

Illinois Department of Revenue 2022 Form IL-1040 Individual Income Tax Return

or for fiscal year ending ____/___

Step 1: Personal Information Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.

	NAR DEE 25 EDI	INDER RD 2C	nousehold	
C	Ch	ck If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions.	Spouse	
D	Ch	ck the box if this applies to you during 2022: 🗵 Nonresident - Attach Sch. NR 🔲 Part-year resident -	Attach Sc	h. NR
	Ste	2: Income	(Who	ole dollars only)
	1 2 3 4	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. Other additions. Attach Schedule M. Total income . Add Lines 1 through 3.	1 2 3 4	179,500.00 .00 .00 179,500.00
T	Ste	3: Base Income		
ere	5 6	Social Security benefits and certain retirement plan income 5 received if included in Line 1. Attach Page 1 of federal return. 5 Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, 5		
forms he	7 8	Schedule 1, Ln. 1. 6 Other subtractions. 7 Add Lines 5, 6, and 7. This is the total of your subtractions. 7	8	<u>.00</u> 179,500 00
991	9	Illinois base income. Subtract Line 8 from Line 4.	9	179,500.00
Staple W-2 and 1099 forms here		 4: Exemptions a Enter the exemption amount for yourself and your spouse. See instructions. b Check if 65 or older: You + Spouse # of checkboxes X \$1,000 = b c Check if legally blind: You + Spouse # of checkboxes X \$1,000 = c d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC. d 2,42 Exemption allowance. Add Lines 10a through 10d. 	<u>.00</u> .00	7,275 _{.00}
S	Ste	5: Net Income and Tax		
t		Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.		
▲ <i>N-0</i>	13 14	Nonresidents and part-year residents: Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255. Income tax. Add Lines 12 and 13. Cannot be less than zero.	12 13 14	2,727 <u>.00</u> .00 2,727 <u>.00</u>
and IL-104	Ste 15 16	6: Tax After Nonrefundable Credits 15 Income tax paid to another state while an Illinois resident. Attach Schedule CR. 15 Property tax and K-12 education expense credit amount from Schedule ICR. 16 Attach Schedule ICR. 16	<u>.00</u>	
r check å	17 18 19	Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 17Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. Tax after nonrefundable credits. Subtract Line 18 from Line 14.	<u>.00</u> 18 19	0 <u>.00</u> 2,727 <u>.00</u>
Staple your check and IL-1040-V	20 21 22	 7: Other Taxes Household employment tax. See instructions. Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank. Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges. 	20 21 22	00. 0.00 0.00
▼	23	Total Tax. Add Lines 19, 20, 21, and 22.	23	2,727.00



24	Total tax from Page 1, Line 23.	24	2,727.00
Ste	ep 8: Payments and Refundable Credit		
25	Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 2,842	<u>00</u>	
26	Estimated payments from Forms IL-1040-ES and IL-505-I,		
	including any overpayment applied from a prior year return. 26	<u>00</u>	
27	Pass-through withholding. Attach Schedule K-1-P or K-1-T. 27	<u>00</u>	
28	Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T. 28	<u>00</u>	
29	Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC. 29	<u>00</u>	
30	Total payments and refundable credit. Add Lines 25 through 29.	30	2,842.00
Ste	ep 9: Total		
31	If Line 30 is greater than Line 24, subtract Line 24 from Line 30.	31	115.00
32	If Line 24 is greater than Line 30, subtract Line 30 from Line 24.	32	.00
Ste	ep 10: Underpayment of Estimated Tax Penalty and Donations		
33	Late-payment penalty for underpayment of estimated tax. 33	00	
	a 🔲 Check if at least two-thirds of your federal gross income is from farming.		
	b Check if you or your spouse are 65 or older and permanently living in a nursing home.		
	c 🗌 Check if your income was not received evenly during the year and you annualized your income on For	m IL-2210.	
	Attach Form IL-2210.		
	d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.		
		<u>00</u>	
35	Total penalty and donations. Add Lines 33 and 34.	35	.00
Ste	ep 11: Refund or Amount you owe		
36	If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31.		
	This is your overpayment .	36	115 _{.00}
37	Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions.	37	115.00
38	I choose to receive my refund by		
	a X direct deposit - Complete the information below if you check this box.		
	You may also contribute Routing number 0 1 1 9 0 0 5 7 1 × Checking or	Savings	
	to college savings funds	ouringe	
	here. See instructions! Account number 3 8 5 0 2 1 5 2 0 7 7 6		
	b 🔲 paper check.		
39	Amount to be credited forward. Subtract Line 37 from Line 36. See instructions.	39	.00
40	If you have an amount on Line 32, add Lines 32 and 35 or -		
	If you have an amount on Line 31 and this amount is less than Line 35,		
	subtract Line 31 from Line 35. This is the amount you owe . See instructions.	40	.00
Ste	ep 12: Health Insurance Checkbox and Signature		
0.0			

41 Check this box if IDOR may share your income information with other Illinois state agencies in order to determine your eligibility for health insurance benefits. See instructions for more information.

Signature - Note: If this is a joint return, both you and your spouse must sign below.

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign	Your signature		Date (mm/dd/yyyy)	Spouse's sig	nature	Date (mm/dd/yyy	y)	Daytime phone	e number	
Here								(201) 889	-7775	
	Print/Type paid prepa	irer's name		Paid preparer's signature Dat		Date (mm/dd/yyy	y)	Check if	Paid Preparer's PTIN	
Paid	VENKATA SAI PAVAN I	NKATA SAI PAVAN KUMAR DUDIPALLI			PAVAN KUMAR DUDIPALLI	02/12/202	3	self-employed P02	P02470833	
Preparer Use Only	Firm's name GLOBAL TAXES LLC				Firm's FEIN	►	882145487			
	Firm's address	245 ROO	NEY CT E	BRUNSWIC	KNJ 08816	Firm's phone		(678) 965	5-9522	
Third	Designee's name (please print)				Designee's phone number			Check if the Department may		
Party								discuss this return with the third		
Designee				()				party designee shown in this step.		

Refer to the 2022 IL-1040 Instructions for the address to mail your return.



`	Illinois Department of Revenu	le
Į	2022 Schedule NF	R
ъ	Attach to your Form IL-1040	

Nonresident and Part-Year Resident Computation of Illinois Tax IL Attachment No. 2

NARAYANA REDDY & DEEPTI BANAVASI 8 3 1 2 7 5 7 3 6 Your name as shown on your Form IL-1040 Your Social Security number Step 1: Provide the following information Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year? 1 X No If you answered "Yes," **STOP** you cannot use this form (see instructions). Yes 2 If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2022. a I lived in Illinois from ___/ __ / 2 2 to ___/ __/ 2 2 _ from ___/ ___ / <u>2</u> to ___ / ___ / <u>2</u> 2 I lived in _ Month Day Year Month Day Year Month Day Year Month Day Year State **b** My spouse lived in **Illinois** from ___/ __ / <u>2</u> <u>2</u> to ___/ __ / <u>2</u> <u>2</u> , and _ _ from _ _ / _ _ / <u>2 2</u> to _ _ / _ _ / <u>2 2</u> Month Day Year Month Day Year Month Day Year Month Day Year State If you were a resident of any of the states listed below during the tax year, if you were in Illinois only to accompany your spouse who 3 was in the military, or if you elected to use your service member spouse's state of residence for tax purposes, check the appropriate box. Iowa Kentucky Michigan Wisconsin Military Spouse List any state other than Illinois or any states already indicated on Line 2 or 3 above, that you claimed residency for tax purposes in 2022. 4 Enter the two-letter abbreviation of that state.

Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. Attach Schedule NR to your Form IL-1040.

Step 3: Figure the Illinois portion of your federal adjusted gross income

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

				Column A Federal Total	Column B Illinois Portion
	5	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z)	5_	179,500 _{.00}	57,420.00
	6	Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	6 _	.00	.00
	7	Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	7 _	.00	.00
	8	Taxable refunds, credits, or offsets of state and local income taxes			
		(federal Form 1040 or 1040-SR, Schedule 1, Line 1)	8_	.00	.00
	9	Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	9 _	.00	.00
	10	Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	10 _	0.00	0.00
	11	Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	11 _	.00	.00
	12	Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	12 _	.00	.00
come	13	Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	13 _	.00	.00
ğ	14	Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	14 _	.00	.00
ŭ	15	Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
		(federal Form 1040 or 1040-SR, Schedule 1, Line 5)	15 _	.00	.00
	16	Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	16 _	.00	.00
	17	Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	17 _	.00	.00
	18	Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	18 _	.00	.00
	19	Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9)		
		Include winnings from the Illinois State Lottery as Illinois income in Column B.	19 _	.00	.00
	20	Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total inc		20	57,420.00
_		Continue with Step 3 on Page 2			

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Schedule NR – Page 2

Step 3: Continued

St	ер	3: Continued	-	olumn A deral Total	Column B Illinois Portion
	21	Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.		21	57,420 _{.00}
	22	Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	22	.00	.00
	23	Certain business expenses of reservists, performing artists, and fee-basis			
		government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	23	.00	.00
	24	Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	24	0.00	0.00
Income	25	Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14)	25	.00	.00
	26 27	Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15) Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR,	26	.00	.00
to		Schedule 1, Line 16)	27	.00	.00
ts	28	Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)	28	.00	.00
en	29	Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)	29	.00	.00
Ξ	30	Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)	30	.00	.00
is	31	IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	31	.00	.00
djustments	32	Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	32	.00	.00
Ă	33	RESERVED	33		
	34	Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	34	.00	.00
	35	Other adjustments (see instructions)	35	.00	.00
	36	Add Column B, Lines 22 through 35. This is the Illinois portion of your federal			
		adjustments to income.		36	0.00
	37	•	37	179,500 _{.00}	
	38	Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted group	ss income	e. 38	57,420 _{.00}

Step 4: Figure your Illinois additions and subtractions

In the	e inst	mn A, enter the total amounts from your Form IL-1040. You must read ructions for Column B to properly complete this step.		Column A Form IL-1040 Total	Column B Illinois Portion
	39	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	39	.00	.00
١ž	40	Other additions (Form IL-1040, Line 3)	40	.00	.00
	41	Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.		41	57,420.00
;	42	Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42	.00	.00
		Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR,			
i.c	2	Schedule 1, Line 1. (Form IL-1040, Line 6)	43	.00	.00
	44	Other subtractions (Form IL-1040, Line 7)	44	.00	.00
Ē	45	Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.		45	.00

Step 5: Figure your Illinois income and tax

Г	46	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.		46	57,420.00
l o		If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.		10	
lõ	47	Enter the base income from Form IL-1040, Line 9.	47	179,500 _{.00}	
latic	48				
		decimal. If Line 46 is greater than Line 47, enter 1.000.	48	0 • 320	
<u> </u>	49	Enter your exemption allowance from your Form IL-1040, Line 10.	49	7,275.00	
S	50	Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption			
×		allowance.		50	2,328.00
Tax	51	Subtract Line 50 from Line 46. This is your Illinois net income.			
		Enter the amount here and on your Form IL-1040, Line 11.		► 51	<u> </u>
	52	Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than	zero.		
		Enter the amount here and on your Form IL-1040, Line 12.			
		This is your tax.		52	2,727.00



Illinois Department of Revenue 2022 Schedule IL-E/EIC

Illinois Exemption and Earned Income Credit

IL Attachment No. 30

Attach to your Form IL-1040

Read this information first

Complete this schedule only if you are claiming dependents or are eligible for the Illinois Earned Income Credit. If you fraudulently claim the Earned Income Credit, you may not be allowed to claim the credit for up to ten years. You also may have to pay penalties. You must have claimed the federal Earned Income Credit in order to claim the Illinois Earned Income Credit. The total amount of Illinois Earned Income Credit may exceed the amount of tax.

Step 1: Provide the following information

NARAYANA REDDY & DEEPTI BANAVASI	8	3	1_	2	7	_ 5	7	3	6
Your name as shown on your Form IL-1040	Your So	cial Secu	urity num	ber				_	

Illinois Dependent Exemption Allowance Step 2: Dependent information

Complete the table for each person you are claiming as a dependent. **Note:** If you are claiming more than ten dependents, complete and attach additional Dependent information tables.

Dependent's first name	Dependent's last name	Social Security number	Dependent's relationship to you	Dependent's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	Eligible for Earned Income Credit
JOSHIKA REDDY	BANAVASI	984-92-7183	Daughter	11/18/2012				

1 Multiply the total number of dependents you are claiming by \$2,425. $___$ X \$2, Enter the result here and on Form IL-1040, Line 10d.

Continue to Page 2 to calculate Illinois Earned Income Credit



1

2,425.00



Illinois Earned Income Credit

Complete this section only if you qualify for the Illinois Earned Income Credit. Attach a copy of federal Form 1040 or 1040-SR, Pages 1 and 2. *≡Note* If you are not claiming a qualifying child, do not complete the table below.

Step 3: Qualifying Child Information

Complete the table for qualifying children that are **not** included in Step 2.

		Child's first name	Child's last name	Social Security number	Child's relationship to you	Child's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	
										-
2 2a	Ente If yo Doe If yo	er your business inc ou report an amoun s your occupation rea	s and tips from your feder ome or (loss) from your nt on Line 2, you must quire a city, state, or coun b Line 2a, you must enter	federal Form 1040 answer the quest ty issued profession	or 1040-SR, Sc t ion in Line 2a l al license, registr	below. ration, or certificat	2_ ion? 2a	Yes 🗌] No	.00
			Issuing Agency		Li	cense, Registration	n, or Certifi	cation Num	ber	
3	retu	rn as married filing s	2 federal return as marri separately, enter your fec aral Form 1040 or 1040-S	leral adjusted gross	0,		3_			00
3 a	-	ou entered an amou ried filing jointly fede	nt on Line 3, enter your	spouse's Social Se	ecurity number f	rom your	3a			
4			box marked on your W-2,	Wage and Tax State	ement, Box 13?		4	Yes] No [
5 6	Ente Mult	er the amount of fed tiply the amount on ois residents: Ente	Dur Illinois Ear leral Earned Income Cre Line 5 by 18% (.18). er 1.0. t-vear residents: Enter	edit from your feder	al Form 1040 or		27. 5_ 6_ 7	•		.00 .00

- Nonresidents and part-year residents: Enter the decimal from Schedule NR, Line 48.
- 8 Multiply Line 6 by the decimal on Line 7. This is your Illinois Earned Income Credit.

Enter this amount here and on your Form IL-1040, Line 29.

Remember: Intentionally submitting false information is a crime under Section 1301 of the Illinois Income Tax Act

.00

→ 8_____





Illinois Department of Revenue

2022 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. IL Attachment No. 31

Use the reference for Column A shown in the chart below.									
Form Type	Letter Code for Column A	Form Type	Letter Code for Column A						
W-2	W	1099-DIV	D						
W-2G	WG	1099-INT	I						
1099-R	R	1042-S	S						
1099-G	G	1099-B	В						
1099-MISC	М	1099-K	K						
1099-OID	0	1099-NEC	Ν						

Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

NARAYANA REDDY BANAVASI Your name as shown on Form IL-1040		<u>83</u> Your Social So		5_7	3 6
Column AColumn BForm typeEmployer/PayerIdentification Number	Federal Wage	Jumn C es, Winnings, Gross Compensation, etc.	Column D ages, Winnings, Grosons, Compensation, e	s II	Column E linois Income Fax Withheld
1 36-2746168 000 8	\$	143,153 .00	\$ 57,420 .00	\$	2,842 .00
2	\$	•00	\$ •00	\$	•00
3	\$	•00	\$ •00	\$	•00
4	\$	•00	\$ •00	\$	•00
5	\$	•00	\$ •00	\$	•00

Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

DEEPTI BANAVASI	6 7 3 _ 8 4 _ 1 2 3 1
Your spouse's name as shown on Form IL-1040	Your spouse's Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Federal Wages	u mn C 5, Winnings, Gross Compensation, etc.	Illinois Wage	Diumn D es, Winnings, Gross , Compensation, etc.	IIIi	Column E nois Income ax Withheld
6		\$	•00	\$	•00	\$	• <u>00</u>
7		\$	•00	\$	•00	\$	•00
8		- \$	•00	\$	•00	\$	•00
9		_ \$	•00	\$	•00	\$	•00
10		_ \$	•00	\$	•00	\$	•00

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld. Enter this amount here and on Form IL-1040, Line 25.

11 \$ 2,842**.00**

➡ Attach all Schedules IL-WIT to your IL-1040.

Contraction State	t of Revenue			
2022 IL-8453	Illinois Individual		Submission ID Ectronic Filing Declar nless it is requested for re-	
Step 1: Provide taxpayer inform				
NARAYANA REDDY DEE	· · · · · · · · · · · · · · · · · · ·		$- \frac{8}{2} \frac{3}{2} \frac{1}{2} - \frac{2}{2} \frac{7}{2} - \frac{1}{2} \frac{7}{2} \frac{1}{2} \frac{1}{2$	5_7_3_6
•	se's first name (and last name if differer	nt) Last name	Social Security number	1 0 0 1
or Mailing address			6 7 3 8 4 · Spouse's Social Security number	
type Mailing address EDISON	NJ	08820	(201) 889-7775	
City	State	00020	Daytime phone number	
Step 2: Complete information f		Choose one: X	IL-1040 IL-1040-X	55,092 00
1 Net income from Form IL-1040 c			1 _ 2	2,727 00
2 Tax from Form IL-1040 or IL-104		ing OF anly (antor "O" if		2,842 00
3 Illinois Income Tax withheld from4 Overpayment from Form IL-1040		• •	101e) <u>3</u>	115 00
5 Total amount due from Form IL-			+ <u>-</u> 5	<u> </u>
6 Filing status: <u>Single</u> \times M			/idowed Head of househol	
Step 3: Complete direct deposi				
 does not support international ACH tr within the United States or those not for Routing no. (RN): 0 1 1 Account no. (AN): 3 8 5 Type of account: X Checking Date the payment is to be electron Electronic funds withdrawal amount 	funded by international funds. E 9 0 0 5 7 1 0 2 1 5 2 0 7 g Savings		0, , , , ,	
12 Name on account:				
Step 4: Taxpayer declaration and	d signature (Sign only afte	er completing Step 2	and, if applicable, Step 3.)	
			clare the information on Lines 7 pouse as an agent to receive the	
withdrawal as designated in the financial institutions involved	ne electronic portion of my 2022	2 Illinois Original or Amen onic overpayment of taxes	gent to initiate an ACH electron ided Individual Income Tax returns to receive confidential information	n. I authorize the
I do not want direct deposit o	f my refund, or an electronic fu	unds withdrawal (direct de	ebit) of my balance due.	
Under penalties of perjury, I declare the return originator (ERO) are identical. To and accompanying information may be been accepted or rejected. If rejected,	o the best of my knowledge, my e sent to IDOR by my ERO. I aut	return is true, correct, and thorize IDOR to inform my	d complete. I consent that my ret	urn, this declaration, n my return has
Sign				
here Your signature	Date	Spouse's signature	e (if joint return, both must sign)	Date
Step 5: Electronic return origin I declare that I have examined this ta information. I have followed all requir taxpayer's return and accompanying	xpayer's electronic Form IL-10 ements of this program and de	040 or IL-1040-X, the info eclare, under penalties of	prmation on this Form IL-8453, a	
		02/12/2023	Check if paid preparer: 🗴	(See instructions.)
ERO's signature		Date		
GLOBAL TAXES LLC			<u>P 0 2 4</u> 7	0 8 3 3
Firm's name or your name if self-employ	yed		Your PTIN	
only 245 ROONEY CT			<u>8</u> 8 – <u>2</u> 1 <u>4</u>	<u>5 4 8 7</u>
Mailing address			Federal employer identification n	umber (FEIN)

		Federal employer identification number (FEIN)
NJ	08816	(678) 965-9522
State	ZIP	Davtime phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310). Do not mail Form IL-8453 and these documents unless requested for review.

E BRUNSWICK

City

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.





You may pay your 2022 New Jersey income taxes or make payment of estimated tax for 2023 by credit card by visiting the Division's website at <u>nj.gov/taxation</u>.

Payment by E-Check

You may pay your 2022 New Jersey income taxes or make a payment of estimated tax for 2023 by e-check. This option is available on the Division's Website at: <u>nj.gov/taxation</u>. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.**

Payment by Check

If you are paying your 2023 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

If you are married/civil union couple, filing jointly, be sure that the Social Security number which is first on this payment voucher is the Social Security number on your check and is listed first when filing your Income Tax return.

DO NOT CUT THIS PAGE



New Jersey Gross Income Tax Declaration of Estimated Tax Voucher NJ-1040-ES-V

1555 2023

Make check payable to "State of New Jersey – TGI". Write your Social Security number and tax year on your check.

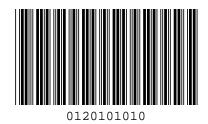
State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222 831-27-5736 BANA 673-84-1231 BANAVASI NARAYANA REDDY & DEEPTI 25 CINDER RD APT 2C EDISON NJ 08820

Calendar Year - Due Voucher April 18, 2023 **1** Indicate the return for which payment is being made by checking the appropriate box: NJ-1040-NR NJ-1041 **R** X NJ-1040 N NJ-1080-C F NJ-1041SB

Enter amount of payment here:







You may pay your 2022 New Jersey income taxes or make payment of estimated tax for 2023 by credit card by visiting the Division's website at <u>nj.gov/taxation</u>.

Payment by E-Check

You may pay your 2022 New Jersey income taxes or make a payment of estimated tax for 2023 by e-check. This option is available on the Division's Website at: <u>nj.gov/taxation</u>. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.**

Payment by Check

If you are paying your 2023 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

If you are married/civil union couple, filing jointly, be sure that the Social Security number which is first on this payment voucher is the Social Security number on your check and is listed first when filing your Income Tax return.

DO NOT CUT THIS PAGE



New Jersey Gross Income Tax Declaration of Estimated Tax Voucher NJ-1040-ES-V

1555 2023

Make check payable to "State of New Jersey – TGI". Write your Social Security number and tax year on your check.

State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222 831-27-5736 BANA 673-84-1231 BANAVASI NARAYANA REDDY & DEEPTI 25 CINDER RD APT 2C EDISON NJ 08820

Calendar Year - Due Voucher June 15, 2023 **2** Indicate the return for which payment is being made by checking the appropriate box: **R** X NJ-1040 N NJ-1040-NR NJ-1041 NJ-1080-C F NJ-1041SB

Enter amount of payment here:







You may pay your 2022 New Jersey income taxes or make payment of estimated tax for 2023 by credit card by visiting the Division's website at <u>nj.gov/taxation</u>.

Payment by E-Check

You may pay your 2022 New Jersey income taxes or make a payment of estimated tax for 2023 by e-check. This option is available on the Division's Website at: <u>nj.gov/taxation</u>. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check**.

Payment by Check

If you are paying your 2023 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

If you are married/civil union couple, filing jointly, be sure that the Social Security number which is first on this payment voucher is the Social Security number on your check and is listed first when filing your Income Tax return.

DO NOT CUT THIS PAGE



New Jersey Gross Income Tax Declaration of Estimated Tax Voucher NJ-1040-ES-V

1555 2023

Make check payable to "State of New Jersey – TGI". Write your Social Security number and tax year on your check.

State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222 831-27-5736 BANA 673-84-1231 BANAVASI NARAYANA REDDY & DEEPTI 25 CINDER RD APT 2C EDISON NJ 08820

Calendar Year - Due Voucher September 15, 2023 **3** Indicate the return for which payment is being made by checking the appropriate box: NJ-1040-NR NJ-1041 **R** X NJ-1040 N NJ-1080-C F NJ-1041SB

Enter amount of payment here:







You may pay your 2022 New Jersey income taxes or make payment of estimated tax for 2023 by credit card by visiting the Division's website at <u>nj.gov/taxation</u>.

Payment by E-Check

You may pay your 2022 New Jersey income taxes or make a payment of estimated tax for 2023 by e-check. This option is available on the Division's Website at: <u>nj.gov/taxation</u>. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.**

Payment by Check

If you are paying your 2023 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

If you are married/civil union couple, filing jointly, be sure that the Social Security number which is first on this payment voucher is the Social Security number on your check and is listed first when filing your Income Tax return.

DO NOT CUT THIS PAGE



New Jersey Gross Income Tax Declaration of Estimated Tax Voucher NJ-1040-ES-V

1555 2023

Make check payable to "State of New Jersey – TGI". Write your Social Security number and tax year on your check.

State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222 831-27-5736 BANA 673-84-1231 BANAVASI NARAYANA REDDY & DEEPTI 25 CINDER RD APT 2C EDISON NJ 08820

Calendar Year - Due Voucher January 16, 2024 **4** Indicate the return for which payment is being made by checking the appropriate box: $R \times NJ-1040 N NJ-1040-NR NJ-1041$ NJ-1080-C F NJ-1041SB

Enter amount of payment here:

211.00





REV 01/24/23 PRO



You may pay your 2022 New Jersey income taxes or make payment of estimated tax for 2023 by credit card by visiting the Division's website at <u>nj.gov/taxation</u>.

Payment by E-Check

You may pay your 2022 New Jersey income taxes or make a payment of estimated tax for 2023 by e-check. This option is available on the Division's Website at: <u>nj.gov/taxation</u>. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check**.

Payment by Check

If you are paying your 2022 New Jersey income taxes, with your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 111, Trenton, NJ 08645-0111.

If you are paying your 2022 New Jersey income taxes, separate from your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 643, Trenton, NJ 08646-0643.

If you are making your first installment payment of estimated tax for 2023, use separate checks or money orders for each payment. Send your 2023 estimated tax payment with a NJ-1040-ES voucher to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

DO NOT CUT THIS PAGE

New Jersey Gross Income Tax Resident Payment Voucher NJ-1040-V 831-27-5736 BANA 673-84-1231 BANAVASI NARAYANA REDDY & DEEPTI 25 CINDER RD APT 2C EDISON NJ 08820

1555 2022

Make your check payable to "State of New Jersey – TGI". Write your Social Security number and tax year on your check.

State of New Jersey Division of Taxation Revenue Processing Center PO Box 643 Trenton, NJ 08646-0643

Enter amount of payment here:







2022 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

ZIP Code

08820

1555

No No

NJ-1040 2022 Page 1

 $\cap 4$ 01220

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)

831275736

Your Social Security Number (required)

BANAVASI NARAYANA REDDY & DEEPTI

Spouse's/CU Partner's SSN (if filing jointly) 673841231

Home Address (Number and Street, including apartment number) 25 CINDER RD APT 2C

County/Municipality Code (See Table page 50) 1205

City, Town, Post Office	State
EDISON	NJ

Driver's License Number (Voluntary) (See instructions) B0381 58179 068

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

I authorize the Division of Taxation to discuss my return and enclosures with my preparer.

NJ-1040-O is enclosed.

Do y	ou want to designate \$1 to the Gubernatorial Elections Fund?	You		Yes
If joi	nt return, does your spouse want to designate \$1?	Spouse/CU Partner		Yes
Dire	ct Deposit Information			
dd1.	Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)		dd1.	4
dd2.	Account type (C for checking, S for savings)		dd2.	
dd3.	Fill in the checkbox if the direct deposit is going to an account outside the United States		dd3.	
dd4.	Routing number		dd4.	
dd5.	Account number		dd5.	

Note: This does not reduce your refund or increase your balance due.

dd5. Account number

Gubernatorial Elections Fund



NJ-1 2022 Page	, , , , , , , , , , , , , , , , , , ,				Name(s) as shown or BANAVASI Your Social Security 83127573	NARAYANA Number	A REDI	9Y &	DEEPT	I	1555
	U4UN year residents, provide months/days y	4P022 ou were : 073	a New Je	rsey resid	ent during 2022:		Fiscal year Enter mont	-		2	023
	g Status only one.										
	Single Married/CU Couple, filing jo Married/CU Partner, filing so Head of Household Qualifying Widow(er)/Survi Indicate the year of your spo mptions the ovals that apply. You must enter a total	eparate r wing CU ouse's/CU	eturn Partner J partner'			Enter spouse's	s/CU partner	's SSN			
6. 7.	Regular Senior 65+ (Born in 1957 or earlier)	×	Self Self	X	Spouse/CU Partner Spouse/CU Partner	Domestic P	artner	2	x \$1,000 = x \$1,000 =		
8.	Blind/Disabled		Self		Spouse/CU Partner				x \$1,000 =		
9.	Veteran		Self		Spouse/CU Partner				x \$6,000 =		
10.	Qualified Dependent Children							1	x \$1,500 =	1500	
11.	Other Dependents								x \$1,500 =		
12.	Dependents Attending Colleges (See								x \$1,000 =		
13.	Total Exemption Amount (Add total	s from th	e lines at	6 throug	h 12)				13.	3500	•
14.	Dependent Information. Provide the Last Name, First Name, Middle Initi		ng inform	ation for	each dependent.	Social Security	Number		Birth Year	N	o Health Insurance
a.	BANAVASI, JOSH	IKA	RED	DY		984927	183		2012		
b.											
c.											
d.											



NJ-1040 2022

Page 3

Name(s) as shown on Form NJ-1040 BANAVASI NARAYANA REDDY & DEEPTI

Your Social Security Number 831275736

1555

			00070	
15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	98070	•
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.		•
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.		•
17.	Dividends	17.		•
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.		•
19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.		•
20a.	Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)	20a.		•
20b.	Excludable pension, annuity, and IRA distributions/withdrawals	20b.		•
21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.		•
22.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.		•
23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.		•
24.	Net gambling winnings (See instructions)	24.		•
25.	Alimony and separate maintenance payments received	25.		•
26.	Other (Enclose documents) (See instructions)	26.		•
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	98070	•
28a.	Pension/Retirement Exclusion (See instructions)	28a.		•
28b.	Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)	28b.		•
28c.	Total Exclusion Amount (Add lines 28a and 28b)	28c.		•
29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	98070	•
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	2042	•
31.	Medical Expenses (See Worksheet F and instructions)	31.		•
32.	Alimony and separate maintenance payments (See instructions)	32.		•
33.	Qualified Conservation Contribution	33.		•
34.	Health Enterprise Zone Deduction	34.		•
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0	•
36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.		•
37a.	NJBEST Deduction	37a.		•
37b.	NJCLASS Deduction	37b.		•
37c.	NJ Higher Ed. Tuition Deduction	37c.		
38.	Total Exemptions and Deductions (Add lines 30 through 37c)	38.	2042	
39.	Taxable Income (Subtract line 38 from line 29)	39.	96028	•
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.		
40b.	Indicate your residency status during 2022 (fill in only one) Homeowner Tenant	Both		
41.	Property Tax Deduction (From Worksheet H) (See instructions)	41.		
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.	96028	
43.	Tax on amount on line 42 (Tax Table page 52)	43.	2530	
44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	44.		
	Enter Code			
45.	Balance of Tax (Subtract line 44 from line 43)	45.	2530	
46.	Sheltered Workshop Tax Credit	46.		
47.	Gold Star Family Counseling Credit (See instructions)	47.		
48.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)	48.		
49.	Total Credits (Add lines 46 through 48)	49.		
50.	Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry	50.	2530	
51.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51.	0	
52.	Interest on Underpayment of Estimated Tax	52.	20	
	Fill in if Form NJ-2210 is enclosed		×	
53.	Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill in	53.	1139	



NJ-1040 2022

Page 4

Name(s) as shown on Form NJ-1040 BANAVASI NARAYANA REDDY & DEEPTI

Your Social Security Number 831275736

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54.	Total Tax Due (Add lines 50 through 53)		54.	3689 .
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)	55.	1686 .	
56.	Property Tax Credit (See instructions page 24)		56.	
57.	New Jersey Estimated Tax Payments/Credit from 2021 tax return		57.	
58.	New Jersey Earned Income Tax Credit (See instructions)		58.	
	Fill in if you had the IRS calculate your federal earned income credit			
	Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit			
59.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)		59.	
60.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)		60.	
61.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)		61.	
62.	Wounded Warrior Caregivers Credit (See instructions)		62.	
63.	Pass-Through Business Alternative Income Tax Credit (See instructions)		63.	
64.	Child and Dependent Care Credit (See instructions)		64.	
	Fill in if you are a CU couple claiming the Child and Dependent Care Credit			
65.	New Jersey Child Tax Credit (See instructions)	65.		
	Number of dependents under age 6 on 12/31/2022			
66.	Total Withholdings, Credits, and Payments (Add lines 55 through 65)	66.	1686 .	
67.	If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you owe	67.	2003 .	
	If you owe tax, you can still make a donation on lines 70 through 77.			
68.	If the total on line 66 is more than line 54, you have an overpayment. Subtract line 54 from line 66 and enter	the overpayment	68.	
69.	Amount from line 68 you want to credit to your 2023 tax	69.		
70.	Contribution to N.J. Endangered Wildlife Fund		70.	
71.	Contribution to N.J. Children's Trust Fund to Prevent Child Abuse		71.	
72.	Contribution to N.J. Vietnam Veterans' Memorial Fund		72.	
73.	Contribution to N.J. Breast Cancer Research Fund	73.		
74.	Contribution to U.S.S. New Jersey Educational Museum Fund	74.		
75.	Other Designated Contribution (See instructions)	Enter Code	75.	
76.	Other Designated Contribution (See instructions)	Enter Code	76.	
77.	Other Designated Contribution (See instructions)	Enter Code	77.	
78.	Total Adjustments to Tax Due/Overpayment amount (Add lines 69 through 77)		78.	
79.	Balance due (If line 67 is more than zero, add line 67 and line 78)		79.	2003 .
80.	Refund amount (If line 68 is more than zero, subtract line 78 from line 68)		80.	

Under penalties of perjury, I declare that I ha the best of my knowledge and belief, it is true based on all information of which the prepare	ration is Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to: State of New Jersey Division of Taxation		
Your Signature	Date S _I	pouse's/CU Partner's Signature (required if filing jointly)	Date Revenue Processing Center - Payments PO Box 111
Paid Preparer's Signature		Federal Identification Number	Trenton, NJ 08645-0111 Include Social Security number and make check or money order payable to: State of New Jersey – TGI You can also make a payment on our website:
VENKATA SAI PAVAN	KUMAR DUDIPA	ALLI P02470833	nj.gov/taxation Refund or No Tax Due Address
Firm's Name		Firm's Federal Employer Identification	n Number Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Revenue Processing Center - Refunds PO Box 555
GLOBAL TAXES LLC		88-2145487	

4_

5_

6

7

3_

Division Use:

1 _____

2

Name(s) as shown on Form NJ-1040	Social Security Number
BANAVASI NARAYANA REDDY & DEEPTI	831-27-5736

		edule NJ-BUS-1 Form NJ-1040)		ew Jerse usiness							hedı	ıle	2	022	
Part I Net Profits From Business			6	List the net profit (loss) from business(es). See Instructions.						6.					
	Business Name			Social S Fe		urity ral E		ber/				Profi	t or (Loss)	
1.	BANAVAS	SI SOFTWARE SERVICES		8312757	736								- 3	33,943.	
2.									_						
3. 4.		or (Loss). (Add lines 1, 2, and 3.)			on				┥						
	line 18, N	J-1040. If loss, make no entry on li	ne 1	8.)				4.						33,943.	
Р	art II	Distributive Share of Part	ner	ship Inco	ome	e							re of inco e instructi		
		Partnership Name		Federal	EIN	١				re of Par come or			Busine	Pass-Thr ss Alterna come Tax	~ 1
1.															
2.												<u> </u>			
3.	D: 1						$ \rightarrow $					<u> </u>			
4.	(Add lines	re Share of Partnership Income or (5 1, 2, and 3.) (Enter here and on lin ake no entry on line 21.)					4.								
5.		re of Pass-Through Business Alterr 5 1, 2, and 3.)(Enter here and includ				40.)	5.								
Ρ	art III	Net Pro Rata Share of S	Cor	poration	Ind	com	ne						of income n(s). See	(usable instructior	ıs.
		S Corporation Name		Federal Ell	N					S Corpor able Loss				nrough Bus Income Tax	
1.															
2.															
3.															
4.	(Add lines	ata Share of S Corporation Income or (L 1, 2, and 3.) (Enter here and on line 22 ke no entry on line 22.)			4.										
5.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.)(Enter here and include on line 63, NJ-1040) 5.														
P	Part IVNet Gains or Income From Rents, Royalties, Patents, and CopyrightsList the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1 – Rental real estate 2 – Royalties 3 – Patents 4 – Copyrights														
		f Income or Loss. If rental real esta ter physical address of property.				Social Security Number/ Federal EIN			om		Income c	or (Loss)			
1.											\square				
2.															
3.										r					
4.	Net Income or (Loss). (Add lines 1, 2, and 3.)4.(Enter here and on line 23, NJ-1040. If loss, make no entry on line 23.)4.														

Name(s) as shown on Form NJ-1040	Social Security Number
BANAVASI NARAYANA REDDY & DEEPTI	831-27-5736

Schedule NJ-BUS-2

(Form NJ-1040)

New Jersey Gross Income Tax

Alternative Business Calculation Adjustment

2022

			Column A			Column B		
Part I Income (Loss)			Reportable Regular Business Income		Alternative Business Income (Loss)			
1.	Net Profits From Business	1a.	0.		1b.	-33,943.		
2.	Distributive Share of Partnership Income	2a.	0.		2b.	0.		
3.	Net Pro Rata Share of S Corporation Income	3a.	0.		3b.	0.		
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	0.		4b.	0.		
5.	Loss Carryforward From Tax Year 2021				5b.	()	
6.	Totals	6a.	0.		6b.	-33,943.		
Part	II Adjustment Calculation							
7.	Total Regular Business Income	7.	0.					
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.					
9.	Business Increment (Subtract line 8 from line 7)	9.	0.					
10.	Adjustment Percentage	10.	(0.50				
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.					
Part	III Loss Carryforward to Tax Year 2023							
12.	Loss Carryforward to Tax Year 2023				12.	(33,943.)	

Instructions

- Line 1a. Enter the amount from line 18, Form NJ-1040.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from line 21, Form NJ-1040.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from line 22, Form NJ-1040.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from line 23, Form NJ-1040.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from line 12 of your 2021 Schedule NJ-BUS-2 (Form NJ-1040).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2022 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040.
- Line 12. If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

NJ-2210 2022

Underpayment of Estimated Tax by Individuals, Estates, or Trusts the oval at line 52. Form N I-1040, and enclose this form

Fill in the oval at line 52, Form NJ-1040, and enclose this form with your return.

Name(s) as shown on Form NJ-1040	Social Security Nun	nber					
BANAVASI NARAYANA REDDY & DEEPTI 831-2					36		
Part I Figuring Your Underpayment							
1. 2022 Tax (line 50, Form NJ-1040)		1.		2,530.			
2. Enter the total of lines 55, 56, 58, 59, 60, 61, 62, 63, 64	, and 65	i, For	m NJ-1040		2.		1,686.
3. Subtract line 2 from line 1 (If less than \$400, do not cor	mplete th	ne res	t of this form).		3.		844.
4a. Multiply the amount on line 1 by .80 (80%) (Two-thirds 1	for qualif	ied fa	irmers)		4a.		2,024.
4b. Enter 2021 tax (From Form NJ-1040, line 49)					4b.		2,025.
				Payment	Due Date	es	
			(A) April 18, 2022	(B) June 15, 2022	Sept	(C) 15, 2022	(D) Jan 17, 2023
5. Use the lesser amount from either line 4a or 4b and divi four. Enter the result in each column		5.	506.	50	6.	506.	506.
6. Estimated tax paid and tax withheld per period (see inst If each column on line 6 is greater than the correspondi column on line 5, do not complete the rest of this form	ng	6.	421.	42	1.	422.	422.
 Enter the overpayment (line 13) from the previous colur (Complete lines 7 through 13 for one column before cor ing the next column.) 	nplet-	7.					
8. Add line 6 and line 7		8.	421.	42	1.	422.	422.
9. Enter the total underpayment (add line 11 and line 12) f the previous column		9.		8	5.	170.	254.
10. Subtract line 9 from line 8. If zero or less, enter zero		10.	421.	33	6.	252.	168.
11. Remaining underpayment from previous period. If line 1 zero, subtract line 8 from line 9. Otherwise enter zero		11.			0.	0.	0.
12. Underpayment (If line 5 is greater than line 10, subtract 10 from line 5)		12.	85.	17	0.	254.	338.
13. Overpayment (If line 10 is greater than line 5, subtract from line 10)		13.					
Part II Exceptions (See instructions. Complete worksheets for exceptions 2, 3, and 4 and enclose calculations for each exception claimed.) If you meet exception 1 at line 15, do not file this form. These amounts will be verified by the Division of Taxation.							
14. Total amount paid and withheld from January 1 through payment due date shown. (Do not include withholdings			April 18, 2022	June 15, 2022	Sept 15,	2022	Jan 17, 2023
December 31, 2022.) (See instructions)		14.	421.	842.	1,	264.	1,686.
15 Exception 1 Enter 2021 tax (line 40)		15	25% of 2021 Tax	50% of 2021 Tax	75% of 20	21 Tax	100% of 2021 Tax

15. Exception 1 – Enter 2021 tax (line 49) \$ 2,025. 15. 506. 1,013. 1,519. <u>2,025.</u> 25% of Tax 75% of Tax 100% of Tax 50% of Tax 16. Exception 2 – Tax on 2021 gross income using 2022 16. exemptions and tax rates 928 1,855 2,783 3,710. 40% of Tax 20% of Tax 60% of Tax 17. Exception 3 – Tax on annualized 2022 income 17. 90% of Tax 90% of Tax 90% of Tax 18. Exception 4 – Tax on 2022 income over 3, 5, and 8-month periods 18.

If the amount of any exception is equal to or less than the corresponding amount at line 14, interest will not be charged for that period

\$

Worksheets

Exception II Tax on 2021 gross income using 2022 exemptions and tax rates

1. Enter 2021 NJ Gross Income (line 29, 2021 NJ-1040)	1.	119,411.
2. Enter 2022 Total Exemptions (line 30, 2022 NJ-1040)	2.	2,042.
3. Subtract line 2 from line 1	3.	117,369.
4. Calculate Tax on line 3 (2022 tax rates)	4.	3,710.
5. Enter Credit for Income Taxes Paid to Other Jurisdictions (line 44, 2022 NJ-1040)	5.	
 Subtract line 5 from line 4. Enter the applicable percentage of this amount on line 16, Part II of this form 	6.	3,710.

Exception III

Tax on 2022 Annualized Income (attach calculations)

Estates and trusts, **do not** use the period ending dates shown, instead use the following ending dates: 2/28/22, 4/30/22, and 7/31/22. Also, estates and trusts cannot use the annualization amounts shown on line 2 and must use 6, 3, and 1.7143, respectively.

			1/1/22 – 3/31/22	1/1/22 – 5/31/22	1/1/22 – 8/31/22
1.	Enter the portion of NJ Gross Income (line 29, NJ-1040) that is applicable to each period shown	1.			
2.	Annualization amounts	2.	4	2.4	1.5
3.	Annualized Income (Multiply line 1 by line 2)	3.			
4.	Enter Total Exemptions (line 30, NJ-1040)	4.			
5.	Subtract line 4 from line 3	5.			
6.	Calculate tax on line 5	6.			
7.	Enter the portion of the Credit for Income Taxes Paid to Other Jurisdictions (line 44, NJ-1040) that is applicable to each period	7.			
8.	Subtract line 7 from line 6. Enter the applicable percentage of this amount on line 17, Part II of this form	8.			

Exception IV Tax on Actual 2022 Taxable Income over 3, 5, and 8-month periods (attach calculations)

			1/1/22 – 3/31/22	1/1/22 – 5/31/22	1/1/22 – 8/31/22
1.	Enter the actual amount of NJ Taxable Income (line 42, NJ-1040) that is applicable to each period shown	1.			
2.	Calculate tax on line 1	2.			
3.	Enter the portion of the Credit for Income Taxes Paid to Other Jurisdictions (line 44, NJ-1040) that is applicable to each period shown	3.			
4.	Subtract line 3 from line 2. Enter 90% of this amount on line 18, Part II of this form	4.			

2020

Name as Shown on Return	Social Security No.
BANAVASI NARAYANA REDDY & DEEPTI	831-27-5736

Option 1

		Α	В	С	D	E	F	G
I	Period	Amount Due (line 5, NJ-2210/2210NR)	Balance Due Previous Quarter (column E)	Total Due (A + B)	Total Paid (line 6, NJ-2210/2210NR)	Balance (C - D)	Multi- plier	Interest (E x F)
1	6/16-							
-	7/15	506.		506.	421.	. 85.	.005	1.
2	7/16 - 9/15	506.	85.	591.	421.	170.	.010	3.
3	9/16 - 1/15	506.	170.	676.	422.	254.	.021	8.
4	1/16 - 4/15	506.	254.	760.	422.	338.	.016	8.
5	Total inte	erest for Option	1				. 5	20.

Option 2

	Payment due dates	(a) 6/15/2020	(b) 7/15/2020	(c) 9/15/2020	(d) 1/15/2021
	Payment date				
6	Late payment interest. (Line 4 times line 5a times line 5b divided by 12.) If line 1 is blank, skip lines 7 through 10.	.0625	.0625	.0625	0625
7 8 9 a b 10	payment date to next quarter due date	.0625	.0625	. 0625	. 0625
11	Total interest for Option 2. Add I	ines 6 and 10, colur	nns (a) through (d)	11	

NJIW0801.SCR

Schedule					
NJ-HCC					
(Form NJ-1040)					

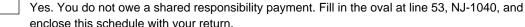
2022

If your income on line 29 is at or below the filing threshold, do not complete this schedule.

Name as Shown on Return	Social Security No.
BANAVASI NARAYANA REDDY & DEEPTI	831-27-5736

Part I

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2022 (See instructions for line 53, NJ-1040.) Part-year residents include only months as a New Jersey resident.



enclose this schedule with your return.

X No. Continue to Part II.

Part II

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 53, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NARAYANA REDDY BANAVASI Exemption Code	831-27-5736		Check	box if t	his indi	vidual	has mo	ore that	n one e	exempti	on nun	nber .	
DEEPTI BANAVASI Exemption Code	673-84-1231					vidual i					 on nun	 	
JOSHIKA REDDY BANAVASI Exemption Code	984-92-7183					vidual i					 on nun		
Exemption Code			Check	box if t	his indi	vidual i	s unde	r 18 .	 				
Exemption Code						vidual i					 on nun	 ber.	
Exemption Code			Check	box if t	his indi	vidual i	s unde	r 18 .					
Exemption Code			Check	box if t	his indi	vidual i	s unde	r 18 .	 				
			Check	box if t	his indi	vidual i	s unde	r 18 .		· · · ·			
Exemption Code		-				vidual I vidual i				•	on nun 	nber .	
Exemption Code	. <u> </u>	_				vidual I vidual i				•	on nun 	nber . 	
Exemption Code	I	_				vidual I vidual i				•			

njia1602.SCR 01/16/20

Iowa Department of Revenu								04	-		
206483127573691	53753535 0	Individual Inc 2023 INST									
		SSN:	8	3	1	2	7	5	7	3	6
Print name: BANAVASI,	NARAYANA REDDY & DEEPTI		0	J	-	_		0	·	0	
(Last, First MI)		Period ending:				1	2	3	1	2	3
Address: 25 CINDER 1	RD, 2C										
City, State, ZIP: <u>EDISON NJ</u>	08820	Payment amount:				1	4	7	4	0	0
Phone:											
Mail to: INT Iowa Department of Revenue PO Box 10466 Des Moines IA 50306-0466 REV 02/01/23 PRO	Make checks payable to: lowa Department of Revenue. W by check, you authorize the Dep Revenue to convert your check t electronic banking transaction. 4	artment of to a one-time 5-002 (03/31/2022)									
	cut he	ere					ΙΔ	1	04	^	S
Iowa Department of Reven 206483127573691		Individual Inco 2023 INSTA					ax P	aym	ent \	/ouc	cher
		SSN:	8	3	1	2	7	5	7	3	6
Print name:BANAVASI, 1	NARAYANA REDDY & DEEPTI				_	_		-			
(Last, First MI) Address: 25 CINDER 1	RD, 2C	Period ending:				1	2	3	1	2	3
Address.											
City, State, ZIP: EDISON NJ	08820	Payment amount:				1	4	7	4	0	0
Phone:											
PO Box 10466	Make checks payable to: lowa Department of Revenue. W by check, you authorize the Dep Revenue to convert your check t electronic banking transaction. 45	artment of o a one-time -002 (03/31/2022)									
Iowa Department of Revenu								1	0 4	0 E	S
206483127573691	53753535 0	Individual Inco 2023 INSTALL					ax P	aym	ent \	/ouc	cher
Print name: BANAVASI, D	NARAYANA REDDY & DEEPTI	SSN:	8	3	1	2	7	5	7	3	6
Address: 25 CINDER 1	RD, 2C	Period ending:				1	2	3	1	2	3
City, State, ZIP: EDISON NJ	08820	Payment amount:				1	4	7	4	0	0
Phone:		-				-	-		-	-	-
Mail to: INT Iowa Department of Revenue PO Box 10466 Des Moines IA 50306-0466 REV 02/01/23 PRO	Make checks payable to: Iowa Department of Revenue. W by check, you authorize the Dep Revenue to convert your check t electronic banking transaction. 45	artment of o a one-time									

Iowa Department of Revenue

206483127573691231232232 0

IA 1040ES Individual Income Estimated Tax Payment Voucher 2023 INSTALLMENT 4 Due Date: January 31, 2024

			SSN:	8	3	1	2	7	5	7	3	6
Print name:	BANAVASI,	NARAYANA REDDY & DEEPTI	Period ending:				1	2	3	1	2	3
Address:	C C		8 3 1 2 7 5 7 3 6 1 2 3 1 2 3 1 2 3 1 1 4 7 4 0 0									
City, State, ZIP:	EDISON NJ	08820	Payment amount:				1	4	7	4	0	0
Phone:												
Mail to: lowa Departme PO Box 10466 Des Moines IA REV 02/01/23 PRO		Make checks payable to: lowa Department of Revenue. V by check, you authorize the Dep Revenue to convert your check electronic banking transaction. 4	artment of to a one-time									
		cut here										

REVENUE

2022 IA 8453-IND Iowa Individual Income Tax Declaration for an e-File Return

tax.iowa.gov

				lan.iowa.yo				
r first name, middle initial, and last name: <u>NARAYANA REDDY BANAVASI</u>	Spouse's first name, middle initial, and last	name:	DEEPI	TI BANAVASI				
r Social Security Number: <u>831-27-5736</u>	Spouse's Social Security Number: <u>673-84-1231</u> EDISON NJ 08820							
ne address, City, State, ZIP: <u>25 CINDER RD, 2C</u>								
Part I Tax Return Information	B. Spouse (filing status 3)			A. You or Joint				
1. Iowa Net Income (IA 1040, line 26 A & B)		.00	1A	179,500.				
2. Total Tax (IA 1040, line 42 A & B)		.00	2A	12,186.0				
3. Iowa Income Tax Withheld (IA 1040, line 63 A & B)	3В	.00	3A	4,696.0				
4. Amount to be Refunded (IA 1040, line 68)			4.					
5. Total Amount Due (IA 1040, line 73)			5.	4,933.				
Part II Declaration of Taxpayer (Be sure to keep a copy of the tax return.)								
6. X I do not want direct deposit or direct debit.								
 I consent that my refund be directly deposited as designated be as an agent to receive the refund. 	low. If I have filed a joint return, this is an irrevo	cable	appointn	nent of the other spou				
Account Number Type of Account: Savings C Checking Will this refund go to (or payment come from) an account outside the U Under penalties of perjury, I declare that I have examined the information of and statements for tax year ending December 31, 2022 and certify to the be the amounts in Part I above are the amounts shown on the copy of my electr attachments, and statements be sent to the Iowa Department of Revenue (I (ERO). In addition, by using software to prepare and transmit my return e transmission of my tax return electronically. I authorize IDR to inform my ERC is rejected, I authorize IDR to identify the reasons for rejection so that the understand that if IDR does not receive full and timely payment of my tax lia consent that my refund be directly deposited as designated in Part II and de refund, or direct debit is delayed, I authorize IDR to disclose to my ERO understand that this declaration with required attachments must be forwarded	R to terminate the authorization. To cancel a pare received no later than five business days prioried with the ACH Company ID 4426004574. If yow a withdrawal from your bank account by this st two digits must be 01 through 12 or 21 the states? Yes No Inited States? Yes No n my electronic individual income tax return, in st of my knowledge and belief, it is true, correct onic income tax return. I consent that my return DR) through the Internal Revenue Service (IRS lectronically, I consent to the disclosure to ID D and/or transmitter when my electronic return he return can be corrected and retransmitted. If bility I will remain liable for the tax liability and scalar that the information shown in Part II is calard/or transmitter the reason(s) for the delay dupon request to IDR.	ACH C arough aro	, I must of paymer rrently ha company 32.	hedules, attachments or ID. hedules, attachments or ID. hedules, attachments or ID. hedules, attachments on creative of the on creative of the on creative of the balance due return, enalties and interest. bocessing of my return				
Your Signature Date Part III Declaration of Electronic Return Originator (ERO) and Paid Pre I declare that I have reviewed the above taxpayer's return and that entries of only a collector, I am not responsible for reviewing the return and only de taxpayer's signature before submitting this return to the IRS. I have provided followed all other requirements described in the lowa Modernized e-File (Me 8453-IND should not be sent to IDR, but must be retained by the ERO for a later, to which the IA 8453-IND relates was filed. I will make a copy available that I have examined the above taxpayer's return and accompanying schedul.	on form IA 8453-IND are complete and correct clare that this form accurately reflects the dat d the taxpayer with a copy of all forms and infor F) Information for e-File Providers publication. period of three years from the due date of the e to IDR upon request. If I am a paid preparer ules, attachments, and statements, and to the b	to the a on th matior I under return	best of internet of the return to be fither to be fither the fithert the fither the fither the fith	 I have obtained the led with IDR and have lat the original form I/ ling date, whichever is so of perjury, I declare 				
are true, correct, and complete. I have based this declaration on all information	on available to me.							

ERO Signature	Date		also paid preparer □	Check if self- employed □	ERO PTIN	
Firm's name (or yours if	GLOBAL TAXES LLC				FEIN 88-2145487	
self-employed) Address, City, State, ZIP	245 ROONEY CT E BRUI	Phone Number(678)965-9522				
Paid Preparer Signature VENKA	IA SAI PAVAN KUMAR DUDIPALLI Date 02/12/2023 Check if self- employed □				Preparer PTIN P02470833	
Firm's name (or yours if	GLOBAL TAXES LLC				FEIN 88-2145487	
self-employed) Address, City, State, ZIP		Phone Number(678)965-9522				

tax.iowa.gov

Save time, file returns, and pay online at tax.iowa.gov.

Instructions for Payment Vouchers

- 1. Complete using blue or black ink. Do not use gel pens or red ink on checks. **Do not staple.**
- 2. **SSN:** Enter the Social Security Number in the boxes provided below.
- 3. **Period ending:** Enter the date of the calendar or fiscal year end. Use MMDDYY format. MM: two-digit month. DD: two-digit day. YY: last two digits of the tax year. The period ending for December 31, 2022, would be entered as: 123122.
- 4. **Payment amount:** Enter dollars and cents. The two boxes separated to the right on the amount line are for cents. Do not enter any punctuation or symbols (for example ", or \$").
- 5. When paying by check, **make checks payable to** lowa Department of Revenue.
- 6. Mail your payment on or before the due date with this voucher to:

Iowa Department of Revenue PO Box 9187 Des Moines IA 50306-9187

	cut	here									
Iowa Department of Revenue	rev 02/01/23 pro Individ	ual	Inco	ome	Тах			10 ent \	-		
20068315223691531554	224 9										
		SSN:	8	3	1	2	7	5	7	3	6
Print name: BANAVASI, NARAYANA RE (Last, First MI) 25 CINDER RD, 2C	DDY	Period ending:				1	2	3	1	2	2
City, State, ZIP: EDISON NJ 08820		Payment amount:				4	9	3	3	0	0
Mail to:Iowa IIowa Department of Revenueby chePO Box 9187Revenue	checks payable to: Department of Rever eck, you authorize the nue to convert your conic banking transact	ue. When you pay e Department of heck to a one-time									

2022 IA 1040 Iowa Individual Income Tax Return

	-	I spaces. You must fill in your Social Security Number (SSN).	/		e RAXU BARKIN GANK	3.NS:092.04	66008\1	-103-05-05-65		in Gali Martin B	89.000
Your last n		Your first name/middle initial: NARAYANA REDDY				<u> an an a</u> r					
Spouse's la BANAV						n an th			M N		¥.
	-	address (number and street, apartment, lot, or suite number) or PO Box: ${ m ER}{ m RD},{ m 2C}$									
City, State	ZIP:										
-		JJ 08820									
Spouse S	SSN: (573-84-1231 Your SSN: 831-27-5736									
Step 2 Fili	ng Sta	atus: Mark one box only									
1 Si	ngle: V	Nere you claimed as a dependent on another person's lowa return? Yes	No	Email Addre	ess:						_
2 X M	arried	filing a joint return. (Two-income families may benefit by using status 3 or 4.)		Check this t	oox if you or you	spouse were 6	65 or olde	r as of 12/31/2	22.		
3 M	arried	filing separately on this combined return. Spouse use column B.		Residence	on 12/31/22: Cou	inty No. 82		School Dist	rict No. 6	21	
4 M	arried	filing separate returns. Spouse's name:		SSN:			Net I	ncome: \$			
-+-+-		household with qualifying person. If qualifying person is not claimed as a depend	ent on this retu	Irn, enter the perso		N below.					
		ng widow(er) with dependent child. Name:			SSN:						
Step 3 Exe	•				(Filing Status 3	ONLY)		4	A. You or		
		redit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3 each taxpayer who is 65 or older and/or 1 for each taxpayer who is blind	-		X \$ 40 = X \$ 20 =		_	2	X \$ 40 = X \$ 20 =		80
		s: Enter 1 for each dependent	-		X \$ 20 = X \$ 40 =		_	1	X \$ 40 =		40
•		ames of dependents here JOSHIKA REDDY	-		e. Total \$			<u>⊥_</u>		tal \$	120
		ble Social Security benefits as calculated on line 13 of Iowa Social Security V	Vorksheet	B Spouse	/Status 3 🔺			A. You or J	oint 🔺		
	Jontar			use/Status 3	A. You o	r loint F		e/Status 3		A You	ı or Joint
Step 5	1.	Wages, salaries, tips, etc		.00		, <u>500</u> .00	. opous	e/otatus o		A. 100	
Gross Income	2.			.00		.00					
_	3.	Ordinary dividend income. If more than \$1,500, complete Sch. B		.00		.00					
	4.	Taxable alimony received		.00		.00					
	5.	Business income/(loss). See instructions	-	.00					DTE: Us		
	6.	Capital gain/(loss). See instructions		.00		.00			e or bla , no pen		
	7.	Other gains/(losses). See instructions	7.	.00		.00			red ink.		
	8.	Taxable IRA distributions	8.	.00		.00					
	9.	Taxable pensions and annuities		.00		.00					
	10.	Rents, royalties, partnerships, estates, etc. See instructions		.00		.00					
	11.	Farm income/(loss). See instructions Unemployment compensation. See instructions				.00					
	12. 13.			.00							
	14.			.00 .00		.00 .00					
								.00		179,5	00.00
Step 6 Adjust-	16.	Payments to an IRA, Keogh, or SEP	16.	.00		.00					
ments to	17.		17.	.00		.00					
Income	18.	Health insurance premium	18.	.00		0.00					
	19.	Penalty on early withdrawal of savings	19.	.00		.00					
	20.	Alimony paid		.00		.00					
	21.	Pension/retirement income exclusion		00	·	.00					
	22.	Moving expense deduction from federal form 3903 Iowa capital gain deduction. Must include corresponding IA 100		.00		.00					
	23.	schedule	23.	.00	·	.00					
	24.	Other adjustments		.00		.00					
	25.	Total adjustments. Add lines 16-24						.00	_	100 0	0.00
Step 7	26.	Net Income. Subtract line 25 from line 15						.00	_	179,5	<u>00.</u> 00
Federal	27.	Federal income tax refund/overpayment received in 2022	27.	00	<u> </u>	<u>,973</u> .00					
Taxes and Qualified	00	Self-employment/household employment/other federal taxes Addition for federal taxes. Add lines 27 and 28				00		.00		1	<u>973</u> .00
Deductions	30.	Total. Add lines 26 and 29									<u>973</u> .00 473.00
	31.	Federal tax withheld in 2022, federal estimated tax payments made	31					.00		,	00. <u>د ۱ ۲</u>
	32.	in 2022, and federal taxes paid in 2022 for 2021 and prior years Qualified business income deduction. 75.0% (.75) of federal		.00	8	<u>,654</u> .00					
	02.	amount. See instructions	-	.00	▲	.00					
	33.	DPAD 199A(g) deduction. 75.0% (.75) of federal amount		.00	-	.00					
	34.	Total federal tax and other qualified deductions. Add lines 31, 32, ar						.00			<u>654</u> .00
	35.	Balance. Subtract line 34 from line 30. Enter here and on line 36, pa	ge 2			. 35		.00	_	172,	<u>819</u> .00
			REV 02/01/	/23 PRO					41-001	INT (06/29/2	2022)

	IA	1040, page 2 BALANCE. From side 1, line 35		ouse/Status 3			. Spouse/Sta			A. You or Joint
Step 8 Taxable			_					.00	—	172,819.00
Income	37.	Deduction. Check one box Itemized.(Include IA Schedule A)		X		-		.00	_	5,450.00
Step 9	38.	TAXABLE INCOME. SUBTRACT line 37 from line 36				38.		.00		167,369.00
Tax,	39.			.0	D ▲	<u>12,186</u> .0	0			
Credits, and	40.	Iowa lump-sum tax. See instructions	40.	.0	D ▲	.0	0			
Check- off	41.	Iowa alternative minimum tax. Must include IA 6251.	41.	.0	D 🔺	.0	0			
Contri- butions	42.	Total tax. ADD lines 39, 40, and 41.				42.		.00		12,186.00
	43.	Total exemption credit amount(s) from Step 3, side 1	43.	.0	0	120.0	D			
	44.	Tuition and textbook credit for dependents K-12	. 44	.0	0 🔺	.0	D			
	45.	Volunteer firefighter/EMS/reserve peace officer credit.	45.	.0	0 🔺	.0	D			
	46.	Total credits. ADD lines 43, 44, and 45				46.		.00	_	120.00
	47.	BALANCE. SUBTRACT line 46 from line 42. If less than zero, ente	r zero			47.		.00	_	<u>12,066</u> .00
	48.	Credit for nonresident or part-year resident. Must include IA 126 an	id federal retu	ırn		48.		.00	_	2,437.00
	49.	BALANCE. SUBTRACT line 48 from 47. If less than zero, enter zero	ю			49.		.00	_	9,629 _{.00}
	50.	Out-of-state tax credit. Must include IA 130.				50.		.00	_	.00
	51.	BALANCE. SUBTRACT line 50 from 49. If less than zero, enter zero	·o			51.		.00	A	9,629.00
	52.	Other nonrefundable Iowa credits. Must include IA 148 Tax Credits	Schedule			52.		.00		.00
	53.	BALANCE. SUBTRACT line 52 from line 51. If less than zero, ente	r zero			53.		.00		9,629.00
	54.	School district surtax or EMS surtax. Take percentage from table; r	nultiply by line	e 53		54.		.00		0.00
	55.	Total state and local tax. ADD lines 53 and 54				55.		.00		9,629.00
	56.	TOTAL state and local tax before contributions. Combine columns	A and B on lir	ne 55 and ent	er here			56.		9,629.00
	57.	Contributions will reduce your refund or add to the amount you owe	 Amounts mu 	ust be in who	le dollars.					
	Fish/	Wildlife 57a: ▲ State Fair 57b: ▲ Firefighters/Veterar	ns 57c: 🔺	Child Ab	use Prevention	57d: 🔺	Enter here	57.		.00
	58.	TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add lin	e 56 and line	57 and enter	here			58.	A	9,629.00
Step 10 Credits	59.	lowa Fuel Tax Credit. Must include IA 4136	. 59.	.00		.00)			
breakb	60.	Check One: Child and Dependent Care Credit OR								
	-	Early Childhood Development Credit	60.	.00) ▲	.00)			
	61.	lowa earned income tax credit. 15.0% (.15) of federal credit	61.	.00		0.00)			
	62.	Other refundable credits. Include IA 148 and/or Schedule CC	62.	.00) 🔺	.00)			
	63.	Iowa income tax withheld	63.	.00		4,696.00)			
	64.	Estimated and voucher payments made for tax year 2022	64.	.00) 🔺	.00)			
	65.	TOTAL. ADD lines 59 through 64 and enter here	65.	.00) 🔺	4,696.00)			
	66.	TOTAL CREDITS. ADD columns A and B on line 65 and enter here	ə					66.		4,696.00
Step 11 Refund	67.	If line 66 is more than line 58, subtract line 58 from line 66. This is	the amount yo	ou overpaid				67.		.00
	68.	Amount of line 67 to be REFUNDED.					REFUND	68.	_	.00
	68	Ba. Routing number:			68b. Type	e Checking		Sa	vings	
	68	Bc. Account number:							76	
Step 12		Amount of line 67 to be applied to your 2023 estimated tax		.00		.00	-	70		
Pay	70. 71.	If line 66 is less than line 58, subtract line 66 from line 58. This is the Penalty for underpayment of estimated tax from IA 2210, IA 2210S						70. 71.	_	4,933.00
	72.					.00 ADD. En		71. 72.	-	.00 .00
		TOTAL AMOUNT DUE. ADD lines 70, 71, and 72. Enter here						73.		4,933.00
Step 13	I, the	undersigned, declare under penalties of perjury or false certificate,							elief, it is	
	com	Jiele.								
SIGN			1							
HERE								AR DU	DIPALLI	02/12/2023
SIGN	Your	signature Date Check	if deceased	Date of	death	Preparer's s	ignature			Date
HERE						P0247				2145487
	Spou	ise's signature Date Check	if deceased	Date of	death	Preparer's F				Firm's FEIN
			Daytime telep	nhone numbe	۰r		<u> </u>		65-95	
			Dayunic leich	Th	is return is c ILING ADD	RESS: Iowa In	023. Sign, er come Tax Do (9187, Des I	nclose ocume Moine	e W-2s, a ent Proc es IA 503	and verify SSNs. cessing, 806-9187



REV 02/01/23 PRO

2022 IA 126



Iowa Nonresident and Part-Year Resident Credit Schedule

tax.iowa.gov

Name(s): NARAYANA REDDY & DEEPTI BANAVASI Social Security Num	nber: 83	1-27-5736
Mark the appropriate box for you and your spouse	B. Spouse	
A nonresident of Iowa for all of 2022		
A part-year resident of Iowa during 2022		
Date moved into Iowa:	08/01/22	08/01/22
Date moved out of Iowa:		
A full-year resident of Iowa during 2022		
Iowa-Source Income	B. Spouse	A. You or Joint
1. Wages, salaries, tips, etc.		
2. Taxable interest income	2.	.00 .00
3. Ordinary dividend income		
4. Taxable alimony received		
5. Business income or (loss)		
6. Capital gain or (loss)		
7. Other gains or (losses)		
8. Taxable IRA distributions	8.	.0000
9. Taxable pensions and annuities		
10. Rents, royalties, partnerships, estates, etc		
11. Farm income or (loss)		
12. Unemployment compensation		
13. Gambling winnings		
14. Other income, bonus depreciation, and section 179 adjustment?		
15. Iowa gross income. Add lines 1-14		
16. Payments to an IRA, Keogh, or SEP		
17. Deductible part of self-employment tax		
18. Health insurance premium		
19. Penalty on early withdrawal of savings		
20. Alimony paid	20.	.00 .00
21. Pension/retirement income exclusion	21	.0000
22. Moving expense deduction into lowa only	22.	.00 .00
23. lowa capital gain deduction		
24. Other adjustments		
25. Total adjustments. Add lines 16-24	25	.00 🔺 0.00
26. lowa net income. Subtract line 25 from line 15	26	.00 <u>143,153</u> .00
27. All-source net income from IA 1040, line 26	27	.00500.00
28. lowa income percentage: Divide line 26 by line 27 and enter		-
percentage rounded to nearest ten-thousandth of a percent (e.g. 12.3	3456%).	
This can be no more than 100.0% and no less than 0.0%	28	%79.7510_%
29. Nonresident/part-year resident credit percentage:		
Subtract the percentage on line 28 from 100.0%	29	%20.2_%
30. lowa tax on total income from IA 1040, line 39	30	.0012,186.00
31. Total credits from IA 1040, line 46	31.	.00 120.00
32. Tax after credits. Subtract line 31 from line 30	32	.00 12,066.00
33. Nonresident/part-year resident credit. Multiply line 32 by the		
percentage on line 29. Enter this amount on IA 1040, line 48	33	.002,437.00



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