Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

Submission Identification Number (SID)

Taxpay	ers name	Social securi	ity numbe	er		
AJI	THA KUNUKUNTLA	349-45	349-45-8189			
Spouse	s's name	Spouse's soo	cial secu	rity number		
Par	t I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	er year you a	are aut	horizing.)		
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	78 , 909.		
2	Total tax		2	10,132.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	12,260.		
4	Amount you want refunded to you		4	2,128.		
5	Amount you owe		5			
Par	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cor	ov of v	our return)		

Under penalties of periury. 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

				ERO firm name		E
X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	L

5 Ent	8 or fix	1	8 nite	9	as my
Ente					

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

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

Your signature 🕨

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name 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 – F	actitioner PIN Method Only			
ERO's EFIN/PIN. Enter your six-digit EFIN followed by	our five-digit self-selected PIN. 2 2 4 9 6 6 1 9 8 9			

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 F Don't Submit This Form to the I						
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 02/10/23 PRO	Form 8879 (Rev. 01-2021)			

Deduction for- 6a Social security benefits 6a b Taxable amount 6b • Single or Married filing separately, \$12,950 c If you elect to use the lump-sum election method, check here (see instructions) . . . 6b • Married filing initive or initive or initive or 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . 7 • Married filing initive or 8 Other income from Schedule 1, line 10 . . . 8 -9,691.	1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		m 20	22	OMB No. 1545	-0074	IRS Use Onl	y—Do not w	rite or staple in this space.
One Exx, 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 periods is a child but not your dependent. Your social security number AJTTHA KUNKUNTLA 39-45-618.9 Market and middle initial Last name Stouce's social security number Jant Hum, spouse's first name and middle initial Last name Stouce's social security number Zing Ling Ling Ling Ling Ling Ling Ling L		X	Single	Married	d filing separat	ely (MFS)) 🗌 Head of	house	hold (HOH)		, 0
AJITHA KUNUKUNTLA 349-45-8189 Hjört Hum, spoude's first name and middle initial Last name Spouse's social security number Home address (number and street). H you have a foreign address, also complete spaces below. Apt. no. Presidential Election Campaign City, town, or post office. H you have a foreign address, also complete spaces below. State 210 office Presidential Election Campaign City, town, or post office. H you have a foreign address, also complete spaces below. State 210 office State 210 office State You Spouse fifting jorth, want 35 Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, You You Spouse Standard Someone can calledina lasset (7 vour spouse as a dependent Periadinal sector (Your spouse as a dependent) Yee No Dependents, see instructions; (1) First name Last name Spouse (Max born before January 2, 1958) Is bilind Dependents, see instructions; (1) First name Last name (2) Social security (3) Social security (4) Social security (4) Social security		-			our spouse. If y	vou check	ked the HOH or	QSS	box, enter t	•	· · ·
If joint return, spouse's first name and models initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 12.001 CRU town, or poor office. If you have a foreign address, also complete spaces below. State 201.01 CRU town, or poor office. If you have a foreign address, also complete spaces below. State 60.61.6 You above affice if you, or your Foreign country name Foreign province/state/county Foreign postal code You is postal code You is postal code Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, acchange it more context is a dependent You is postal code You is postal code Deduction Spouse it emizes on a separate return or you were a dual-status allein App. Intervention is intructions); (i) First name (i) First name (ii) First name (iii) First name (iii) First name (iii) First name (iii) First name (iiii) First name (iiii) First name (iiii) First name (iiii) First name (iiiii) First name (iiiiii) First name (iiiiii) First name (iiiiii) First name (iiiiiii) First name (iiiii) First n	Your first name	and mi	ddle initial	Last nam	ie					Your so	cial security number
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Precidential Election Campaign Check here if you, or your sponse filting jointly, want 38 (CH) CAW, own, or post office. If you have a foreign address, also complete spaces below. State ZIP code (Deck here if you, or your sponse) City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code (Decking a Double situ Code) The cohered if you, or your sponse) Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell. You Spouse (and the point) Digital Assets Someone can callim: (AJITHA			KUNUK	KUNTLA					349-	45-8189
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CHICAGO II. 60616 box below will not change ⁻ Foreign country name Foreign province/state/country Foreign province/state/country your tax or trainage ⁻ Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, your tax or trainage ⁻ Standard Someone can claim: You as a dependent Your say a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status allen Age/Bilindees Yes No Age/Bilindees You: (I) First name Las name number (a) Relationship (b) Check the box if qualifies for (see instructions); If more than four dependents, see instructions; (I) First name Las name Image: Check the box if qualifies for (see instructions); Child tax credit Code tor drev dependent and the prove the dependent and the prove the prove and the prove an	City, town, or po	ost offi	ce. If you have a foreign address, also co	mplete spa	aces below.	Sta	ate	ZIP c	ode		0, ,
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Standard Deduction for - 5a Pensions and annuities	if required.	3a	Qualified dividends	3a		b	Drdinary divide	nds .		. 3b)
Deduction for- 6a Social security benefits 6a b Taxable amount 6b • Single or Married filing separately, \$12,950 6a Social security benefits 6a b Taxable amount 6b • Married filing jointly or Qualifying surviving spouse, \$25,900 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 • Married filing jointly or Qualifying surviving spouse, \$25,900 9 Other income from Schedule 1, line 10 9 78,909. • Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 78,909. 10 • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 78,909. • If you checked any box under Standard 12 Standard deduction or itemized deductions (from Schedule A) 12 12,950. • If you checked any box under Standard 14 12,950. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12,950. • If you checked any box under Standard 14 12,950. 15 65,959		4a	IRA distributions	4a		b	axable amoun	t		. 4b)
 Single or Married filing separately, \$12,950 Married filing geparately, \$12,950 Capital gain or (loss). Attach Schedule D if required. If not required, check here Capital gain or (loss). Attach Schedule D if required. If not required, check here Capital gain or (loss). Attach Schedule D if required. If not required, check here Capital gain or (loss). Attach Schedule D if required. If not required, check here Capital gain or (loss). Attach Schedule D if required. If not required, check here Capital gain or (loss). Attach Schedule D if required. If not required, check here Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income Adjustments to income from Schedule 1, line 26 Subtract line 10 from line 9. This is your adjusted gross income Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Interstendard Qualified business income deduction from Form 8995 or Form 8995-A Madd lines 12 and 13 Madd lines 12 and 13 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 	Standard	5a	Pensions and annuities	5a		bT	axable amoun	t		. 5b)
Married filing separately, \$12,950 c If you elect to use the lump-sum election method, check here (see instructions) 		6a	Social security benefits	6a		bТ	axable amoun	t		. 6b)
\$12,950 7 Capital gain of (loss). Attach Schedule D in required, in hot required, check here 1 7 • Married filing jointly or Qualifying surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 78,909. • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 78,909. • If you checked any box under Standard 12 12,950. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 • If you checked any box under Standard 14 12,950. 14 12,950. • If Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 65,959	Married filing	с	If you elect to use the lump-sum e	lection m	ethod, check l	here (see	instructions)				
outly or Qualifying surviving spouse, \$25,9009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income978,909.10Adjustments to income from Schedule 1, line 2610• Head of household, \$19,40011Subtract line 10 from line 9. This is your adjusted gross income1178,909.12Standard deduction or itemized deductions (from Schedule A)1212,950.• If you checked any box under Standard13		7	Capital gain or (loss). Attach Sche	dule D if r	required. If not	required	l, check here			7	
Qualifying surviving spouse, \$25,900 9 Add lines 12, 20, 30, 45, 55, 66, 7, and 8. This is your total income 9 78, 909. 10 Adjustments to income from Schedule 1, line 26 10 10 Head of household, \$19,400 Subtract line 10 from line 9. This is your adjusted gross income 11 78, 909. 12 Standard deduction or itemized deductions (from Schedule A) 12 12, 950. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12, 950. 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income	 Married filing 	8	Other income from Schedule 1, lin	e10 .						. 8	-9,691.
\$25,900 10 Adjustments to income nom outedule 1, inte 20 11 10 • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 78,909. • If you checked any box under Standard 12 Standard deduction or itemized deductions (from Schedule A) 12 12,950. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 • Id 12,950. 14 12,950. 14 12,950. • Deduction, 15 65,959 65,959	Qualifying	9			-	al incom	е			. 9	78,909.
• Head of household, \$12 Subtract line 10 from line 9. This is your adjusted gross income 11 78,909. 12 Standard deduction or itemized deductions (from Schedule A) 12 12,950. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 Add lines 12 and 13 14 12,950. 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15		10	Adjustments to income from Sche	dule 1, lin	ne 26					. 10)
\$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 12,950. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 14 Add lines 12 and 13 14 12,950. 14 12,950. Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 65,959	Head of			-						. 11	
any box under Standard 14 Add lines 12 and 13 14 12,950 Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 65,959		12								. 12	12,950.
Standard 14 Add lines 12 and 13 14 12,950 Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 65,959					Form 8995 or l	Form 899	95-A			. 13	
	Standard										
		15	Subtract line 14 from line 11. If zer	o or less,	enter -0 Thi	s is your	taxable incom	е.		. 15	65,959.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Form 1040 (2022	2)							Page 2
Tax and	16	Tax (see instructions). Check if any from For	m(s): 1 🗌 881	4 2 4972	3		16	10,132.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	10,132.
	19	Child tax credit or credit for other depende	ents from Sched	ule 8812			19	
	20	Amount from Schedule 3, line 8					20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18. If zero or less	s, enter -0				22	10,132.
	23	Other taxes, including self-employment tax	k, from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is your total tax					24	10,132.
Payments	25	Federal income tax withheld from:						
	а	Form(s) W-2			25a 12	,260.		
	b	Form(s) 1099			25b			
	с	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	12,260.
If	26	2022 estimated tax payments and amount	applied from 20)21 return			26	
If you have a ¹ qualifying child,	27	Earned income credit (EIC)		No	27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 88			28			
	29	American opportunity credit from Form 88	63, 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 yo	ur total other p	ayments and refu	undable credits		32	
	33	Add lines 25d, 26, and 32. These are your	=	-			33	12,260.
Refund	34	If line 33 is more than line 24, subtract line	24 from line 33.	. This is the amou	nt you overpaid		34	2,128.
neiuliu	35a	Amount of line 34 you want refunded to y	ou. If Form 8888	3 is attached, che	ckhere		35a	2,128.
Direct deposit?	b	Routing number 0 7 1 0 0 0 0			_	Savings		
See instructions.	d	Account number 3 6 8 7 0 7 1	L 3 6			-		
	36	Amount of line 34 you want applied to you	ır 2023 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24. This is the ar	nount vou owe					
You Owe		For details on how to pay, go to www.irs.g	ov/Payments or	see instructions			37	
	38	Estimated tax penalty (see instructions) .			38			
Third Party	Do	you want to allow another person to di	scuss this retu	rn with the IRS?	See			
Designee	ins	tructions			. Yes. C	omplete b	elow.	X No
	De nai	signee's	Phone no.			onal identif oer (PIN)	ication	
0.						. ,	41	
Sign		der penalties of perjury, I declare that I have exami ef, they are true, correct, and complete. Declaratio		1 2 0		,		, ,
Here	Yo	ur signature	Date	Your occupation		If the	IRS ser	nt you an Identity
						Prote	ction P	IN, enter it here
Joint return?				SOFTWARE I		(see i	,	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupat	ion			nt your spouse an action PIN, enter it here
your records.						(see i		
	Ph	one no. (708) 654-7121	Email address	A'IILLHA'IANAK.	IRAM@GMAIL.CO)M		
		parer's name Preparer's sign			Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	A RAM SAGAR	GUPTA TALLAM	02/19/2023	P02082	2703	Self-employed
Preparer		n's name GLOBAL TAXES LLC						678)965-9522
Use Only		n's address 245 ROONEY CT E BR	UNSWICK N	J 08816		Firm'		84-3171965
Go to www.im	ov/Eor	1040 for instructions and the latest information		DAA				Earm 1040 (2022)

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

BAA REV 02/10/23 PRO

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 2

Department of the Treasury Internal Revenue Service		Attachment Sequence No. 01	
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
AJITHA KUNUKUN	349-45	-8189	

Par	t 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			
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E	. 5	-9,691.
6	Farm income or (loss). Attach Schedule F.		. 6	
7	Unemployment compensation		. 7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81	_	
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m	_	
n	Section 951(a) inclusion (see instructions)	8n	_	
0	Section 951A(a) inclusion (see instructions)	80	_	
р	Section 461(I) excess business loss adjustment	8p	_	
q	Taxable distributions from an ABLE account (see instructions)	8q	_	
r	Scholarship and fellowship grants not reported on Form W-2	8r	_	
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (_)	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
-		8z		
9	Total other income. Add lines 8a through 8z			
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	k, or 1040-NR, line	8 10	-9,691.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	e-basi	s gov	ernment		
	officials. Attach Form 2106				12	1
13	Health savings account deduction. Attach Form 8889				13	1
14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	1
15	Deductible part of self-employment tax. Attach Schedule SE				15	1
16	Self-employed SEP, SIMPLE, and qualified plans				16	
17	Self-employed health insurance deduction				17	
18	Penalty on early withdrawal of savings				18	
19a	Alimony paid				19a	
b	Recipient's SSN	•				
С	Date of original divorce or separation agreement (see instructions):					
20	IRA deduction				20	
21	Student loan interest deduction				21	
22	Reserved for future use				22	
23	Archer MSA deduction				23	
24	Other adjustments:					
а	Jury duty pay (see instructions)	24a				
b	Deductible expenses related to income reported on line 8I from the					
	rental of personal property engaged in for profit	24b				
С	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				
е	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	e. Ente	er here	e and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA	REV	02/10/23 F	RO	Schedu	ile 1 (Form 1040) 2022

SCHEDULE	E
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

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

Department of the Treasury Inte

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

2022	
Attachment	

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

Internal					itest ii	normation.		Sequenc	
Name(s)) shown on return						Your social	security r	number
AJIT	'HA KUNUKUNTLA						349-45	-8189	
Part									
	Note: If you are in the business of renting personal rental income or loss from Form 4835 on page 2, lir	property, use ne 40	Schedu	e C. See	instru	ctions. If you	are an indivi	dual, repo	ort farm
A D	Did you make any payments in 2022 that would requir		Form(s)	1099? 5	See in	structions .		∏ Ye	s 🛛 No
	f "Yes," did you or will you file required Form(s) 1099								
1a	Physical address of each property (street, city, sta								
			,						
A	PLOT NO:67, NYR COLONY VINAYAKA HILLS	ALMASGUD	A, BN RE	GDDY NA	AGAR	RANGA REL	DY TELAI	IGANA I	N 500058
B C									
1b	Turpe of Droporty 0. For each worth lunch estate		to al		.	in Dontol	Dava ave		
D	Type of Property (from list below) 2 For each rental real estate above, report the number of				Fa	ir Rental Days	Persona Day		QJV
Α	3 personal use days. Check			Α		365	Bay	0	
B	if you meet the requiremen			B		505			
c	qualified joint venture. See	instruction	S.	C					
	of Property:			U					
	Single Family Residence 3 Vacation/Short-Tern	n Rental	5 Lan	d	7	Self-Rental			
	Multi-Family Residence 4 Commercial		6 Roy			Other (desc	ribe)		
				•		Propert	ies:		•
ncom				A	E O	В			С
3		3		6	52.				
4	Royalties received	4							
Expen		5							
5									
6 7	Auto and travel (see instructions)			2 5	06				
7 8	Cleaning and maintenance	8		2,0	86.				
9									
10	Legal and other professional fees								
11	Management fees			1 0	54.				
12	Mortgage interest paid to banks, etc. (see instruction			±,)	54.				
13	Other interest	13							
14	Repairs			1.7	66.				
15	Supplies	15			39.				
16		16		, -					
17	Utilities			2,3	98.				
18	Depreciation expense or depletion								
19	Other (list)	10							
20	Total expenses. Add lines 5 through 19			10,3	43.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royaltie	es). If							
	result is a (loss), see instructions to find out if you								
	file Form 6198	· · 21		-9,6	91.				
22	Deductible rental real estate loss after limitation, if								
	on Form 8582 (see instructions)		(9,69		()(
23a	Total of all amounts reported on line 3 for all rental				23a		652.		
b	Total of all amounts reported on line 4 for all royalty				23b				
С	Total of all amounts reported on line 12 for all prope				23c				
d	Total of all amounts reported on line 18 for all prope				23d				
е	Total of all amounts reported on line 20 for all prope				23e	10),343.		
24	Income. Add positive amounts shown on line 21.		-				. 24		
25	Losses. Add royalty losses from line 21 and rental rea	al estate loss	ses from l	ine 22. E	nter t	otal losses he	ere 25 (9,691.

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

.

-9,691.

REVENUE

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

tax.iowa.gov

	irst name, middle initial, and la					me, middle initial, and			
Pert 1 Tax Return Information B. Spoula (filling status 3) A. You or Join 1. Iowa Net Income (IA 1040, line 28 A & B) 10 0 14 78, 90 2. Total Tax (IA 1040, line 42 A & B) 28 00 24 3, 77. 3. Iowa Income Tax Withheid (IA 1040, line 63) A & B) 38 00 33 4.228 4. Amount to be forlinded (IA 1040, line 73) 5 5 5 Total Amount Due (IA 1040, line 73) 5 5 Pert I Declaration of Taxpayer (Be sure to keep a copy of the tax return.) 6 5 5 Col Lo not wand dired depaids of direct debt. 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Social Security Number: <u>349-</u>	-45-8189	i		Spouse's Social	Security Number:			
Part Tax Return Information (filing status 3) A. You or Join 1. Iowa Net Income (IA 1040, line 24 A & B)	address, City, State, ZIP: 29	01 S KING DR,	1304		CHIC	AGO IL 60616			
2. Total Tax (k1 1040, line 42 A & B) 28 00 24 3, 77 3. low in norme Tax Withheid (k1 1040, line 63 A & B) 38 00 34 4.228 4. Amount be Refunded (k1 1040, line 63 A & B) 38 0.0 34 4.258 5. Total Amount Due (k1 040, line 73) 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 <t< th=""><th>Part I Tax Return Informatior</th><th>ı</th><th></th><th></th><th></th><th></th><th></th><th>1</th><th>A. You or Joint</th></t<>	Part I Tax Return Informatior	ı						1	A. You or Joint
3. Iowa Income Tax Withhed (Ån 1040, line 63 A & B) 38 00 34 4.28 4. Amount to be Refinded (Ån 1040, line 63 A & B) 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 <td>1. Iowa Net Income (IA 104</td> <td>0, line 26 A & B)</td> <td></td> <td></td> <td></td> <td> 1B</td> <td>.00</td> <td>1A</td> <td>.0 <u>78</u></td>	1. Iowa Net Income (IA 104	0, line 26 A & B)				1B	.00	1A	.0 <u>78</u>
4. Amount to be Refunded (lA 1040, line 68) 455 5. Total Amount Due (lA 1040, line 73) 55 Part II Declaration of Taxpayer (Be sure to keep a copy of the tax return.) 55 6	2. Total Tax (IA 1040, line 4	42 A & B)				2B	.00	2A	3,773.0
5. Total Amount Due (IA 1040, line 73)	3. Iowa Income Tax Withhe	ld (IA 1040, line 63 A & B)			3B	.00	3A	4,287.0
Part II Declaration of Taxpayer (Be sure to keep a copy of the tax return.) 6. I do not want direct deposit or direct debit. 7. I consent hat my refind be directly deposited as designated below. If I have filed a joint return, this is an irrevocable appointment of the other s as an agent to receive the refund. I authorize the lowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withfrawal (direct debit) entry individual lowa taxes owed on this return, and the financial institution to debit the to this account indicated below for payment/settlement date). I site authorize the financial institution involved in the processing authorization is to receive and fifted until I notify (IDR to lemmate the authorizant. To cancel a payment/settlement date.) This electronic withdrawal from your bank account with be valued as withdrawal from your bank account with be used to be unrethy have a debit block account, contrat your financial institution. To request that they allow a withdrawal from your bank account with be used to be payment concert from a debit block account. The destined with they allow a withdrawal from your bank account with be debit block account. The maximum term destinates the united states? Yes	4. Amount to be Refunded	(IA 1040, line 68)						4	554.0
6 ☐ I do not want direct deposit or direct debit. 7. ☐ I consent that my refund be directly deposited as designated below. If I have filed a joint return, this is an inrevocable appointment of the other s as an agent to receive the refund. 1 authorize the lowa Department of Revenue (DR) and its designated financial agent to inliate an electronic funds withfraval (direct debit) entry including account indicated below for payment of my individual lowa taxes over on the financial institution involved in the processing electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve to the payment authorization. To cancel a payment, I must contact IDR at 511 3114 or i drieft@jowa gov. Payment concellation requests must be received no later than three busines days prior to the payment/settlement data. This electronic withdrawal from your bank account will be identified with the ACH Company ID 42000574. If you currently have a debit lock of account, contact your financial institution to request that they allow a withdrawal from your bank account by this ACH Company ID. Name of financial institution: JP MORGAN CHASE Routing Number 1 0 0 1 3 The first two digits must be 01 through 12 or 21 through 32. Account Number 3 6 7 1 0 0 1 3 6 1 1 1 0 0 X Will this refurn. 3 6 8 7 1 <td>5. Total Amount Due (IA 10</td> <td>40, line 73)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>5</td> <td>.0</td>	5. Total Amount Due (IA 10	40, line 73)						5	.0
7. □ □ consent that my refurd be directly deposited as designated below. If I have filed a joint return, this is an inrevocable appointment of the other s as an agent to receive the refund. □ I authorize the lowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry financial institution in oxide of the payment of my individual lowa taxes owed on this return, and the financial institution in oxide to the processing electronic payment of taxes to receive confidential information necessary to answer inquires and resolve issues related to the payment authorization. To cancel a apyment, I must contact IDR at 151 3114 or idrift@jowa.gov. Payment cancellation requests must be received on later than the basineas days prior to the payment date. This electronic withdrawal fom your bank account with the ACH Company ID 4428004574. Hy ou currently have a debit block or account, contract your financial institution to request that they allow a withdrawal from your bank account with the ACH Company ID 4428004574. Hy ou currently have a debit block or account. Number 3 6 8 7 0 7 1 3 6 Will this refund go to (or payment come from) an account outside the United States? Yes No X Will this refund go to (or payment come from) an account outside the United States? Yes No X Under prealites of paylury. I decimation the request may have a debit block or acroect, and completies, attachme amounts inclustore to mark account with request detachments for tax year ending December 31.2022 and certify to the best of my knowledge and belef, it is true, correct, and completie. I furth	Part II Declaration of Taxpaye	er (Be sure to keep a copy	of the tax ret	urn.)					
as an agent to receive the refund. I authorize the lova Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry financial institution account indicated below for payment of my individual lova taxes owed on this return, and the financial institution to debit the to this account indicated below for payment data). I also authorize the financial institution involved in the processing electronic payment of taxes to receive confidential information necessary to answer impulsies and receive issues related to the payment sature involved in the processing electronic payment of taxes to receive confidential information receases) to answer impulsies and receives and the information receases in the account involved in the payment/settlement date. 114 or identifyziowa gov Payment cancellation requests must be received no later than five business days prior to the payment at the account may be identified with the ACH Company ID 442800457. If you currently have a debit block caccount, contact your financial institution to request that they also a withdrawal form your bank account with the ACH Company ID 442800457. If you currently have a debit block caccount Number 12 10 10 10 13 16 11 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12	6. I do not want dire	ect deposit or direct debit.							
Innerolal institution account indicated below for payment of fmy individual lows laxes owed on this return, and the financial institution to debit the is account on			ited as design	ated below	. If I have filed a j	oint return, this is an i	rrevocable a	appointme	nt of the other spous
Account Number 3 6 8 7 0 7 1 3 6 8 7 0 7 1 3 6 8 7 0 7 1 3 6 8 7 0 7 1 3 6 8 7 0 7 1 3 6 8 7 0 7 1 3 6 8 7 0 7 1 3 6 8 7 0 7 1 3 6 8 7 0 7 1 3 6 8 7 0 7 1 3 6 8 7 0 7 1 3 6 8 7 0 7 1 3 6 8 7 0 7 1 3 6 8 7 0 7 1 3 6 8 7 0 7 1 3 6 1 1 1 1 1 1 1 1 1 1	3114 or idreft@io This electronic wi account, contact Name of financial institu	wa.gov. Payment cancell ithdrawal from your bank your financial institution to ution: <u>JP MORGAN</u>	ation requests account will b request that CHASE	s must be re le identified they allow a	eceived no later th with the ACH Co a withdrawal from	an five business days mpany ID 4426004574 your bank account by	prior to the 4. If you cur this ACH C	payment/s rently have company I[settlement date. No e a debit block on tl
Type of Account: Savings Checking X Will this refund go to (or payment come from) an account outside the United States? Yes No X Under penalties of perjury. I declare that I have examined the information on my electronic individual income tax return, including any schedules, attachment and statements for tax year ending December 31, 2022 and certify to the best of my knowledge and belief, It is true, correct, and complete. I further declare the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I consent that my return, including accompanying schedul attachments, and statements be sent to the low Department of Revenue (IDR) through the Internal Revenues Eorvice (IRS) by my Electronic Return Origin (ERO). In addition, by using software to prepare and transmit my return electronically. I authorize IDR to identify the reasons for rejection so that the return can be corrected and retransmitted. If I have filed a balance due return understand that if IDR does not receive full and timely payment of my tax liability I will remain shown in Part II is correct. If the processing of my refered no, or direct debit is delayed, I authorize IDR to disclose to my ERO and/or transmitter the reason(s) for the delay or the date the refund was se understand that this declaration with required attachments must be forwarded upon request to IDR. Your Signature Date Spouse Signature - If a joint return, both must sign. Date Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer I doate returnements described in the lows Modemized - File (MeF) Information for e-File Providers publication. I understand that the original form S453-IND are complete and correct to the best of my knowledge. If only a collector						l		02.	
Will this refund go to (or payment come from) an account outside the United States? Yes No X Under penalties of perjury, I declare that I have examined the information on my electronic individual income tax return, including any schedules, attachments and statements for tax year ending December 31, 2022 and certify to the best of my knowledge and belief, it is true, correct, and complete. I further declare the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I consent that my return, including accompanying schedulatachments, and statements be sent to the lowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by my Electronic Return Origin (ERO). In addition, by using software to prepare and transmit my return electronically. I consent that my return electronically. I authorize IDR to IDR to inform my ERO and/or transmitter when my electronic return has been accepted. In the event this rejected, I authorize IDR to identify the reasons for rejection so that the return can be corrected and retransmitted. If I have filed a balance due return understand that if IDR does not receive full and timely payment of my tax liability I will remain liable for the tax liability and all applicable penalties and interconsent that my refund be directly deposited as designated in Part II and declare that the information shown in Part II is correct. If the processing of my refund, or disclose to my ERO and/or transmitter the reason(s) for the delay or the date the refund was se understand that this declaration with required attachments must be forwarded upon request to IDR. Your Signature Date Spouse Signature - If a joint return, both must sign. Date Your Signature Date Spouse Signature and formation to be filed with IDR and foolwed all form agove									
Under penalties of perjury. I declare that I have examined the information on my electronic individual income tax returm, including any schedules, attachme and statements for tax year ending December 31, 2022 and certify to the best of my knowledge and belief, it is true, correct, and complete. I further declare the amounts in Part I above are the amounts in part leads of the above taxe period (RS) by my Electronic Return Origin CERO) in addition, by using software to prepare and transmit my return electronically. I consent to the disclosure to IDR of all information pertaining to transmistor of my tax trutm electronical IDR to inform my ERO and/or transmitter when my electronic return has been accepted. In the event this rejected, I authorize IDR to inform my ERO and/or transmitter when my electronic return has been accepted. In the event this rejected, I authorize IDR to inform my ERO and/or transmitter when my electronic return has been accepted. In the event this rejected, I authorize IDR to inform to my ERO and/or transmitter when my electronic return has been accepted. In the event this rejected, I authorize IDR to information part II and declare that the information shown in Part II is correct. If the processing of my refund, or direct debit is delayed, I authorize IDR to disclose to my ERO and/or transmitter the reason(s) for the delay or the date the refund was se understand that this declaration with required attachments must be forwarded upon request to IDR. Your Signature Date Date Signature - If a joint return, both must sign. Date Part II Declare that I have reviewed the above taxpayer's return and that entries on form (A 843-IND are complete and correct to the best of my knowledge. If forly a collector, I am not responsible for reviewing the return and noly declare that this form accurately reflects the data on the return. Thave obtained of these years from the code date of the return or the file date, whichey taxpayer's signature before submitting this return to the IRS. I have provided the tax		C	6						
Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer I declare that I have reviewed the above taxpayer's return and that entries on form IA 8453-IND are complete and correct to the best of my knowledge. If only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. I have obtained taxpayer's signature before submitting this return to the IRS. I have provided the taxpayer with a copy of all forms and information to be filed with IDR and I followed all other requirements described in the Iowa Modernized e-File (MeF) Information for e-File Providers publication. I understand that the original form 8453-IND should not be sent to IDR, but must be retained by the ERO for a period of three years from the due date of the return or the filing date, whicheve later, to which the IA 8453-IND relates was filed. I will make a copy available to IDR upon request. If I am a paid preparer, under penalties of perjury, I dect that I have examined the above taxpayer's return and accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, are true, correct, and complete. I have based this declaration on all information available to me. ERO Date Check if also paid preparer ERO PTIN Firm's name (or yours if self-employed) GLOBAL TAXES LLC FEIN 88-2145487 Address, City, State, ZIP GLOBAL TAXES LLC FEIN 88-2145487 Phone Number (678) 965-9522	and statements for tax year en the amounts in Part I above an attachments, and statements (ERO). In addition, by using transmission of my tax return of is rejected, I authorize IDR to understand that if IDR does no consent that my refund be dir refund, or direct debit is dela	nding December 31, 2022 re the amounts shown on be sent to the Iowa Depa software to prepare and electronically. I authorize I o identify the reasons for ot receive full and timely ectly deposited as design ayed, I authorize IDR to	2 and certify to the copy of n artment of Rev transmit my 1 IDR to inform rejection so payment of m lated in Part I disclose to m	the best of the best of venue (IDR return elect my ERO ar that the re that the re that liabilit I and decla by ERO an	f my knowledge a c income tax retur) through the Inte ronically, I conse nd/or transmitter w turn can be corre y I will remain lial re that the inform d/or transmitter ti	and belief, it is true, co n. I consent that my re rnal Revenue Service nt to the disclosure to when my electronic retu- ected and retransmitte ole for the tax liability ation shown in Part II ne reason(s) for the o	orrect, and o eturn, incluo (IRS) by m o IDR of al urn has bee ed. If I have and all appl is correct.	complete. I ding accon by Electron I information accepted in accepted if ind a back icable pen If the proc	I further declare that apanying schedules, ic Return Originator on pertaining to the d. In the event that it alance due return, I alties and interest. I essing of my return,
I declare that I have reviewed the above taxpayer's return and that entries on form IA 8453-IND are complete and correct to the best of my knowledge. If only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. I have obtained taxpayer's signature before submitting this return to the IRS. I have provided the taxpayer with a copy of all forms and information to be filed with IDR and f followed all other requirements described in the Iowa Modernized e-File (MeF) Information for e-File Providers publication. I understand that the original for 8453-IND should not be sent to IDR, but must be retained by the ERO for a period of three years from the due date of the return or the filing date, whichev later, to which the IA 8453-IND relates was filed. I will make a copy available to IDR upon request. If I am a paid preparer, under penalties of perjury, I dec that I have examined the above taxpayer's return and accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, are true, correct, and complete. I have based this declaration on all information available to me. ERO Signature Firm's name (or yours if self-employed) Address, City, State, ZIP Baid Preparer Check if self- 245 ROONEY CT E BRUNSWICK NJ 08816 Reid Preparer Check if self- Date Check if self- Check if self- Check if self- Phone Number (678) 965–9522 Check if self-	Your Signature		Date		Spouse Signa	ture - If a joint return, l	both must s	ign.	Date
Signature Date preparer employed ERO PTIN Firm's name (or yours if self-employed) GLOBAL TAXES LLC FEIN 88-2145487 Address, City, State, ZIP 245 ROONEY CT E BRUNSWICK NJ 08816 Phone Number (678) 965-9522	I declare that I have reviewed only a collector, I am not rest taxpayer's signature before su followed all other requirement 8453-IND should not be sent later, to which the IA 8453-IN that I have examined the above are true, correct, and complete	I the above taxpayer's ret ponsible for reviewing th ubmitting this return to the s described in the lowa M to IDR, but must be retain D relates was filed. I will ve taxpayer's return and a	urn and that e return and e IRS. I have Modernized e- ned by the EF make a copy accompanying	entries on f only declar provided the File (MeF) RO for a per available to schedules	Form IA 8453-IND re that this form a e taxpayer with a Information for e- riod of three years o IDR upon reque , attachments, an ivailable to me. Check if	accurately reflects the copy of all forms and File Providers publicat s from the due date of st. If I am a paid prep d statements, and to f	e data on th information tion. I under f the return parer, under	ne return. to be fileorstand that or the filing penalties	I have obtained the d with IDR and have the original form IA g date, whichever is of perjury, I declare
Firm's name (or yours if self-employed) GLOBAL TAXES LLC FEIN 88-2145487 Address, City, State, ZIP 245 ROONEY CT E BRUNSWICK NJ 08816 Phone Number (678) 965-9522 Paid Brenzer Check if self-			Date		•	-	FRO PT	IN	
self-employed) File File Address, City, State, ZIP 245 ROONEY CT E BRUNSWICK NJ 08816 Phone Number (678) 965-9522	F : 1 () (IOBAL TAXES II			Freherol -				45487
Paid Preparer Check if self-	self-employed)			ICK NJ	08816		Phone		
	Paid Preparer								

FEIN

Phone

84-3171965

Number (678) 965-9522

2022 IA 1040 Iowa Individual Income Tax Return

,,,, and on any,,,,
ou must fill in your Social Security Number (SSN).
Your first name/middle initial:
AJITHA
Spouse's first name/middle initial:

and ending

Your SSN: 349-45-8189



Current mailing address (number and street, apartment, lot, or suite number) or PO Box. 2901 S KING DR, 1304 City, State, ZIP:

CHICAGO IL 60616

For fiscal year beginning

Spouse SSN:

Step 2 Filing Status: Mark one box only X Single: Were you claimed as a dependent on another person's lowa return? 1 Yes No X Email Address 2 Married filing a joint return. (Two-income families may benefit by using status 3 or 4.) Check this box if you or your spouse were 65 or older as of 12/31/22. 3 Married filing separately on this combined return. Spouse use column B. Residence on 12/31/22: County No. 25 School District No. 6957 4 Married filing separate returns. Spouse's name: SSN: Net Income: \$ 5 Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and SSN below. 6 Qualifying widow(er) with dependent child. Name SSN Step 3 Exemptions B. Spouse (Filing Status 3 ONLY) A. You or Joint 40 Personal Credit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3 X \$ 40 = \$ X \$ 40 = \$ a. 1 b. Enter 1 for each taxpayer who is 65 or older and/or 1 for each taxpayer who is blind. X \$ 20 = \$ X \$ 20 = \$ Dependents: Enter 1 for each dependent..... X \$ 40 = \$ X \$ 40 = \$ c. 40 Enter first names of dependents here e. Total \$ e. Total \$ d. Step 4 Reportable Social Security benefits as calculated on line 13 of Iowa Social Security Worksheet B. Spouse/Status 3 A A. You or Joint A B. Spouse/Status 3 A. You or Joint B. Spouse/Status 3 A. You or Joint Step 5 Wages, salaries, tips, etc 1. 88,600.00 .00 Gross 2. Taxable interest income. If more than \$1,500, complete Sch. B..... 2. Income .00 .00 3. Ordinary dividend income. If more than \$1,500, complete Sch. B 3. .00 .00 Taxable alimony received..... 4. .00 .00 NOTE: Use only Business income/(loss). See instructions 5. 5. .00 .00 blue or black 6. Capital gain/(loss). See instructions 6. .00 .00 ink, no pencils 7. Other gains/(losses). See instructions 7. or red ink. 00 00 8. .00 .00 9 00 00 Rents, royalties, partnerships, estates, etc. See instructions...... 10. 10. .00 -9,691.00 Farm income/(loss). See instructions 11. 11. .00 .00 12. Unemployment compensation. See instructions...... 12. 00 00 13. Gambling winnings..... 13. 00 .00 14. Other income, bonus depreciation, and section 179 adjustment 14. 0.00 00 Gross Income. Add lines 1-14..... 78,909.00 15 15. .00 Step 6 Payments to an IRA, Keogh, or SEP...... 16. 16 .00 .00 Adjustments to 17. Deductible part of self-employment tax. 17. .00 .00 Income Health insurance premium 18. 18 0.00 00 Penalty on early withdrawal of savings..... 19. 19 .00 .00 20 .00 .00 21. .00 .00 Moving expense deduction from federal form 3903..... 22. 22. .00 .00 lowa capital gain deduction. Must include corresponding IA 100 23 .00 .00 24. 00 00 Total adjustments. Add lines 16-24 25. 25 00 0 00 78,909 00 26 Net Income. Subtract line 25 from line 15 26. 00 Step 7 Federal Federal income tax refund/overpayment received in 2022 27. 27 .00 🔺 2,886.00 Taxes and Self-employment/household employment/other federal taxes 28. 28 .00 🔺 .00 Qualified 29 Addition for federal taxes. Add lines 27 and 28 29 2,886.00 00 Deductions 30 30. Total. Add lines 26 and 29..... .00 81,795.00 31. Federal tax withheld in 2022, federal estimated tax payments made 31 in 2022, and federal taxes paid in 2022 for 2021 and prior years 00 12,260.00 32. Qualified business income deduction. 75.0% (.75) of federal 32. 00 amount. See instructions..... 00 DPAD 199A(g) deduction. 75.0% (.75) of federal amount 33. 33. .00 .00 Total federal tax and other qualified deductions. Add lines 31, 32, and 33..... 34. 12,260.00 .00 Balance. Subtract line 34 from line 30. Enter here and on line 36, page 2 35. 69,535.00 .00 REV 02/09/23 PRO INT 41-001 (06/29/2022)

2022 Step 8	IA 36.	1040, page 2 BALANCE. From side 1, line 35	B. Spouse/S			B. Spouse/Sta	itus 3 .00	A. `	A. You or Joint 69, 535.00	
Taxable Income	37.		Standard X			-				2,210.00
Income	38.					-		.00	_	67,325.00
Step 9	39.							.00		07, 52, 5.00
Tax, Credits,	40.									
and Check-	40.	· · · · · · · · · · · · · · · · · · ·		00	_	·	00			
off Contri-							00			2 772
butions	42. 43.							.00		3,773.00
	44.					40.				
							00			
	45.	e i		.00			00			1.0
	46. 47.	-, , -				-		00	. —	40.00
						-		00	A	3,733.00
	48.					-		00	^	.00
	49.					-		00		3,733.00
	50.					-		00		.00
	51.	,				-		00		3,733.00
	52.					-		.00		.00
	53.					-		00		3,733.00
	54.					-		00		00.00
	55.					-			▲	3,733.00
	56.							56.		3,733.00
	57.	Contributions will reduce your refund or add to the amount you owe. A	Amounts must be	In whole	dollars.					
		n/Wildlife 57a: ▲ State Fair 57b: ▲ Firefighters/Veterans 5								.00
	58.	TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add line 5	6 and line 57 and	d enter he	ere			58.	A	3,733 _{.00}
Step 10 Credits	59.	lowa Fuel Tax Credit. Must include IA 4136	59.	.00		.0	00			
	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		(00			
	62.	Other refundable credits. Include IA 148 and/or Schedule CC	62.	.00	A	(00			
	63.	lowa income tax withheld	63.	.00	A	4,287.0	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		4,287.0	00			
	66.							66.		4,287.00
Step 11 Refund	67.		,					67.		<u>554</u> .00
	68.	Amount of line 67 to be REFUNDED.					REFUND	68.	<u>ــــــــــــــــــــــــــــــــــــ</u>	<u>554</u> .00
	6	S8a. Routing number: 0 7 1 0 0 0	0 1	3 6	68b. Type	Checking	×	Savi	ngs	
	6	38c. Account number: 3 6 8 7 0 7	1 3	6						1
								-		
Step 12	69. 70.	· · · · · · · · · · · · · · · · · · ·		.00			00	70.	•	
Pay	70.							70. 71.	_	.00
	72.		▲ 72b. Intere				nter total	71.	• <u> </u>	.00 .00
	73.	· · · · · · · · · · · · · · · · · · ·		-				73.	_	.00
Step 13	I, the	e undersigned, declare under penalties of perjury or false certificate, that	t I have examine	d this retu	ırn, and, to	the best of m	y knowledge	and bel	ief, it is tru	ue, correct, and
0.000	com	plete.								
SIGN										
HERE						SYAM PRIY	A RAM SAGAR	GUPTA :	TALLAMO 2	2/19/2023
SIGN HERE	You	r signature Date Check if d	deceased D	Date of de	ath	Preparer's	signature			Date
						P0208	32703		84-31	71965
	Spo	use's signature Date Check if d	deceased D	ate of de	ath	Preparer's				rm's FEIN
									5-952	
		Da	aytime telephone	number			Daytime	teleph	one numb	ber
					ING ADDR	ESS: Iowa Ir PO BO	2023. Sign, ei ncome Tax Do X 9187, Des I ayable to Iow	ocume Noines	nt Proces IA 50306	6-9187



REV 02/09/23 PRO