

# IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

|   |  |
|---|--|
| Taxpayer's name<br><b>KRISHNA CHAITANYA SABBINENI</b> | Social security number<br><b>732-90-7741</b> |
| 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.

|  |          |         |
|--|----------|---------|
| <b>1</b> Adjusted gross income . . . . .   | <b>1</b> | 76,140. |
| <b>2</b> Total tax . . . . .   | <b>2</b> | 8,589.  |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | <b>3</b> | 11,274. |
| <b>4</b> Amount you want refunded to you . . . . .                               | <b>4</b> | 2,685.  |
| <b>5</b> Amount you owe . . . . .  | <b>5</b> |         |

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

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

### Taxpayer's PIN: check one box only

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

|   |   |   |   |   |
|---|---|---|---|---|
| 0 | 7 | 7 | 4 | 1 |
|---|---|---|---|---|

 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 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

 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 [X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Personal information section including name, social security 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 for Dependents with columns for name, social security number, relationship, and tax credit.

Main income table with rows 1a through 15, including taxable income and standard deduction.

|                        |           |  |           |        |
|------------------------|-----------|--|-----------|--------|
| <b>Tax and Credits</b> | <b>16</b> | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | <b>16</b> | 9,516. |
|                        | <b>17</b> | Amount from Schedule 2, line 3   | <b>17</b> |        |
|                        | <b>18</b> | Add lines 16 and 17  | <b>18</b> | 9,516. |
|                        | <b>19</b> | Child tax credit or credit for other dependents from Schedule 8812   | <b>19</b> |        |
|                        | <b>20</b> | Amount from Schedule 3, line 8   | <b>20</b> | 927.   |
|                        | <b>21</b> | Add lines 19 and 20  | <b>21</b> | 927.   |
|                        | <b>22</b> | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b> | 8,589. |
|                        | <b>23</b> | Other taxes, including self-employment tax, from Schedule 2, line 21   | <b>23</b> | 0.     |
|                        | <b>24</b> | Add lines 22 and 23. This is your <b>total tax</b>   | <b>24</b> | 8,589. |

|                 |           |   |            |         |
|-----------------|-----------|---|------------|---------|
| <b>Payments</b> | <b>25</b> | Federal income tax withheld from:   |            |         |
|                 | <b>a</b>  | Form(s) W-2   | <b>25a</b> | 11,274. |
|                 | <b>b</b>  | Form(s) 1099  | <b>25b</b> |         |
|                 | <b>c</b>  | Other forms (see instructions)  | <b>25c</b> |         |
|                 | <b>d</b>  | Add lines 25a through 25c   | <b>25d</b> | 11,274. |
|                 | <b>26</b> | 2022 estimated tax payments and amount applied from 2021 return                                 | <b>26</b>  |         |
|                 | <b>27</b> | Earned income credit (EIC)  | <b>27</b>  |         |
|                 | <b>28</b> | Additional child tax credit from Schedule 8812  | <b>28</b>  |         |
|                 | <b>29</b> | American opportunity credit from Form 8863, line 8  | <b>29</b>  |         |
|                 | <b>30</b> | Reserved for future use   | <b>30</b>  |         |
|                 | <b>31</b> | Amount from Schedule 3, line 15   | <b>31</b>  |         |
|                 | <b>32</b> | Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> | <b>32</b>  |         |
|                 | <b>33</b> | Add lines 25d, 26, and 32. These are your <b>total payments</b>                                 | <b>33</b>  | 11,274. |

|                                      |            |   |                |   |
|--------------------------------------|------------|---|----------------|---|
| <b>Refund</b>                        | <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>            | <b>34</b>      | 2,685.  |
|                                      | <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> | <b>35a</b>     | 2,685.  |
| Direct deposit?<br>See instructions. | <b>b</b>   | Routing number 1 1 1 9 0 0 6 5 9  | <b>c</b> Type: | <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |
|                                      | <b>d</b>   | Account number 6 4 5 6 8 6 7 1 8 0  |                |   |
|                                      | <b>36</b>  | Amount of line 34 you want <b>applied to your 2023 estimated tax</b>  | <b>36</b>      |   |

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

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

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

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

|   |  |  |   |
|---|--|--|---|
| Your signature  | Date                                     | Your occupation<br>APPLICATION DEVELOPER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date                                     | Spouse's occupation                      | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. (361) 228-1720                                      | Email address SKC.196SABBINENI@GMAIL.COM |  |   |

**Paid Preparer Use Only**

|  |   |                    |                   |   |
|--|---|--------------------|-------------------|---|
| Preparer's name<br>VENKATA SAI PAVAN KUMAR DUDIPALLI | Preparer's signature<br>VENKATA SAI PAVAN KUMAR DUDIPALLI | Date<br>02/07/2023 | PTIN<br>P02470833 | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>245 ROONEY CT E BRUNSWICK NJ 08816      |                    |                   | Phone no. (678) 965-9522                            |
| Firm's EIN   |   |                    |                   | 88-2145487  |

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

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

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **01**

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

Your social security number  
732-90-7741

**Part I Additional Income**

|           |   |               |           |         |
|-----------|---|---------------|-----------|---------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  |               | <b>1</b>  |         |
| <b>2a</b> | Alimony received . . . . .  |               | <b>2a</b> |         |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____  |               |           |         |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  |               | <b>3</b>  |         |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   |               | <b>4</b>  |         |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   |               | <b>5</b>  | -7,980. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  |               | <b>6</b>  |         |
| <b>7</b>  | Unemployment compensation . . . . .   |               | <b>7</b>  |         |
| <b>8</b>  | Other income:   |               |           |         |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> ( ) |           |         |
| <b>b</b>  | Gambling . . . . .  | <b>8b</b>     |           |         |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b>     |           |         |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> ( ) |           |         |
| <b>e</b>  | Income from Form 8853 . . . . .   | <b>8e</b>     |           |         |
| <b>f</b>  | Income from Form 8889 . . . . .   | <b>8f</b>     |           |         |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8g</b>     |           |         |
| <b>h</b>  | Jury duty pay . . . . .   | <b>8h</b>     |           |         |
| <b>i</b>  | Prizes and awards . . . . .   | <b>8i</b>     |           |         |
| <b>j</b>  | Activity not engaged in for profit income . . . . .   | <b>8j</b>     |           |         |
| <b>k</b>  | Stock options . . . . .   | <b>8k</b>     |           |         |
| <b>l</b>  | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . . | <b>8l</b>     |           |         |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8m</b>     |           |         |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8n</b>     |           |         |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8o</b>     |           |         |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8p</b>     |           |         |
| <b>q</b>  | Taxable distributions from an ABLÉ account (see instructions) . . . . .   | <b>8q</b>     |           |         |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .  | <b>8r</b>     |           |         |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .  | <b>8s</b> ( ) |           |         |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b>     |           |         |
| <b>u</b>  | Wages earned while incarcerated . . . . .   | <b>8u</b>     |           |         |
| <b>z</b>  | Other income. List type and amount: _____   | <b>8z</b>     |           |         |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   |               | <b>9</b>  |         |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8   |               | <b>10</b> | -7,980. |

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

Schedule 1 (Form 1040) 2022

**Part II Adjustments to Income**

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

**SCHEDULE 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](http://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  
KRISHNA CHAITANYA SABBINENI

Your social security number  
732-90-7741

**Part I Nonrefundable Credits**

|          |  |           |      |
|----------|--|-----------|------|
| <b>1</b> | Foreign tax credit. Attach Form 1116 if required . . . . .                                       | <b>1</b>  |      |
| <b>2</b> | Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . . | <b>2</b>  |      |
| <b>3</b> | Education credits from Form 8863, line 19 . . . . .  | <b>3</b>  | 927. |
| <b>4</b> | Retirement savings contributions credit. Attach Form 8880 . . . . .                              | <b>4</b>  |      |
| <b>5</b> | Residential energy credits. Attach Form 5695 . . . . .   | <b>5</b>  |      |
| <b>6</b> | Other nonrefundable credits:   |           |      |
| <b>a</b> | General business credit. Attach Form 3800 . . . . .  | <b>6a</b> |      |
| <b>b</b> | Credit for prior year minimum tax. Attach Form 8801 . . . . .                                    | <b>6b</b> |      |
| <b>c</b> | Adoption credit. Attach Form 8839 . . . . .  | <b>6c</b> |      |
| <b>d</b> | Credit for the elderly or disabled. Attach Schedule R . . . . .                                  | <b>6d</b> |      |
| <b>e</b> | Alternative motor vehicle credit. Attach Form 8910 . . . . .                                     | <b>6e</b> |      |
| <b>f</b> | Qualified plug-in motor vehicle credit. Attach Form 8936 . . . . .                               | <b>6f</b> |      |
| <b>g</b> | Mortgage interest credit. Attach Form 8396 . . . . .   | <b>6g</b> |      |
| <b>h</b> | District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .                     | <b>6h</b> |      |
| <b>i</b> | Qualified electric vehicle credit. Attach Form 8834 . . . . .                                    | <b>6i</b> |      |
| <b>j</b> | Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .                   | <b>6j</b> |      |
| <b>k</b> | Credit to holders of tax credit bonds. Attach Form 8912 . . . . .                                | <b>6k</b> |      |
| <b>l</b> | Amount on Form 8978, line 14. See instructions . . . . .   | <b>6l</b> |      |
| <b>z</b> | Other nonrefundable credits. List type and amount: _____<br>_____                                | <b>6z</b> |      |
| <b>7</b> | Total other nonrefundable credits. Add lines 6a through 6z . . . . .                             | <b>7</b>  |      |
| <b>8</b> | Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . . | <b>8</b>  | 927. |

(continued on page 2)

**Part II Other Payments and Refundable Credits**

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



**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

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

Department of the Treasury  
Internal Revenue Service

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

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

Name(s) shown on return

KRISHNA CHAITANYA SABBINENI

Your social security number

732-90-7741

**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** PRAGATINAGAR KUKATPALLY HYDERABAD TELANGANA IN 500090

**B**  
**C**

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

**Type of Property:**

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

| Income:   | Properties:          |   |   |
|---|----------------------|---|---|
|   | A                    | B | C |
| <b>3</b> Rents received . . . . .   | <b>3</b> 420.        |   |   |
| <b>4</b> Royalties received . . . . .   | <b>4</b>             |   |   |
| <b>Expenses:</b>  |                      |   |   |
| <b>5</b> Advertising . . . . .  | <b>5</b>             |   |   |
| <b>6</b> Auto and travel (see instructions) . . . . .   | <b>6</b>             |   |   |
| <b>7</b> Cleaning and maintenance . . . . .   | <b>7</b> 1,000.      |   |   |
| <b>8</b> Commissions . . . . .  | <b>8</b>             |   |   |
| <b>9</b> Insurance . . . . .  | <b>9</b>             |   |   |
| <b>10</b> Legal and other professional fees . . . . .   | <b>10</b>            |   |   |
| <b>11</b> Management fees . . . . .   | <b>11</b> 800.       |   |   |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>            |   |   |
| <b>13</b> Other interest . . . . .  | <b>13</b>            |   |   |
| <b>14</b> Repairs . . . . .   | <b>14</b> 2,560.     |   |   |
| <b>15</b> Supplies . . . . .  | <b>15</b> 2,110.     |   |   |
| <b>16</b> Taxes . . . . .   | <b>16</b>            |   |   |
| <b>17</b> Utilities . . . . .   | <b>17</b> 1,930.     |   |   |
| <b>18</b> Depreciation expense or depletion . . . . .   | <b>18</b>            |   |   |
| <b>19</b> Other (list) _____  | <b>19</b>            |   |   |
| <b>20</b> Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b> 8,400.     |   |   |
| <b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .  | <b>21</b> -7,980.    |   |   |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | <b>22</b> ( 7,980. ) |   |   |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .  | <b>23a</b> 420.      |   |   |
| <b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .   | <b>23b</b>           |   |   |
| <b>c</b> Total of all amounts reported on line 12 for all properties . . . . .  | <b>23c</b>           |   |   |
| <b>d</b> Total of all amounts reported on line 18 for all properties . . . . .  | <b>23d</b>           |   |   |
| <b>e</b> Total of all amounts reported on line 20 for all properties . . . . .  | <b>23e</b> 8,400.    |   |   |
| <b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .  | <b>24</b>            |   |   |
| <b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here  | <b>25</b> ( 7,980. ) |   |   |
| <b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . | <b>26</b> -7,980.    |   |   |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2022



**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](http://www.irs.gov/Form8863) for instructions and the latest information.

**2022**  
Attachment  
Sequence No. **50**

Name(s) shown on return

KRISHNA CHAITANYA SABBINENI

Your social security number

732-90-7741



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**

|          |   |          |  |
|----------|---|----------|--|
| <b>1</b> | After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . . . .  | <b>1</b> |  |
| <b>2</b> | Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse . . . . .   | <b>2</b> |  |
| <b>3</b> | 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 . . . . .  | <b>3</b> |  |
| <b>4</b> | Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit . . . . .   | <b>4</b> |  |
| <b>5</b> | Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse . . . . .  | <b>5</b> |  |
| <b>6</b> | If line 4 is:<br>• Equal to or more than line 5, enter 1.000 on line 6 . . . . .<br>• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) . . . . .   | <b>6</b> |  |
| <b>7</b> | Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of the year <b>and</b> meet the conditions described in the instructions, you <b>can't</b> 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"/> . . . . . | <b>7</b> |  |
| <b>8</b> | <b>Refundable American opportunity credit.</b> 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. . . . .  | <b>8</b> |  |

**Part II Nonrefundable Education Credits**

|           |   |           |         |
|-----------|---|-----------|---------|
| <b>9</b>  | Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) . . . . .  | <b>9</b>  |         |
| <b>10</b> | 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 . . . . .  | <b>10</b> | 4,634.  |
| <b>11</b> | Enter the smaller of line 10 or \$10,000 . . . . .  | <b>11</b> | 4,634.  |
| <b>12</b> | Multiply line 11 by 20% (0.20) . . . . .  | <b>12</b> | 927.    |
| <b>13</b> | Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse . . . . .   | <b>13</b> | 90,000. |
| <b>14</b> | 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 . . . . .                                    | <b>14</b> | 76,140. |
| <b>15</b> | 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 . . . . .   | <b>15</b> | 13,860. |
| <b>16</b> | Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse . . . . .  | <b>16</b> | 10,000. |
| <b>17</b> | If line 15 is:<br>• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 . . . . .<br>• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) . . . . . | <b>17</b> | 1.000   |
| <b>18</b> | Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) . . . . .  | <b>18</b> | 927.    |
| <b>19</b> | <b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3 . . . . .  | <b>19</b> | 927.    |

|   |   |
|---|---|
| Name(s) shown on return<br><b>KRISHNA CHAITANYA SABBINENI</b> | Your social security number<br><b>732-90-7741</b> |
|---|---|



**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.

|  |   |
|--|---|
| <b>20</b> Student name (as shown on page 1 of your tax return)<br>KRISHNA CHAITANYA<br>SABBINENI | <b>21</b> Student social security number (as shown on page 1 of your tax return)<br><p style="text-align: right;">732-90-7741</p> |
|--|---|

|  |   |
|--|---|
| <b>22</b> Educational institution information (see instructions)   |   |
| <b>a.</b> Name of first educational institution<br>OTTAWA UNIVERSITY<br><br><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.<br>1001 S CEDAR #20<br>OTTAWA KS 66067<br><br><b>(2)</b> Did the student receive Form 1098-T from this institution for 2022? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>(3)</b> Did the student receive Form 1098-T from this institution for 2021 with box 7 checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>(4)</b> 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.<br><br><p style="text-align: center;">48-0543772</p> | <b>b.</b> Name of second educational institution (if any)<br><br><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.<br><br><b>(2)</b> Did the student receive Form 1098-T from this institution for 2022? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>(3)</b> Did the student receive Form 1098-T from this institution for 2021 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>(4)</b> 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. |

**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.



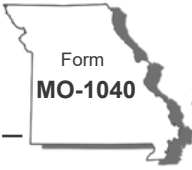
**You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.**

**American Opportunity Credit**

|  |           |  |
|--|-----------|--|
| <b>27</b> Adjusted qualified education expenses (see instructions). <b>Don't enter more than \$4,000</b> . . . . .   | <b>27</b> |  |
| <b>28</b> Subtract \$2,000 from line 27. If zero or less, enter -0- . . . . .  | <b>28</b> |  |
| <b>29</b> Multiply line 28 by 25% (0.25) . . . . .   | <b>29</b> |  |
| <b>30</b> 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 . . . . . | <b>30</b> |  |

**Lifetime Learning Credit**

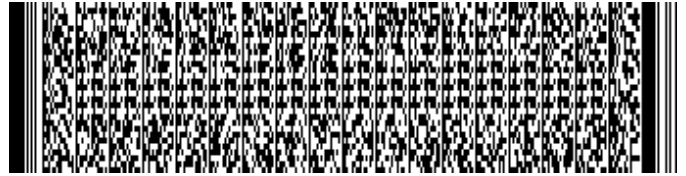
|   |           |        |
|---|-----------|--------|
| <b>31</b> Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10 . . . . . | <b>31</b> | 4,634. |
|---|-----------|--------|



MISSOURI DEPARTMENT OF  
**REVENUE**  
2022 Individual Income  
Tax Return - Long Form

For Calendar Year January 1 - December 31, 2022

Print in BLACK ink only and DO NOT STAPLE.



**Amended Return**     **Composite Return**  
(For use by S corporations or Partnerships)

**Federal Extension** - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).

If filing a fiscal year return enter the beginning and ending dates here.

Fiscal Year Beginning (MM/DD/YY)    Fiscal Year Ending (MM/DD/YY)

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

**Vendor Code**

1555

**Department Use Only**

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**Filing Status**

Single     Claimed as a Dependent     Married Filing Combined     Married Filing Separately     Head of Household     Qualifying Widow(er)

Age 62 through 64    Age 65 or Older    Blind    100% Disabled    Non-Obligated Spouse

Yourself  Spouse     Yourself  Spouse     Yourself  Spouse     Yourself  Spouse     Yourself  Spouse

**Name**

|                        |                  |                                 |                  |
|------------------------|------------------|---------------------------------|------------------|
| Social Security Number | Deceased in 2022 | Spouse's Social Security Number | Deceased in 2022 |
| 732 - 90 - 7741        |                  |                                 |                  |
| First Name             | M.I.             | Last Name                       | Suffix           |
| KRISHNA CHAITANYA      |                  | SABBINENI                       |                  |
| Spouse's First Name    | M.I.             | Spouse's Last Name              | Suffix           |
|                        |                  |                                 |                  |

In Care Of Name (Attorney, Executor, Personal Representative, etc.)

**Address**

Present Address (Include Apartment Number or Rural Route)

1734 BAXSTER FOREST VALLEY COURT

City, Town, or Post Office    State    ZIP Code

CHESTERFIELD    MO    63005 -

County of Residence

STCO

You may contribute to any one or all of the trust funds on Line 50. See pages 11-12 of the instructions for more trust fund information.



Income

|   | Yourself (Y) |       |    | Spouse (S) |  |    |
|---|--------------|-------|----|------------|--|----|
| 1. Federal adjusted gross income from federal return<br>(see worksheet on page 7 of the instructions) . . . . . | 1Y           | 76140 | 00 | 1S         |  | 00 |
| 2. Total additions (from <b>Form MO-A</b> , Part 1, Line 7) . . . . .   | 2Y           |       | 00 | 2S         |  | 00 |
| 3. Total income - Add Lines 1 and 2. . . . .  | 3Y           | 76140 | 00 | 3S         |  | 00 |
| 4. Total subtractions (from Form MO-A, Part 1, Line 18) . . . . .   | 4Y           |       | 00 | 4S         |  | 00 |
| 5. Missouri adjusted gross income - Subtract Line 4 from Line 3. . . . .  | 5Y           | 76140 | 00 | 5S         |  | 00 |
| 6. Total Missouri adjusted gross income - Add columns 5Y and 5S . . . . .                                       | 6            | 76140 | 00 |            |  |    |
| 7. Income percentages - Divide columns 5Y and 5S by total on<br>Line 6. (Must equal 100%) . . . . .             | 7Y           | 100   | %  | 7S         |  | %  |

Exemptions and Deductions

|   |    |       |    |
|---|----|-------|----|
| 8. Pension, Social Security and Social Security Disability exemption (from Form MO-A, Part 3,<br>Section D) . . . . .   | 8  |       | 00 |
| 9. Tax from federal return . . . . .  | 9  | 8589  | 00 |
| 10. Other tax from federal return. . . . .  | 10 |       | 00 |
| 11. Total tax from federal return. Do not enter federal income tax withheld. . . . .  | 11 | 8589  | 00 |
| 12. Federal tax percentage – Enter the percentage based on your<br>Missouri Adjusted Gross Income, Line 6. Use the chart below to<br>find your percentage . . . . . | 12 | 15.00 | %  |

Missouri Adjusted Gross Income Range, Line 6: Federal Tax Percentage:

|                                  |     |
|----------------------------------|-----|
| \$25,000 or less . . . . .       | 35% |
| \$25,001 to \$50,000 . . . . .   | 25% |
| \$50,001 to \$100,000 . . . . .  | 15% |
| \$100,001 to \$125,000 . . . . . | 5%  |
| \$125,001 or more . . . . .      | 0%  |

|   |    |       |    |
|---|----|-------|----|
| 13. Federal income tax deduction – Multiply Line 11 by the percentage on Line 12. Enter this<br>amount not to exceed \$5,000 for an individual or \$10,000 for combined filers. . . . .   | 13 | 1288  | 00 |
| 14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2)<br>• Single or Married Filing Separate-\$12,950      • Head of Household-\$19,400<br>• Married Filing Combined or Qualifying Widow(er)-\$25,900 . . . . . | 14 | 12950 | 00 |
| 15. Additional Exemption for Head of Household and Qualified Widow(er) . . . . .  | 15 |       | 00 |
| 16. Long-term care insurance deduction . . . . .  | 16 |       | 00 |
| 17. Health care sharing ministry deduction. . . . .   | 17 |       | 00 |
| 18. Active Duty Military income deduction . . . . .   | 18 |       | 00 |
| 19. Inactive Duty Military income deduction . . . . .   | 19 |       | 00 |
| 20. Bring jobs home deduction . . . . .   | 20 |       | 00 |
| 21. Transportation facilities deduction . . . . .   | 21 |       | 00 |

A. Port Cargo Expansion     B. International Trade Facility     C. Qualified Trade Activities



Deductions Continued

|  |     |   |     |
|--|-----|---|-----|
| 22. First time home buyers deduction.      A. <input style="width: 80px; height: 20px;" type="text"/> B. <input style="width: 80px; height: 20px;" type="text"/> | 22  | <input style="width: 100%; height: 20px;" type="text"/> | .00 |
| 23. Long term dignity savings account deduction . . . . .  | 23  | <input style="width: 100%; height: 20px;" type="text"/> | .00 |
| 24. Foster parent tax deduction . . . . .  | 24  | <input style="width: 100%; height: 20px;" type="text"/> | .00 |
| 25. Total deductions - Add Lines 8 and 13 through 24 . . . . .   | 25  | 14238   | .00 |
| 26. Subtotal - Subtract Line 25 from Line 6 . . . . .  | 26  | 61902   | .00 |
| 27. Multiply Line 26 by appropriate percentages (%) on<br>Lines 7Y and 7S . . . . .  | 27Y | 61902   | .00 |
|  | 27S | <input style="width: 100%; height: 20px;" type="text"/> | .00 |
| 28. Enterprise zone or rural empowerment zone income<br>modification . . . . .   | 28Y | <input style="width: 100%; height: 20px;" type="text"/> | .00 |
|  | 28S | <input style="width: 100%; height: 20px;" type="text"/> | .00 |

Tax

|  |     |   |     |     |   |     |
|--|-----|---|-----|-----|---|-----|
| 29. Taxable income - Subtract Line 28 from Line 27 . . . . .   | 29Y | 61902   | .00 | 29S | <input style="width: 100%; height: 20px;" type="text"/> | .00 |
| 30. Tax (see tax chart on page 26 of the instructions). . . . .  | 30Y | 3097  | .00 | 30S | <input style="width: 100%; height: 20px;" type="text"/> | .00 |
| 31. Resident credit - Attach <b>Form MO-CR</b> and other states'<br>income tax return(s). . . . .  | 31Y | <input style="width: 100%; height: 20px;" type="text"/> | .00 | 31S | <input style="width: 100%; height: 20px;" type="text"/> | .00 |
| 32. Missouri income percentage - Enter 100% unless you are<br>completing <b>Form MO-NRI</b> . Attach Form MO-NRI and a<br>copy of your federal return if less than 100% . . . . .  | 32Y | 100   | %   | 32S | <input style="width: 100%; height: 20px;" type="text"/> | %   |
| 33. Balance - Subtract Line 31 from Line 30; OR<br>multiply Line 30 by percentage on Line 32 . . . . .   | 33Y | 3097  | .00 | 33S | <input style="width: 100%; height: 20px;" type="text"/> | .00 |
| 34. Other taxes - Select box and attach federal form indicated.<br><br><input type="checkbox"/> Lump sum distribution ( <b>Form 4972</b> )<br><br><input type="checkbox"/> Recapture of low income housing credit ( <b>Form 8611</b> ) | 34Y | <input style="width: 100%; height: 20px;" type="text"/> | .00 | 34S | <input style="width: 100%; height: 20px;" type="text"/> | .00 |
| 35. Subtotal - Add Lines 33 and 34 . . . . .   | 35Y | 3097  | .00 | 35S | <input style="width: 100%; height: 20px;" type="text"/> | .00 |
| 36. Total Tax - Add Lines 35Y and 35S. . . . .   | 36  | 3097  | .00 |     |   |     |

Payments and Credits

|  |    |   |     |
|--|----|---|-----|
| 37. MISSOURI tax withheld - Attach Forms W-2 and 1099. . . . .   | 37 | 3588  | .00 |
| 38. 2022 Missouri estimated tax payments - Include overpayment from 2021 applied to 2022 . . . . .   | 38 | <input style="width: 100%; height: 20px;" type="text"/> | .00 |
| 39. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms<br><b>MO-2NR</b> and <b>MO-NRP</b> . . . . . | 39 | <input style="width: 100%; height: 20px;" type="text"/> | .00 |
| 40. Missouri tax payments for nonresident entertainers - Attach <b>Form MO-2ENT</b> . . . . .  | 40 | <input style="width: 100%; height: 20px;" type="text"/> | .00 |
| 41. Amount paid with Missouri extension of time to file ( <b>Form MO-60</b> ). . . . .   | 41 | <input style="width: 100%; height: 20px;" type="text"/> | .00 |
| 42. Miscellaneous tax credits (from <b>Form MO-TC</b> , Line 13) - Attach Form MO-TC . . . . .   | 42 | <input style="width: 100%; height: 20px;" type="text"/> | .00 |
| 43. Property tax credit - Attach <b>Form MO-PTS</b> . . . . .  | 43 | <input style="width: 100%; height: 20px;" type="text"/> | .00 |
| 44. Total payments and credits - Add Lines 37 through 43 . . . . .   | 44 | 3588  | .00 |



**Skip Lines 45 through 47 if you are not filing an amended return.**

45. Amount paid on original return. . . . .   .

46. Overpayment as shown (or adjusted) on original return . . . . .   .

Amended Return

**Indicate Reason for Amending**

- A. Federal audit. . . . .    Enter date of IRS report (MM/DD/YY)
- B. Net Operating Loss carryback . . . . .  Enter year of loss (YY)
- C. Investment tax credit carryback . . . . .  Enter year of credit (YY)
- D. Correction other than A, B, or C. . . . .    Enter date of federal amended return, if filed. (MM/DD/YY)

47. Amended return total payments and credits - Add Lines 44 and 45; subtract Line 46. Enter on Line 47. . . . .   .

48. If Line 44, or if amended return, Line 47, is larger than Line 36, enter the difference. Amount of OVERPAYMENT . . . . .   .

49. Amount of Line 48 to be applied to your 2023 estimated tax . . . . .   .

50. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.

|  |  |  |   |
|--|--|--|---|
| 50a. Children's Trust Fund <input type="text"/> <input type="text"/> . <input type="text" value="00"/>                       | 50b. Veterans Trust Fund <input type="text"/> <input type="text"/> . <input type="text" value="00"/>   | 50c. Elderly Home Delivered Meals Trust Fund <input type="text"/> <input type="text"/> . <input type="text" value="00"/>             | 50d. Missouri National Guard Trust Fund <input type="text"/> <input type="text"/> . <input type="text" value="00"/> |
| 50e. Workers' Memorial Fund <input type="text"/> <input type="text"/> . <input type="text" value="00"/>                      | 50f. Childhood Lead Testing Fund <input type="text"/> <input type="text"/> . <input type="text" value="00"/>                                   | 50g. Missouri Military Family Relief Fund <input type="text"/> <input type="text"/> . <input type="text" value="00"/>                | 50h. General Revenue Fund <input type="text"/> <input type="text"/> . <input type="text" value="00"/>               |
| 50i. Organ Donor Program Fund <input type="text"/> <input type="text"/> . <input type="text" value="00"/>                    | 50j. Kansas City Regional Law Enforcement Memorial Foundation Fund <input type="text"/> <input type="text"/> . <input type="text" value="00"/> | 50k. Soldiers Memorial Military Museum in St. Louis Fund <input type="text"/> <input type="text"/> . <input type="text" value="00"/> | 50l. Missouri Medal of Honor Fund <input type="text"/> <input type="text"/> . <input type="text" value="00"/>       |
| 50m. Additional Fund Code <input type="text"/> Additional Fund Amount <input type="text"/> . <input type="text" value="00"/> | 50n. Additional Fund Code <input type="text"/> Additional Fund Amount <input type="text"/> . <input type="text" value="00"/>                   |  |   |

Total Donation - Add amounts from Boxes 50a through 50n and enter here . . . . .   .

51. Amount of Line 48 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from **Form 5632**. . . . .   .

52. **REFUND** - Subtract Lines 49, 50, and 51 from Line 48 and enter here . . . . .   .

Refund

a. Routing Number  c.  Checking  Savings

b. Account Number



Amount Due

- 53. If Line 36 is larger than Line 44 or Line 47, enter the difference.  
Amount of UNDERPAYMENT . . . . . 53  .00
- 54. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here . . . 54  .00  
 Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.
- 55. **AMOUNT DUE** - Add Lines 53 and 54.  
If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically . . . . . 55  .00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under **Section 143.561, RSMo**. Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in **Chapter 143, RSMo.**, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens. I am aware of any applicable reporting requirements of **Section 135.805, RSMo**, and the penalty provisions of **Section 135.810, RSMo**.

Signature

|   |  |  |  |                      |   |                                 |                                    |
|---|--|--|--|----------------------|---|---------------------------------|------------------------------------|
| Signature   | <input type="text"/>   |  |  | Date (MM/DD/YY)      | <input type="text"/>                    | <input type="text"/>            | <input type="text"/>               |
| Spouse's Signature (If filing combined, BOTH must sign) | <input type="text"/>   |  |  | Date (MM/DD/YY)      | <input type="text"/>                    | <input type="text"/>            | <input type="text"/>               |
| E-mail Address  | <input type="text" value="SYAM@GTAXFILE.COM"/>                 |  |  | Daytime Telephone    | <input type="text" value="3612281720"/> |                                 |                                    |
| Preparer's Signature                                    | <input type="text" value="VENKATA SAI PAVAN KUMAR DUDIPALLI"/> |  |  | Date (MM/DD/YY)      | <input type="text" value="02"/>         | <input type="text" value="07"/> | <input type="text" value="23"/>    |
| Preparer's FEIN, SSN, or PTIN                           | <input type="text" value="88-2145487"/>                        |  |  | Preparer's Telephone | <input type="text" value="6789659522"/> |                                 |                                    |
| Preparer's Address                                      | <input type="text" value="245 ROONEY CT E BRUNSWICK"/>         |  |  | State                | <input type="text" value="NJ"/>         | ZIP Code                        | <input type="text" value="08816"/> |

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm . . . . .  Yes  No

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above. . . . .  Yes  No



22322051555

**Department Use Only**

A     FA     E10     DE     F     .

Form MO-1040 (Revised 12-2022)

**Mail to: Balance Due:**  
Missouri Department of Revenue  
P.O. Box 3370  
Jefferson City, MO 65105-3370  
**Phone:** (573) 751-7200

**Refund or No Amount Due:**  
Missouri Department of Revenue  
P.O. Box 3222  
Jefferson City, MO 65105-3222  
**Phone:** (573) 751-3505

**Fax:** (573) 522-1762  
**Email:** [incometaxprocessing@dor.mo.gov](mailto:incometaxprocessing@dor.mo.gov)  
**Submission of Individual Income Tax Returns**  
**Email:** [income@dor.mo.gov](mailto:income@dor.mo.gov)  
**Inquiry and correspondence**

**Ever served on active duty in the United States Armed Forces?**  
If yes, visit [dor.mo.gov/military/](http://dor.mo.gov/military/) to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at [veteranbenefits.mo.gov/state-benefits/](http://veteranbenefits.mo.gov/state-benefits/).



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