

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 SNEHA DARURI	Social security number 112-61-0869
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	92,820.
2	Total tax	2	13,256.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	15,813.
4	Amount you want refunded to you	4	2,557.
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

1	0	8	6	9
---	---	---	---	---

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

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

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN

--	--	--	--	--

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

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

2	2	2	4	9	6	3	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

 Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

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

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

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

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

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

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

Main income table with rows 1a through 15, including sub-rows for interest, dividends, and pensions.

Table with 2 columns: Line number and Amount. Rows 16-24 include Tax and Credits. Total tax is 13,256.

Table with 2 columns: Line number and Amount. Rows 25-33 include Payments. Total payments are 15,813.

Table with 2 columns: Line number and Amount. Rows 34-36 include Refund. Amount of refund is 2,557.

Table with 2 columns: Line number and Amount. Rows 37-38 include Amount You Owe. Total amount owed is 10,759.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with signature lines for taxpayer and spouse, occupation fields, and date fields.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, firm name, address, and phone number.

**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
SNEHA DARURI

Your social security number
112-61-0869

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	-9,400.
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	-9,400.

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

Schedule 1 (Form 1040) 2022

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 2
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Taxes

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. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SNEHA DARURI

Your social security number
112-61-0869

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input checked="" type="checkbox"/>	8	66.
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

Part II Other Taxes *(continued)*

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount: _____	17a	
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount: _____	17z	
18	Total additional taxes. Add lines 17a through 17z		18
19	Reserved for future use		19
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/ScheduleD for instructions and the latest information.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Attachment
Sequence No. **12**

Name(s) shown on return
SNEHA DARURI

Your social security number
112-61-0869

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	1,077.	959.		118.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 118.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	118.
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	()
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. <input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form8949 for instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return
SNEHA DARURI

Social security number or taxpayer identification number
112-61-0869

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).	
						(f) Code(s) from instructions	(g) Amount of adjustment		
	ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	1,077.	959.			118.	
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).				1,077.	959.			118.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Supplemental Income and Loss

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. **13**

Name(s) shown on return
SNEHA DARURI

Your social security number
112-61-0869

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 18-78-35/105/A, PEERZADIGUD MEDCHAL-MALKAJGIRI TELANGANA IN 500039

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	3 550.		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7 950.		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11 1,550.		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14 2,950.		
15 Supplies	15 2,550.		
16 Taxes	16		
17 Utilities	17 1,950.		
18 Depreciation expense or depletion	18		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 9,950.		
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 -9,400.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (9,400.)		
23a Total of all amounts reported on line 3 for all rental properties	23a 550.		
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 9,950.		
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 (9,400.)		
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 -9,400.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2022

Passive Activity Loss Limitations

See separate instructions.
 Attach to Form 1040, 1040-SR, or 1041.
 Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return
 SNEHA DARURI

Identifying number
 112-61-0869

Part I 2022 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a Activities with net income (enter the amount from Part IV, column (a))	1a	0.		
b Activities with net loss (enter the amount from Part IV, column (b))	1b	(9,400.)		
c Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	()		
d Combine lines 1a, 1b, and 1c	1d			-9,400.

All Other Passive Activities

2a Activities with net income (enter the amount from Part V, column (a))	2a			
b Activities with net loss (enter the amount from Part V, column (b))	2b	()		
c Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	()		
d Combine lines 2a, 2b, and 2c	2d			

3 Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3			-9,400.
--	----------	--	--	---------

- If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4 Enter the smaller of the loss on line 1d or the loss on line 3	4			9,400.
5 Enter \$150,000. If married filing separately, see instructions	5	150,000.		
6 Enter modified adjusted gross income, but not less than zero. See instructions Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.	6	102,220.		
7 Subtract line 6 from line 5	7	47,780.		
8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8			23,890.
9 Enter the smaller of line 4 or line 8	9			9,400.

Part III Total Losses Allowed

10 Add the income, if any, on lines 1a and 2a and enter the total	10			0.
11 Total losses allowed from all passive activities for 2022. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11			9,400.

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
18-78-35/105/A, PEERZADIGUD	0.	9,400.			9,400.
Total. Enter on Part I, lines 1a, 1b, and 1c	0.	9,400.			

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
Total. Enter on Part I, lines 2a, 2b, and 2c					

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
18-78-35/105/A, PEERZADIGUD	E Ln 22	9,400.	1.00000000	9,400.	0.
Total		9,400.	1.00	9,400.	0.

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total			1.00	

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Total				



INDIVIDUAL DECLARATION OF ESTIMATED TAX

INSTRUCTIONS

Pay online using our free tax portal, MyDORWAY, at dor.sc.gov/pay. Select **Individual Income Tax Payment** to get started. Do not mail a paper copy of the SC1040ES if you pay online.

- If you owe \$15,000 or more in connection with any SCDOR return, you must file and pay electronically according to SC Code Section 12-54-250.
- If you file by paper, use only black ink on the SC1040ES form and on your check.
- Enter your Social Security Number (SSN) and your spouse's SSN.
- Check the **Composite Filer** box if this payment will be claimed on a SC1040, Individual Income Tax Return, filed for nonresident partners or shareholders of a Partnership or S Corporation.
- Mark the box for the quarter the payment is being made.
- Enter your name and address, including apartment number and ZIP.
- Enter your payment amount in whole dollars without a dollar sign (for example: 154.00).
- Your payment amount should match the amount on line 11 of your 2023 Estimated Tax Worksheet.
- If no payment is due, do not mail the SC1040ES.
- Make your check payable to SCDOR. Include your name, SSN, and 2023 SC1040ES in the memo line of the check. **Do not send cash.**
- Mail your SC1040ES and payment in one envelope.

Mail your SC1040ES and payment to: SCDOR, IIT Voucher, PO Box 100123, Columbia, SC 29202



..... cut along dotted line

REV 04/06/23 PRO



SC DEPARTMENT OF REVENUE
INDIVIDUAL DECLARATION OF ESTIMATED TAX

Pay online! It's quick and easy! Use our free online tax portal, MyDORWAY, at dor.sc.gov/pay.

Your SSN ▶ 112-61-0869	Spouse's SSN (if filing jointly) ▶	Composite Filer ▶ <input type="checkbox"/>	Mark quarter with X (required) <input checked="" type="checkbox"/> 1st Qtr Jan, Feb, Mar <input type="checkbox"/> 2nd Qtr Apr, May, Jun <input type="checkbox"/> 3rd Qtr Jul, Aug, Sep <input type="checkbox"/> 4th Qtr Oct, Nov, Dec
Name and address (include spouse's name if filing jointly) SNEHA DARURI 6949W 141ST TER APT 1207 OVERLAND PARK KS 66223			Payment amount ▶ <u>43.00</u>

Do not send cash. Make your check payable to SCDOR and include your name, SSN, and 2023 SC1040ES in the memo.

1555

dor.sc.gov



2023

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

INDIVIDUAL DECLARATION OF ESTIMATED TAX

SC1040ES

(Rev. 6/16/22)
3080

INSTRUCTIONS

Pay online using our free tax portal, MyDORWAY, at **dor.sc.gov/pay**. Select **Individual Income Tax Payment** to get started. Do not mail a paper copy of the SC1040ES if you pay online.

- If you owe \$15,000 or more in connection with any SCDOR return, you must file and pay electronically according to SC Code Section 12-54-250.
- If you file by paper, use only black ink on the SC1040ES form and on your check.
- Enter your Social Security Number (SSN) and your spouse's SSN.
- Check the **Composite Filer** box if this payment will be claimed on a SC1040, Individual Income Tax Return, filed for nonresident partners or shareholders of a Partnership or S Corporation.
- Mark the box for the quarter the payment is being made.
- Enter your name and address, including apartment number and ZIP.
- Enter your payment amount in whole dollars without a dollar sign (for example: 154.00).
- Your payment amount should match the amount on line 11 of your 2023 Estimated Tax Worksheet.
- If no payment is due, do not mail the SC1040ES.
- Make your check payable to SCDOR. Include your name, SSN, and 2023 SC1040ES in the memo line of the check. **Do not send cash.**
- Mail your SC1040ES and payment in one envelope.

Mail your SC1040ES and payment to: SCDOR, IIT Voucher, PO Box 100123, Columbia, SC 29202



..... cut along dotted line

REV 04/06/23 PRO

1555

dor.sc.gov



2023



SC DEPARTMENT OF REVENUE
INDIVIDUAL DECLARATION OF ESTIMATED TAX

SC1040ES

(Rev. 6/16/22)
3080

Pay online! It's quick and easy! Use our free online tax portal, MyDORWAY, at dor.sc.gov/pay.

Your SSN ▶ 112-61-0869	Spouse's SSN (if filing jointly) ▶	Composite Filer ▶ <input type="checkbox"/>	Mark quarter with X (required) <input type="checkbox"/> 1st Qtr Jan, Feb, Mar <input checked="" type="checkbox"/> 2nd Qtr Apr, May, Jun <input type="checkbox"/> 3rd Qtr Jul, Aug, Sep <input type="checkbox"/> 4th Qtr Oct, Nov, Dec
Name and address (include spouse's name if filing jointly) SNEHA DARURI 6949W 141ST TER APT 1207 OVERLAND PARK KS 66223			Payment amount ▶ 43.00

Do not send cash. Make your check payable to SCDOR and include your name, SSN, and 2023 SC1040ES in the memo.

30801237 112610869 00000000 0623 00000004300 0 0



INDIVIDUAL DECLARATION OF ESTIMATED TAX

INSTRUCTIONS

Pay online using our free tax portal, MyDORWAY, at **dor.sc.gov/pay**. Select **Individual Income Tax Payment** to get started. Do not mail a paper copy of the SC1040ES if you pay online.

- If you owe \$15,000 or more in connection with any SCDOR return, you must file and pay electronically according to SC Code Section 12-54-250.
- If you file by paper, use only black ink on the SC1040ES form and on your check.
- Enter your Social Security Number (SSN) and your spouse's SSN.
- Check the **Composite Filer** box if this payment will be claimed on a SC1040, Individual Income Tax Return, filed for nonresident partners or shareholders of a Partnership or S Corporation.
- Mark the box for the quarter the payment is being made.
- Enter your name and address, including apartment number and ZIP.
- Enter your payment amount in whole dollars without a dollar sign (for example: 154.00).
- Your payment amount should match the amount on line 11 of your 2023 Estimated Tax Worksheet.
- If no payment is due, do not mail the SC1040ES.
- Make your check payable to SCDOR. Include your name, SSN, and 2023 SC1040ES in the memo line of the check. **Do not send cash.**
- Mail your SC1040ES and payment in one envelope.

Mail your SC1040ES and payment to: SCDOR, IIT Voucher, PO Box 100123, Columbia, SC 29202



..... cut along dotted line

REV 04/06/23 PRO



SC DEPARTMENT OF REVENUE
INDIVIDUAL DECLARATION OF ESTIMATED TAX

Pay online! It's quick and easy! Use our free online tax portal, MyDORWAY, at dor.sc.gov/pay.

Your SSN ▶ 112-61-0869	Spouse's SSN (if filing jointly) ▶	Composite Filer ▶ <input type="checkbox"/>	Mark quarter with X (required) <input type="checkbox"/> 1st Qtr Jan, Feb, Mar <input type="checkbox"/> 2nd Qtr Apr, May, Jun <input checked="" type="checkbox"/> 3rd Qtr Jul, Aug, Sep <input type="checkbox"/> 4th Qtr Oct, Nov, Dec
Name and address (include spouse's name if filing jointly) SNEHA DARURI 6949W 141ST TER APT 1207 OVERLAND PARK KS 66223			Payment amount ▶ _____ 43.00

Do not send cash. Make your check payable to SCDOR and include your name, SSN, and 2023 SC1040ES in the memo.



INDIVIDUAL DECLARATION OF ESTIMATED TAX

INSTRUCTIONS

Pay online using our free tax portal, MyDORWAY, at dor.sc.gov/pay. Select **Individual Income Tax Payment** to get started. Do not mail a paper copy of the SC1040ES if you pay online.

- If you owe \$15,000 or more in connection with any SCDOR return, you must file and pay electronically according to SC Code Section 12-54-250.
- If you file by paper, use only black ink on the SC1040ES form and on your check.
- Enter your Social Security Number (SSN) and your spouse's SSN.
- Check the **Composite Filer** box if this payment will be claimed on a SC1040, Individual Income Tax Return, filed for nonresident partners or shareholders of a Partnership or S Corporation.
- Mark the box for the quarter the payment is being made.
- Enter your name and address, including apartment number and ZIP.
- Enter your payment amount in whole dollars without a dollar sign (for example: 154.00).
- Your payment amount should match the amount on line 11 of your 2023 Estimated Tax Worksheet.
- If no payment is due, do not mail the SC1040ES.
- Make your check payable to SCDOR. Include your name, SSN, and 2023 SC1040ES in the memo line of the check. **Do not send cash.**
- Mail your SC1040ES and payment in one envelope.

Mail your SC1040ES and payment to: SCDOR, IIT Voucher, PO Box 100123, Columbia, SC 29202



..... cut along dotted line

REV 04/06/23 PRO



SC DEPARTMENT OF REVENUE
INDIVIDUAL DECLARATION OF ESTIMATED TAX

Pay online! It's quick and easy! Use our free online tax portal, MyDORWAY, at dor.sc.gov/pay.

Your SSN ▶ 112-61-0869	Spouse's SSN (if filing jointly) ▶	Composite Filer ▶ <input type="checkbox"/>	Mark quarter with X (required) <input type="checkbox"/> 1st Qtr Jan, Feb, Mar <input type="checkbox"/> 2nd Qtr Apr, May, Jun <input type="checkbox"/> 3rd Qtr Jul, Aug, Sep <input checked="" type="checkbox"/> 4th Qtr Oct, Nov, Dec
Name and address (include spouse's name if filing jointly) SNEHA DARURI 6949W 141ST TER APT 1207 OVERLAND PARK KS 66223			Payment amount ▶ _____ 43.00

Do not send cash. Make your check payable to SCDOR and include your name, SSN, and 2023 SC1040ES in the memo.

1555

REV 04/06/23 PRO dor.sc.gov



STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

SC8453 (Rev. 10/7/21) 3299

Print or type. First name and middle initial, Last name, Your social security number, Spouse's first name, if married filing jointly, Last name, Spouse's social security number, Mailing address (number and street, PO Box), Daytime phone number, City, State, ZIP, Tax Year

Part I Information from your SC1040, Individual Income Tax Return

Table with 4 columns: Line number, Description, Amount, and Total. Rows include Federal taxable income, SC tax, Use Tax, Total Tax, SC Income Tax Withheld, Refundable credits, Refund, and Balance due.

Part II Bank information for Refund or Balance Due

9. Routing number (RTN) Must be 9 digits. The first two numbers of the RTN must be 01 through 12 or 21 through 32. 10. Bank account number (BAN) 1-17 digits. 11. Type of account: [] Checking [] Savings

For Balance Due:

12. Payment Withdrawal Date _____ Payment Withdrawal Amount \$ _____

Part III Declaration of taxpayer

- 13. [] a. I consent for my refund to be directly deposited as designated in Part II. I declare that the information on line 1 through line 8 is correct. If I filed a joint return, this is an irrevocable appointment of my spouse as an agent to receive the refund. [] b. I authorize the South Carolina Department of Revenue (SCDOR) and its designated agents to initiate an ACH Debit request to my bank account, provided in Part II, for payment of the South Carolina taxes I owe.

If the SCDOR does not receive full and timely payment of my tax liability, I understand that I am responsible for the balance due, including all penalties and interest.

I declare that this return and all attachments are true, correct, and complete to the best of my knowledge. This declaration is based on all information of which the preparer has any knowledge.

Do not submit a copy of this form to the SCDOR. Return the signed copy to your paid preparer. Keep a copy with your tax records.

Your signature _____ Date _____ Spouse's signature (if married filing jointly, BOTH must sign) _____ Date _____

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have received the above taxpayer's return and the information is complete and accurate to the best of my knowledge. I have obtained the taxpayer's signature on this form before submitting the SC1040 to the SCDOR. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and the SCDOR and have followed all other requirements described in the IRS Pub. 1345 Authorized IRS e file Providers of Individual Income Tax Returns, and requirements specified by the SCDOR.

ERO's Use Only: ERO signature, Date, Check if also paid preparer, Check if self-employed, PTIN, Firm name, address, ZIP, FEIN, Phone. Paid Preparer's Use Only: Preparer signature, Date, Check if self-employed, PTIN, Firm name, address, ZIP, FEIN, Phone.

1555

dor.sc.gov



2022

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

INDIVIDUAL INCOME TAX PAYMENT VOUCHER

SC1040-V
(Rev. 4/25/22)
3332

Pay online using our free tax portal, MyDORWAY, at dor.sc.gov/pay. Select **Individual Income Tax Payment** to get started. Do not mail a paper copy of the SC1040-V if you pay online.

- If you owe \$15,000 or more in connection with any SCDOR return, you must file and pay electronically according to SC Code Section 12-54-250.
- If you file by paper, use only black ink on the SC1040-V form and on your check.
- Enter your Social Security Number (SSN) and your spouse's SSN (if filing jointly).
- Check the **Composite Filer** box if this payment will be claimed on a SC1040, Individual Income Tax Return, filed for nonresident partners or shareholders of a Partnership or S Corporation.
- Enter your name and address, including apartment number and ZIP.
- Enter your payment amount in whole dollars without a dollar sign (example: 154.00).
- Your payment amount should match the balance due on line 34 of your SC1040.
- If you file and pay electronically, you have until May 1, 2023 to submit your return and full payment without penalties or interest. If you don't file and pay by May 1, 2023, penalties and interest will be charged from the tax due date (April 18, 2023) until you file and pay.
- If you filed your SC1040 electronically with a balance due, **do not** include a paper copy of your return when you mail your SC1040-V.
- If you file your SC1040 by paper and have a balance due, submit your payment with the return. **Do not** mail your payment separately with the SC1040-V.
- Make your check payable to SCDOR. Include your name, SSN, and 2022 SC1040-V in the memo line of the check. **Do not send cash.**
- Mail your SC1040-V and payment in one envelope.

Mail your SC1040-V and payment to: SCDOR, IIT Voucher, PO Box 100123, Columbia, SC 29202

Social Security Privacy Act Disclosure

It is mandatory that you provide your Social Security Number on this tax form if you are an individual taxpayer. 42 U.S.C. 405(c)(2)(C)(i) permits a state to use an individual's Social Security Number as means of identification in administration of any tax. SC Regulation 117-201 mandates that any person required to make a return to the SCDOR must provide identifying numbers, as prescribed, for securing proper identification. Your Social Security Number is used for identification purposes.



..... cut along dotted line

REV 04/06/23 PRO

1555

dor.sc.gov



2022



SC DEPARTMENT OF REVENUE
INDIVIDUAL INCOME TAX PAYMENT VOUCHER

SC1040-V
(Rev. 4/25/22)
3332

Pay online! It's quick and easy! Use our free online tax portal, MyDORWAY, at dor.sc.gov/pay.

Your SSN ▶ 112-61-0869	Spouse's SSN (if filing jointly) ▶	Composite Filer ▶ <input type="checkbox"/>	Payment amount ▶ <u>172.00</u>
Name and address (include spouse's name if filing jointly) SNEHA DARURI 6949W 141ST TER APT 1207 OVERLAND PARK KS 66223			

Do not send cash. Make your check payable to SCDOR and include your name, SSN, and 2022 SC1040-V in the memo.

33321225 112610869 00000000 1222 00000017200 0 0



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

SC1040
(Rev. 4/29/22)
3075

dor.sc.gov

2022 INDIVIDUAL INCOME TAX RETURN

Your Social Security Number			Check if deceased <input type="checkbox"/>
112	61	0869	
Spouse's Social Security Number			Check if deceased <input type="checkbox"/>



For the year January 1 - December 31, 2022, or fiscal tax year beginning _____, 2022 and ending _____, 2023

First name and middle initial SNEHA		Last name DARURI		Suffix
Spouse's first name, if married filing jointly		Last name		Suffix
Check if new address <input type="checkbox"/>	Mailing address (number and street, PO Box) 6949W 141ST TER 1207			County code 99
City Overland Park		State KS	ZIP 66223	Daytime phone number with area code (323) 599-7842
Check if address is outside US <input type="checkbox"/>	Foreign country address including postal code			

- **Amended Return:** Check if this is an Amended Return. (Attach Schedule AMD)
 - Check this box if you are a part-year or nonresident filing an SC Schedule NR
 - Check this box only if you are filing a composite return on behalf of a Partnership or S Corporation. Do not check this box if you are an individual
 - Check this box if you have filed a federal or state extension.
 - Check this box if you served in a military combat zone during the filing period
- Name of the combat zone: _____

CHECK YOUR FEDERAL FILING STATUS	(1) <input checked="" type="checkbox"/> Single	(3) <input type="checkbox"/> Married filing separately - enter spouse's SSN: _____
	(2) <input type="checkbox"/> Married filing jointly	(4) <input type="checkbox"/> Head of household (5) <input type="checkbox"/> Qualifying widow(er)

Number of dependents claimed on your 2022 federal return 0

Number of dependents claimed that were under the age of 6 years as of December 31, 2022 _____

Number of taxpayers age 65 or older as of December 31, 2022 _____

DEPENDENTS

First name	Last name	Social Security Number	Relationship	Date of birth (MM/DD/YYYY)



INCOME AND ADJUSTMENTS

Your SSN 112-61-0869

2022

1 Enter federal taxable income from your federal form. If zero or less, enter zero here Nonresident filers: complete Schedule NR and enter total from line 48 on line 5 below	1	Dollars 79,870	00
--	----------	--------------------------	-----------

ADDITIONS TO FEDERAL TAXABLE INCOME

a State tax addback, if itemizing on federal return (see instructions)	a	00	
b Out-of-state losses Type: _____	b	00	
c Expenses related to National Guard and Military Reserve Income	c	00	
d Interest income on obligations of states and political subdivisions other than South Carolina	d	00	
e Other additions to income (attach explanation - see instructions)	e	00	
2 Total additions (add line a through line e)	2		00
3 Add line 1 and line 2 and enter the total here	3		00

SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

f State tax refund, if included on your federal return	f	00	
g Total and permanent disability retirement income, if taxed on your federal return	g	00	
h Out-of-state income/gain (do not include personal service income) Check type of income/gain: <input type="checkbox"/> Rental <input type="checkbox"/> Business <input type="checkbox"/> Other _____	h	00	
i 44% of net capital gains held for more than one year	i	00	
j Volunteer deductions (see instructions) Type: _____	j	00	
k Contributions to the SC College Investment Program (Future Scholar) or the SC Tuition Prepayment Program	k	00	
l Active Trade or Business Income deduction (see instructions)	l	00	
m Interest income from obligations of the US government	m	00	
n Certain nontaxable National Guard or Reserve pay	n	00	
o Social Security and/or railroad retirement, if taxed on your federal return	o	00	
p Retirement Deduction (see instructions)			
p-1 Taxpayer (date of birth: _____)	p-1	00	
p-2 Spouse (date of birth: _____)	p-2	00	
p-3 Surviving spouse (date of birth of deceased spouse: _____)	p-3	00	
Military Retirement Deduction (see instructions)			
p-4 Taxpayer (date of birth: _____)	p-4	00	
p-5 Spouse (date of birth: _____)	p-5	00	
p-6 Surviving spouse (date of birth of deceased spouse: _____)	p-6	00	
q Age 65 and older deduction (see instructions)			
q-1 Taxpayer (date of birth: _____)	q-1	00	
q-2 Spouse (date of birth: _____)	q-2	00	
r Negative amount of federal taxable income	r	00	
s Subsistence allowance (multiply _____ days by \$8)	s	00	
t Dependents under the age of 6 years on December 31 of the tax year	t	00	
u Consumer Protection Services	u	00	
v Other subtractions (see instructions)	v	00	
w South Carolina Dependent Exemption (see instructions)	w	00	
4 Total subtractions (add line f through line w)	4	<	00 >
5 Residents: subtract line 4 from line 3 and enter the difference. Nonresidents: enter amount from Schedule NR, line 48. If less than zero, enter zero here. This is your SOUTH CAROLINA INCOME SUBJECT TO TAX	5	30,531	00
6 TAX on your South Carolina Income Subject to Tax (see SC1040TT)	6	1,328	00
7 TAX on Lump Sum Distribution (attach SC4972)	7	00	
8 TAX on Active Trade or Business Income (attach I-335)	8	00	
9 TAX on excess withdrawals from Catastrophe Savings Accounts	9	00	
10 Add line 6 through line 9 and enter the total here. This is your TOTAL SOUTH CAROLINA TAX	10	1,328	00



NON-REFUNDABLE CREDITS

Table with 3 columns: Description, Line Number, Amount. Rows include Child and Dependent Care, Two Wage Earner Credit, Other nonrefundable credits, Total nonrefundable credits, and Subtract line 14 from line 10.

PAYMENTS AND REFUNDABLE CREDITS

Table with 3 columns: Description, Line Number, Amount. Rows include SC income tax withheld, 2022 Estimated Tax payments, Amount paid with extension, Nonresident sale of real estate, Other SC withholding, Tuition tax credit, and Other refundable credits (22a-22e).

AMENDED RETURN: Use Schedule AMD for line 23 calculation.

Table with 3 columns: Description, Line Number, Amount. Rows include Add line 16 through line 22, If line 23 is larger than line 15, and If line 15 is larger than line 23.

AMENDED RETURN: Enter the amount from line 24 on line 30. Enter the amount from line 25 on line 31.

Table with 3 columns: Description, Line Number, Amount. Rows include USE TAX due on online, mail-order, or out-of-state purchases, Amount of line 24 to be credited to your 2023 Estimated Tax, Total Contributions for Check-offs, Add line 26 through line 28, and BALANCE DUE.

REFUND OPTIONS Getting a refund? Direct deposit is fast, accurate, and secure!

35 Select one: [] Direct Deposit (line 37 required) (for US accounts only) [] Debit Card [] Paper Check

PAYMENT OPTIONS Have a balance due? Pay electronically! It's quick and easy!

36 Select one: [] MyDORWAY (pay at dor.sc.gov/pay) [] ACH Debit (enter your US bank information on line 37)
For payments only: Withdrawal Date [] Withdrawal Amount []00

37 Type of Account: [] Checking [] Savings
Routing Number (RTN) [] Must be 9 digits. The first two numbers of the RTN must be 01 through 32. Bank Account Number (BAN) [] 1-17 digits

I declare that this return and all attachments are true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your signature [] Date [] Spouse's signature (if married filing jointly, BOTH must sign) []

I authorize the Director of the SCDOR or delegate to discuss this return, attachments, and related tax matters with the preparer. Yes [] No [X] Preparer's printed name SYAM PRIYA RAM SAGAR GUPTA TALLAM

Paid Preparer's Use Only: Preparer signature SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 04-18-2023 Check if self-employed [] PTIN P02082703 Firm name (or yours if self-employed), address, ZIP GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816 FEIN 84-3171965 Phone (678) 965-9522

MAIL TO: REFUNDS OR ZERO TAX: SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100
BALANCE DUE: Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105

30753222

1555



dor.sc.gov

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
2022 NONRESIDENT SCHEDULE

SCHEDULE NR
(Rev. 3/30/22)
3081

For the year January 1 - December 31, 2022, or fiscal tax year beginning 2022 and ending 2023

Your name DARURI, SNEHA	Your Social Security Number 112-61-0869	Spouse's first name	Spouse's Social Security Number
-----------------------------------	---	---------------------	---------------------------------

Your dates of SC residency to	Spouse's dates of SC residency to	Schedule NR is for Nonresidents or Part-year residents Attach to completed SC1040.
-------------------------------	-----------------------------------	---

INCOME AND EXCLUSIONS		Income as Shown on Federal Return COLUMN A		South Carolina Income COLUMN B	
1	Wages, salaries, tips, etc.	101,447	00	35,482	00
2	Taxable interest income		00		00
3	Dividend income		00		00
4	State and local Income Tax refunds		00		
5	Alimony received		00		00
6	Business income or (loss)		00		00
7	Capital gain or (loss)	118	00	0	00
8	Other gains or (losses)		00		00
9	Taxable amount of IRA distributions		00		00
10	Taxable amount of pensions and annuities	655	00	0	00
11	Rents, royalties, partnerships, estates, trusts, etc.	-9,400	00	0	00
12	Farm income or (loss)		00		00
13	Unemployment compensation		00		00
14	Taxable amount of Social Security benefits		00		
15	Other income		00		00
16	Total Income: Add line 1 through line 15	92,820	00	35,482	00
ADJUSTMENTS TO INCOME		Federal Adjustment		SC Adjustment	
17	Educator expenses		00		00
18	Certain business expenses of reservists, performing artists, and fee-basis government officials		00		00
19	Health savings account deduction		00		00
20	Moving expenses for members of the Armed Forces		00		00
21	Deductible part of self-employment tax		00		00

*Attach to
SC1040*

SC adjustment cannot exceed 100% of federal adjustment. Continued on next page.

30811228

REV 04/06/23 PRO



SC adjustment continued

		COLUMN A	COLUMN B
22	Self-employed SEP, SIMPLE, and qualified plans.....	22	00 00
23	Self-employed health insurance deduction	23	00 00
24	Penalty on early withdrawal of savings	24	00 00
25	Alimony paid	25	00 00
26	IRA deduction	26	00 00
27	Student loan interest deduction	27	00 00
28	Other adjustments	28	00 00
29	Reserved	29	
30	Total adjustments: Add line 17 through line 29	30	00 00
31	Adjusted gross income: Subtract line 30 from line 16	31	92,820 00 35,482 00

SOUTH CAROLINA ADJUSTMENTS

ADDITIONS

32	South Carolina additions	32	00
----	--------------------------------	----	----

SUBTRACTIONS

33	South Carolina dependent exemption (see instructions)	33	0 00
34	44% of net capital gains held for more than one year	34	00
35	Retirement deduction (see instructions)		
	a) Taxpayer (date of birth: _____)	35a	00
	b) Spouse (date of birth: _____)	35b	00
	c) Surviving spouse (date of birth of deceased spouse: _____)	35c	00
	Military retirement deduction (see instructions)		
	d) Taxpayer (date of birth: _____)	35d	00
	e) Spouse (date of birth: _____)	35e	00
	f) Surviving spouse (date of birth of deceased spouse: _____)	35f	00
36	Age 65 and older deduction (see instructions - must be resident for part of the year)		
	a) Taxpayer (date of birth: _____)	36a	00
	b) Spouse (date of birth: _____)	36b	00
37	Deductions for dependents under 6 years of age on December 31 of the tax year (see instructions - must be resident for part of the year) Date of birth: _____ SSN: _____		
	Date of birth: _____ SSN: _____	37	00
38	Contributions to the SC College Investment Program (Future Scholar) or the SC Tuition Prepayment Program	38	00
39	Active Trade or Business Income deduction (see instructions)	39	00
40	Consumer Protection Services	40	00
41	Other subtractions (see instructions)	41	00
42	Total South Carolina subtractions: Add line 33 through line 41	42	0 00
43	Total South Carolina adjustments: Subtract line 42 from line 32	43	0 00
44	SC modified adjusted gross income: Add Column B, line 31 and line 43	44	35,482 00

45 PRORATION:
Line 31, Column B divided by line 31, Column A = 38.23 % (do not exceed 100%)

46 DEDUCTIONS ADJUSTMENT:
If using the standard deduction, enter the amount from federal form on line 46.
If itemizing, use the Schedule NR instructions, and enter the amount from Part IV on line 46.
Enter the following amounts from the instructions:

Part I (Itemized Deductions) _____
 Part II, Worksheet, line 6 (State Taxes) _____
 Part III (Other Expenses) _____

46	12,950	00
47	4,951	00
48	30,531	00

47 Allowable deductions: Multiply line 46 by 38.23 % (from line 45)..... 47 < 4,951 00 >
 48 South Carolina taxable income: Subtract line 47 from line 44, Column B. Enter the difference here and on SC1040, line 5. If line 48 is a negative figure, enter zero on SC1040, line 5..... 48 30,531 00

Attach this form and a complete copy of your federal return to your SC1040. Check the Schedule NR box on the front of SC1040. Do not submit Schedule NR separately. We cannot process your return if this form is submitted separately.

DO NOT STAPLE ANY ITEMS TO THE RETURN. Place any required federal and AZ schedules or other documents after Form 140NR.

Arizona Form 140NR

Nonresident Personal Income Tax Return

FOR CALENDAR YEAR 2022

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING 2,0,2,2 AND ENDING 66F

Your First Name and Middle Initial SNEHA Last Name DARURI Your Social Security Number 112 61 0869 Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name Spouse's Social Security No.

Current Home Address - number and street, rural route Apt. No. Daytime Phone (with area code) 6949W 141ST TER 1207 (323) 599-7842 City, Town or Post Office State ZIP Code Last Names Used in Last Four Prior Year(s) (if different) Overland Park KS 66223 97

FILING STATUS 4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment 5 Head of household: Enter name of qualifying child or dependent on next line: 6 Married filing separate return: Enter spouse's name and Social Security Number above. 7 Single Enter the number claimed. Do not put a check mark. 8 Age 65 or over (you and/or spouse) If completing lines 8 and 9, also complete lines 47 and 48. For lines 10a and 10b, complete line 59. 9 Blind (you and/or spouse) 10a Dependents: Under age of 17. 10b Dependents: Age 17 and over. 81P PM 80R RCVD

11-13 Residency Status (check one): 11 Nonresident 12 Nonresident Active Military 13 Composite Return (see instructions - page 29)

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2022, (e) Dependent Age included in: 1 (Box 10a), 2 (Box 10b), (f) if you did not claim this person on your federal return due to educational credits. Rows 10c, 10d, 10e, 10f.

Table with 3 columns: Description, 2022 FEDERAL Amount from Federal Return, 2022 ARIZONA Source Amount Only. Rows 14-42 including Arizona income, Subtotal, AZ sourced gain/loss, Short-term gain/loss, Long-term gain/loss, Net L/T gain, etc.

Your Name (as shown on page 1) **SNEHA DARURI** Your Social Security Number **112-61-0869**

Subtractions - cont. from page 1	43	Interest on U.S. obligations such as U.S. savings bonds and treasury bills.....	43		00
	44	Agricultural crops contributed to Arizona charitable organizations.....	44		00
	45	Other Subtractions from Income: Complete <i>Other Subtractions from Arizona Gross Income</i> schedule on page 6.....	45		00
	46	Subtract lines 43 through 45 from line 42. Enter the difference	46	29,678	00
Exemptions	4	Age 65 or over: Multiply the number in box 8 by \$2,100.....	47		00
	48	Blind: Multiply the number in box 9 by \$1,500	48		00
	49	Other Exemptions: See instructions..... 49E <input type="text"/> Multiply the number in box 49E by \$2,300.....	49		00
	50	Add lines 47, 48, and 49. Enter the total	50		00
	51	Multiply line 50 by the Arizona ratio on line 27	51		00
Balance of Tax	52	Arizona adjusted gross income: Subtract line 51 from line 46. If less than zero, enter "0"	52	29,678	00
	53	Deductions: Check box and enter amount. See instructions..... 53I <input type="checkbox"/> ITEMIZED 53S <input checked="" type="checkbox"/> STANDARD	53	4,144	00
	54	If you checked box 53S and claim charitable contributions, check 54C <input type="checkbox"/> Complete page 3. See instructions.....	54		00
	55	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0".....	55	25,534	00
	56	Compute the tax using amount from line 55 and Tax TableS X and Y.....	56	651	00
	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 32	57		00
	58	Subtotal of tax: Add lines 56 and 57. Enter the total	58	651	00
	59	Dependent Tax Credit. See instructions.....	59		00
	60	Nonrefundable credits from Arizona Form 301, Part 2, line 64.....	60		00
	61	Balance of tax: Subtract lines 59 and 60 from line 58. If the sum of lines 59 and 60 is more than line 58, enter "0"	61	651	00
Total Payments and Refundable Credits	62	2022 AZ income tax withheld.....	62	1,514	00
	63	2022 AZ estimated tax payments.. 63a <input type="text"/> 00 Claim of Right 63b <input type="text"/> 00 Add 63a and 63b..	63c		00
	64	2022 AZ extension payment (Form 204)	64		00
	65	Other refundable credits: Check the box(es) and enter the total amount..... 651 <input type="checkbox"/> 308-I 652 <input type="checkbox"/> 349	65		00
66	Total payments and refundable credits: Add lines 62 through 65. Enter the total	66	1,514	00	
Tax Due or Overpayment	67	TAX DUE: If line 61 is larger than line 66, subtract line 66 from line 61. Enter amount of tax due. Skip lines 68, 69 and 70.....	67		00
	68	OVERPAYMENT: If line 66 is larger than line 61, subtract line 61 from line 66. Enter amount of overpayment.....	68	863	00
	69	Amount of line 68 to be applied to 2023 estimated tax.....	69		00
	70	Balance of overpayment: Subtract line 69 from line 68. Enter the difference.....	70	863	00
Voluntary Gifts	71 - 81 Voluntary Gifts to:				
		Solutions Teams Assigned to Schools.....	71		00
		Arizona Wildlife.....	72		00
	73	Child Abuse Prevention	73		00
		Domestic Violence Services.....	74		00
		Political Gift.....	75		00
	76	Neighbors Helping Neighbors.....	76		00
		Special Olympics	77		00
	Veterans' Donations Fund.....	78		00	
	Sustainable State Parks and Road Fund.....	80		00	
	Spay/Neuter of Animals	81		00	
79	I Didn't Pay Enough Fund.....	79		00	
82	Political Party (if amount is entered on line 75 - check only one): 821 <input type="checkbox"/> Democratic 822 <input type="checkbox"/> Libertarian 823 <input type="checkbox"/> Republican				
Penalty	83	Estimated payment penalty	83		00
	84	841 <input type="checkbox"/> Annualized/Other 842 <input type="checkbox"/> Farmer or Fisherman 843 <input type="checkbox"/> Form 221 included			
	85	Add lines 71 through 81 and 83. Enter the total	85		00
Refund or Amount Owed	86	REFUND: Subtract line 85 from line 70. If less than zero, enter amount owed on line 87	86	863	00
	87	AMOUNT OWED: Add lines 67 and 85. Make check payable to Arizona Department of Revenue; write your SSN on payment ...	87		00

Under penalties of perjury, I declare that I have read this return and any documents with it, 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.

PLEASE SIGN HERE

YOUR SIGNATURE _____ DATE _____ OCCUPATION SOFTWARE DEVELOPER

SPOUSE'S SIGNATURE _____ DATE _____ SPOUSE'S OCCUPATION _____

PAID PREPARER'S SIGNATURE SYAM PRIYA RAM SAGAR GUPTA TALLAM DATE 04182023 FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) GLOBAL TAXES LLC

PAID PREPARER'S STREET ADDRESS 245 ROONEY CT PAID PREPARER'S TIN 84-3171965

PAID PREPARER'S CITY E BRUNSWICK NJ 08816 STATE _____ ZIP CODE _____ PAID PREPARER'S PHONE NUMBER (678) 965-9522

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode). If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

Additional Information From Form 140NR: Nonresident Personal Return**Form 140NR: Nonresident Personal Return****Other Income Reported on Federal Return****Continuation Statement**

Description	Amount
Taxable Pension Distribution	655

NOTE: If *any due* date falls on a Saturday, Sunday, or legal holiday, *substitute* the next regular workday.

DO NOT SEND A PHOTOCOPY OF THIS VOUCHER

or risk the chance of our automated system not capturing your data correctly.

SEND THE ORIGINAL

MAIL THIS VOUCHER TO:
KANSAS DOR - ESTIMATED TAX
P.O. BOX 3506
TOPEKA, KS 66625-3506

REV 01/03/23 PRO

K-40ES

Rev. 7-22

2023 Kansas

INDIVIDUAL ESTIMATED
INCOME TAX VOUCHER



305



SNEHA DARURI

DARU

6949W 141ST TER APT 1207
OVERLAND PARK KS 66223
Daytime Phone Number: 3235997842

112610869

Name or Address
Change

- If married filing a joint return, include both names and Social Security numbers

- Make check or money order payable to: Kansas Individual Estimated Tax

1

1ST QUARTER PAYMENT DUE BY APRIL 15, 2023

Payment Amount \$ 449.00

182523DARU112610869XXXX0000000000

NOTE: If *any due* date falls on a Saturday, Sunday, or legal holiday, *substitute* the next regular workday.

DO NOT SEND A PHOTOCOPY OF THIS VOUCHER

or risk the chance of our automated system not capturing your data correctly.

SEND THE ORIGINAL

MAIL THIS VOUCHER TO:
KANSAS DOR - ESTIMATED TAX
P.O. BOX 3506
TOPEKA, KS 66625-3506

REV 01/03/23 PRO

K-40ES

Rev. 7-22

2023 Kansas
INDIVIDUAL ESTIMATED
INCOME TAX VOUCHER

305



SNEHA DARURI

DARU

6949W 141ST TER APT 1207
OVERLAND PARK KS 66223
Daytime Phone Number: 3235997842

112610869

Name or Address
Change

- If married filing a joint return, include both names and Social Security numbers
- Make check or money order payable to: Kansas Individual Estimated Tax

2

2ND QUARTER PAYMENT DUE BY JUNE 15, 2023

Payment Amount \$ 449.00



182523DARU112610869XXXX0000000000

NOTE: If *any due* date falls on a Saturday, Sunday, or legal holiday, *substitute* the next regular workday.

DO NOT SEND A PHOTOCOPY OF THIS VOUCHER

or risk the chance of our automated system not capturing your data correctly.

SEND THE ORIGINAL

MAIL THIS VOUCHER TO:
KANSAS DOR - ESTIMATED TAX
P.O. BOX 3506
TOPEKA, KS 66625-3506

REV 01/03/23 PRO

K-40ES

Rev. 7-22

2023 Kansas
INDIVIDUAL ESTIMATED
INCOME TAX VOUCHER



305



SNEHA DARURI

DARU

6949W 141ST TER APT 1207
OVERLAND PARK KS 66223
Daytime Phone Number: 3235997842

112610869

Name or Address
Change

- If married filing a joint return, include both names and Social Security numbers
- Make check or money order payable to: Kansas Individual Estimated Tax

3

3RD QUARTER PAYMENT DUE BY SEPTEMBER 15, 2023

Payment Amount \$ 449.00



182523DARU112610869XXXX0000000000

NOTE: If *any due* date falls on a Saturday, Sunday, or legal holiday, *substitute* the next regular workday.

DO NOT SEND A PHOTOCOPY OF THIS VOUCHER

or risk the chance of our automated system not capturing your data correctly.

SEND THE ORIGINAL

MAIL THIS VOUCHER TO:
KANSAS DOR - ESTIMATED TAX
P.O. BOX 3506
TOPEKA, KS 66625-3506

REV 01/03/23 PRO

K-40ES

Rev. 7-22

2023 Kansas
INDIVIDUAL ESTIMATE
INCOME TAX VOUCHER

305



SNEHA DARURI

DARU

6949W 141ST TER APT 1207
OVERLAND PARK KS 66223
Daytime Phone Number: 3235997842

112610869

Name or Address
Change

- If married filing a joint return, include both names and Social Security numbers
- Make check or money order payable to: Kansas Individual Estimated Tax

4

4TH QUARTER PAYMENT DUE BY JANUARY 15, 2024

Payment Amount \$ 449.00



182523DARU112610869XXXX0000000000

FORM K-40V INSTRUCTIONS

Type your name, address, Social Security number, and the first four letters of your last name in the spaces provided.

If you are filing a joint return, type your spouse's name, Social Security number, and first four letters of their last name in the spaces provided.

If your name or address information has changed since last year, be sure to mark the "Name or Address Change" box with "XX".

If you are paying for an amended return, mark the appropriate box with "XX".

If you are filing an extension of time to file your return, mark the appropriate box with "XX". Note that an extension of time is an extension to file, NOT an extension to pay.

Make your check or money order payable to "Kansas Income Tax" for the full amount of your tax due. Write the last 4 digits

of your Social Security number on your check or money order, ensure it contains a valid telephone number, and make it payable to "Kansas Income Tax."

If you are making a payment for someone else (i.e., daughter, son, parent), write that person's name, telephone number and the last 4 digits of their Social Security number on the check. DO NOT send cash. If payment is not made on or before **April 18, 2022**, the tax due is subject to penalty and interest.

Do not attach the payment voucher or payment to your return or to each other. **Place them loosely** in the envelope with your return. If you have already mailed your return, or you filed electronically and didn't pay electronically, mail your payment and the voucher to:

KANSAS INCOME TAX
KANSAS DEPARTMENT OF REVENUE
PO BOX 750260
TOPEKA KS 66699-0260

NOTE: If any due date falls on a Saturday, Sunday, or legal holiday, substitute the next regular work day.

K-40V
Rev. 7-22

2022 Kansas
INDIVIDUAL INCOME
PAYMENT VOUCHER

REV 01/03/23 PRO

305



SNEHA DARURI

DARU

6949W 141ST TER APT 1207
OVERLAND PARK KS 66223

112610869

Daytime Phone Number: 3235997842

Name or Address
Change

- If married filing a joint return, include both names and Social Security numbers

- Make check or money order payable to: Kansas Income Tax

Amended
Return

Extension
Payment

Payment
Amount \$

1859.00

112222DARU112610869XXXX00000000



SNEHA DARURI 3235997842 DARU 112610869
6949W 141ST TER APT 1207 WY 500
OVERLAND PARK KS 66223

Name or address has changed? Taxpayer or (spouse if filing joint) died during this tax year Taxpayer was engaged in commercial farming/fishing in 2022

Amended Return: Amended affects Kansas only Amended Federal tax return Adjustment by the IRS
Filing Status: Single Married Filing Joint (Even if only one had income) Married Filing Separate Head of Household (Do not check if filing joint return)
Residency Status: Resident NonResident (Complete Sch S, Part B) KS State of Legal Residence
 Part-Year Resident (Complete Sch S, Part B) From 07012022 To 12312022
Exemptions: 1 Enter the total exemptions for you, your spouse (if applicable), and each person you claim as a dependent. If filing status above is Head of Household, add one exemption. 1 **Total Kansas exemptions**

In the following spaces, provide the requested information for all persons you claimed as dependents. **DO NOT include you or your spouse.** If additional space is needed, enclose a separate sheet, only after completing all nine lines below.

Dependent Name - First, Middle and Last **Date of Birth - MMDDYYYY** **Relationship** **SSN**

Food Sales Tax Credit: You must have been a Kansas resident for **ALL** of 2022. Complete this section to determine your qualifications and credit.

A. Had a dependent child who lived with you all year and was under the age of 18 all of 2022?
B. Were you (or spouse) 55 years of age or older all of 20 (born prior to January 1, 1967)?
C. Were you (or spouse) totally and permanently disabled or blind **all** of 2022, regardless of age? If you answered **NO** to A, B, and C, **STOP HERE**, you do not qualify for this credit.
D. If you answered **YES** to A, B, or C, enter your FAGI from line 1 of this return. 0
If Line D is more than \$30,615 **STOP HERE**, you do not qualify for this credit.
E. Number of exemptions claimed
F. Number of dependents that are 18 years of age or older (born on or before January 1, 2005)
G. Total qualifying exemptions (subtract line F from line E)
H. Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form. 0



SNEHA

DARURI

DARU

112610869

1. Federal adjusted gross income	92820	23. Refundable portion of earned income tax credit	0
2. Modifications	0	24. Refundable portion of tax credits	0
3. Kansas adjusted gross income	92820	25. Payments remitted with original return	0
4. Standard or itemized deductions. (If itemizing, complete KS Sch A)	3500	26. Credit for tax paid on the K-120S	0
5. Exemption allowance	2250	27. Overpayment from original return. This figure is a subtraction.	0
6. Total deductions	5750	28. Total refundable credits	484
7. Taxable income	87070	29. Underpayment	1796
8. Tax	4506	30. Interest	0
9. Nonresident percentage	50.5893	31. Penalty	0
10. Nonresident tax	2280	32. Estimated tax penalty	63
11. KS tax on lump sum distributions	0	33. AMOUNT YOU OWE	1859
12. TOTAL INCOME TAX	2280	34. Overpayment	0
13. Credit for taxes paid to other states	0	35. CREDIT FORWARD	0
14. Credit for child and dependent care expenses	0	36. Chickadee Checkoff	0
15. Other credits	0	37. Senior Citizens Meals On Wheels Contribution Program	0
16. Subtotal	2280	38. Breast Cancer Research Fund	0
17. Earned Income Credit	0	39. Military Emergency Relief Fund	0
18. Food Sales Tax Credit	0	40. Kansas Hometown Heroes Fund	0
19. Total Tax Balance	2280	41. Kansas Creative Arts Industry Fund	0
20. KS income tax withheld from W-2, 1099 or K-19	484	42. Local School District Contribution Fund. School District Number	0
21. Estimated tax paid	0	43. REFUND	0
22. Amount paid with Kansas extension	0		

I authorize the Director of Taxation or the Director's designee to discuss my K-40 and any enclosures with my preparer.
I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

Taxpayer Signature (Required) _____ Date _____ Spouse Signature (Required) _____ Date _____

Preparer Signature (Required) SYAM PRIYA RAM SAGAR GUPT Preparer Phone Number 6789659522 Preparer PTIN, EIN or SSN (Required) P02082703

SNEHA

DARURI

DARU

112610869

PART A - MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME:

A1. State and municipal bond interest not specifically exempt from KS income tax (reduced by related expenses)

A5. Business interest expense carryforward deduction (I.R.C. § 163(J))

A2. Contributions to all KPERS (Kansas Public Employee's Retirement Systems)

A6. Unqualified withdrawals from First Time Home Buyer Savings Account

A3. Kansas Expensing Recapture (enclose applicable schedules)

A7. Other additions to FAGI (enclose list)

A4. Low income student scholarship contribution (enclose Sch K-70)

A8. Total additions to FAGI (add lines A1 - A7)

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME:

A9. Social Security benefits

A17. Global Intangible Low-Taxed Income (GILTI) (I.R.C. § 951A)

A10. KPERS lump sum distributions exempt from income tax

A18. Disallowed business interest deduction (I.R.C. § 163(J))

A11. Interest on U.S. Government obligations (reduced by related expenses)

A19. Disallowed business meal expenses (I.R.C. § 274)

A12. State or local income tax refund (if included in line 1 of Form K-40)

A20. Contributions to an ABLE savings account

A13. Retirement benefits specifically exempt from Kansas Income Tax

A21. Kansas Expensing Deduction (Enclose K-120EX)

A14. Military compensation of a nonresident servicemember (Non-Residents only)

A22. Qualified Contributions from First Time Home Buyer Savings Account

A15. Contributions to Learning Quest or other states' qualified tuition program

A23. Other subtractions from FAGI (enclose list)

A16. Armed forces recruitment, sign-up, or retention bonus

A24. Total subtractions from FAGI (add lines A9 - A23)

NET MODIFICATIONS:

A25. Net modifications to FAGI (subtract line A24 from line A8). Enter total here and on line 2, Form K-40.

SNEHA

DARURI

DARU

112610869

PART B - PART-YEAR RESIDENT/NONRESIDENT ALLOCATION

INCOME:	Total From Federal Return:	Amount From Kansas Sources:
B1. Wages, salaries, tips, etc	101447	46957
B2. Interest and dividend income		
B3. Pensions, IRA distributions and annuities	655	0
Additional Income: (Lines B4 - B12)		
B4. Refunds of state and local income taxes		
B5. Alimony received		
B6. Business income or loss		
B7. Capital gain or loss	118	0
B8. Other gains or losses		
B9. Rental real estate, royalties, partnerships, S corps, trusts, estates, REMICS, etc	-9400	0
B10. Farm income or loss		
B11. Unemployment compensation, taxable social security benefits and other income		
B12. Total income from Kansas sources (Add lines B1 - B11)		46957

ADJUSTMENTS AND MODIFICATIONS TO KANSAS SOURCE INCOME: Total From Federal Return:	Amount From Kansas Sources:
B13. IRA Retirement Deductions	
B14. Penalty on early withdrawal of savings	
B15. Alimony paid	
B16. Moving expenses for members of the armed forces	
B17. Other federal adjustments	
B18. Total federal adjustments to Kansas source income (Add lines B13 through B17)	
B19. Kansas source income after federal adjustments (Subtract line B18 from line B12)	46957
B20. Net modifications from Part A that are applicable to Kansas source income	
B21. Modified Kansas source income (Line B19 plus or minus line B20)	46957
B22. Kansas adjusted gross income (From line 3, Form K-40)	92820
B23. Nonresident allocation percentage (Divide line B21 by line B22 and round to the fourth decimal place: not to exceed 100.0000). Enter result here and on line 9 of Form K-40.	50.5893

KANSAS UNDERPAYMENT OF ESTIMATED TAX (INDIVIDUAL INCOME TAX)

Name as shown on Form K-40 SNEHA DARURI	Social Security Number 112-61-0869
--	---

CURRENT AND PRIOR YEAR INFORMATION

1. Amount from line 19, 2022 Form K-40	1	2,280.
2. Multiply line 1 by 90% (farmers and fishers multiply by 66 2/3%)	2	2,052.
3. Prior year's tax liability (from line 19, 2021 Form K-40)	3	3,008.
4. Enter the total amount of your 2022 Kansas income tax withheld	4	484.

NOTE: If any due date falls on a Saturday, Sunday, or legal holiday, substitute the next regular work day.

PART I – EXCEPTIONS TO THE PENALTY

	1/1/22 - 4/15/22	1/1/22 - 6/15/22	1/1/22 - 9/15/22	1/1/22 - 1/15/23
5. Cumulative total of your 2022 withholding	25% of line 4 121.	50% of line 4 242.	75% of line 4 363.	100% of line 4 484.
6. Cumulative timely paid estimated tax payments from January through each payment due date.....				
7. Total amount withheld and timely paid estimated payments (add lines 5 and 6).....	121.	242.	363.	484.
8. Exception 1 – Cumulative amount from either line 2 or line 3, whichever is less	25% of line 2 or 3 513.	50% of line 2 or 3 1,026.	75% of line 2 or 3 1,539.	100% of line 2 or 3 2,052.
9. Exception 2 – Tax on annualized 2022 income; enclose computation. (Farmers/fishers use line 9b)	22.5% of tax	45% of tax	67.5% of tax	90% of tax
9a				
9b				66.66% of tax

PART II – FIGURING THE PENALTY

10. Amount of underpayment. Enter the sum of line 8 less line 7; line 9a less line 7; or, line 9b less line 7, whichever is applicable	10	392.	784.	1,176.	1,568.
11. Due date of each installment.....	11	4/15/22	6/15/22	9/15/22	1/15/23
12. Number of days from the due date of the installment to the due date of the next installment or 12/31/22, whichever is earlier. If paid late, see instructions	12	61	92	107	
13. Number of days from 1/15/23 to date paid or 4/15/23, whichever is earlier. If paid late, see instructions	13			15	90
14. <u>Line 12</u> X 4% X amount on line 10..... 365	14	4.	12.	21.	
15. <u>Line 13</u> X 6% X amount on line 10..... 365	15			3.	23.
16. Penalty (add lines 14 and 15)	16	4.	12.	24.	23.
17. Total penalty. Add amounts on line 16 and enter the total here and on line 32, Estimated Tax Penalty, on the back of Form K-40	17				63.