows us to process your payment more accurately and efficiently. We strongly encourage you to use Form 511-V, but there is no penalty if you do not.

Due Date

Generally, your Oklahoma income tax is due April 15th. However:

- If you electronically file your return and pay electronically, your due date is extended until April 20th. To make a payment online, visit **OKTAP** at tax.ok.gov and click on the Make a Payment link.
- If the Internal Revenue Code (IRC) of the IRS provides for a later due date, your payment may be made by the later due date and will be considered timely.
- If the due date falls on a weekend or legal holiday when the Oklahoma Tax Commission (OTC) offices are closed, your payment is due the next business day.

How To Prepare Your Payment

- Remit only one check or money order per voucher.
- Make your check or money order payable to the Oklahoma Tax Commission. Do not send cash.
- Make sure your name and address appear on your check or money order.

How To Send In Your 2022 Tax Payment, and Form 511-V

- Cut Form 511-V along the dotted line and submit the bottom portion of the Individual Income Tax Payment Voucher.
- Do not staple or otherwise attach your payment to Form 511-V. Instead, just put them loose in the envelope.
- **Do not include a copy of your income tax return.** To use this form, your income tax return (either paper or electronic) should already be filed with the OTC.
- Mail your 2022 tax payment and Form 511-V to:

Oklahoma Tax Commission
PO Box 26890
Oklahoma City, OK 73126-0890

● Do not fold, staple, or paper clip

Detach Here and Return Voucher with Payment

● Do not tear or cut below line

ITI-I

State of Oklahoma
Individual Income Tax Payment Voucher

FORM **511-V** 2022

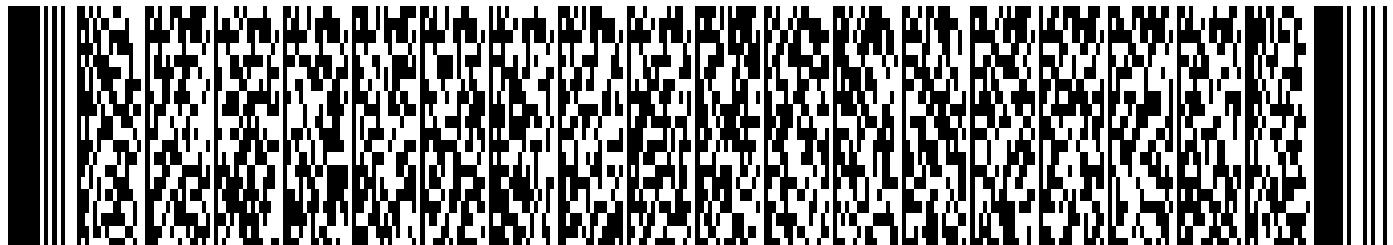
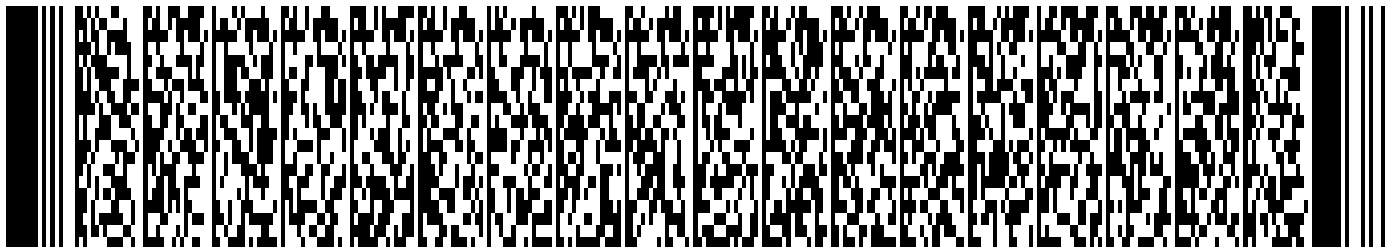
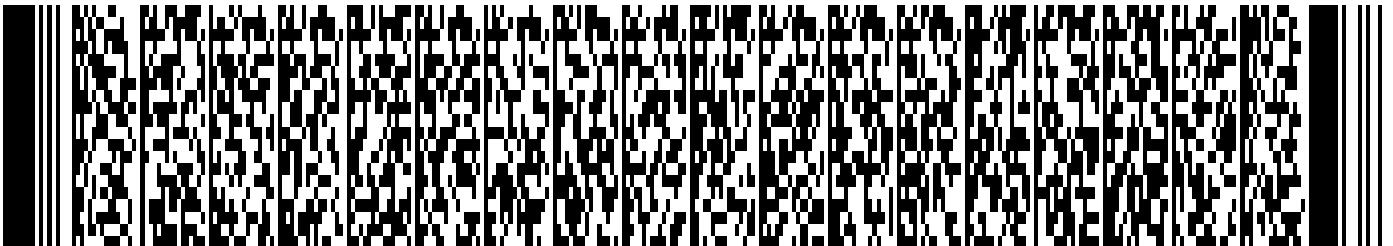


Reporting Period 01-01-2022 to 12-31-2022	Due Date (Penalty and interest may be assessed if payment is not sent by the due date) 04-15-2023
Your first name, middle initial and last name LUKKY DEEP RAYADURGAM	Your Social Security Number (if filing a joint return, enter the SSN shown first on your return) 350-93-0624
If joint return, spouse's first name, middle initial and last name NIROSHA ARISETTY	Spouse's Social Security Number (if filing a joint return) 773-93-8613
Mailing address (number and street, including apartment number, rural route or PO Box) 2800 NW 192ND STREET APT 19203	Daytime phone number (optional)
City, State, ZIP EDMOND OK 73012	Do not enclose a copy of your Oklahoma tax return.

Oklahoma Tax Commission
PO Box 26890
Oklahoma City, OK 73126-0890

Balance Due	\$ 523
Amount of Payment	\$ 523

**FAILURE TO SUBMIT THIS PAGE
WILL DELAY PROCESSING OF YOUR RETURN**



Note: This is to be mailed with original return. Please DO NOT attach this sheet when filing the payment voucher, Form 511V.

Oklahoma Resident Income Tax Return

Form 511
2022



Your Social Security Number	Spouse's Social Security Number <small>(joint return only)</small>	AMENDED RETURN!
350-93-0624	773-93-8613	
Place an 'X' in this box if this taxpayer is deceased →	Place an 'X' in this box if this taxpayer is deceased →	Place an 'X' in this box if this is an amended 511. See Schedule 511-I. →

Name and Address - Please Print or Type

Your First Name	Middle Initial	Last Name	If a Joint Return, Spouse's First Name	Middle Initial	Last Name	
LUKKY DEEP		RAYADURGAM	NIROSHA		ARISSETTY	
Mailing Address (Number and street, including apartment number, rural route or PO Box)			City	State	ZIP or Postal Code	Country
2800 NW 192ND STREET , APT. 19203			EDMOND	OK	73012	

Filing Status

1 Single

2 Married filing joint return (even if only one had income)

3 Married filing separate
(If spouse is also filing, list name and SSN in the boxes)

Name	SSN

4 Head of household with qualifying person

5 Qualifying widow(er) with dependent child
• Please list the year spouse died in box at right:

*** Note:** If claiming **Special Exemption**, see instructions on page 9 of 511 Packet.

	Regular	* Special	Blind		
Exemptions	1	+	+	<input type="checkbox"/>	1 (a)
	1	+	+	<input type="checkbox"/>	1 (b)
Number of dependents				<input type="checkbox"/>	2 (c)
Add the Totals from boxes (a), (b) and (c). Enter the TOTAL here:				<input type="checkbox"/>	4

Note: If you may be claimed as a dependent on another return, enter "0" in the Total box for your regular exemption.

Age 65 or Older? (Please see instructions) Yourself Spouse

PART ONE: TO ARRIVE AT OKLAHOMA ADJUSTED GROSS INCOME

		Round to Nearest Whole Dollar
1 Federal adjusted gross income (from Federal 1040 or 1040-SR).....	1	133268 00
2 Oklahoma Subtractions (provide Schedule 511-A).....	2	00
3 Line 1 minus line 2.....	3	133268 00
4 Out-of-state income, except wages. Describe (4a) (Provide Federal schedule with detailed description; see instructions).....	4b	00
5 Line 3 minus line 4b.....	5	133268 00
6 Oklahoma Additions (provide Schedule 511-B).....	6	00
7 Oklahoma adjusted gross income (line 5 plus line 6) (If line 7 is different than line 1, provide a copy of your Federal return.)	7	133268 00

PART TWO: OKLAHOMA TAXABLE INCOME, TAX AND CREDITS

8 Oklahoma Adjustments (provide Schedule 511-C).....	8	00
9 Oklahoma income after adjustments (line 7 minus line 8).....	9	133268 00

STOP AND READ: If line 4b is zero, complete lines 10-11. If line 4b is more than zero, see Schedule 511-E and do not complete lines 10-11.



Name(s) Shown
on Form 511: LUKKY DEEP RAYADURGAM & NIROSHA ARISETTY

Your Social Security Number: 350-93-0624

PART TWO: OKLAHOMA TAXABLE INCOME, TAX AND CREDITS continued

10	Oklahoma itemized deductions (from Schedule 511-D, line 11) or Oklahoma standard deduction (Single or Married Filing Separate: \$6,350 • Married Filing Joint or Qualifying Widow(er): \$12,700 • Head of Household: \$9,350).....	10	12700	00
11	Exemptions: Enter the total number of exemptions claimed on page 1..... <input type="text" value="4"/> X \$1,000.....	11	4000	00
12	Total deductions and exemptions (add lines 10 and 11 or amount from Sch. 511-E, line 5).....	12	16700	00
13	Oklahoma Taxable Income (line 9 minus line 12)	13	116568	00
14	(a) Oklahoma Income Tax from Tax Table (see pages 28-39 of instructions) or if using Farm Income Averaging, enter tax from Form 573, line 22 and enter a "1" in box on line 14	14a	5182	00
	(b) If paying the Health Savings Account additional 10% tax, add additional tax here and enter a "2" in box on line 14. If recapturing the Oklahoma Affordable Housing Tax Credit, add recaptured credit here and enter a "3" in box on line 14. If making an Oklahoma installment payment pursuant to IRC Section 965(h) and 68 OS Sec. 2368(K), add the installment payment here and enter a "4" in the box on line 14	14b		00
	Oklahoma Income Tax (line 14a plus line 14b)	14	5182	00

STOP AND READ: If line 7 is equal to or larger than line 1, complete line 15. If line 7 is smaller than line 1, complete Schedules 511-F and 511-G.

15	Oklahoma child care/child tax credit (see instructions).....	15		00
16	Credit for taxes paid to another state (provide Form 511TX).....	16		00
17	Form 511CR - Other Credits Form. List 511CR line number claimed here:..... <input type="text"/>	17		00
18	Income Tax (line 14 minus lines 15-17) Do not enter less than zero	18	5182	00

DO NOT PAY THIS AMOUNT. PAYMENT IS FIGURED ON LINE 42.

PART THREE: TAX, CREDITS AND PAYMENTS

19	Use tax due on Internet, mail order, or other out-of-state purchases..... (For use tax table, see page 14 of the Packet) If you certify that no use tax is due, place an 'X' here: <input checked="" type="checkbox"/>	19		00
20	Balance (add lines 18 and 19)	20	5182	00
21	Oklahoma withholding (provide all W-2s, 1099s or other withholding statements) ..	21	4659	00
22	2022 estimated tax payments (qualified farmer <input type="checkbox"/>).....	22		00
23	2022 payment with extension	23		00
24	Low Income Property Tax Credit (provide Form 538-H).....	24		00
25	Sales Tax Relief Credit (provide Form 538-S).....	25		00
26	Natural Disaster Tax Credit (provide Form 576).....	26		00
27	Credit from Form 578	27		00
28	Oklahoma earned income credit (see instructions).....	28	0	00
29	Amount paid with original return plus additional paid after it was filed (amended return only).....	29		00



Name(s) Shown on Form 511: **LUKKY DEEP RAYADURGAM & NIROSHA ARISETTY**

Your Social Security Number: **350-93-0624**

PART THREE: TAX, CREDITS AND PAYMENTS continued

30	Payments and credits (add lines 21-29 from page 2).....	30	4 659	00
31	Overpayment, if any, as shown on original return and/or prior amended return(s) or as previously adjusted by Oklahoma (amended return only).....	31		00
32	Total payments and credits (line 30 minus 31).....	32	4 659	00

PART FOUR: REFUND

33	If line 32 is more than line 20, subtract line 20 from line 32. This is your overpayment.....	33		0 00
34	Amount of line 33 to be applied to 2023 estimated tax (original return only) (For further information regarding estimated tax, see page 5 of the 511 Packet.)	34		00

Schedule 511-H provides you with the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Please place the line number of the organization from Schedule 511-H in the box below. If you give to more than one organization, put a "99" in the box. Provide Schedule 511-H.....

35	Donations from your refund (total from Schedule 511-H).....	35		00
36	Total deductions from refund (add lines 34 and 35).....	36		00
37	Amount to be refunded to you (line 33 minus line 36).....	37		0 00

Direct Deposit Note:
Verify your account and routing numbers are correct. If your direct deposit fails to process or you do not choose direct deposit, you will receive a **debit card**. See the 511 Packet for direct deposit and debit card information.

Is this refund going to or through an account that is located outside of the United States? Yes No

Deposit my refund in my:

Checking Account Routing Number: _____

Savings Account Account Number: _____

PART FIVE: AMOUNT YOU OWE

38	If line 20 is more than line 32, subtract line 32 from line 20. This is your tax due.....	38	5 23	00
39	Donation: Public School Classroom Support Fund (original return only).....	39		00
40	Underpayment of estimated tax interest (annualized installment method <input type="checkbox"/>).. (If you have an underpayment of estimated tax (line 40) & overpayment (line 33), see instructions.)	40		00
41	For delinquent payment add penalty of 5% \$ _____ plus interest of 1.25% per month \$ _____	41		00
42	Total tax, donation, penalty and interest (add lines 38-41).....	42	5 23	00

Under penalty of perjury, I declare the information contained in this document, and all attachments and schedules, is true and correct to the best of my knowledge and belief. Place an 'X' in this box if the Oklahoma Tax Commission may discuss this return with your tax preparer.....

Taxpayer's Signature	Date
Taxpayer's Occupation SOFTWARE DEVELOPER	
Daytime Phone (optional)	

Spouse's Signature	Date
Spouse's Occupation SOFTWARE DEVELOPER	
Daytime Phone (optional) (717) 379-2326	

Paid Preparer's Signature	Date
SYAM PRIYA RAM SAGAR GUPTA TALLAM	04/18/2023
Paid Preparer's Address and Phone Number (678) 965-9522	
245 ROONEY CT	
E BRUNSWICK NJ 08816	
Paid Preparer's PTIN P02082703	

Do not staple documentation to this form. To attach items, please use a paper clip.
Mailing Address for this form: **PO Box 26800, Oklahoma City, OK 73126-0800**
The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.