

▼ 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.....▶	384.
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REV 02/17/23 PRO 1555

104-27-4256 813-01-9068
VENKATA SAI SANDEEP DARA
SAI PRANAVE RAVURU
2718 SW JUNIPER ST
BENTONVILLE AR 72712

INTERNAL REVENUE SERVICE
PO BOX 931100
LOUISVILLE KY 40293-1100

104274256 FQ DARA 30 0 202312 430

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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.....▶	384.
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REV 02/17/23 PRO 1555

104-27-4256 813-01-9068
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104274256 FQ DARA 30 0 202312 430

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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.....▶	384.
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REV 02/17/23 PRO 1555

104-27-4256 813-01-9068
VENKATA SAI SANDEEP DARA
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PO BOX 931100
LOUISVILLE KY 40293-1100

104274256 FQ DARA 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.....▶	384.
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REV 02/17/23 PRO 1555

104-27-4256 813-01-9068
VENKATA SAI SANDEEP DARA
SAI PRANAVE RAVURU
2718 SW JUNIPER ST
BENTONVILLE AR 72712

INTERNAL REVENUE SERVICE
PO BOX 931100
LOUISVILLE KY 40293-1100

104274256 FQ DARA 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 VENKATA SAI SANDEEP DARA	Social security number 104-27-4256
Spouse's name SAI PRANAVE RAVURU	Spouse's social security number 813-01-9068

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	179,017.
2	Total tax	24,876.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	25,828.
4	Amount you want refunded to you	1,453.
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

7	4	2	5	6
---	---	---	---	---

 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 ▶ D.Sandeep Date ▶ 03/08/2023

Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

1	9	0	6	8
---	---	---	---	---

 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 ▶ Sai Pranave Ravuru Date ▶ 03/08/2023

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 [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, home address, and state/zip 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 for Dependents with columns for (1) First name, Last name, (2) Social security number, (3) Relationship to you, and (4) Child tax credit/Credit for other dependents.

Main income table with rows 1a through 15, including sub-rows for tax-exempt interest, dividends, IRA distributions, pensions, and social security benefits.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	24,920.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	24,920.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	44.
	21	Add lines 19 and 20	21	44.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	24,876.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	24,876.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	25,828.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	25,828.
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	501.
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	501.
	33	Add lines 25d, 26, and 32. These are your total payments	33	26,329.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,453.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,453.
	b	Routing number 1 0 1 0 0 0 1 8 7 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 1 4 5 5 7 3 4 6 6 7 9 7		
	36	Amount of line 34 you want applied to your 2023 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

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

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

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

Your signature D.sandeep	Date 03/08/2023	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign. Sai Pranave Ravuru	Date 03/08/2023	Spouse's occupation HOME MAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (913) 378-6936	Email address DARA.SANDEEP91@GMAIL.COM		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/24/2023	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Phone no. (678) 965-9522			
Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816	Firm's EIN 84-3171965			

**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

VENKATA SAI SANDEEP DARA & SAI PRANAVE RAVURU

Your social security number

104-27-4256

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions): _____			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	-14,350.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) excess business loss adjustment	8p		
q	Taxable distributions from an ABL account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount: _____	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	-14,350.

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 VENKATA SAI SANDEEP DARA & SAI PRANAVE RAVURU	Your social security number 104-27-4256
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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	44.
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	44.

(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	501.
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	501.

**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

VENKATA SAI SANDEEP DARA & SAI PRANAVE RAVURU

Your social security number

104-27-4256

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 31-11-4/5, MACHAVARAM DOWN VIJAYAWADA ANDHRA PRADESH IN 520001

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	1,200.	
8	Commissions	8		
9	Insurance	9		
10	Legal and other professional fees	10		
11	Management fees	11	2,800.	
12	Mortgage interest paid to banks, etc. (see instructions)	12		
13	Other interest	13		
14	Repairs	14	4,600.	
15	Supplies	15	3,900.	
16	Taxes	16		
17	Utilities	17	2,500.	
18	Depreciation expense or depletion	18		
19	Other (list) _____	19		
20	Total expenses. Add lines 5 through 19	20	15,000.	
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-14,350.	
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(14,350.)	()
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	15,000.	
24	Income. Add positive amounts shown on line 21. Do not include any losses	24		
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(14,350.)	
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26		-14,350.

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.

2022
Attachment
Sequence No. **50**

Name(s) shown on return

VENKATA SAI SANDEEP DARA & SAI PRANAVE RAVURU

Your social security number

104-27-4256



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	4,466.
11	Enter the smaller of line 10 or \$10,000	11	4,466.
12	Multiply line 11 by 20% (0.20)	12	893.
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	179,017.
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	983.
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	0.049
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions)	18	44.
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	44.

Name(s) shown on return

VENKATA SAI SANDEEP DARA & SAI PRANAVE RAVURU

Your social security number

104-27-4256



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) SAI PRANAVE RAVURU</p>	<p>21 Student social security number (as shown on page 1 of your tax return) 813-01-9068</p>
<p>22 Educational institution information (see instructions)</p>	
<p>a. Name of first educational institution UNIVERSITY OF ARKANSAS TREASURER'S OFFICE</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. 214 ARKANSAS UNION FAYETTEVILLE AR 727011201</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. 71-6003252</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>

23 Has the American opportunity credit been claimed for this student for any 4 prior tax years? Yes — **Stop!** Go to line 31 for this student. No — Go to line 24.

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. Yes — Go to line 25. No — **Stop!** Go to line 31 for this student.

25 Did the student complete the first 4 years of postsecondary education before 2022? See instructions. Yes — **Stop!** Go to line 31 for this student. No — Go to line 26.

26 Was the student convicted, before the end of 2022, of a felony for possession or distribution of a controlled substance? Yes — **Stop!** Go to line 31 for this student. No — Complete lines 27 through 30 for this student.



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	4,466.
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2022 AR1000NR



P1

ARKANSAS INDIVIDUAL INCOME TAX RETURN Nonresident and Part Year Resident

CHECK BOX IF AMENDED RETURN

Software ID

Jan. 1 - Dec. 31, 2022 or fiscal year ending _____, 20____ •

PROSERIES

TAXPAYER INFORMATION	Primary's legal first name • VENKATA SAI SANDEEP		MI •	Last name • DARA		Check if • <input type="checkbox"/> Deceased		Primary's social security number • 104-27-4256		
	Spouse's legal first name • SAI PRANAVE		MI •	Last name • RAVURU		Check if • <input type="checkbox"/> Deceased		Spouse's social security number • 813-01-9068		
	Mailing address (number and street, P.O. box or rural route) • 2718 SW JUNIPER ST								<input type="checkbox"/> Check if address is outside U.S.	
	City • BENTONVILLE		State or province • AR		ZIP • 72712		Foreign country name			
	Primary email				Secondary email					
	ATTACH PAGE 1 AND 2 OF YOUR FEDERAL RETURN				• <input type="checkbox"/> NONRESIDENT:		• <input checked="" type="checkbox"/> PART YEAR RESIDENT: Dates lived in AR:			
					List state of residence: _____		From: 01/01/2022 To: 07/01/2022			
	• <input type="checkbox"/> We will no longer automatically mail 1099-G forms. Instead, we ask that you get this information from our website (www.atap.arkansas.gov). Check the box if you still want us to mail you a paper Form 1099-G next year.									
	• <input type="checkbox"/> Check here if you want a tax booklet mailed to you next year.					• <input type="checkbox"/> Check this box if you have filed a state extension or an automatic federal extension				
	DL# / State ID 942064042		Your state AR		Issue date (mm/dd/yyyy) 12/09/2022		Expiration date (mm/dd/yyyy) 11/05/2024			
DL# / State ID 944715385		Spouse state AR		Issue date (mm/dd/yyyy) 05/27/2022		Expiration date (mm/dd/yyyy) 05/27/2030				
FILING STATUS	1. • <input type="checkbox"/> Single (Or widowed before 2022 or divorced at end of 2022)				4. • <input checked="" type="checkbox"/> Married filing separately on the same return					
	2. • <input type="checkbox"/> Married filing joint (Even if only one had income)				5. • <input type="checkbox"/> Married filing separately on different returns Enter spouse's name here and SSN above _____					
3. • <input type="checkbox"/> Head of household (See instructions) If the qualifying person was your child, but not your dependent enter child's name here: _____				6. • <input type="checkbox"/> Surviving spouse with dependent child Year spouse died: (See instructions) _____						
PERSONAL TAX CREDITS	7A. <input checked="" type="checkbox"/> Yourself • <input type="checkbox"/> 65 or over • <input type="checkbox"/> 65 Special • <input type="checkbox"/> Blind • <input type="checkbox"/> Deaf • <input type="checkbox"/> Head of household/surviving spouse (Filing status 3 only) (Filing status 6 only)									
	<input checked="" type="checkbox"/> Spouse • <input type="checkbox"/> 65 or over • <input type="checkbox"/> 65 Special • <input type="checkbox"/> Blind • <input type="checkbox"/> Deaf									
	Multiply number of boxes checked 7A <input type="checkbox"/> X \$29 = 58.00									
	Dependents (Do not list yourself or spouse)									
	First name		Last name		Dependent's social security number			Dependent's relationship to you		
1.										
2.										
3.										
4.										
5.										
7B. Multiply number of DEPENDENTS from above..... 7B • <input type="checkbox"/> X \$29 = 00										
7C. Multiply number of qualifying individuals from AR1000RC5 (See instructions) 7C • <input type="checkbox"/> X \$500 = 00										
7D. TOTAL PERSONAL TAX CREDITS: (Add lines 7A, 7B, and 7C. Enter total here and on line 34) 7D 58.00										



Primary SSN 104-27-4256

		(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only	(C) Arkansas Income Only		
ROUND ALL AMOUNTS TO WHOLE DOLLARS						
INCOME	8. Wages, salaries, tips, etc: (Attach W-2s)	8	● 145,365.00	● 48,002.00	● 74,811.00	
	9. Military pay: Primary ● [] 00 Spouse ● [] 00					
	10. Interest income: (If over \$1,500, attach AR4)	10	● [] 00	● [] 00	● [] 00	
	11. Dividend income: (If over \$1,500, attach AR4)	11	● [] 00	● [] 00	● [] 00	
	12. Alimony and separate maintenance received:	12	● [] 00	● [] 00	● [] 00	
	13. Business or professional income: (Attach federal Sch. C)	13	● [] 00	● [] 00	● [] 00	
	14. Capital gains/(losses) from stocks, bonds, etc: (Attach federal Sch. D) ..	14	● [] 00	● [] 00	● [] 00	
	15. Other gains or (losses): (See instructions)	15	● [] 00	● [] 00	● [] 00	
	16. Non-qualified IRA distributions and taxable annuities: (Attach all 1099Rs) ...	16	● [] 00	● [] 00	● [] 00	
	17. Military retirement: Primary ● [] 00 Spouse ● [] 00					
	18A. Primary employer pension plan(s)/qualified IRA(s): (Attach 1099Rs) Gross ● [] 00 Taxable ● [] 00 Less \$6,000	18A	● [] 00		● [] 00	
	18B. Spouse employer pension plan(s)/qualified IRA(s): (Attach 1099Rs) Gross ● [] 00 Taxable ● [] 00 Less \$6,000	18B	● [] 00	● [] 00	● [] 00	
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Sch. E)	19	● -14,350.00	● [] 00	● 0.00	
	20. Farm income: (Attach federal Sch. F)	20	● [] 00	● [] 00	● [] 00	
	21. Unemployment:	21	● [] 00	● [] 00	● [] 00	
	22. Other income/depreciation differences: (Attach Form AR-OI)	22	● [] 00	● [] 00	● [] 00	
	23. TOTAL INCOME: (Add lines 8 through 22)	23	● 131,015.00	● 48,002.00	● 74,811.00	
	24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	24	● [] 00	● [] 00	● [] 00	
	25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	25	● 131,015.00	● 48,002.00	● 74,811.00	
	TAX COMPUTATION	26. Select tax table: (Select only one)	26			
		27. ● <input type="checkbox"/> Low income table (\$0), See line 26 instructions ● <input checked="" type="checkbox"/> Standard deduction (See instructions) ● <input type="checkbox"/> Itemized deductions (Attach AR3)	27	● 2,270.00	● 2,270.00	
		28. NET TAXABLE INCOME: (Subtract line 27 from line 25)	28	● 128,745.00	● 45,732.00	
		29. TAX: (Enter tax from tax table)	29	6,139.00	1,613.00	
		30. Combined tax: (Add amounts from line 29, columns A and B)	30			7,752.00
		31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD)	31			● [] 00
32. Additional tax on IRA and qualified plan withdrawal and overpayment: (See Instructions)		32			● [] 00	
33. TOTAL TAX: (Add lines 30 through 32)	33			● 7,752.00		
TAX CREDITS	34. Personal tax credit(s): (Enter total from line 7D)	34			● 58.00	
	35. Child care credit: (Attach AR2441)	35			● [] 00	
	36. Other credits: (Attach AR1000TC)	36			● [] 00	
	37. TOTAL CREDITS: (Add lines 34 through 36)	37			● 58.00	
	38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0)	38			● 7,694.00	
APPORTIONMENT	38A. Enter the amount from line 25, Column C:	38A			● 74,811.00	
	38B. Enter the total amount from line 25, Columns A and B:	38B			● 179,017.00	
	38C. Divide line 38A by 38B: (See instructions)	38C	0.417899			
	38D. APPORTIONED TAX LIABILITY: (Multiply line 38 by line 38C)	38D			● 3,215.00	



Primary SSN 104-27-4256

PAYMENTS	39. Arkansas income tax withheld: (Attach copies of W-2, 1099R, W2-G,1099-PT, and/or AR-K1) 39	●	3,679.	00
	40. Estimated tax paid or credit brought forward from 2021: 40	●		00
	41. Payment made with extension: (See instructions) 41	●		00
	42. AMENDED RETURNS ONLY - Previous payments: (See instructions) 42	●		00
	43. Early childhood program: Certification number: _____ (Attach AR1000EC and AR2441) 43	●		00
	44. TOTAL PAYMENTS: (Add lines 39 through 43) 44	●	3,679.	00
45. AMENDED RETURNS ONLY - Previous refund: (See instructions) 45	●		00	
46. Adjusted total payments: (Subtract line 45 from line 44) 46	●	3,679.	00	
REFUND OR TAX DUE	47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38D, enter difference) 47	●	464.	00
	48. Amount to be applied to 2023 estimated tax: 48	●		00
	49. Amount of Check-Off contributions: (Attach Form AR1000CO) 49	●		00
	50. AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47) REFUND 50	● ☺	464.	00
	51. AMOUNT DUE: (If line 46 is less than line 38D, enter difference; If over \$1,000, continue to 52A) TAX DUE 51	● ☹		00
	52A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A	●		00
52B. Penalty 52B	●		00	
52C. Add lines 51 and 52B: (See instructions) TOTAL DUE 52C	●		00	
DIRECT DEPOSIT	Direct deposit allowed to U.S. banks only. Check if either deposit(s) will ultimately be placed in a foreign account. ● <input type="checkbox"/>			
	Routing number <input type="checkbox"/> 1 0 1 0 0 0 1 8 7	Account number 1 <input checked="" type="checkbox"/> Checking or <input type="checkbox"/> Savings <input type="checkbox"/> 1 4 5 5 7 3 4 6 6 7 9 7	Direct deposit 1 amt. <input type="checkbox"/> 464. 00	
Routing number <input type="checkbox"/>	Account number 2 <input type="checkbox"/> Checking or <input type="checkbox"/> Savings <input type="checkbox"/>	Direct deposit 2 amt. <input type="checkbox"/> 00		
PLEASE SIGN HERE	PLEASE SIGN HERE: Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Primary's signature	Date	Telephone (913) 378-6936	May the Arkansas Revenue Division discuss this return with the preparer?
Spouse's signature	Date	Telephone		
PAID PREPARER	Paid preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/24/2023		PTIN/ID number ● 843171965	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Preparer's name GLOBAL TAXES LLC		Telephone (678) 965-9522	For Department Use On
	Address 245 ROONEY CT			A ●
	City E BRUNSWICK	State NJ	ZIP 08816	
E-mail SYAM@GTAXFILE.COM				
PAY ONLINE: Please visit our secure website ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gov. ATAP allows taxpayers or their representatives to log on, make payments and manage their account online. ATAP is available 24 hours.		Refund: Arkansas State Income Tax P.O. Box 1000 Little Rock, AR 72203-1000	Tax Due/No Tax: Arkansas State Income Tax P.O. Box 2144 Little Rock, AR 72203-2144	
PAY BY MAIL: (See instructions)		PAY BY CREDIT CARD: (See instructions)		



ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial: VENKATA SAI SANDEEP, Last Name: DARA, Primary's Social Security Number: 104-27-4256, Spouse's Legal First Name and Middle Initial: SAI PRANAVE, Last Name: RAVURU, Spouse's Social Security Number: 813-01-9068, Mailing Address: 2718 SW JUNIPER ST, Telephone: (913) 378-6936, City: BENTONVILLE, State or Province: AR, ZIP: 72712, Check if address is outside U.S. Foreign Country: []

PART I - TAX RETURN INFORMATION (Whole Dollars Only)

Table with 5 rows: 1. Total Income (Form AR1000F or AR1000NR, Line 23) 179,017.00; 2. Net Tax (Form AR1000F or AR1000NR, Line 38) 3,215.00; 3. State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39) 3,679.00; 4. Refund (Form AR1000F or AR1000NR, Line 47) 464.00; 5. Tax Due (Form AR1000F or AR1000NR, Line 51) 00

PART II - DECLARATION OF TAXPAYER

- 6a. [X] I consent that my refund be direct deposited as designated in the electronic portion of my 2022 Arkansas 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. The refund will be direct deposited to the bank account(s) shown on page 1 of the Form AR1000F/AR1000NR.
6b. [] I do not want direct deposit of my refund or I am not receiving a refund.
6c. [] I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT).
6d. [] I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).

If I have filed a balance due return, I understand that if the State of Arkansas 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. If I have filed a joint federal and state return and my federal return is rejected, I understand my state return will be rejected also.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2022 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the State of Arkansas to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here Primary's Signature Date Spouse's Signature Date

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

I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxpayer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that 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 declaration of Paid Preparer is based on all information of which the preparer has knowledge.

ERO'S Use Only ERO'S Signature Date: 02/24/2023, Check if paid preparer [], Check if self-employed [], Your SSN or PTIN: P02082703, Firm's name and address: GLOBAL TAXES LLC 245 ROONEY CT, E BRUNSWICK NJ 08816, 88-2145487, FEIN

Under penalties of perjury, I declare that 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 declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only Preparer's Signature Date: 02/24/2023, Check if self-employed [], Preparer's SSN or PTIN: P02082703, Firm's name and address: SYAM PRIYA RAM SAGAR GUPTA TALLAM 245 ROONEY CT, E BRUNSWICK NJ 08816, 84-3171965, FEIN