Form **8879**
(Rev. January 2021)
Department of the Treasury
Internal Revenue Service

# IRS *e-file* Signature Authorization

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

OMB No. 1545-0074

Submission Identification Number (SID) ▶

| Taxpayer's name | Social security number |
|---|---|
| VIVEK GAJJELA | 757-15-7504 |
| 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 | 86,732. |
| 2 | Total tax | 2 | 11,848. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 14,623. |
| 4 | Amount you want refunded to you | 4 | 2,775. |
| 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 (**ERO firm name**) to enter or generate my PIN 5 7 5 0 4 (**Enter five digits, but don't enter all zeros**) 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 ______________ (**ERO firm name**) to enter or generate my PIN ☐☐☐☐☐ (**Enter five digits, but don't enter all zeros**) as my signature on the income tax return (original or amended) I am now authorizing.

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

Spouse's signature ▶ Date ▶

**Practitioner PIN Method Returns Only—continue below**

**Part III** **Certification and Authentication — Practitioner PIN Method Only**

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9
**Don't enter all zeros**

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

ERO's signature ▶ Date ▶

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

Form **1040** Department of the Treasury—Internal Revenue Service
# U.S. Individual Income Tax Return 2022
OMB No. 1545-0074 | IRS Use Only—Do not write or staple in this space.

**Filing Status** Check only one box.
[X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying surviving spouse (QSS)

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:

| Your first name and middle initial | Last name | Your social security number |
|---|---|---|
| VIVEK | GAJJELA | 757-15-7504 |
| If joint return, spouse's first name and middle initial | Last name | Spouse's social security number |
| | | |

| Home address (number and street). If you have a P.O. box, see instructions. | Apt. no. |
|---|---|
| 5213 STONE CREST DRIVE | |

| City, town, or post office. If you have a foreign address, also complete spaces below. | State | ZIP code |
|---|---|---|
| BIRMINGHAM | AL | 35242 |

| Foreign country name | Foreign province/state/county | Foreign postal code |
|---|---|---|
| | | |

**Presidential Election Campaign** Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. [ ] You [ ] Spouse

**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

**Dependents** (see instructions):
If more than four dependents, see instructions and check here . . [ ]

| (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) Child tax credit | (4) Credit for other dependents |
|---|---|---|---|---|---|
| | | | | [ ] | [ ] |
| | | | | [ ] | [ ] |
| | | | | [ ] | [ ] |
| | | | | [ ] | [ ] |

## Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

Attach Sch. B if required.

Standard Deduction for—
- Single or Married filing separately, $12,950
- Married filing jointly or Qualifying surviving spouse, $25,900
- Head of household, $19,400
- If you checked any box under *Standard Deduction*, see instructions.

| | | | |
|---|---|---|---|
| 1a | Total amount from Form(s) W-2, box 1 (see instructions) | 1a | 95,498. |
| b | Household employee wages not reported on Form(s) W-2 | 1b | |
| c | Tip income not reported on line 1a (see instructions) | 1c | |
| d | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | 1d | |
| e | Taxable dependent care benefits from Form 2441, line 26 | 1e | |
| f | Employer-provided adoption benefits from Form 8839, line 29 | 1f | |
| g | Wages from Form 8919, line 6 | 1g | |
| h | Other earned income (see instructions) | 1h | 0. |
| i | Nontaxable combat pay election (see instructions) 1i | | |
| z | Add lines 1a through 1h | 1z | 95,498. |
| 2a | Tax-exempt interest 2a / b Taxable interest | 2b | |
| 3a | Qualified dividends 3a / b Ordinary dividends | 3b | |
| 4a | IRA distributions 4a / b Taxable amount | 4b | |
| 5a | Pensions and annuities 5a / b Taxable amount | 5b | |
| 6a | Social security benefits 6a / b Taxable amount | 6b | |
| c | If you elect to use the lump-sum election method, check here (see instructions) [ ] | | |
| 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here [ ] | 7 | |
| 8 | Other income from Schedule 1, line 10 | 8 | -8,766. |
| 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** | 9 | 86,732. |
| 10 | Adjustments to income from Schedule 1, line 26 | 10 | |
| 11 | Subtract line 10 from line 9. This is your **adjusted gross income** | 11 | 86,732. |
| 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 | 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 | 73,782. |

## Tax and Credits

| | | | | | |
|---|---|---|---|---|---|
| 16 | Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ | | | 16 | 11,848. |
| 17 | Amount from Schedule 2, line 3 | | | 17 | |
| 18 | Add lines 16 and 17 | | | 18 | 11,848. |
| 19 | Child tax credit or credit for other dependents from Schedule 8812 | | | 19 | |
| 20 | Amount from Schedule 3, line 8 | | | 20 | |
| 21 | Add lines 19 and 20 | | | 21 | |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | | | 22 | 11,848. |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | | | 23 | 0. |
| 24 | Add lines 22 and 23. This is your **total tax** | | | 24 | 11,848. |

## Payments

If you have a qualifying child, attach Sch. EIC.

| | | | | | |
|---|---|---|---|---|---|
| 25 | Federal income tax withheld from: | | | | |
| a | Form(s) W-2 | 25a | 14,623. | | |
| b | Form(s) 1099 | 25b | | | |
| c | Other forms (see instructions) | 25c | | | |
| d | Add lines 25a through 25c | | | 25d | 14,623. |
| 26 | 2022 estimated tax payments and amount applied from 2021 return | | | 26 | |
| 27 | Earned income credit (EIC) | 27 | | | |
| 28 | Additional child tax credit from Schedule 8812 | 28 | | | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | | | |
| 30 | Reserved for future use | 30 | | | |
| 31 | Amount from Schedule 3, line 15 | 31 | | | |
| 32 | Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits** | | | 32 | |
| 33 | Add lines 25d, 26, and 32. These are your **total payments** | | | 33 | 14,623. |

## Refund

Direct deposit? See instructions.

| | | | | | |
|---|---|---|---|---|---|
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid** | | | 34 | 2,775. |
| 35a | Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐ | | | 35a | 2,775. |
| b | Routing number 031207607 **c** Type: ☐ Checking ☒ Savings | | | | |
| d | Account number 8054101356 | | | | |
| 36 | Amount of line 34 you want **applied to your 2023 estimated tax** | 36 | | | |

## Amount You Owe

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

## Third Party Designee

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

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

## Sign Here

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

Joint return? See instructions. Keep a copy for your records.

| Your signature | Date | Your occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
|---|---|---|---|
| | | SOFTWARE DEVELOPER | |
| Spouse's signature. If a joint return, **both** must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. (203)540-8346 | Email address VIVEKG1567@GMAIL.COM | | |

## Paid Preparer Use Only

| Preparer's name | Preparer's signature | Date | PTIN | Check if: |
|---|---|---|---|---|
| SYAM PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA RAM SAGAR GUPTA TALLAM | 02/14/2023 | P02082703 | ☐ Self-employed |
| Firm's name GLOBAL TAXES LLC | | | Phone no. (678)965-9522 | |
| Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 | | | Firm's EIN 84-3171965 | |



No

**SCHEDULE 1**
**(Form 1040)**

Department of the Treasury
Internal Revenue Service

# Additional Income and Adjustments to Income

**Attach to Form 1040, 1040-SR, or 1040-NR.**
**Go to *www.irs.gov/Form1040* for instructions and the latest information.**

OMB No. 1545-0074

2022

Attachment Sequence No. **01**

| Name(s) shown on Form 1040, 1040-SR, or 1040-NR | Your social security number |
|---|---|
| VIVEK GAJJELA | 757-15-7504 |

## Part I Additional Income

| | | | | | |
|---|---|---|---|---|---|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | | 1 | |
| 2a | Alimony received | | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): | | | | |
| 3 | Business income or (loss). Attach Schedule C | | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | | | 5 | -8,766. |
| 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 ABLE account (see instructions) | 8q | | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | | |
| s | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d | 8s | ( ) | | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan | 8t | | | |
| u | Wages earned while incarcerated | 8u | | | |
| z | Other income. List type and amount: | 8z | | | |
| 9 | Total other income. Add lines 8a through 8z | | | 9 | |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | | | 10 | -8,766. |

## Part II Adjustments to Income

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

**SCHEDULE E (Form 1040)**

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 | Your social security number |
|---|---|
| VIVEK GAJJELA | 757-15-7504 |

## 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** | F.NO 401 ,SHANTHI APTS BASHYANAGAR CLNY KUKATPALLY,HYDERABAD,TELANGANA IN 500072 |
| **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** | 3 | | **A** | 365 | 0 | ☐ |
| **B** | | | **B** | | | ☐ |
| **C** | | | **C** | | | ☐ |

**Type of Property:**

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

| | | | Properties: A | B | C |
|---|---|---|---|---|---|
| **Income:** | | | | | |
| 3 | Rents received | 3 | 540. | | |
| 4 | Royalties received | 4 | | | |
| **Expenses:** | | | | | |
| 5 | Advertising | 5 | | | |
| 6 | Auto and travel (see instructions) | 6 | | | |
| 7 | Cleaning and maintenance | 7 | | | |
| 8 | Commissions | 8 | 843. | | |
| 9 | Insurance | 9 | | | |
| 10 | Legal and other professional fees | 10 | | | |
| 11 | Management fees | 11 | 1,049. | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | |
| 13 | Other interest | 13 | | | |
| 14 | Repairs | 14 | 3,516. | | |
| 15 | Supplies | 15 | 2,146. | | |
| 16 | Taxes | 16 | | | |
| 17 | Utilities | 17 | 1,752. | | |
| 18 | Depreciation expense or depletion | 18 | | | |
| 19 | Other (list) | 19 | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | 9,306. | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file **Form 6198** | 21 | -8,766. | | |
| 22 | Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions) | 22 | ( 8,766. ) | ( ) | ( ) |

| | | | |
|---|---|---|---|
| **23a** | Total of all amounts reported on line 3 for all rental properties | 23a | 540. |
| **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 | 9,306. |
| **24** | **Income.** Add positive amounts shown on line 21. **Do not** include any losses | 24 | |
| **25** | **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | ( 8,766. ) |
| **26** | **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 | 26 | -8,766. |

FORM **40NR** Alabama **2022**
Individual Income Tax Return
NONRESIDENTS ONLY

Your social security number ● 757-15-7504 | Spouse's SSN if joint return ●

● ☐ Check if primary is deceased — Primary's deceased date (mm/dd/yyyy) ●
● ☐ Check if spouse is deceased — Spouse's deceased date (mm/dd/yyyy) ●

Your first name ● VIVEK | Initial ● | Last name ● GAJJELA
Spouse's first name ● | Initial ● | Last name ●

DO NOT MAIL

Present home address (number and street or P.O. Box number) ● 5213 STONE CREST DRIVE

▶ **CHECK BOX IF AMENDED RETURN** ● ☐

City, town, or post office ● BIRMINGHAM | State ● AL | ZIP code ● 35242 | ● ☐ Check if address is outside U.S. | Foreign Country

**Filing Status/ Exemptions**
1 ● ☒ $1,500 Single
2 ● ☐ $3,000 Married filing joint
3 ● ☐ $1,500 Married filing separate. Complete Spouse SSN ● ______ ☐ NRA
4 ● ☐ $3,000 Head of Family (with qualifying person). Complete Schedule HOF.

| | | A – Alabama Tax Withheld | B – All Sources | C – Alabama Income |
|---|---|---|---|---|
| **Income and Adjustments** | 5 Wages, salaries, tips, etc. *(From Schedule W-2, line 18, columns G, H, and I.) (Include spouse's income if married filing joint.)* | 5 ● 3,816 | 5 ● 95,498 | 5 ● 95,498 |
| | 6 Other income *(from page 2, Part I, line 9)* | | 6 ● | 6 ● |
| | 7 **Total income.** Add amounts in col. B then add amounts in col. C, lines 5 and 6 | | 7 ● 95,498 | 7 ● 95,498 |
| | 8 Adjustments to income *(from page 2, Part II, line 8)* | | 8 ● | 8 ● |
| | 9 **Adjusted total income.** Subtract line 8 from line 7 | | 9 ● 95,498 | 9 ● 95,498 |
| | 10 Alabama percentage of adjusted total income. Divide line 9, col. C, by line 9, col. B *(not over 100%)* | | | 10 ● 100.00% |
| | 11 Other Adjustments *(from page 2, Part III, line 4 and line 6)* | | 11 ● | 11 ● |
| | 12 **Adjusted Gross Income.** Subtract line 11 from line 9 | | 12 ● 95,498 | 12 ● 95,498 |
| **Deductions** | 13 Check appropriate box. If you itemize, enter amount from Schedule A, line 30. ● a ☒ **Itemized Deductions** ● b ☐ **Standard Deduction** | | Box a or b **MUST** be checked 13 ● 8,261 | |
| You Must Attach a **Complete** copy of Federal Return, if claiming a deduction on line 14. | 14 Federal Income Tax deduction *(from page 2, Part IV, line 7)* | | 14 ● 11,848 | |
| | 15 Personal exemption *(multiply line 1, 2, 3, or 4 by percentage on line 10)* | | 15 ● 1,500 | |
| | 16 Dependent exemption *(from page 2, Part V, line 4)* | | 16 ● | |
| | 17 **Total deductions.** Add lines 13, 14, 15, and 16 | | | 17 ● 21,609 |
| **Tax** | 18 **Taxable income.** Subtract line 17 from line 12, column C | | | 18 ● 73,889 |
| | 19 **Tax due.** Enter amount from tax table or check if from ● ☐ Form NOL-85A | | 19 ● 3,653 | |
| | 20 **Net tax due Alabama.** Check box if computing tax using Schedule OC ● ☐, otherwise enter amount from line 19 | | | 20 ● F 3,653 |
| **Payments** | 21 **Alabama Income Tax withheld** *(from column A, line 5)* | | 21 ● 3,816 | |
| Staple Form(s) W-2, W-2G, and/or 1099 here. Attach Schedule W-2 to return. | 22 2022 estimated tax payments/Automatic Extension Payment | | 22 ● | |
| | 23 Composite tax payments/Electing PTE credit *(from Schedule CP, Section B, line 1)* | | 23 ● | |
| | 24 Amended Returns Only – Previous payments *(see instructions)* | | 24 ● | |
| | 25 **Refundable Credits.** Enter the amount from the Schedule OC, Section F, line F4 | | 25 ● | |
| | 26 **Total payments.** Add lines 21 through 25 | | | 26 ● 3,816 |
| | 27 Amended Returns Only – Previous refund *(see instructions)* | | | 27 ● |
| | 28 **Adjusted total payments.** Subtract line 27 from line 26 | | | 28 ● 3,816 |
| **AMOUNT YOU OWE** | 29 If line 20 is larger than line 28, subtract line 28 from line 20, and enter **AMOUNT YOU OWE.** Place payment, along with Form 40V, loose in the mailing envelope. **(FORM 40V MUST ACCOMPANY PAYMENT.)** | | | 29 ● |
| | 30 Estimated tax penalty. Also include on line 29 *(see instructions)* | | 30 ● | |
| **OVERPAID** | 31 If line 28 is larger than line 20, subtract line 20 from line 28 and enter AMOUNT **OVERPAID** | | | 31 ● 163 |
| | 32 Amount of line 31 to be applied to your **2023 estimated tax** | | | 32 ● |
| **REFUND** | 33 **REFUNDED TO YOU.** Subtract line 32 from line 31. | | | 33 ● 163 |

E-FILE ONLY

● ☐ I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.

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

**Sign Here In Black Ink** Keep a copy of this return for your records.

Your Signature | Date | Daytime Telephone Number (203)540-8346 | Your Occupation SOFTWARE DEVELOPER

Spouse's Signature (if joint return, BOTH must sign) | Date | Daytime Telephone Number | Spouse's Occupation

DO NOT MAIL

**Paid Preparer's Use Only**

Preparer's Signature | Date 02/14/2023 | Check if Self-employed ☐ | ● Preparer's SSN or PTIN P02082703 | E.I. Number 84-3171965

Firm's Name (or yours if self employed) GLOBAL TAXES LLC | Daytime Telephone No. (678)965-9522 | ZIP Code 08816

Address 245 ROONEY CT

▶ **MAIL FORM 40NR TO: SEE INSTRUCTIONS**

1555-1
REV 02/06/23 PRO

| | | | B – All Sources | C – Alabama Income |
|---|---|---|---|---|
| **PART I** Other Income *(See instructions)* | 1 | Interest and dividend income *(attach Schedule B if over $1500.00)* | 1 ● | 1 ● |
| | 2 | Alimony received | 2 ● | |
| | 3 | Taxable portion of pensions and annuities *(see instructions)* | 3 ● | |
| | 4 | Business income or (loss) *(attach Federal Schedule C) (see instructions)* | 4 ● | 4 ● |
| | 5 | Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. *(attach Schedule D)* | 5 ● | 5 ● |
| | 6 | Rents, Royalties, Partnerships, Estates, Trusts, etc. *(attach Schedule E)* | 6 ● | 6 ● |
| | 7 | Farm income or (loss) *(attach Federal Schedule F) (see instructions)* | 7 ● | 7 ● |
| | 8 | Other income *(state nature and source)* | 8 ● | 8 ● |
| | 9 | **Total other income.** Add lines 1 through 8, column B, and lines 1, 4 through 8, column C. Enter here and also on page 1, line 6 | 9 ● | 9 ● |
| **PART II** Adjustments to Income *(See instructions)* | 1 | IRA deduction, Keogh retirement plan, and self-employed SEP deduction | 1 ● | 1 ● |
| | 2 | Penalty on early withdrawal of savings | 2 ● | |
| | 3 | Moving Expenses (Attach Federal Form 3903) Place of new employment: | 3 ● | 3 ● |
| | 4 | Self-employed health insurance deduction | 4 ● | 4 ● |
| | 5 | Payments to Alabama College Counts 529 Fund or Alabama PACT program | 5 ● | 5 ● |
| | 6 | Firefighter's Insurance Premiums | 6 ● | 6 ● |
| | 7 | Contributions to an Achieving a Better Life Experience (ABLE) savings account | 7 ● | 7 ● |
| | 8 | **Adjustments to income.** Add lines 1 through 7, Column B, and lines 1, 3 through 7, Column C. Enter here and also on page 1, line 8, columns B and C | 8 ● | 8 ● |
| **PART III** Other Adjustments *(See instructions)* | 1 | Alimony Paid | 1 ● | |
| | 2 | Adoption Expenses | 2 ● | |
| | 3 | Health insurance deduction for small employer employee | 3 ● | |
| | 4 | Add lines 1 through 3, enter here and on page 1, line 11, column B | 4 ● | |
| | 5 | Enter the percentage from page 1, line 10 | 5 ● 100.00 % | |
| | 6 | Multiply line 4 by line 5. Enter here and also page 1, line 11, column C | 6 ● | |

| | | | B – Federal Adjusted Gross Income | C – Alabama Federal Tax Deduction Computation |
|---|---|---|---|---|
| **PART IV** Federal Income Tax Deduction *(See instructions)* | | If you are filing separately on your Alabama return and jointly on your Federal return, complete all lines below. Otherwise, omit lines 1 through 3. | | |
| | 1 | Your joint federal adjusted gross income | 1 ● | |
| | 2 | Your federal adjusted gross income | 2 ● | |
| | 3 | Divide line 2 by line 1. Enter percentage here | | 3 ● % |
| | 4 | Enter the Federal Income Tax Liability from worksheet *(see instructions)* | | 4 ● 11,848 |
| | 5 | If you completed lines 1 through 3 above, multiply line 4 by the percentage from line 3 | | 5 ● |
| | 6 | Enter the percentage from page 1, line 10 | | 6 ● 100.00 % |
| | 7 | If you completed lines 1-3 above, multiply line 5 by percentage on line 6. Otherwise, multiply line 4 by percentage on line 6 | | 7 ● 11,848 |
| **PART V** Dependents | 1 | Total number of dependents from Schedule DS, line 1b | | 1 ● |
| | 2 | Multiply total number of dependents claimed on line 1 by the amount on the dependent chart in the instructions | | 2 ● |
| | 3 | Enter the percentage from page 1, line 10 of your return | | 3 ● 100.00 % |
| | 4 | Dependent exemption allowable. Multiply the amount on line 2 by the percentage on line 3. Enter here and on page 1, line 16 | | 4 ● |

**PART VI** General Information

All Taxpayers Must Complete This Section *(See instructions)*

1 Name of state of which you were a legal resident in 2022 IL

2 Did you file a return with that state for 2022? ☐ Yes ☒ No If no, state reason why: 0,

3 If married, did your spouse receive a separate income for 2022? ☐ Yes ☐ No If yes, is your spouse filing a separate Alabama return? ☐ Yes ☐ No

If yes, enter name here.

4 Did you file an Alabama return for 2021? ● ☒ Yes ● ☐ No If no, state reason why:

5 Give name and address of your present employer(s). Yours: NONE

Your Spouse's:

6 Enter the Adjusted Gross Income reported on your 2022 **Federal** Individual Income Tax Return. 6 ● 86,732

| Drivers License Info | DOB (mm/dd/yyyy) | Your state | DL# | Iss date (mm/dd/yyyy) | Exp date (mm/dd/yyyy) |
|---|---|---|---|---|---|
| | ● XX/XX/XXXX | ● XX | ● XXXXXXX | ● XX/XX/XXXX | ● XX/XX/XXXX |
| | DOB (mm/dd/yyyy) ● | Spouse state ● | DL# ● | Iss date (mm/dd/yyyy) ● | Exp date (mm/dd/yyyy) ● |

SCHEDULES
# A,B,D,& E
(FORM 40NR)

Alabama Department of Revenue
## Schedule A–Itemized Deductions
**2022**

**(Schedules B, D, and E are on back)**
**ATTACH TO FORM 40NR — SEE INSTRUCTIONS FOR SCHEDULE A**

| Name(s) as shown on Form 40NR | Your social security number |
|---|---|
| VIVEK GAJJELA | 757-15-7504 |

The itemized deductions you may claim for the year 2022 are similar to the itemized deductions claimed on your Federal return; however, the amounts may differ. Please see instructions before completing this schedule.



| | | | | | | |
|---|---|---|---|---|---|---|
| **Medical and Dental Expenses** | | *CAUTION: Do not include expenses reimbursed or paid by others.* | | | | |
| | 1 | Medical and dental expenses | 1 | 0 00 | | |
| | 2 | Enter amount from Form 40NR, line 12, col. B . . . . 2 ____ 00 | | | | |
| | 3 | Multiply the amount on line 2 by 4% (.04). Enter the result. | 3 | 00 | | |
| | 4 | Subtract line 3 from line 1. Enter the result. If zero or less, enter –0– | | | 4 • | 00 |
| **Taxes You Paid** | 5 | Real estate taxes | 5 | 00 | | |
| | 6 | FICA Tax (Social Security and Medicare) and Federal Self-Employment Tax | 6 | 7,306 00 | | |
| | 7 | Railroad Retirement. (Tier 1 only) | 7 | 00 | | |
| | 8 | Other taxes. (List – include personal property taxes.) OTHER TAXES | 8 | 955 00 | | |
| | 9 | Add the amounts on lines 5 through 8. Enter the total here. | | | 9 • | 8,261 00 |
| **Interest You Paid** | 10a | Home mortgage interest and points reported to you on Federal Form 1098. | 10a | 00 | | |
| | b | Home mortgage interest not reported to you on Federal Form 1098. (If paid to an individual, show that person's name and address.) ▶ | 10b | 00 | | |
| *NOTE: Personal interest is not deductible.* | 11 | Reserved for future use | 11 | 00 | | |
| | 12 | Points not reported to you on Form 1098 | 12 | 00 | | |
| | 13 | Investment interest. (Attach Form 4952A) | 13 | 00 | | |
| | 14 | Add the amounts on lines 10a through 13. Enter the total here. | | | 14 • | 00 |
| **Gifts to Charity** | | ***CAUTION:** If you made a charitable contribution and received a benefit in return, see instructions.* | | | | |
| | 15 | Contributions by cash or check | 15 | 00 | | |
| | 16 | Other than cash or check. (You **MUST** attach Federal Form 8283 if over $500.) | 16 | 00 | | |
| | 17 | Carryover from prior year | 17 | 00 | | |
| | 18 | Add the amounts on lines 15 through 17. Enter the total here. | | | 18 • | 00 |
| **Qualified Long-Term Care** | | ***CAUTION:** Do not include medical insurance premiums.* | | | | |
| | 19 | Enter Amount | | | 19 • | 00 |
| **Miscellaneous Deductions** | 20 | Other (from list in the instructions). List type and amount. ▶ | | | 20 • | 00 |
| **Proration of Above Amounts** | 21 | Total itemized deductions to be prorated. (Add lines 4, 9, 14, 18, 19, and 20.) | | | 21 • | 8,261 00 |
| | 22 | Enter percentage (%) from Form 40NR, page 1, line 10 | | | 22 • | 100.00 % |
| | 23 | Multiply line 21 by the percentage on line 22. | | | 23 • | 8,261 00 |
| **Alabama Casualty and Theft Losses** | 24a | Enter the loss from Federal Form 4684, either **A** ☐ line 15, or **B** ☐ line 16, attach copy. | 24a | 00 | | |
| | b | Enter 10% of your Adjusted Gross Income (Form 40NR, line 12, column C) if box B checked, otherwise enter zero | 24b | 00 | | |
| | c | Subtract line 24b from line 24a. If zero or less, enter –0– | | | 24c • | 00 |
| **Alabama Job Related Expenses** | 25 | Unreimbursed employee expenses — job travel, union dues, job education, etc. (You **MUST** attach Federal Form 2106 if required. See instructions.) ▶ | 25 | 00 | | |
| | 26 | Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount. ▶ | 26 | 00 | | |
| *You may ONLY deduct expenses associated with your Alabama income.* | 27 | Add the amounts on lines 25 and 26. Enter the total here. | 27 | 00 | | |
| | 28 | Multiply the amount on Form 40NR, line 12, column C by 2% (.02). Enter the result here. | 28 | 00 | | |
| | 29 | Subtract line 28 from line 27. Enter the result. If zero or less, enter –0– | | | 29 • | 00 |
| **Total Itemized Deductions** | 30 | Add the amounts on lines 23, 24c, and 29. Enter the total here. Then enter on Form 40NR, page 1, line 13 and check 13a, Itemized Deductions. | | | 30 • | 8,261 00 |

Name(s) as shown on Form 40NR (Do not enter name and social security number if shown on other side) | Your social security number



## SCHEDULE B – Interest and Dividend Income

| | | | | B Adjusted Gross Income from All Sources | C Adjusted Gross Income Earned in Alabama |
|---|---|---|---|---|---|
| 1 Total Income from Interest and Dividends before any exclusions ▶ | 1 | 00 | | | |
| 2 List all interest received from obligations of the Federal Government, State of Alabama, and political subdivisions of Alabama. | | | | | |
| a | 2a | 00 | | | |
| b | 2b | 00 | | | |
| c | 2c | 00 | | | |
| d | 2d | 00 | | | |
| 3 Total. Add amounts on lines 2a, b, c, and d ▶ | 3 | 00 | | | |
| 4 **TOTAL TAXABLE INCOME FROM INTEREST AND DIVIDENDS.** Subtract line 3 from line 1. Enter here and also on Form 40NR, page 2, Part I, line 1, column B and C ▶ | | | 4 | • 00 | • 00 |

## SCHEDULE D – Profit From Sale of Real Estate, Stocks, Bonds, etc.

| | | B | C |
|---|---|---|---|
| 1 Enter total gain or (loss), before any Federal exclusion, from the sale of all assets which **is not** taxable to the State of Alabama. | 1 | 00 | |
| 2 Itemize all other transactions which are taxable to Alabama in columns a through f below. | | | |

| a Kind of Property & Location | b Date Acquired | c Amount Received | d Depreciation Allowable Since Acquisition | e Cost or Other Basis | f Subsequent Improvements |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| 3 Totals | | | | | |

| | | B | C |
|---|---|---|---|
| 4 Net profit or (loss) (total of columns c and d less total of columns e and f) | 4 | 00 | 00 |
| 5 **TOTAL GAIN OR (LOSS) FROM SALE OF REAL ESTATE, STOCKS, BONDS, ETC.** Add the amounts on lines 1 and 4. Enter here and on Form 40NR, page 2, Part I, line 5, columns B and C ▶ | 5 | 00 | 00 |

## SCHEDULE E – Income From Rents, Royalties, Partnerships, Estates, Trusts, and S Corporations



### PART I — Rent and Royalty Income or (Loss)

| | | B | C |
|---|---|---|---|
| 1 Enter total income or (loss) from all rents and royalties which is not taxable to Alabama. | 1 | 00 | |
| 2 Itemize below all rent and royalty income which is taxable to Alabama. | | | |

| a Kind of Property & Location | b Amount of Rent or Royalty | c Depreciation or Depletion (attach schedule) | d Repairs (attach itemized list) | e Other Expenses (attach Itemized list) |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 3 Totals (columns 2b through 2e) | | | | |

| | | B | C |
|---|---|---|---|
| 4 Net profit or (loss) (column b less sum of columns 2c through 2e) | 4 | 00 | 00 |
| 5 **TOTAL INCOME FROM RENTS AND ROYALTIES.** Add the amounts on lines 1 and 4. Enter the totals here and include in line 8 below ▶ | 5 | 00 | 00 |

### PART II — Income or (Loss) from Partnerships, S Corporations, Estates, or Trusts

6 List income received from partnerships, estates, trusts, and S corporations in 2022. Income from these sources not taxable to Alabama should be listed in column B only. This type income earned from Alabama sources should be listed in both columns B and C.

| Name and Address | Check One: Partnership | Estate or Trust | S Corporation | Employer Identification Number | | B | C |
|---|---|---|---|---|---|---|---|
| | | | | | 6a | 00 | 00 |
| | | | | | 6b | 00 | 00 |
| | | | | | 6c | 00 | 00 |

| | | B | C |
|---|---|---|---|
| 7 **TOTAL INCOME OR (LOSS) FROM PARTNERSHIPS, S CORPORATIONS, ESTATES, AND TRUSTS.** Add the amounts on lines 6a, b, and c. Enter the totals here and include in line 8 below ▶ | 7 | 00 | 00 |



### PART III — Summary

| | | B | C |
|---|---|---|---|
| 8 **TOTAL INCOME OR (LOSS).** Combine the amounts on lines 5 and 7, columns B and C. Enter here and on Form 40NR, page 2, Part I, line 6, columns B and C ▶ | 8 | 00 | 00 |

SCHEDULE
# W-2
(FORM 40, 40A, or 40NR)

2022

Alabama Department of Revenue
## Wages, Salaries, Tips, etc.

***Schedule W-2 must be completed fully and included with your return in order to receive proper credit for your Alabama income tax withheld. Attach a copy of all withholding statements to your return.***

NAME(S) AS SHOWN ON TAX RETURN: VIVEK GAJJELA
PRIMARY'S SOCIAL SECURITY NO.: 757-15-7504
SPOUSE'S SOCIAL SECURITY NO.:

| | A<br>Employee's Social Security Number | B<br>Employer's Identification Number (EIN) | C<br>Statutory Employee | D<br>Schedule C/C-EZ Filed? | E<br>State Code | F<br>Alabama Employer's State ID Number | G<br>Alabama State Income Tax Withheld | H<br>Federal Wages (Box 1 of Form W-2) | I<br>Alabama State Wages (Box 16 of Form W-2) | J<br>Additional Taxable Wages – Other States |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 757-15-7504 | 200219838 | ☐ | ☐ | AL | 008885455 | 3,816 | 95,498 | 95,498 | |
| 2 | | | ☐ | ☐ | | | | | | |
| 3 | | | ☐ | ☐ | | | | | | |
| 4 | | | ☐ | ☐ | | | | | | |
| 5 | | | ☐ | ☐ | | | | | | |
| 6 | | | ☐ | ☐ | | | | | | |
| 7 | | | ☐ | ☐ | | | | | | |
| 8 | | | ☐ | ☐ | | | | | | |
| 9 | | | ☐ | ☐ | | | | | | |
| 10 | | | ☐ | ☐ | | | | | | |
| 11 | | | ☐ | ☐ | | | | | | |
| 12 | | | ☐ | ☐ | | | | | | |
| 13 | | | ☐ | ☐ | | | | | | |
| 14 | | | ☐ | ☐ | | | | | | |
| 15 | | | ☐ | ☐ | | | | | | |
| 16 | **TOTAL ALABAMA TAX WITHHELD FROM W-2s.** Total lines 1-15, Column G and enter the amount here | | | | | | 3,816 | | | |
| 17 | **ALABAMA TAX WITHHELD FROM 1099s AND W-2Gs.** Enter the total Alabama Income Tax Withheld from all Form 1099s and Form W-2Gs received. See instructions on where to report the income from these statements | | | | | | 0 | | | |
| 18 | **TOTAL WAGES AND TOTAL ALABAMA TAX WITHHELD FROM W-2s, 1099s, AND W-2Gs.** See instructions | | | | | | 3,816 | 95,498 | 95,498 | |

E-FILE ONLY

DO NOT MAIL

# THIS SCHEDULE CAN ONLY BE SUBMITTED AND/OR PRINTED VIA LANDSCAPE

FORM
# AL8453

ALABAMA DEPARTMENT OF REVENUE
## Individual Income Tax Declaration for Electronic Filing

**2022**

**For the year January 1 – December 31, 2022**

| Your first name and initial | Last name | Your social security number |
|---|---|---|
| VIVEK | GAJJELA | 757:15:7504 |
| If a joint return, spouse's first name and initial | Last name | Spouse's soc. sec. no. if joint return |
| | | : : |
| Home address (number and street). If a P.O. Box, see instructions. | Apt. no. | Telephone number (optional) |
| 5213 STONE CREST DRIVE | | (203)540-8346 |
| City, town or post office, state, and ZIP code | | |
| BIRMINGHAM AL 35242 | | |

DO NOT MAIL

**Part I**

**Tax Return Information** (Whole dollars only.)

| | | | |
|---|---|---|---|
| 1 | Alabama taxable income (Form 40, line 16 or Form 40NR, line 18) | 1 | 73,889 |
| 2 | Total tax liability (Form 40, line 21) or Net tax due (Form 40NR, line 20) | 2 | 3,653 |
| 3 | Total payments (Form 40, line 27 or Form 40NR, line 26) | 3 | 3,816 |
| 4 | Refund (Form 40, line 35 or Form 40NR, line 33) | 4 | 163 |
| 5 | Amount you owe (Form 40, line 30 or Form 40NR, line 29) | 5 | |

**Part II**

**Refund and Payment Information**

1 Routing number: 031207607

2 Account number: 805410356

3 Type of account: ☐ Checking ☒ Savings

4 Type of transaction: ☒ Direct Deposit ☐ Direct Debit

5 ☐ Paper Check (Check this box to have your refund issued by a paper check.)

**Part III**

**Declaration of Taxpayer** (Sign only after Part I is completed.)

Under penalties of perjury, I declare that I have compared the information contained on my return with the information I have provided to my electronic return originator and that the amounts described in Part 1 above agree with the amounts shown on the corresponding lines of my 2022 Alabama individual income tax return. To the best of my knowledge and belief, this return, including any accompanying schedules and statements, is true, correct, and complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described below, any information concerning the disbursement of the refund requested or any problems encountered in the processing of my return.

E-FILE ONLY

☐ I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.

**Sign Here** ▶ Your signature | Date ▶ Spouse's signature. If a joint return, BOTH must sign. | Date

**Part IV**

**Declaration of Electronic Return Originator (ERO) and Paid Preparer** (See instructions.)

I declare that I have reviewed the above taxpayer's Alabama individual income tax return and that the entries on this form are complete and correctly represented based on all information of which I have any knowledge. I also declare that I have followed all other requirements described in IRS PUB. 1345, Revenue Procedures for Electronic Filing of Individual Income Tax Returns (Tax Year 2022), and the Alabama Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2022). By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the **Alabama Department of Revenue,** as applicable by law. **If I am also the paid preparer, under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.**

### ERO's Use Only

| ERO's signature ▶ | Date 02/14/2023 | Check if also paid preparer ☐ | Preparer's PTIN |
|---|---|---|---|
| Firm's name (or yours if self-employed) and address ▶ GLOBAL TAXES LLC | | E.I. No. 88-2145487 | |
| 245 ROONEY CT E BRUNSWICK NJ | | ZIP Code 08816 | |

### Paid Preparer's Use Only

**Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.**

| Preparer's signature ▶ | Date 02/14/2023 | Check if self-employed ☐ | Preparer's PTIN P02082703 |
|---|---|---|---|
| Firm's name (or yours if self-employed) and address ▶ SYAM PRIYA RAM SAGAR GUPTA TALLAM | | E.I. No. 84-3171965 | |
| 245 ROONEY CT E BRUNSWICK NJ | | ZIP Code 08816 | |

DO NOT MAIL

**DO NOT MAIL TO ALABAMA DEPT. OF REVENUE**

# Income Worksheet 2022

| Name as Shown on Return | Social Security Number |
|---|---|
| VIVEK GAJJELA | 757-15-7504 |

## Wages, Salaries, Tips, Etc for Line 5 of Form 40/40NR

Special Type Indicator (X = Income will not be included in your return)
Check this box to exclude income from your Alabama return.

☐ Check this box if you are excluding income and plan to attempt to electronically file your return.

**NOTE: Part-year** residents may use this worksheet to remove non Alabama source income. Resident and Non-Resident returns may be rejected during electronic filing if you exclude income by marking boxes in the **#** column.

| Payer's name | # | State name | Gross earnings | Alabama wages | Alabama tax withheld |
|---|---|---|---|---|---|
| INTONE NETWORKS INC | | AL | 95,498. | 95,498. | 3,816. |
| **Total** | | | 95,498. | 95,498. | 3,816. |

## Other Income for Form 40/40NR

\# Special Type Indicator (X = Income will not be included in your return)
Check this box to exclude income from your Alabama return.

| Description | # | Total amount | Alabama amount |
|---|---|---|---|
| **Total** | | | |