

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name MADHUSHA MARUR	Social security number 084-65-0399
Spouse's name	Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1 70,819.
2 Total tax	2 8,350.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 13,162.
4 Amount you want refunded to you	4 4,812.
5 Amount you owe	5

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

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

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

5	0	3	9	9
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 as my signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ Madhusha Marur Date ▶ _____

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN

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 as my signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

2	2	2	4	9	6	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

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

Personal information section including name, address, and social security numbers.

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1958 [] Are blind Spouse: [] Was born before January 2, 1958 [] Is blind

Table for Dependents with columns for name, social security number, relationship, and tax credits.

Main income table with rows 1a through 15, including income types and taxable income calculations.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	8,350.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	8,350.
	19	Child tax credit or credit for other dependents from Schedule 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	8,350.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	8,350.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	13,162.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	13,162.
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	13,162.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,812.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	4,812.
	b	Routing number 041000124 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 4149939962		
	36	Amount of line 34 you want applied to your 2023 estimated tax	36	

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

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

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

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

Your signature <i>Madhusha Marur</i>	Date	Your occupation TECHNOLOGY ANALYST	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (330) 439-7046	Email address MMARUR22@GMAIL.COM		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/12/2023	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816		Phone no. (678) 965-9522	Firm's EIN 84-3171965

No

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2022
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
MADHUSHA MARUR

Your social security number
084-65-0399

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions): _____			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	-8,982.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) excess business loss adjustment	8p		
q	Taxable distributions from an ABL account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount: _____	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	-8,982.

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

Part II Adjustments to Income

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

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2022
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service

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

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

Name(s) shown on return

Your social security number

MADHUSHA MARUR

084-65-0399

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A 302, HMT SWARNAPURI COLONY MIYAPUR, HYDERABAD TELANGANA IN 500049

B
C

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

Type of Property:

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

Income:	Properties:		
	A	B	C
3 Rents received	3 646.		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7 1,833.		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11 1,748.		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14 2,667.		
15 Supplies	15 1,589.		
16 Taxes	16		
17 Utilities	17 1,791.		
18 Depreciation expense or depletion	18		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 9,628.		
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 -8,982.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (8,982.)		
23a Total of all amounts reported on line 3 for all rental properties	23a 646.		
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c		
d Total of all amounts reported on line 18 for all properties	23d		
e Total of all amounts reported on line 20 for all properties	23e 9,628.		
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 (8,982.)		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26 -8,982.		

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-8,982.

Schedule E (Form 1040) 2022

Do not staple or paper clip.



Department of Taxation

2022 Ohio IT 1040 Individual Income Tax Return



02 12 23

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

22000198 Sequence No. 1

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required) 084 65 0399

✓ If deceased

Spouse's SSN (if filing jointly)

✓ If deceased

School district # 6705

First name MADHUSHA

M.I. Last name MARUR

Spouse's first name (if filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box

86 MILL STREET

Address line 2 (apartment number, suite number, etc.)

APT 203

City

WOONSOCKET

State

RI

ZIP code

02895

Ohio county (first four letters)

PORT

Foreign country (if the mailing address is outside the U.S.)

Foreign postal code

Residency Status - Check only one for primary

Resident X Part-year resident Nonresident TX Indicate state

Check only one for spouse (if filing jointly)

Resident Part-year resident Nonresident Indicate state

Filing Status - Check one (as reported on federal income tax return)

X Single, head of household or qualifying widow(er)

Married filing jointly

Spouse's SSN

Married filing separately

Ohio Nonresident Statement - See instructions for required criteria

Primary meets the five criteria for irrefutable presumption as nonresident.

Spouse meets the five criteria for irrefutable presumption as nonresident.

Federal extension filers - check here.

If someone can claim you (or your spouse if filing jointly) as a dependent, check here.

Do not staple or paper clip.

Table with 2 columns: Description and Amount. Rows include Federal adjusted gross income, Additions, Deductions, Ohio adjusted gross income, Exemption amount, Ohio income tax base, Taxable business income, and Taxable nonbusiness income.



MM-DD-YY Code

2022 Ohio IT 1040 Individual Income Tax Return



SSN 084 65 0399

22000298 Sequence No. 2

Table with 2 columns: Description and Amount. Rows include 7a. Amount from line 7 on page 1 (68669), 8a. Nonbusiness income tax liability (1643), 8b. Business income tax liability (0), 8c. Income tax liability before credits (1643), 9. Ohio nonrefundable credits (1085), 10. Tax liability after nonrefundable credits (558), 11. Interest penalty (0), 12. Unpaid use tax (0), 13. Total Ohio tax liability before withholding (558), 14. Ohio income tax withheld (674), 15. Estimated and extension payments (0), 16. Refundable credits (0), 17. Amended return only (0), 18. Total Ohio tax payments (674), 19. Amended return only overpayment (0), 20. Line 18 minus line 19 (674), 21. Tax due (0), 22. Interest due (0), 23. TOTAL AMOUNT DUE (0), 24. Overpayment (116), 25. Original return only (0), 26. Original return only donation (0), 27. REFUND (116).

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.
Primary signature: Madhusha Marur, Phone number: (330) 439-7046
Spouse's signature: _____, Date: _____
Preparer's printed name: SYAM PRIYA RAM SAGAR GUP, Phone number: (678) 965-9522
Preparer's TIN (PTIN) P 02082703

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.
NO Payment Included - Mail to: Ohio Department of Taxation, P.O. Box 2679, Columbus, OH 43270-2679
Payment Included - Mail to: Ohio Department of Taxation, P.O. Box 2057, Columbus, OH 43270-2057



Many of these credits must 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

Table with 24 rows of tax credits and their corresponding values. Row 1: Tax liability before credits (from Ohio IT 1040, line 8c) 1643. Row 2: Retirement income credit (include 1099-R forms) 2. Row 3: Lump sum retirement credit (include a copy of the worksheet and 1099-R forms) 3. Row 4: Senior citizen credit (must be 65 or older to claim this credit) 4. Row 5: Lump sum distribution credit (include a copy of the worksheet and 1099-R forms) 5. Row 6: Child care & dependent care credit (include a copy of the worksheet) 6. Row 7: Displaced worker training credit (include a copy of the worksheet and all required documentation) 7. Row 8: Campaign contribution credit for Ohio statewide office or General Assembly 0. Row 9: Income-based exemption credit 0. Row 10: Total (add lines 2 through 9) 0. Row 11: Tax less credits (line 1 minus line 10; if negative, enter zero) 1643. Row 12: Joint filing credit (see instructions for table). % times line 11, up to \$650 0. Row 13: Earned income credit 13. Row 14: Home school expenses credit (include copies of all required documentation) 14. Row 15: Scholarship donation credit (include copies of all required documentation) 15. Row 16: Nonchartered, nonpublic school tuition credit (include copies of all required documentation) 16. Row 17: Vocational job credit (include a copy of the credit certificate) 17. Row 18: Ohio adoption credit 18. Row 19: Nonrefundable job retention credit (include a copy of the credit certificate) 19. Row 20: Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) 20. Row 21: Grape production credit 21. Row 22: InvestOhio credit (include a copy of the credit certificate) 22. Row 23: Lead abatement credit (include a copy of the credit certificate) 23. Row 24: Opportunity zone investment credit (include a copy of the credit certificate) 24.



2022 Ohio Schedule of Credits

Primary taxpayer's SSN

084 65 0399



22280298

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.	1643

Nonresident Credit

Dates of Ohio residency 01 01 22 to 04 30 22 **Other state of residency** TX

31. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy)	31.	46782
32. Ohio adjusted gross income (Ohio IT 1040, line 3).....	32.	70819
33a. Divide line 31 by line 32 (four decimals; do not round; if greater than 1, enter 1.0000)	33a.	0.6605
33. Nonresident credit (line 30 times line 33a)	33.	1085

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.	1085

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.

Primary taxpayer's SSN

084 65 0399



22350198

Sequence No. 11

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

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 10401. 674

Part B - W-2s

1. P/S Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P 581760235	79801	13162

Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
52241604	24037	674

2. P/S Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
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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
084 65 0399



22350298

Sequence No. 12

Part C - 1099-Rs

1. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Box 4 - Federal income tax withheld

Total
distribution

Box 7 -
Distribution code

Box 14 - Ohio tax withheld

2. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Box 4 - Federal income tax withheld

Total
distribution

Box 7 -
Distribution code

Box 14 - Ohio tax withheld

3. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Box 4 - Federal income tax withheld

Total
distribution

Box 7 -
Distribution code

Box 14 - Ohio tax withheld

4. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Box 4 - Federal income tax withheld

Total
distribution

Box 7 -
Distribution code

Box 14 - Ohio tax withheld

Part D - W-2Gs

1. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings

Box 14 - Ohio state winnings

Box 4 - Federal income tax withheld

Box 15 - Ohio income tax withheld

2. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings

Box 14 - Ohio state winnings

Box 4 - Federal income tax withheld

Box 15 - Ohio income tax withheld

3. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings

Box 14 - Ohio state winnings

Box 4 - Federal income tax withheld

Box 15 - Ohio income tax withheld

Part E - 1099-NECs

1. P/S Payer's TIN

Box 6 - Payer's Ohio number

Box 1 - Nonemployee compensation

Box 7 - State income

Box 4 - Federal income tax withheld

Box 5 - Ohio tax withheld

2. P/S Payer's TIN

Box 6 - Payer's Ohio number

Box 1 - Nonemployee compensation

Box 7 - State income

Box 4 - Federal income tax withheld

Box 5 - Ohio tax withheld

State of Rhode Island Division of Taxation
2022 Form RI-1040NR
 Nonresident Individual Income Tax Return



22100415550101

Your social security number 084-65-0399 Spouse's social security number

Your first name MI Last name Suffix MADHUSHA MARUR

Spouse's name MI Last name Suffix

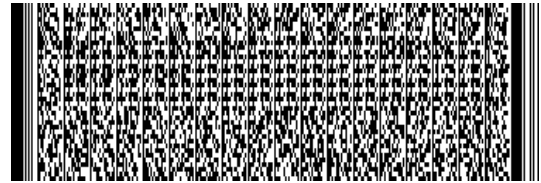
Address 86 MILL STREET APT 203

City, town or post office WOODSOCKET State RI ZIP code 02895

City or town of legal residence WOODSOCKET

Check each box that applies. Otherwise, leave blank. Primary deceased? Yes Spouse deceased? New address? Amended Return? *

ELECTORAL CONTRIBUTION If you want \$5.00 (\$10.00 if a joint return) to go to this fund, check here. (See instructions. This will not increase your tax or reduce your refund.) Yes If you wish the 1st \$2.00 (\$4.00 if a joint return) be paid to a specific party, check the box and fill in the name of the political party. Otherwise, it will be paid to a nonpartisan general account.



FILING STATUS Check one

Single Married filing jointly Married filing separately Head of household Qualifying widow(er)

INCOME, TAX AND CREDITS				
1	Federal AGI from Federal Form 1040 or 1040-SR, line 11	1	70819	00
2	Net modifications to Federal AGI from RI Sch M, line 3. If no modifications, enter 0 on this line.	2	0	00
3	Modified Federal AGI. Combine lines 1 and 2 (add net increases or subtract net decreases)....	3	70819	00
4	RI Standard Deduction from left. If line 3 is over \$217,050, see Standard Deduction Worksheet.....	4	9300	00
5	Subtract line 4 from line 3. If zero or less, enter 0.....	5	61519	00
6	Enter # of exemptions from RI Sch E, line 5 in box, multiply by \$4,350 and enter result on line 6. If line 3 is over \$217,050, see Exemption Worksheet	6	4350	00
7	RI TAXABLE INCOME. Subtract line 6 from line 5. If zero or less, enter 0.....	7	57169	00
8	RI income tax from Rhode Island Tax Table or Tax Computation Worksheet.....	8	2144	00
9	RI percentage of allowable Federal credit from page 3, RI Sch I, line 25.....	9		00
10	Rhode Island tax after allowable Federal credit - before allocation. Subtract line 9 from line 8 ...	10	2144	00
11	RI allocated income tax. Check only one box. <input type="checkbox"/> All income is from RI, enter amount from line 10 on this line. <input checked="" type="checkbox"/> Nonresident with income from outside RI, complete Sch II and enter result on this line. <input type="checkbox"/> Part-year resident with income from outside RI, complete Sch III and enter result on this line.	11	542	00
12	Other Rhode Island Credits from RI Schedule CR, line 8.....	12		00
13a	Rhode Island income tax after credits. Subtract line 12 from line 11 (not less than zero)	13a	542	00
13b	Recapture of Prior Year Other Rhode Island Credits from RI Schedule CR, line 11.....	13b	0	00
14	RI checkoff contributions from page 3, RI Checkoff Schedule, line 33. Contributions reduce your refund or increase your balance due	14	0	00
15a	USE/SALES tax due from RI Schedule U, line 4 or line 8, whichever applies. Check <input type="checkbox"/> to certify use tax amount on line 15a is accurate.	15a		00
15b	Individual Mandate Penalty (see instructions). Check <input type="checkbox"/> to certify full year coverage.	15b		00
16a	TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS. Add lines 13a, 13b, 14, 15a and 15b.....	16a	542	00

Rhode Island Standard Deduction Single **\$9,300** Married filing jointly or Qualifying widow(er) **\$18,600** Married filing separately **\$9,300** Head of household **\$13,950**

Using a paper clip, please attach Forms W-2 and 1099 here.

RETURN MUST BE SIGNED - SIGNATURE IS LOCATED ON PAGE 2

* If filing an amended return, attach the Explanation of Changes supplemental page

State of Rhode Island Division of Taxation
2022 Form RI-1040NR
 Nonresident Individual Income Tax Return - page 2



22100415550102

Name(s) shown on Form RI-1040 or RI-1040NR MADHUSHA MARUR	Your social security number 084-65-0399
--	--

16b TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS from line 16a.....	16b	542	00
17a RI 2022 income tax withheld from RI Schedule W, line 16. You must attach Sch W AND all W-2 and 1099 forms with RI withholding.	17a	690	00
b 2022 estimated tax payments and amount applied from 2021 return....	17b		00
c Nonresident withholding on real estate sales in 2022.....	17c		00
d RI earned income credit from page 3, RI Schedule EIC, line 38.....	17d		00
e Other payments.....	17e		00
f TOTAL PAYMENTS AND CREDITS. Add lines 17a, 17b, 17c, 17d and 17e.....	17f	690	00
g Previously issued overpayments (if filing an amended return).....	17g		00
h NET PAYMENTS. Subtract line 17g from line 17f.....	17h	690	00
18a AMOUNT DUE. If line 16b is LARGER than line 17h, subtract line 17h from line 16b.....	18a		00
b Enter the amount of underestimating interest due from Form RI-2210 or RI-2210A. (attach form) This amount should be added to line 18a or subtracted from line 19, whichever applies.....	18b	0	00
c TOTAL AMOUNT DUE. Add lines 18a and 18b. Complete RI-1040V and send in with your payment ☹️	18c	0	00
19 AMOUNT OVERPAID. If line 17h is LARGER than line 16b, subtract line 16b from line 17h. If there is an amount due for underestimating interest on line 18b, subtract line 18b from line 19..... 😊	19	148	00
20 Amount of overpayment to be refunded.....	20	148	00
21 Amount of overpayment to be applied to 2023 estimated tax.....	21		00

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

Your signature <i>Madhusha Marur</i>	Your driver's license number and state	Date	Telephone number (330) 439-7046
Spouse's signature	Spouse's driver's license number and state	Date	Telephone number
Paid preparer signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Print name	Date 02/12/2023	Telephone number (678) 965-9522
Paid preparer address 245 ROONEY CT	City, town or post office E BRUNSWICK	State NJ	ZIP code 08816
			PTIN P02082703



22100415550103

Name(s) shown on Form RI-1040 or RI-1040NR MADHUSHA MARUR	Your social security number 084-65-0399
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RI SCHEDULE I - ALLOWABLE FEDERAL CREDIT

22	RI income tax from page 1, line 8	22		00
23	Credit for child and dependent care expenses from Federal Form 1040 or 1040-SR, Schedule 3, line 2.....	23		00
24	Tentative allowable federal credit. Multiply line 23 by 25% (0.2500).....	24		00
25	MAXIMUM CREDIT. Line 22 or 24, whichever is SMALLER. Enter here and on page 1, line 9.....	25		00

RI SCHEDULE II AND III - ALLOCATION AND MODIFICATION FOR NONRESIDENTS

Schedule II should be completed by NONRESIDENTS with income from outside Rhode Island.
 RI Schedule II is located on page 13.

Schedule III should be completed by PART-YEAR RESIDENTS with income from outside Rhode Island.
 RI Schedule III is located on page 15.

NONRESIDENTS and PART-YEAR RESIDENTS with all income from Rhode Island sources do not need to complete either schedule II or III.

RI CHECKOFF CONTRIBUTIONS SCHEDULE

		\$1.00	\$5.00	\$10.00	Other			
26	Drug program account RIGL §44-30-2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26		00
27	Olympic Contribution RIGL §44-30-2.1 Yes <input type="checkbox"/> \$1.00 contribution (\$2.00 if a joint return)					27		00
28	RI Organ Transplant Fund RIGL §44-30-2.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28		00
29	RI Council on the Arts RIGL §42-75.1-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29		00
30	Nongame Wildlife Fund RIGL §44-30-2.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30		00
31	Childhood Disease Victim's Fund RIGL §44-30-2.3 and Substance Use and Mental Health Leadership Council of RI RIGL §44-30-2.11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31		00
32	RI Military Family Relief Fund RIGL §44-30-2.9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32		00
33	TOTAL CONTRIBUTIONS. Add lines 26 through 32. Enter here and on RI-1040NR, page 1, line 14.....					33		00

RI SCHEDULE EIC - RHODE ISLAND EARNED INCOME CREDIT

34	Federal earned income credit from Federal Form 1040 or 1040-SR, line 27.....	34		00
35	Rhode Island percentage	35	15%	
36	RI EARNED INCOME CREDIT. Multiply line 34 by line 35	36		00
37	Rhode Island allocation from RI-1040NR, page 11, Schedule II, line 13 or RI-1040NR, page 13, Schedule III, line 14. If all income is from RI, enter 1.0000.....	37		
38	TOTAL RI EARNED INCOME CREDIT. Multiply line 36 by line 37. Enter here and on RI-1040NR, pg 2, line 17d.....	38		00

State of Rhode Island Division of Taxation
2022 RI Schedule II
 Full Year Nonresident Tax Calculation



22100515550101

Name(s) shown on Form RI-1040NR	Your social security number
MADHUSHA MARUR	084-65-0399

**THIS SCHEDULE IS ONLY TO BE COMPLETED BY FULL YEAR NONRESIDENTS.
 PART-YEAR RESIDENTS COMPLETE RI SCHEDULE III.**

PART 1: ALLOCATION AND TAX WORKSHEET

		Column A Rhode Island		Column B Federal	
1	Wages, salaries, tips, etc from Federal Form 1040 or 1040-SR, line 1z	1	17892 00	79801	00
2	Interest and dividends from Federal Form 1040 or 1040-SR, lines 2b and 3b.....	2	00		00
3	Business income from Federal Form 1040 or 1040-SR, Schedule 1, line 3.....	3	00		00
4	Sale or exchange of property from Federal Form 1040 or 1040-SR, line 7 or Federal Form 1040 or 1040-SR, Schedule 1, line 4	4	00		00
5	Pension and annuities; rents, royalties, etc. from Federal Form 1040 or 1040-SR, lines 4b and 5b, and Federal Form 1040 or 1040-SR, Schedule 1, line 5	5	0 00	-8982	00
6	Farm income from Federal Form 1040 or 1040-SR, Schedule 1, line 6	6	00		00
7	Miscellaneous income from Federal Form 1040 or 1040-SR, line 6b, and Federal Form 1040 or 1040-SR, Schedule 1, lines 1, 2a, 7, and 9	7	00		00
8	TOTAL. Add lines 1 through 7	8	17892 00	70819	00
9	Adjustments to AGI from Federal Form 1040 or 1040-SR, line 10.....	9	00		00
10	Adjusted gross income. Subtract line 9 from line 8.....	10	17892 00	70819	00
11	Net modifications to Federal AGI from RI-1040NR, RI Schedule M, line 3.....	11	00		00
12	Modified Federal AGI. Combine lines 10 and 11. The amount in column B must equal the amount on RI-1040NR, page 1, line 3.....	12	17892 00	70819	00
13	Allocation. Divide line 12, col. A by line 12, col. B. If amount on line 12, col. A is greater than line 12, col. B, enter 1.0000. If zero or less, enter 0.0000.....	13		0.2526	
14	RI tax after allowable federal credits before allocation from RI-1040NR, page 1, line 10.....	14		2144	00
15	RI INCOME TAX. Multiply line 14 by line 13. Enter here and on RI-1040NR, page 1, line 11. Check the Nonresident box	15		542	00

State of Rhode Island Division of Taxation
2022 RI Schedule II
 Full Year Nonresident Tax Calculation



IMAGE ONLY

Name(s) shown on Form RI-1040NR MADHUSHA MARUR	Your social security number 084-65-0399
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PART 2: ALLOCATION OF WAGE AND SALARY INCOME TO RHODE ISLAND

NOTE: USE THIS SCHEDULE ONLY IF YOU WORKED FOR THE SAME EMPLOYER IN MORE THAN ONE STATE, AND YOUR WAGES OR SALARY INCOME HAS NOT BEEN ALLOCATED ON YOUR W-2

1	Wages, salaries, tips, etc.....	1		00
2	Total days in the year.....	2	365	days
3	Sick leave days.....	3		days
4	Vacation days.....	4		days
5	Other nonworking days (Saturdays, Sundays, holidays, etc.).....	5		days
6	Total nonworking days. Add lines 3, 4 and 5.....	6		days
7	Total days worked in the year. Subtract line 6 from line 2.....	7		days
8	Total days worked outside Rhode Island	8		days
9	Days worked in Rhode Island. Subtract line 8 from line 7.....	9		days
10	Allocation. Divide line 9 by line 7.....	10		
11	RI AMOUNT. Multiply line 1 by line 10. Enter here and include on RI-1040NR, Schedule II, line 1, column A.....	11		00

PART 3: BUSINESS ALLOCATION PERCENTAGE

	Column A RI amounts	Column B Total amounts	Column C (Column A / Column B)
1	Real property owned.....	00	00
2	Real property rented from others (8 x annual net rental rate).....	00	00
3	Tangible personal property owned.....	00	00
4	Total property. Add lines 1, 2 and 3, then divide column A by column B. Enter result in column C	00	00
5	Wages, salaries and other personal service compensation paid during the year. Divide column A by column B and enter result in column C.....	00	00
6	Gross sales of merchandise or charges for services during the year. Divide column A by column B and enter result in column C.....	00	00
7	Total of percentages in column C. Add lines 4, 5 and 6.....		
8	BUSINESS ALLOCATION PERCENTAGE. Divide line 7 by three (3), or the number of percentages on lines 4, 5 and 6. Enter here and in column B below.....		

Enter the number and amount of each item of business income (or loss) reported on RI-1040NR, Schedule II, column B required to be allocated and multiply percentage to determine Rhode Island amount. Enter amounts from column C on corresponding lines on RI-1040NR, Schedule II, column A.

	Column A Income to be allocated	Column B From line 8 above	Column C (Column A x Column B)
9	Line number from RI-1040NR, Sch II, col B, line	00	00
10	Line number from RI-1040NR, Sch II, col B, line	00	00
11	Line number from RI-1040NR, Sch II, col B, line	00	00
12	Line number from RI-1040NR, Sch II, col B, line	00	00
13	Line number from RI-1040NR, Sch II, col B, line	00	00



22101015550101

Name(s) shown on Form RI-1040 or RI-1040NR MADHUSHA MARUR	Your social security number 084-65-0399
--	--

Complete this Schedule listing all of your and, if applicable, your spouse's W-2s and 1099s showing Rhode Island Income Tax withheld. ***W-2s or 1099s showing Rhode Island Income Tax withheld must still be attached to the front of your return.***

Failure to do so may delay the processing of your return. **ATTACH THIS SCHEDULE W TO YOUR RETURN**

Column A	Column B	Column C	Column D	Column E
Enter "S" if Spouse's W-2 or 1099	Enter 1099 letter code from chart	Employer's Name from Box C of your W-2 or Payer's Name from your Form 1099	Employer's state ID # from box 15 of your W-2 or Payer's Federal ID # from Form 1099	Rhode Island Income Tax Withheld (SEE BELOW FOR BOX REFERENCES)
1		INFOSYS LIMITED	581760235	690 00
2				00
3				00
4				00
5				00
6				00
7				00
8				00
9				00
10				00
11				00
12				00
13				00
14				00
15				00
16	Total RI Income Tax Withheld. Add lines 1 through 15, Col. E. Enter total here and on RI-1040, line 14a or RI-1040NR, line 17a.....			690 00
17	Total number of W-2s and 1099s showing Rhode Island Income Tax Withheld			1

Schedule W Reference Chart								
Form Type	Letter Code for Column B	Withholding Box	Form Type	Letter Code for Column B	Withholding Box	Form Type	Letter Code for Column B	Withholding Box
W-2		17	1099-G	G	11	1099-OID	O	14
W-2G	W	15	1099-INT	I	17	1099-R	R	14
1042-S	S	17a	1099-K	K	8	RI-1099E	E	11
1099-B	B	16	1099-MISC	M	16	RI-1099PT	P	9
1099-DIV	D	16	1099-NEC	N	5			

State of Rhode Island Division of Taxation
2022 RI Schedule E
 Exemption Schedule for RI-1040 and RI-1040NR



22105915550101

Name(s) shown on Form RI-1040 or RI-1040NR	Your social security number
MADHUSHA MARUR	084650399

EXEMPTIONS

Complete this Schedule listing all individuals you can claim as a dependent.

ATTACH THIS EXEMPTION SCHEDULE TO YOUR RETURN

Failure to do so may delay the processing of your return.

1a	Yourself	<input checked="" type="checkbox"/>
b	Spouse	<input type="checkbox"/>

	(A) Name of Dependent	(B) Social Security Number	(C) Date of Birth	(D) Relationship
2a				
b				
c				
d				
e				
f				
g				
h				
i				
j				
k				
l				
m				

Exemption Number Summary

3	Enter the number of boxes checked on lines 1a and 1b	3	1
4a	Enter the number of children from lines 2a through 2m who lived with you	4a	0
b	Enter the number of children from lines 2a through 2m who did not live with you due to divorce or separation	4b	0
c	Enter the number of other dependents from lines 2a through 2m not included on lines 4a or 4b.	4c	0
5	Add the numbers from lines 3 through 4c. Enter here and in the box on RI-1040/NR, pg 1, line 6.	5	1



Form 43 2022 Part-year Resident and Nonresident Income Tax Return

Amended Return? Check the box. See page 15 of the instructions for reasons to amend, and enter the number that applies. State Use Only MARU

For calendar year 2022 or fiscal year beginning , ending

Please Print or Type Your first name and initial MADHUSHA Last name MARUR Your Social Security number (required) 084-65-0399 Deceased in 2022 Spouse's first name and initial Spouse's Social Security number (required) Deceased in 2022 Current mailing address 86 MILL STREET APT 203 Forms and instructions available at tax.idaho.gov City WOODSOCKET State RI ZIP code 02895 Foreign country (if not U.S.)

If the IRS considers you or your spouse a nonresident alien, check here.

Residency Status Check one for yourself and one for your spouse, if a joint return. Resident Yourself Spouse Idaho Resident on Active Military Duty Nonresident Part-year Resident Military Nonresident

Enter the full months in Idaho this year. Yourself 0 Spouse Enter your current state's abbreviation. Yourself TX Spouse

Filing Status. Check only one box. If married filing jointly or separately, enter spouse's name and Social Security number above.

- 1. [X] Single 2. [] Married filing jointly 3. [] Married filing separately 4. [] Head of household 5. [] Qualifying widow(er) with qualifying dependents

See instructions, page 16. If someone can claim you as a dependent, leave line 6a blank. Enter "1" on lines 6a and 6b, if they apply. 6a. Yourself 1 6b. Spouse 6c. Dependents 6d. Total household 1

Household List your dependents below. If you have more than four dependents, continue on Form 39NR. Enter total number on line 6c. Table with columns: Dependent's first name, Dependent's last name, Dependent's SSN, Dependent's birthdate (mm/dd/yyyy)

Idaho Income See instructions, page 16. Table with columns: Description, Idaho Amounts. Rows include: 7. Wages, salaries, tips, etc. 8. Taxable interest income 9. Dividend income 10. Alimony received 11. Business income or (loss) 12. Capital gain or (loss) 13. Other gains or (losses) 14. IRA distributions 15. Pensions and annuities 16. Rents, royalties, partnerships, S corporations, trusts, etc. 17. Farm income or (loss) 18. Unemployment compensation 19. Other income 20. Total Income. Add lines 7 through 19

Continue to page 2.



		Column A - Federal		Column B - Idaho																	
Idaho Adjustments	See instructions, page 17.																				
	21. Deductions for IRAs, health savings accounts, and IRC 501(c)(18)(D) retirement plan	21			00																
	22. Moving expenses, alimony paid, and student loan interest	22			00																
	23. Deductions for self-employment tax, health insurance, and qualified retirement plans	23			00																
	24. Penalty on early withdrawal of savings	24			00																
	25. Other deductions. See instructions	25			00																
	26. Total Adjustments. Add lines 21 through 25	26			00																
	27. Adjusted Gross Income. Subtract line 26 from line 20	27		4629	00																
		Column A - Federal		Column B - Idaho																	
28. Enter amount from federal Form 1040, line 11. Enter amount from line 27 in Column B	28	70819	00	4629	00																
29. Additions from Form 39NR, Part A, line 5. Include Form 39NR	29		00		00																
30. Subtractions from Form 39NR, Part B, line 27. Include Form 39NR	30		00		00																
31. Total Adjusted Income. Add lines 28 and 29 minus line 30	31	70819	00	4629	00																
<table border="1"> <tr> <td rowspan="3">Standard Deduction for Most People</td> <td>a. If age 65 or older</td> <td><input type="checkbox"/></td> <td>Yourself</td> <td><input type="checkbox"/></td> <td>Spouse</td> </tr> <tr> <td>b. If blind</td> <td><input type="checkbox"/></td> <td>Yourself</td> <td><input type="checkbox"/></td> <td>Spouse</td> </tr> <tr> <td>c. If your parent or someone else can claim you as a dependent, check here and enter zero on line 63 ..</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> </table>	Standard Deduction for Most People	a. If age 65 or older	<input type="checkbox"/>	Yourself	<input type="checkbox"/>	Spouse	b. If blind	<input type="checkbox"/>	Yourself	<input type="checkbox"/>	Spouse	c. If your parent or someone else can claim you as a dependent, check here and enter zero on line 63 ..	<input type="checkbox"/>				32. Check				
		Standard Deduction for Most People	a. If age 65 or older	<input type="checkbox"/>	Yourself	<input type="checkbox"/>	Spouse														
			b. If blind	<input type="checkbox"/>	Yourself	<input type="checkbox"/>	Spouse														
	c. If your parent or someone else can claim you as a dependent, check here and enter zero on line 63 ..		<input type="checkbox"/>																		
	33. Itemized deductions. Include federal Schedule A. Federal limits apply	33				00															
	34. State and local income or general sales taxes included on federal Schedule A	34				00															
	35. Subtract line 34 from line 33. If you don't use federal Schedule A, enter zero	35				00															
	36. Enter the standard deduction for your filing status. See instructions, page 19, to determine amount if not standard	36			12950	00															
	37. Enter the larger of line 35 or line 36.....	37			12950	00															
	38. Idaho percentage. Divide line 31, Column B, by line 31, Column A	38			6.54	%															
	39. Multiply amount on line 37 by the percentage on line 38 and enter the result here	39			847	00															
	40. Qualified business income deduction	40				00															
	41. Idaho taxable income. Subtract lines 39 and 40 from line 31, Column B	41			3782	00															
	42. Tax from table or rate schedule. See instructions, page 53	42			80	00															
	Credits	43. Income tax paid to other states. Include Form 39NR and other states' returns	43			00															
44. Total credits from Form 39NR, Part E, line 4. Include Form 39NR		44			00																
45. Total business income tax credits from Form 44, Part I, line 10. Include Form 44		45			00																
46. Idaho Child Tax Credit. Computed amount from worksheet on page 21		46			0	00															
47. Subtract lines 43 through 46 from line 42. If less than zero, enter zero		47			80	00															
Other Taxes	48. Fuels use tax due. Include Form 75	48			00																
	49. Sales/use tax due on untaxed purchases (online, mail order, and other)	49			00																
	50. Total tax from recapture of income tax credits from Form 44, Part II, line 6. Include Form 44	50				00															
	51. Tax from recapture of qualified investment exemption (QIE). Include Form 49ER	51				00															
	52. Permanent building fund tax. Check the box if you received Idaho public assistance payments for 2022..... <input type="checkbox"/>	52			10	00															
	53. Total Tax. Add lines 47 through 52	53			90	00															

Continue to page 3.



Donations	I want to donate to:			
	54. Idaho Nongame Wildlife Fund	55. Idaho Children's Trust Fund		
	56. Special Olympics Idaho	57. Idaho Guard and Reserve Family ...		
	58. American Red Cross of Idaho Fund ..	59. Veterans Support Fund		
	60. Idaho Food Bank Fund	61. Opportunity Scholarship Program		
	62. Total Tax Plus Donations. See instructions, page 22. Add lines 53 through 61		62	90 00
Payments	63. Grocery Credit. Computed amount from worksheet on page 23		63	0 00
	To receive your grocery credit , enter the computed amount on line 63			
	To donate your grocery credit to the Cooperative Welfare Fund, check the box and enter zero on line 63			
	64. Maintaining a home for family member age 65 or older or developmentally disabled. Include Form 39NR		64	00
	65. Special fuels tax refund Gasoline tax refund Include Form 75		65	00
	66. Idaho income tax withheld. Include Form W-2s and any 1099s that show Idaho withholding		66	162 00
	67. 2022 Form 51 estimated payments and amount applied from 2021 return		67	00
	68. Paid by entity Withheld ABE See instructions. Include Form ID K-1s		68	00
	69. Tax Reimbursement Incentive credit Claim of Right credit See instructions		69	00
	70. Total Payments and Other Credits. Add lines 63 through 69		70	162 00
Tax Due	71. Tax Due. If line 62 is more than line 70, subtract line 70 from line 62		71	00
	72. Penalty Interest from the due date Enter total		72	00
	Check the box if penalty is caused by an unqualified Idaho medical savings account withdrawal			
	73. Nonrefundable credit from a prior year return. See Form 44 instructions		73	
	74. Total Due. Add lines 71 and 72, then subtract line 73. Pay online or make check payable to the Idaho State Tax Commission		74	00
Refund	75. Overpaid. If line 62 is less than 70, subtract lines 62 and 72 from line 70		75	72 00
	76. Refund 72 Apply to 2023			

77. **Direct Deposit.** See instructions, page 25. Check if final deposit destination is outside of the U.S.

Routing No.

0	4	1	0	0	0	1	2	4
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 Checking
 Type of Account:

Account No.

4	1	4	9	9	3	9	9	6	2										
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 Savings

Amended	78. Total due (line 74) or overpaid (line 75)		78	00
	79. Refund from original return plus additional refunds		79	00
	80. Tax paid with original return plus additional tax paid		80	00
	81. Amended tax due or refund. Add lines 78 and 79 then subtract line 80		81	00

Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer identified below. Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct, and complete. See instructions.

Sign Here	Your signature (required) ▪ <i>Madhuska Marur</i>	Spouse's signature (if a joint return, both must sign) ▪	Taxpayer's phone number (330) 439-7046
	Paid preparer's signature ▪	Preparer's EIN, SSN, or PTIN ▪ 843171965	Preparer's phone number (678) 965-9522

Preparer's address GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK	State NJ	ZIP code 08816	Date 02-12-2023
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MAIL TO: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056
Include a complete copy of your federal return.

