# Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Subm	nission Identification Number (SID)				
Taxpay	er's name	Social securit	y number		
СНА	ITHANYA CHITTIMALLA	841-50-	-4089		
Spouse	's name	Spouse's soc	ial security	number	
Par	Tax Return Information — Tax Year Ending December 31, 2022 (Ente	_  er year you a	re autho	rizing.)	
	whole dollars only on lines 1 through 5.	, , , , , , , , , , , , , , , ,			
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	78,36	69.
2	Total tax		2	10,01	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	11,18	
4	Amount you want refunded to you		4	1,10	
5	Amount you owe		5	,	
Part			y of you	ır return)	
return to sen for any Agent payme author payme taxes persor Electro	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abort (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transfrown or preturn to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for regordery delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account intent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminatent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation receives days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the neal identification number (PIN) below is my signature for the income tax return (original or amended) I appear's PIN: check one box only  I authorize GLOBAL TAXES LLC to enter or generate 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 if you are entering your own PIN and your return is filed using the Practitioner PIN met	nitter, or electrojection of the tr J.S. Treasury ardicated in the tailon to debit the te the authorizard usests must be processing of payment. I furtarm now authorical my PIN  my PIN  my PIN  mow authorizing the treatment of the tailon of the treatment of the	onic return ansmission and its desi ax prepara entry to the tition. To received the electric her acknow zing and,  4 0  er five digit ng. Chec	originator ( n, (b) the re gnated Fina tion softwal nis account. evoke (canc no later th ronic payme owledge tha if applicable  8 9 ts, but l zeros  k this box	(ERO) eason ancial re for . This cel) a nan 2 ent of at the e, my
Vour	below.  Signature ► Ch-chaithanya Date ►	03/07/			
Tour	Signature (1)				
Spou	se's PIN: check one box only				
. Г	I authorize to enter or generate	my PIN		as	s my
_	ERO firm name	Ent	er five digi	ts, but	,
	signature on the income tax return (original or amended) I am now authorizing.	doı	n't enter all	zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN met below.				
Spou	se's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below	V			
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.		6 6 1 er all zeros	9 8 9	,
author	by that the above numeric entry is my PIN, which is my signature for the electronic individual income in its file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subsequents of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of	nitting this retu	rn in acco	ordance wit	
EDO'	s signature ▶ Date ▶				
LINU	ERO Must Retain This Form — See Instructions				
	LIV MUSE HELAIT HIS FULL — SEE HISHUCHUIS				

Don't Submit This Form to the IRS Unless Requested To Do So

# E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-007

IRS Use Only-Do not write or staple in this space.

Filing Status	<b>X S</b>	Single Married filing jointly	Marrie	ed filing separatel	y (MFS)	☐ Head of	household (HOH)		lifying		ing
Check only one box.	-	u checked the MFS box, enter the n	-	our spouse. If yo	u check	ed the HOH or	QSS box, enter the		use (QS name	,	qualifying
Your first name			Last na	me				Your so	cial sed	curity I	number
CHAITHAN	JYA		CHIT	TIMALLA				841-		-	
		first name and middle initial	Last nai					-			rity number
Home address	(numbe	r and street). If you have a P.O. box, see	 e instruction	ons.			Apt. no.	Preside	ntial Ele	ection	Campaign
702 N F	REDEF	RICK ST					3	Check h			•
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete s	paces below.	Sta	te	ZIP code				, want \$3 necking a
CAPE GI	RARDI	EAU			MC		63701	box bel			0
Foreign country	y name		F	oreign province/sta	ate/count	ty	Foreign postal code	your tax			
									Y	ou [	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a	•				,.	. ,	Y	es [	⊠ No
Standard		eone can claim:  You as a de		<u>_</u>		a dependent	(000)				
Deduction		Spouse itemizes on a separate return	•			•					
Age/Blindness	You:	Were born before January 2, 1	1958	Are blind	Spouse	: Was bor	n before January			s blind	
Dependents	s (see	instructions):		(2) Social secu	urity	(3) Relationsh				•	,
If more	<b>(1)</b> Fi	rst name Last name		number		to you	Child tax of	redit	Credit for	or other	dependents
than four dependents,											
see instruction	s ——										
and check	, —										
here L											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .				. 1a		86	<u>,239.</u>
	b	Household employee wages not r	•	, ,				. 1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a						. 1c			
attach Forms	d	Medicaid waiver payments not rep		. ,	e instru	ıctions)		. 1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits		· ·				. 1e			
was withheld.	f	Employer-provided adoption bene	efits from	Form 8839, line	29 .			. 1f			
If you did not	g	Wages from Form 8919, line 6.						. 1g			
get a Form W-2, see	h	Other earned income (see instruct	,					. 1h	-		0.
instructions.	i	Nontaxable combat pay election (	see instr	ructions)		<u>1i</u>					
	Z	Add lines 1a through 1h	· ; ·					. 1z		86	<u>,239.</u>
Attach Sch. B	2a	· -	2a			axable interes		. 2b			
if required.	<u>3a</u>		3a			ordinary divide		. 3b			
	4a	_	4a			axable amoun					
Standard Deduction for—	5a	_	5a			axable amoun		. 5b			
Single or	6a	,	6a			axable amoun	t	. 6b	-		
Married filing separately,	С	If you elect to use the lump-sum e		·	`	,		╣ ├_			
\$12,950	7	Capital gain or (loss). Attach Sche						_   7	+		
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, lin						. 8	+		,870.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•				. 9			,369.
\$25,900 \$25,900	10	Adjustments to income from Sche						. 10			
Head of household,	11	Subtract line 10 from line 9. This is	-					. 11			,369.
\$19,400	12	Standard deduction or itemized		`	,			. 12		12	<u>,950.</u>
If you checked any box under	13	Qualified business income deduct						. 13			
Standard Deduction,	14										950.
see instructions.	15	Subtract line 14 from line 11. If ze	ro or less	s, enter -0 This i	is your t	taxable incom	ie	. 15		65	,419.

Form 1040 (2022	2)							Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌		16	10,011.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	10,011.
	19	Child tax credit or credit for other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line 8					20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18. If zero or less,	enter -0				22	10,011.
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is your total tax					24	10,011.
<b>Payments</b>	25	Federal income tax withheld from:						
	а	Form(s) W-2			<b>25a</b> 11	180.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	11,180.
If you have a	26	2022 estimated tax payments and amount a	pplied from 20	021 return			26	
qualifying child,	27	Earned income credit (EIC)		No .	27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812	2		28			
	29	American opportunity credit from Form 8863	3, line 8		29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27, 28, 29, and 31. These are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. These are your to	otal payments				33	11,180.
Refund	34	If line 33 is more than line 24, subtract line 2	4 from line 33.	This is the amour	t you <b>overpaid</b>		34	1,169.
	35a	Amount of line 34 you want refunded to you		3 is attached, chec	k here	🗆	35a	1,169.
Direct deposit?	b	Routing number 0 8 1 0 0 0 2			Checking	Savings		
See instructions.	d	Account number 1 5 2 3 1 7 7	3 5 6 6	6 9				
	36	Amount of line 34 you want applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. This is the <b>am</b> e For details on how to pay, go to <i>www.irs.go</i>	•				37	
	38	Estimated tax penalty (see instructions) .			38			
Third Party Designee		you want to allow another person to disc structions				omplete b	elow.	X No
•		signee's	Phone			onal identif	ication I	
		me	no.			ber (PIN)		
Sign Here		der penalties of perjury, I declare that I have examine lief, they are true, correct, and complete. Declaration		1 , 0		,		, ,
11010	Yo	ur signature	Date	Your occupation				nt you an Identity
laint vatuus 0				SOFTWARE E	NCINEED	(see		N, enter it here
Joint return? See instructions.	———Sp	ouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation		If the	IRS ser	nt your spouse an
Keep a copy for your records.	-1-						ity Prote	ection PIN, enter it here
	Ph	one no. (573) 225-8255	Email address	CHAITHANYA.CHITT	IMALLA15@GMAIL.	COM		
Poid	Pre	eparer's name Preparer's signat	ture		Date	PTIN		Check if:
Paid	SYAN	1 PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/04/2023	P02082	2703	Self-employed
Preparer	Fir	m's name GLOBAL TAXES LLC				Phon	e no. (	678) 965-9522
Use Only	Fir	m's address 245 ROONEY CT E BRU	NSWICK N	J 08816		Firm'	s EIN	84-3171965
								1010

### SCHEDULE 1 (Form 1040)

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2022
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

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

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security numbe
CHAITHANYA CHITTIMALLA	841-50-4089
Part I Additional Income	

ı aı	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. Atta		5	-7,870.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
C	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	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		
- 1	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	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE 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 nonqualifed 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	-7.870

Schedule 1 (Form 1040) 2022 Page **2** 

Par	t II Adjustments to Income		
11	Educator expenses	 11	
12	Certain business expenses of reservists, performing artists, and fee-basis gov		
	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		
С	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:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8l from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m		
d	Reforestation amortization and expenses	-	
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974	-	
f	Contributions to section 501(c)(18)(D) pension plans		
g	Contributions by certain chaplains to section 403(b) plans	-	
h	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)	-	
- 1	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		
	tax law violations		
J	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
k	1041)		
-	Other adjustments. List type and amount:		
Z	04-		
25	Total other adjustments. Add lines 24a through 24z	25	
25 26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here	23	
20	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	

#### SCHEDULE E (Form 1040)

### **Supplemental Income and Loss**

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

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

2022 Attachment Sequence No. 13

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Name(s) shown on return Your social security number 841-50-4089 CHAITHANYA CHITTIMALLA 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. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . 1a Physical address of each property (street, city, state, ZIP code) 19-3-111, RANGASHAIPET WARANGAL TELANGANA IN 506005 Α В C 1b Type of Property For each rental real estate property listed **Fair Rental Personal Use** QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 650. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 950. 7 Cleaning and maintenance. 7 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 1,250. 11 Management fees . . . . . . . . . 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 2,850. 14 14 Repairs . . . 1,950. 15 Supplies 15 16 16 Taxes 17 Utilities . . . . . . . 17 1,520. 18 18 Depreciation expense or depletion . . . . . . . . 19 19 20 20 Total expenses. Add lines 5 through 19 . . . . . . 8,520. 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 -7,870. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . . 7,870.) 650. Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 8,520. Total of all amounts reported on line 20 for all properties 23e 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 7,870.

26

26

-7,870.

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 .

## 2022 Ohio IT 1040

#### Individual Income Tax Return



Sequence No. 1

04 23 0.3

Use only black ink/UPPERCASE letters. Use whole dollars only.

AMENDED RETURN - Check here and include Ohio IT RE. NOL CARRYBACK - Check here and include Schedule IT NOL. Primary taxpayer's SSN (required) If deceased Spouse's SSN (if filing jointly) ✓ If deceased School district # 841 50 4089 9999 First name M.I. Last name CHAITHANYA CHITTIMALLA Spouse's first name (if filing jointly) M.I. Last name Address line 1 (number and street) or P.O. Box 702 N FREDERICK ST Address line 2 (apartment number, suite number, etc.) APT 3 Ohio county (first four letters) City State ZIP code CAPE GIRARDEAU MO 63701 FRAN Foreign country (if the mailing address is outside the U.S.) Foreign postal code Residency Status - Check only one for primary **Filing Status** – Check one (as reported on federal income tax return) Nonresident >> Resident Part-year X Single, head of household or qualifying widow(er) MO Indicate state resident Married filing jointly Check only one for spouse (if filing jointly) Spouse's SSN Resident Part-vear Nonresident **>>** resident Indicate state Married filing separately Ohio Nonresident Statement - See instructions for required criteria Federal extension filers - check here. Primary meets the five criteria for irrebuttable presumption as nonresident. Spouse meets the five criteria for irrebuttable presumption as nonresident. If someone can claim you (or your spouse if filing jointly dependent, check here. paper clip 1. Federal adjusted gross income (federal 1040 or 1040-SR, line 11). Place a "-" in the box 78369 if negative..... Do not staple or 



3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box if negative ...

Number of exemptions including you and your spouse/dependents, if applicable:

4. Exemption amount (include Schedule of Dependents if applicable).......4.



78369

2150

76219

76219

## 2022 Ohio IT 1040

#### **Individual Income Tax Return**



SSN 841 50 4089

7a.Amount from line 7 on page 17	'a.	76219
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	8a.	1887
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 ( <b>include schedule</b> )	8b.	
8c. Income tax liability before credits (line 8a plus line 8b)	8c.	1887
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 35 (include schedule)	9.	1364
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)	10.	523
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	11.	
12.Unpaid use tax (see instructions)	12.	
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)	13.	523
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	14.	648
15.Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return	15.	
16. Refundable credits – Ohio Schedule of Credits, line 41 (include schedule)	16.	
17. Amended return only – amount previously paid with original and/or amended return	17.	
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	18.	648
19. Amended return only – overpayment previously requested on original and/or amended return	19.	
20. Line 18 minus line 19. Place a "-" in the box if negative	20.	648
21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13	21.	
22. Interest due on late payment of tax (see instructions)	22.	
23. <b>TOTAL AMOUNT DUE</b> (line 21 plus line 22). <b>Include Ohio IT 40P</b> (if original return) <b>or IT 40XP</b> (if amended return) and make check payable to "Ohio Treasurer of State" <b>AMOUNT D</b>	<b>DUE</b> ▶ 23.	
24. Overpayment (line 20 minus line 13)	24.	125
25. Original return only – portion of line 24 carried forward to next year's tax liability	25.	
d. Nature Preserves/Scenic Rivers e. Breast/Cervical Cancer f. Wishes for Sick Children	otal26g.	
27. <b>REFUND</b> (line 24 minus lines 25 and 26g)	1	125
and belief, the return and all enclosures are true, correct and complete.	If your refund is \$1.00 or less, no refund If you owe \$1.00 or less, no payment it	
Primary signature         Phone number (573) 225-8255	NO Payment Included – N Ohio Department of Taxa	
Spouse's signature Date Check here to authorize your preparer to discuss this return with the Department.	P.O. Box 2679 Columbus, OH 43270-2	
Oriectories di authorize your preparer to discussionis return with the Department.	Power and Included Ma	!! 4

Preparer's TIN (PTIN) P 02082703

Preparer's printed name \_\_\_\_\_\_SYAM\_PRIYA\_RAM\_SAGAR\_GUP Phone number \_\_\_\_\_(678) 965-9522

Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057



03 04 23

## 2022 Ohio Schedule of Credits

Use only black ink. Use whole dollars only.

Primary taxpayer's SSN



22280198

Sequence No. 7

Primary taxpayer's SSN 841 50 4089

Many of these credits <u>must</u> be calculated using a worksheet and/or be supported by additional required documentation. See the instructions for worksheets and information on supporting documentation.

#### **Nonrefundable Credits**

1.	Tax liability before credits (from Ohio IT 1040, line 8c)	1.	1887
2.	Retirement income credit (include 1099-R forms)	2.	
3.	Lump sum retirement credit (include a copy of the worksheet and 1099-R forms)	3.	
4.	Senior citizen credit (must be 65 or older to claim this credit)	4.	
5.	Lump sum distribution credit (include a copy of the worksheet and 1099-R forms)	5.	
6.	Child care & dependent care credit (include a copy of the worksheet)	6.	
7.	Displaced worker training credit (include a copy of the worksheet and all required documentation)	7.	
8.	Campaign contribution credit for Ohio statewide office or General Assembly	8.	С
9.	Income-based exemption credit	9.	C
10.	Total (add lines 2 through 9)	.10.	C
11.	Tax less credits (line 1 minus line 10; if negative, enter zero)	. 11.	1887
12.	Joint filing credit (see instructions for table). % times line 11, up to \$650	. 12.	C
13.	Earned income credit	. 13.	
14.	Home school expenses credit (include copies of all required documentation)	. 14.	
15.	Scholarship donation credit (include copies of all required documentation)	. 15.	
16.	Nonchartered, nonpublic school tuition credit (include copies of all required documentation)	. 16.	
17.	Vocational job credit (include a copy of the credit certificate)	. 17.	
18.	Ohio adoption credit	18.	
19.	Nonrefundable job retention credit (include a copy of the credit certificate)	19.	
20.	Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate)	20.	
21.	Grape production credit	21.	
22.	InvestOhio credit (include a copy of the credit certificate)	. 22.	
23.	Lead abatement credit (include a copy of the credit certificate)	. 23.	
24.	Opportunity zone investment credit (include a copy of the credit certificate)	24.	



## 2022 Ohio Schedule of Credits

Primary taxpayer's SSN 841 50 4089





Sequence No. 8

25. Technology investment credit carryforward (include a copy of the credit certificate)	25.	
26. Enterprise zone day care & training credits (include a copy of the credit certificate)	26.	
27. Research & development credit (include a copy of the credit certificate)	27.	
28. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)	28.	
29. Total (add lines 12 through 28)	29.	0
30. Tax less additional credits (line 11 minus line 29; if negative, enter zero)	30.	1887
Nonresident Credit		
Dates of Ohio residency to Other state of reside	ency	
31. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy)	38	
32. Ohio adjusted gross income (Ohio IT 1040, line 3)32.	59	
33a. Divide line 31 by line 32 (four decimals; do not round; if greater than 1, enter 1.0000)	27	
33. Nonresident credit (line 30 times line 33a)	33.	1364
Resident Credit		
34. Resident credit – Ohio IT RC, line 7 (include a copy)	34.	
35. Total nonrefundable credits (add lines 10, 29, 33 and 34; enter here and on Ohio IT 1040, line 9)	35.	1364
Refundable Credits		
36. Refundable Ohio historic preservation credit (include a copy of the credit certificate)	36.	
37. Refundable job creation credit & job retention credit (include a copy of the credit certificate)	37.	
38. Pass-through entity credit (include a copy of the Ohio IT K-1s)	38.	
39. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate)	39.	
40. Venture capital credit (include a copy of the credit certificate)	40.	
41. Total refundable credits (add lines 36 through 40; enter here and on Ohio IT 1040, line 16)	41.	



# 2022 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters. Use whole dollars only.

22350198

Sequence No. 11

Primary taxpayer's SSN 841 50 4089

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms **only if they have Ohio withholding**. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies if necessary. **Place state copies of your income statements after the last page of your return.** 

#### Part A - Total Withholding

Part B - 1. P/S P		Box 1 - Wages, tips, other compensation 86239	Box 2 - Federal income tax withheld 11180
	Box 15 - Employer's Ohio ID number 54119615	Box 16 - Ohio wages, tips, etc. 21731	Box 17 - Ohio income tax 648
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax



# 2022 Schedule of Ohio Withholding Primary taxpayer's SSN

841 50 4089





D 40	1000 D	841 50 4089		Sequence No. 12
	1099-Rs Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
3. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
4. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
Part D -	W 2Go			
	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 -	Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 -	Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 -	Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
	1099-NECs Payer's TIN	Box 1 - Nonemployee compensation	Box 4 -	Federal income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 -	Federal income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld

2022 Individual Income Tax Payment Voucher (Form MO- Please print. Make check payable to Missouri Department of MO-1040V and payment to the Missouri Department of Jefferson City, MO 65105-0371.	nt of Rev	<b>√</b> ) veni	ue. Ma		
Name CHAITHANYA CHITTIMALLA					Spouse's Name Control
Spouse's Name					Amount of Payment (U.S. funds only). \$ 17.0
Street Address					
702 N FREDERICK ST #3					
City	State	ZIF	Code		22347011555
CAPE GIRARDEAU	$M_{I}O$	6	131	7 10 1	
Full payment of taxes must be submitted by April 18, 2 additions to tax for failure to pay. If you pay by check, you of Revenue to process the check electronically. Any returne again electronically.	authoriz	ze th	ne De <sub>l</sub> y be p	partmer	Department Use Only



For Calendar Year January 1 - December 31, 2022

Print	t in BLACK ink only and DO NOT STAPLE.	AND
	Amended 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 4)	4868).
	ng a fiscal year return enter the beginning and ending dates here.  al Year Beginning (MM/DD/YY) Fiscal Year Ending (MM/DD/YY)  1555  Department Use Onl	у
Filing Status	Single Claimed as a Married Filing Married Filing Head of Qualifying Dependent Combined Separately Household Widow(e	•
	Age 62 through 64	d Spouse
Name	Social Security Number    841	Deceased in 2022  Suffix  Suffix
dress	Present Address (Include Apartment Number or Rural Route)  702 N FREDERICK ST APT 3  City, Town, or Post Office State ZIP Code	
7		

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.



IN



CAPE GIRARDEAU

County of Residence

CAPE













MO





63701











					Yourself (Y)			Spouse (S)			
псот	1.	Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y		78369	00	18		].[	00	
	2.	Total additions (from <b>Form MO-A</b> , Part 1, Line 7)	2Y		. [	00	28		].[	00	
	3.	Total income - Add Lines 1 and 2	3Y		78369	00	38		].[	00	
	4.	Total subtractions (from Form MO-A, Part 1, Line 18)	4Y		. [	00	48		].[	00	
_		Missouri adjusted gross income - Subtract Line 4 from Line 3	5Y		78369	00	5S		][	00	
		6. Total Missouri adjusted gross income - Add columns 5Y and 5S									
		Income percentages - Divide columns 5Y and 5S by total on			٦						
	,.	Line 6. (Must equal 100%)	7Y		100	%	78		] C	%	
	8.	Pension, Social Security and Social Security Disability exemption Section D)					8		] [	00	
		Section D)				 1			J • L	00	
	9.	Tax from federal return		9	10011	].[0	0				
	10.	Other tax from federal return		10		].[0	00				
	11.	Total tax from federal return. Do not enter federal income tax with	held.	11	10011	<u>.</u> [0	00				
Deductions	12.	Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage	 5% 5% 5% 5%		15.00 age:	9	6				
0		Federal income tax deduction – Multiply Line 11 by the percentary amount not to exceed \$5,000 for an individual or \$10,000 for complete Missouri standard deduction or itemized deductions. (If itemizin • Single or Married Filing Separate-\$12,950 • Head of House	mbin g, Se	ed fil e Fo	lers		13	1502	].[	00	
X		Married Filing Combined or Qualifying Widow(er)-\$25,900			•		14	12950	].	00	
	15.	Additional Exemption for Head of Household and Qualified Wide	ow(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 Fa	cility		C. Qualified Trade	e Ac	tivities	IN			



	22.	First time home buyers deduction. A.	В.			22		.[	00
	23.	Long term dignity savings account deduction				23		. [	00
<b>Deductions Continued</b>	24.	Foster parent tax deduction				24		. [	00
ıs Con	25.	Total deductions - Add Lines 8 and 13 through 24				25	14452	. [	00
duction	26.	Subtotal - Subtract Line 25 from Line 6				26	63917	. (	00
Dec	27.	Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S	27Y	6391	7 . 00	278		. [	00
	28.	Enterprise zone or rural empowerment zone income modification	28Y		. 00	28S		. [	00
	29.	Taxable income - Subtract Line 28 from Line 27	29Y	6391	7 . 00	298		. [	00
	30.	Tax (see tax chart on page 26 of the instructions)	30Y	320	3 . 00	30S		. [	00
	31.	Resident credit - Attach Form MO-CR and other states' income tax return(s)	31Y	52	3 . 00	318		. [	00
×	32.	Missouri income percentage - Enter 100% unless you are completing Form MO-NRI. Attach Form MO-NRI and a copy of your federal return if less than 100%	32Y	10	0 %	328		%	6
Тах	33.	Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32	33Y	268	0.00	338		. [	00
	34.	Other taxes - Select box and attach federal form indicated.							
		Lump sum distribution ( <u>Form 4972</u> )						_	
		Recapture of low income housing credit (Form 8611)	34Y		00	34S		. [	00
	35.	Subtotal - Add Lines 33 and 34	35Y	268	00	35S		. [	00
	36.	Total Tax - Add Lines 35Y and 35S				. 36	2680	. (	00
	37.	MISSOURI tax withheld - Attach Forms W-2 and 1099				. 37	2663	. [	00
	38.	2022 Missouri estimated tax payments - Include overpayment from 2021 applied to 2022							00
Payments and Credits	39.	. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms  MO-2NR and MO-NRP							00
ts and	40.	Missouri tax payments for nonresident entertainers - Attach Fo	orm MO-	<u> 2ENT</u>		. 40		. [	00
aymen	41.	Amount paid with Missouri extension of time to file (Form MO-		. 41		. [	00		
Δ.	42.	Miscellaneous tax credits (from Form MO-TC, Line 13) - Attac	h Form N	мо-тс		. 42		. [	00
	43.	Property tax credit - Attach Form MO-PTS				. 43		. [	00
	44.	Total payments and credits - Add Lines 37 through 43				. 44	2663		00

	Sk	tip Lines 45 through 47 if you are not filing an amended return.		
	45.	Amount paid on original return	45	. 00
	46.	Overpayment as shown (or adjusted) on original return	46	. 00
		Indicate Reason for Amending  Enter date of IRS report (MM/DD/YY)		
Amended Return		A. Federal audit		
Amende		B. Net Operating Loss carryback Enter year of credit (YY)		
		C. Investment tax credit carryback Enter date of federal amended return, if filed	I. (MM/DD/YY)	
		D. Correction other than A, B, or C		
	47.	Amended return total payments and credits - Add Lines 44 and 45; subtract Line 46.  Enter on Line 47	. 47	. 00
	48.	If Line 44, or if amended return, Line 47, is larger than Line 36, enter the difference.  Amount of OVERPAYMENT	. 48	. 00
	49.	Amount of Line 48 to be applied to your 2023 estimated tax	49	. 00
	50.	Enter the amount of your donation in the trust fund boxes below. See instructions for additional	trust fund codes.	
	50	a. Trust Fund  Children's  a. Trust Fund  Children's  50b. Veterans  50c. Trust Fund  . 00	Missouri National Guard 50d. Trust Fund	. 00
	50	Kansas City Soldiers  Memorial	50h. General Revenue Fund	. 00
Refund	50	Organ Donor Enforcement Military Museum in	MIssouri Medal of 501. Honor Fund	. 00
Ref	50	Additional Fund Fund Amount . 00 Son. Code Additional Fund Amount . 00		
		Total Donation - Add amounts from Boxes 50a through 50n and enter here	50	. 00
	51.	Amount of Line 48 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from <u>Form 5632</u>	. [51]	. 00
	52.	<b>REFUND</b> - Subtract Lines 49, 50, and 51 from Line 48 and enter here	52	. 00
		a. Routing Number c. b. Account Number	Checking Sa	avings

	53.	If Line 36 is larger than Line 44 or Line Amount of UNDERPAYMENT		ence.		53		17	00		
Due :	54.	Underpayment of estimated tax penal	ty - Attach <b>Form MO</b>	<u>-2210</u> . Enter pena	ilty amount he	ere 54			. 00		
Amount Due		Select this box if you are a farr	ner exempt from the	underpayment of	estimated tax	penalty.					
d	55.	<b>AMOUNT DUE</b> - Add Lines 53 and 54 If you pay by check, you authorize the electronically. Any returned check materials	Department of Reve			55		17	. 00		
	of r the bas imp una alie	der penalties of perjury, I declare that I have knowledge and belief it is true, correct, Department of Revenue with my signatured on all information of which he or shoosed on any individual who files a parthorized aliens as defined under federens. I am aware of any applicable reportimo.	and complete. By sig re as required under § ne has knowledge. A frivolous return. I al al law and that I am n	ning or entering my Section 143.561, R s provided in <u>Cha</u> so declare under ot eligible for any t	name in the " SMo. Declara pter 143, RS penalties of ax exemption	Signature" fieltion of prepare Mo., a penalifiperjury that , credit, or aba	d(s) below, I a er (other than ty of up to \$5 t I employ no atement if I e	m prov taxpay 00 sha o illeg mploy	viding ver) is all be al or such		
	Sig	nature				Date (MM/DD	/YY)				
	Spo	ouse's Signature (If filing combined, BOTH m	ust sign)			Date (MM/DD	/YY)				
	E-n	nail Address				Daytime Tele	phone				
iture	S	YAM@GTAXFILE.COM				573225					
Signature	Preparer's Signature						Date (MM/DD/YY)				
	SYAM PRIYA RAM SAGAR GUPTA TALLAM						04	23			
	Preparer's FEIN, SSN, or PTIN						Preparer's Telephone				
		84-3171965				6789659522					
	Pre	parer's Address				State	ZIP Code				
	24	45 ROONEY CT E BRUNSWI	CK			NJ	08816				
	or a	uthorize the Director of Revenue or del any member of the preparer's firm  I you pay a tax return preparer to complete Internal Revenue Service preparer tax is parer's name, address, and phone num	ete your return, but the	ne preparer failed t	o sign the retues, please inse	urn or provide	. Yes	×	No No		
	p	·									
				151555 It Use Only							
	Α	☐ FA ☐ E10	☐ DE	F							
	l to:	Balance Due: Missouri Department of Revenue P.O. Box 329 Jefferson City, MO 65105-0329 Phone: (573) 751-7200	Refund or No Am Missouri Departme P.O. Box 500 Jefferson City, MC Phone: (573) 751	ent of Revenue 0 65105-0500 -3505	Submission Email: <u>inc</u>	ometaxproc	-	.mo.g	<u>ov</u>		
If ye	s, visi	erved on active duty in the United it dor.mo.gov/military/ to see the services a s. A list of all state agency resources and b	nd benefits we offer to a				IN				

veteranbenefits.mo.gov/state-benefits/



Complete this form if you or your spouse have income from another state or political subdivision. If you had multiple credits, complete a separate form for each state or political subdivision. Attach Form MO-CR and all income tax returns for each state or political subdivision to Form MO-1040.

Social Security Number

841

4089

50

CH.	HTIA	HANYA CHITTIMALLA		841 - 5	0	4089	
Spo	use's	Name		Spouse's Social Security	Number		
				_		-	
-		e claiming a resident credit as a shareholder of an S corporation Schedule 1 and see Instructions.	with in	ncome earned in a non-	axed ju	urisdiction, complete	
				Yourself (Y)		Spouse (S)	
	1.	Claimant's total adjusted gross income (Form MO-1040, Line 5Y and Line 5S)	1Y	78369 . 00	18		00
	2.	Claimant's Missouri income tax (Form MO-1040, Line 30Y and 30S). Use the two letter abbreviation for the state or name of political subdivision. See the table on back for the two letter			]		
		abbreviation, or enter the name of the political subdivision below.		State of: OH	]	State of:	
			2Y	3203 . 00	28		.00
	3.	Wages and commissions	3Y	21731 . 00	38		00
	4.	Other income (Describe nature)	4Y	0.00	48		00
~	5.	Total - Add Lines 3 and 4.	5Y	21731 . 00	58		.00
Form MO-CR	6.	Minus, related adjustments (Federal Form 1040 or 1040-SR, Line 10).	6Y	. 00	6S		. 00
For	7.	Net amounts - Subtract Line 6 from Line 5	7Y	21731.00	7S	0	. 00
	8.	Percentage of your income taxed - Divide Line 7 by Line 1	8Y	28. %	88	0.	%
	9.	Maximum credit - Multiply Line 2 by percentage on Line 8	9Y	897 . 00	98		. 00
	10.	Income tax imposed by another state or political subdivision. <b>This is not income tax withheld</b> . The income tax must generally be reduced by all credits, except withholding and estimated tax. (See instructions.)	10Y	523 . 00	108	0	00
	11.	Credit - Enter the smaller amount of Line 9 or Line 10 here and on Form MO-1040, Line 31Y or Line 31S	11Y	523.00	118	0	. 00

Name

of credit reported on MO-1040, Line 31Y and 31S cannot exceed the Missouri tax liability.

Note: If you have completed Form MO-CR for credits in multiple states, add the amounts on Line 11 from each Form MO-CR and the amounts on Line 5, from each Form MO-CR, Schedule 1, before entering on Form MO-1040. The cumulative amount