

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 SOWMYA SRI LAVU	Social security number 690-59-1615
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	72,127.
2	Total tax	8,636.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	10,457.
4	Amount you want refunded to you	1,821.
5	Amount you owe	

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

9	1	6	1	5
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 as my signature on the income tax return (original or amended) I am now authorizing.
- 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.
- 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 [] Single [] Married filing jointly [X] 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: VENKATESH KARANAM

Your first name and middle initial: SOWMYA SRI
Last name: LAVU
Your social security number: 690-59-1615
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number: 731-04-7260
Home address (number and street). If you have a P.O. box, see instructions.
5600 BABCOCK RD
Apt. no.: 13206
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[] You [] Spouse
City, town, or post office. If you have a foreign address, also complete spaces below.
SAN ANTONIO
State: TX
ZIP code: 78240
Foreign country name:
Foreign province/state/county:
Foreign postal code:

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 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes dependents section with checkboxes for more than four dependents.

Income section table with columns 1a-1z and 1a-1z. Rows include: 1a Total amount from Form(s) W-2, box 1 (see instructions) 77,667; 1b Household employee wages not reported on Form(s) W-2; 1c Tip income not reported on line 1a (see instructions); 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions); 1e Taxable dependent care benefits from Form 2441, line 26; 1f Employer-provided adoption benefits from Form 8839, line 29; 1g Wages from Form 8919, line 6; 1h Other earned income (see instructions) 0; 1i Nontaxable combat pay election (see instructions); 1z Add lines 1a through 1h 77,667.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. Rows include: 2a Tax-exempt interest; 2b Taxable interest; 3a Qualified dividends; 3b Ordinary dividends; 4a IRA distributions; 4b Taxable amount; 5a Pensions and annuities; 5b Taxable amount; 6a Social security benefits; 6b Taxable amount.

Table with columns 7-15. Rows include: 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here; 8 Other income from Schedule 1, line 10 -5,540; 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 72,127; 10 Adjustments to income from Schedule 1, line 26; 11 Subtract line 10 from line 9. This is your adjusted gross income 72,127; 12 Standard deduction or itemized deductions (from Schedule A) 12,950; 13 Qualified business income deduction from Form 8995 or Form 8995-A; 14 Add lines 12 and 13 12,950; 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 59,177.

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 8,636.

Table for Payments (lines 25-33). Includes federal income tax withheld (10,457) and total payments (10,457).

Table for Refund (lines 34-36). Shows overpaid amount of 1,821 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
SOWMYA SRI LAVU

Your social security number
690-59-1615

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	-5,540.
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	-5,540.

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

Your social security number

SOWMYA SRI LAVU

690-59-1615

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 PEDNANDHIPADU MANDAL GUNTUR DISTRICT ANDHRA PRADESH IN 522015

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	410.	
4	Royalties received	4		
Expenses:				
5	Advertising	5		
6	Auto and travel (see instructions)	6		
7	Cleaning and maintenance	7	1,150.	
8	Commissions	8		
9	Insurance	9		
10	Legal and other professional fees	10		
11	Management fees	11	900.	
12	Mortgage interest paid to banks, etc. (see instructions)	12		
13	Other interest	13		
14	Repairs	14	1,050.	
15	Supplies	15	1,280.	
16	Taxes	16		
17	Utilities	17	1,570.	
18	Depreciation expense or depletion	18		
19	Other (list) _____	19		
20	Total expenses. Add lines 5 through 19	20	5,950.	
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	-5,540.	
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(5,540.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a	410.	
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	5,950.	
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	(5,540.)	
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		-5,540.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2022

2022 Form OR-40-N
Oregon Individual Income Tax Return for Nonresidents

Oregon Department of Revenue

Page 1 of 11 • 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
- Employment exception
- Form OR-24
- Form OR-243
- Federal Form 8379
- Federal Form 8886
- Disaster relief
- Military



First name Initial Date of birth (MM/DD/YYYY)
SOWMYA SRI 05/24/1994
Last name

LAVU
Social Security number (SSN)
690-59-1615

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

Spouse first name Initial Spouse date of birth (MM/DD/YYYY)
VENKATESH 10/16/1992
Spouse last name

KARANAM
Spouse SSN
731-04-7260

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

Current address
5600 BABCOCK RD APT 13206
City State ZIP code
SAN ANTONIO TX 78240
Country Phone
USA

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

Last name LAVU SSN 690-59-1615

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

Last name LAVU SSN 690-59-1615

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

Table with 3 columns: Income, Federal column (F), Oregon column (S). Rows include Wages, salaries, interest income, dividend income, state and local income tax refunds, alimony received, business income, capital gain or loss, other gains or losses, and IRA distributions.



Page 4 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

LAVU

690-59-1615

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

	Federal column (F)		Oregon column (S)
16. Pensions and annuities from Form 1040 or 1040-SR, line 5b.			
16F.		16S.	
17. Schedule E income or loss from federal Schedule 1, line 5.			
17F.	-5,540.00	17S.	0.00
18. Farm income or loss from federal Schedule 1, line 6.			
18F.		18S.	
19. Social Security benefits from Form 1040 or 1040-SR, line 6b; and unemployment and other income from federal Schedule 1, lines 7 and 9.			
19F.		19S.	
20. Total income. Add lines 7 through 19.			
20F.	72,127.00	20S.	63,000.00

Adjustments

21. IRA or SEP and SIMPLE contributions, from federal Schedule 1, lines 16 and 20.			
21F.		21S.	
22. Education deductions from federal Schedule 1, lines 11 and 21.			
22F.		22S.	
23. Moving expenses from federal Schedule 1, line 14.			
23F.		23S.	



Page 5 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name SSN
 LAVU 690-59-1615

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

	Federal column (F)		Oregon column (S)
24. Deduction for self-employment tax from federal Schedule 1, line 15.			
24F.		24S.	
25. Self-employed health insurance deduction from federal Schedule 1, line 17.			
25F.		25S.	
26. Alimony paid from federal Schedule 1, line 19a.			
26F.		26S.	
27. Total adjustments from Schedule OR-ASC-NP, line A7 for the federal column and line A8 for the Oregon column.			
27F.		27S.	
28. Total adjustments. Add lines 21 through 27.			
28F.		28S.	
29. Income after adjustments. Line 20 minus line 28.			
29F.	72,127.00	29S.	63,000.00

Additions

30. Total additions from Schedule OR-ASC-NP, line B7 for the federal column and line B8 for the Oregon column.			
30F.		30S.	
31. Income after additions. Add lines 29 and 30.			
31F.	72,127.00	31S.	63,000.00



Page 6 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name SSN
 LAVU 690-59-1615

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

Subtractions	Federal column (F)	Oregon column (S)
32. Social Security and tier 1 Railroad Retirement Board benefits included on line 19F.		
32F.		
33. Total subtractions from Schedule OR-ASC-NP, line C7 for the federal column and line C8 for the Oregon column.		
33F.	33S.	
34. Income after subtractions. Line 31 minus lines 32 and 33.		
34F.	72,127.00	34S. 63,000.00
35. Oregon percentage (see instructions; not more than 100.0%).....35. 87.3 %		

Deductions and modifications

36. Amount from line 34S	36.	63,000.00										
37. Oregon itemized deductions. Enter your Oregon itemized deductions from Schedule OR-A, line 23. If you are not itemizing your deductions, enter 0	37.	0.00										
38. Standard deduction. Enter your standard deduction	38.	2,420.00										
You were: 38a. <input type="checkbox"/> 65 or older 38b. <input type="checkbox"/> Blind Your spouse was: 38c. <input type="checkbox"/> 65 or older 38d. <input type="checkbox"/> Blind Standard deductions												
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 2px;">Single</th> <th style="padding: 2px;">Married filing jointly</th> <th style="padding: 2px;">Married filing separately</th> <th style="padding: 2px;">Qualifying surviving spouse</th> <th style="padding: 2px;">Head of Household</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">\$2,420</td> <td style="padding: 2px;">\$4,840</td> <td style="padding: 2px;">\$2,420 or \$0</td> <td style="padding: 2px;">\$4,840</td> <td style="padding: 2px;">\$3,895</td> </tr> </tbody> </table>			Single	Married filing jointly	Married filing separately	Qualifying surviving spouse	Head of Household	\$2,420	\$4,840	\$2,420 or \$0	\$4,840	\$3,895
Single	Married filing jointly	Married filing separately	Qualifying surviving spouse	Head of Household								
\$2,420	\$4,840	\$2,420 or \$0	\$4,840	\$3,895								
<small>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.</small>												
39. Enter the larger of line 37 or 38.....	39.	2,420.00										
40. 2022 federal tax liability (see instructions).....	40.	3,625.00										
41. Total modifications from Schedule OR-ASC-NP, line D7												
42. Deductions and modifications multiplied by the Oregon percentage (see instructions).....												
	42.	5,277.00										



Page 7 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name LAVU SSN 690-59-1615

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

Deductions and modifications (continued)

43. Charitable art donation (see instructions)..... 43.
44. Total deductions and modifications. Add lines 42 and 43..... 44. 5,277.00
45. Oregon taxable income. Line 36 minus line 44. If line 44 is more than line 36, enter 0 45. 57,723.00

Oregon tax

46. Tax. Check the appropriate box if you're using an alternative method to calculate your tax (see instructions)..... 46. 4,787.00
46a. [] Schedule OR-FIA-40-N 46b. [] Worksheet FCG 46c. [] Schedule OR-PTE-NR

47. Interest on certain installment sales 47.
48. Total tax before credits. Add lines 46 and 47 48. 4,787.00

Standard and carryforward credits

49. Exemption credit (see instructions)..... 49. 191.00
50. Total standard credits from Schedule OR-ASC-NP, line E16..... 50.
51. Total standard credits. Add lines 49 and 50 51. 191.00
52. Tax minus standard credits. Line 48 minus line 51. If line 51 is more than line 48, enter 0 52. 4,596.00
53. Total carryforward credits used this year from Schedule OR-ASC-NP, line F9. Line 53 can't be more than line 52 (see Schedule OR-ASC and OR-ASC-NP Instructions) 53.
54. Tax after standard and carryforward credits. Line 52 minus line 53 54. 4,596.00
55. Total tax recaptures reported this year from Schedule OR-ASC-NP, line G5 55.



Page 8 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name LAVU SSN 690-59-1615

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

Standard and carryforward credits (continued)

56. Tax including tax recaptures. Line 54 plus line 55 56. 4,596.00

Payments and refundable credits

57. Oregon income tax withheld. Include a copy of your Forms W-2 and 1099..... 57. 5,040.00

58. Amount applied from your prior year's tax refund 58.

59. Estimated tax payments for 2022. Include all payments you made prior to the filing date of this return, including real estate transactions. Do not include the amount you already reported on line 58 59.

60. Tax payments from a pass-through entity 60.

61. Earned income credit (see instructions)..... 61.

Reserved

63. Total refundable credits from Schedule OR-ASC-NP, line H7..... 63.

64. Total payments and refundable credits. Add lines 57 through 63 64. 5,040.00

Tax to pay or refund

65. Overpayment of tax. If line 56 is less than line 64, you overpaid. Line 64 minus line 56 65. 444.00

66. Net tax. If line 56 is more than line 64, you have tax to pay. Line 56 minus line 64 66.

67. Penalty and interest for filing or paying late (see instructions) 67.



Page 9 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

LAVU

690-59-1615

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

68. Interest on underpayment of estimated tax. Include Form OR-10 68.

Exception number from Form OR-10, line 1: 68a.

Check box if you annualized: 68b.

69. Total penalty and interest due. Add lines 67 and 68..... 69.

70. Net tax including penalty and interest.

Line 66 plus line 69 This is the amount you owe. 70.

71. Overpayment less penalty and interest.

Line 65 minus line 69 This is your refund. 71.

444.00

72. Estimated tax. Fill in the portion of line 71 you want applied to your open estimated tax account 72.

73. Charitable checkoff donations from Schedule OR-DONATE, line 30 73.

74. Oregon 529 college savings plan deposits from Schedule OR-529, line 5 74.

75. Total. Add lines 72 through 74. The total can't be more than your refund on line 71..... 75.

76. Net refund. Line 71 minus line 75 This is your net refund. 76.

444.00

Direct deposit

77. 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

Account information:

Routing number

Account number

Savings

021200339

381042162269

Reserved



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Last name SSN
 LAVU 690-59-1615

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

XVENKATA SAI PAVAN
 Date (MM/DD/YYYY) Preparer phone Preparer license number

04/06/2023 678-965-9522
 Preparer first name Initial Preparer last name

VENKATA S PAVAN KUMAR DUDIPALLI
 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 70)

- **Online:** www.oregon.gov/dor.
- **By mail:** Payable to the **Oregon Department of Revenue**. Write "2022 Oregon Form OR-40-N" and the last four digits of your SSN or ITIN on your check or money order. If you include 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 11 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

LAVU

690-59-1615

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.



Filing Status [] Single [] Married filing jointly [X] 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: VENKATESH KARANAM

Your first name and middle initial: SOWMYA SRI
Last name: LAVU
Your social security number: 690-59-1615
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number: 731-04-7260
Home address (number and street). If you have a P.O. box, see instructions.
5600 BABCOCK RD
Apt. no.: 13206
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[] You [] Spouse
City, town, or post office. If you have a foreign address, also complete spaces below.
SAN ANTONIO
State: TX
ZIP code: 78240
Foreign country name:
Foreign province/state/county:
Foreign postal code:

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 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes dependents section with checkboxes for more than four dependents.

Income section table with columns 1a-1z and 1a-1z. Rows include: 1a Total amount from Form(s) W-2, box 1 (see instructions) 77,667.; 1b Household employee wages not reported on Form(s) W-2; 1c Tip income not reported on line 1a (see instructions); 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions); 1e Taxable dependent care benefits from Form 2441, line 26; 1f Employer-provided adoption benefits from Form 8839, line 29; 1g Wages from Form 8919, line 6; 1h Other earned income (see instructions) 0.; 1i Nontaxable combat pay election (see instructions) 1i; 1z Add lines 1a through 1h 77,667.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. Rows include: 2a Tax-exempt interest; 2b Taxable interest; 3a Qualified dividends; 3b Ordinary dividends; 4a IRA distributions; 4b Taxable amount; 5a Pensions and annuities; 5b Taxable amount; 6a Social security benefits; 6b Taxable amount.

Table with columns 7-15. Rows include: 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here; 8 Other income from Schedule 1, line 10 -5,540.; 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 72,127.; 10 Adjustments to income from Schedule 1, line 26; 11 Subtract line 10 from line 9. This is your adjusted gross income 72,127.; 12 Standard deduction or itemized deductions (from Schedule A) 12,950.; 13 Qualified business income deduction from Form 8995 or Form 8995-A; 14 Add lines 12 and 13 12,950.; 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 59,177.

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 8,636.

Table for Payments (lines 25-33). Includes federal income tax withheld (10,457) and total payments (10,457).

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

Table for Refund (lines 34-36). Shows overpaid amount of 1,821 and amount applied to 2023 estimated tax.

Table for Amount You Owe (lines 37-38). Shows amount you owe 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 date 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
SOWMYA SRI LAVU

Your social security number
690-59-1615

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	-5,540.
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	-5,540.

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	