

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 SAI KISHORE AKULA | Social security number 207-99-7422 |
| 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 | 160,601. |
| 2 Total tax | 2 | 29,272. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 31,775. |
| 4 Amount you want refunded to you | 4 | 3,821. |
| 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

| | | | | |
|---|---|---|---|---|
| 9 | 7 | 4 | 2 | 2 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- 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.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

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

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

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

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

Your first name and middle initial: SAI KISHORE; Last name: AKULA; Your social security number: 207-99-7422
Home address: 1055 E EVELYN AVE, SUNNYVALE, CA 94086; Apt. no.: 58

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)? [] 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 with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents

Income section table with rows 1a through 1z. Total amount from Form(s) W-2, box 1: 171,033.

Table with rows 2a through 15. Includes tax-exempt interest, qualified dividends, IRA distributions, pensions and annuities, social security benefits, capital gain or loss, other income, adjustments to income, and taxable income: 147,651.

Tax and Credits table with rows 16-24. Includes Tax (29,272), Amount from Schedule 2, line 3, Add lines 16 and 17 (29,272), Child tax credit, Amount from Schedule 3, line 8, Add lines 19 and 20, Subtract line 21 from line 18 (29,272), Other taxes (0), Add lines 22 and 23 (29,272).

Payments table with rows 25-33. Includes Federal income tax withheld (31,775), 2022 estimated tax payments, Earned income credit (EIC), Additional child tax credit, American opportunity credit, Reserved for future use, Amount from Schedule 3, line 15 (1,318), Add lines 27, 28, 29, and 31 (1,318), Add lines 25d, 26, and 32 (33,093).

Refund table with rows 34-36. Includes If line 33 is more than line 24 (3,821), Amount of line 34 you want refunded to you (3,821), Routing number (044000037), Account number (313108877), Amount of line 34 you want applied to your 2023 estimated tax (36).

Amount You Owe table with rows 37-38. Includes Subtract line 33 from line 24 (amount you owe), Estimated tax penalty (38).

Third Party Designee section. Includes question: Do you want to allow another person to discuss this return with the IRS? See instructions. [] Yes. Complete below. [X] No. Includes fields for Designee's name, Phone no., and Personal identification number (PIN).

Sign Here section. Includes declaration: 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. Includes signature lines for taxpayer and spouse, and occupation fields.

Paid Preparer Use Only section. Includes fields for Preparer's name (SYAM PRIYA RAM SAGAR GUPTA TALLAM), Preparer's signature, Date (02/11/2023), PTIN (P02082703), Firm's name (GLOBAL TAXES LLC), Firm's address (245 ROONEY CT E BRUNSWICK NJ 08816), Phone no. (678) 965-9522, and 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
SAI KISHORE AKULA

Your social security number
207-99-7422

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 | -10,432. |
| 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 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 | -10,432. |

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 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SAI KISHORE AKULA

Your social security number
207-99-7422

Part I Nonrefundable Credits

| | | | |
|----------|--|-----------|----------|
| 1 | Foreign tax credit. Attach Form 1116 if required | | 1 |
| 2 | Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 | | 2 |
| 3 | Education credits from Form 8863, line 19 | | 3 |
| 4 | Retirement savings contributions credit. Attach Form 8880 | | 4 |
| 5 | Residential energy credits. Attach Form 5695 | | 5 |
| 6 | Other nonrefundable credits: | | |
| a | General business credit. Attach Form 3800 | 6a | |
| b | Credit for prior year minimum tax. Attach Form 8801 | 6b | |
| c | Adoption credit. Attach Form 8839 | 6c | |
| d | Credit for the elderly or disabled. Attach Schedule R | 6d | |
| e | Alternative motor vehicle credit. Attach Form 8910 | 6e | |
| f | Qualified plug-in motor vehicle credit. Attach Form 8936 | 6f | |
| g | Mortgage interest credit. Attach Form 8396 | 6g | |
| h | District of Columbia first-time homebuyer credit. Attach Form 8859 | 6h | |
| i | Qualified electric vehicle credit. Attach Form 8834 | 6i | |
| j | Alternative fuel vehicle refueling property credit. Attach Form 8911 | 6j | |
| k | Credit to holders of tax credit bonds. Attach Form 8912 | 6k | |
| l | Amount on Form 8978, line 14. See instructions | 6l | |
| z | Other nonrefundable credits. List type and amount: _____ | 6z | |
| 7 | Total other nonrefundable credits. Add lines 6a through 6z | | 7 |
| 8 | Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 | | 8 |

(continued on page 2)

Part II Other Payments and Refundable Credits

| | | | | |
|-----------|---|------------|-----------|--------|
| 9 | Net premium tax credit. Attach Form 8962 | | 9 | |
| 10 | Amount paid with request for extension to file (see instructions) | | 10 | |
| 11 | Excess social security and tier 1 RRTA tax withheld | | 11 | 1,318. |
| 12 | Credit for federal tax on fuels. Attach Form 4136 | | 12 | |
| 13 | Other payments or refundable credits: | | | |
| a | Form 2439 | 13a | | |
| b | Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021 | 13b | | |
| c | Reserved for future use | 13c | | |
| d | Credit for repayment of amounts included in income from earlier years | 13d | | |
| e | Reserved for future use | 13e | | |
| f | Deferred amount of net 965 tax liability (see instructions) | 13f | | |
| g | Reserved for future use | 13g | | |
| h | Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021 | 13h | | |
| z | Other payments or refundable credits. List type and amount: | 13z | | |
| 14 | Total other payments or refundable credits. Add lines 13a through 13z | | 14 | |
| 15 | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 | | 15 | 1,318. |

**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

SAI KISHORE AKULA

Your social security number

207-99-7422

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 DR A S RAO NAGAR ECIL HYDERABAD TELANGANA IN 500062

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 | 3 700. | | |
| 4 Royalties received | 4 | | |
| Expenses: | | | |
| 5 Advertising | 5 | | |
| 6 Auto and travel (see instructions) | 6 | | |
| 7 Cleaning and maintenance | 7 1,125. | | |
| 8 Commissions | 8 | | |
| 9 Insurance | 9 | | |
| 10 Legal and other professional fees | 10 | | |
| 11 Management fees | 11 1,296. | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | |
| 13 Other interest | 13 | | |
| 14 Repairs | 14 3,210. | | |
| 15 Supplies | 15 3,156. | | |
| 16 Taxes | 16 | | |
| 17 Utilities | 17 2,345. | | |
| 18 Depreciation expense or depletion | 18 | | |
| 19 Other (list) _____ | 19 | | |
| 20 Total expenses. Add lines 5 through 19 | 20 11,132. | | |
| 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 -10,432. | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 (10,432.) | | |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a 700. | | |
| 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 11,132. | | |
| 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 (10,432.) | | |
| 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 -10,432. | | |

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form8889 for instructions and the latest information.

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

Social security number of HSA beneficiary.
 If both spouses have HSAs, see instructions.
 207-99-7422

SAI KISHORE AKULA

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

| | | |
|----|--|---|
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions | <input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family |
| 2 | HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions | 2 0. |
| 3 | If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter | 3 3,650. |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs | 4 0. |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0- | 5 3,650. |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter | 6 3,650. |
| 7 | If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions | 7 0. |
| 8 | Add lines 6 and 7 | 8 3,650. |
| 9 | Employer contributions made to your HSAs for 2022 | 9 1,464. |
| 10 | Qualified HSA funding distributions | 10 |
| 11 | Add lines 9 and 10 | 11 1,464. |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 2,186. |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. | 13 0. |

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

| | | |
|-----|--|-----|
| 14a | Total distributions you received in 2022 from all HSAs (see instructions) | 14a |
| b | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions | 14b |
| c | Subtract line 14b from line 14a | 14c |
| 15 | Qualified medical expenses paid using HSA distributions (see instructions) | 15 |
| 16 | Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f | 16 |
| 17a | If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/> | |
| b | Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c | 17b |

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

| | | |
|----|--|----|
| 18 | Last-month rule | 18 |
| 19 | Qualified HSA funding distribution | 19 |
| 20 | Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f | 20 |
| 21 | Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d | 21 |

TAXABLE YEAR

FORM

2022

California e-file Signature Authorization for Individuals

8879

Your name

SAI KISHORE AKULA

Your SSN or ITIN

207-99-7422

Spouse's/RDP's name

Spouse's/RDP's SSN or ITIN

Part I Tax Return Information (whole dollars only)

Table with 3 rows: 1 California adjusted gross income (AGI) ... 121671; 2 Amount You Owe ...; 3 Refund or No Amount Due ... 1688

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2022, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter my PIN [9][7][4][2][2] Do not enter all zeros

as my signature on my 2022 e-filed California individual income tax return.

[] I will enter my PIN as my signature on my 2022 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Your signature Date

Spouse's/RDP's PIN: check one box only

[] I authorize to enter my PIN [][][][][] Do not enter all zeros

as my signature on my 2022 e-filed California individual income tax return.

[] I will enter my PIN as my signature on my 2022 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (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

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2022 California individual income tax return for the taxpayer(s) indicated above.

ERO's signature Date 02/11/2023

California Nonresident or Part-Year Resident Income Tax Return

2022

540NR

APE

ATTACH FEDERAL RETURN

207-99-7422 AKUL
SAIKISHORE AKULA

22

1055 E EVELYN AVE APT 58
SUNNYVALE CA 94086

05-17-1995

If your California filing status is different from your federal filing status, check the box here

Filing Status

- 1 Single
- 2 Married/RDP filing jointly. See instr.
- 3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here
- 4 Head of household (with qualifying person). See instructions.
- 5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died.
See instructions.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr.

► For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

Exemptions

- 7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions. 7 X \$140 = \$
- 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 8 X \$140 = \$
- 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. 9 X \$140 = \$

10 **Dependents: Do not include yourself or your spouse/RDP.**

| | Dependent 1 | Dependent 2 | Dependent 3 |
|---------------------------------|----------------------|----------------------|----------------------|
| First Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Last Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| SSN. See instructions. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Dependent's relationship to you | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Total dependent exemptions 10 X \$433 = \$

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Your name: Your SSN or ITIN:

11 Exemption amount: Add line 7 through line 10 **11 \$**

| | | |
|-----------------------------|--|--|
| Total Taxable Income | 12 Total California wages from your federal Form(s) W-2, box 16 ● 12 <input type="text" value="121671"/> .00 | |
| | 13 Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 ● 13 <input type="text" value="160601"/> .00 | |
| | 14 California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, line 27, column B ● 14 <input type="text" value=""/> .00 | |
| | 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 <input type="text" value="160601"/> .00 | |
| | 16 California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 27, column C ● 16 <input type="text" value="1464"/> .00 | |
| | 17 Adjusted gross income from all sources. Combine line 15 and line 16. ● 17 <input type="text" value="162065"/> .00 | |
| | 18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction . See instructions ● 18 <input type="text" value="5202"/> .00 | |
| | 19 Subtract line 18 from line 17. This is your total taxable income . If less than zero, enter -0- ● 19 <input type="text" value="156863"/> .00 | |

31 Tax. Check the box if from: Tax Table Tax Rate Schedule

● FTB 3800 ● FTB 3803 ● **31** .00

| | | |
|---|--|--|
| CA Taxable Income | 32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. ● 32 <input type="text" value="121671"/> .00 | |
| | 35 CA Taxable Income from Schedule CA (540NR), Part IV, line 5. ● 35 <input type="text" value="117765"/> .00 | |
| | 36 CA Tax Rate. Divide line 31 by line 19. ● 36 <input type="text" value="0.0723"/> | |
| | 37 CA Tax Before Exemption Credits. Multiply line 35 by line 36 ● 37 <input type="text" value="8514"/> .00 | |
| | 38 CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000 ● 38 <input type="text" value="0.7508"/> | |
| | 39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$229,908, see instructions ● 39 <input type="text" value="105"/> .00 | |
| | 40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- ... ● 40 <input type="text" value="8409"/> .00 | |
| | 41 Tax. See instructions. Check the box if from: ● <input type="checkbox"/> Schedule G-1 ● <input type="checkbox"/> FTB 5870A ● 41 <input type="text" value=""/> .00 | |
| 42 Add line 40 and line 41 ● 42 <input type="text" value="8409"/> .00 | | |

| | | |
|------------------------|---|--|
| Special Credits | 50 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506. ● 50 <input type="text" value=""/> .00 | |
| | 51 Credit for joint custody head of household. See instructions ● 51 <input type="text" value=""/> .00 | |
| | 52 Credit for dependent parent. See instructions. ● 52 <input type="text" value=""/> .00 | |
| | 53 Credit for senior head of household. See instructions. ● 53 <input type="text" value=""/> .00 | |
| | 54 Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions ● 54 <input type="text" value=""/> | |
| | 55 Credit amount. See instructions ● 55 <input type="text" value=""/> .00 | |

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Your name: Your SSN or ITIN:

Special Credits continued

58 Enter credit name code and amount. ● 58 .00

59 Enter credit name code and amount. ● 59 .00

60 To claim more than two credits. See instructions. ● 60 .00

61 Nonrefundable Renter's Credit. See instructions ● 61 .00

62 Add line 50 and line 55 through 61. These are your total credits ● 62 .00

63 Subtract line 62 from line 42. If less than zero, enter -0- ● 63 .00

Other Taxes

71 Alternative Minimum Tax. Attach Schedule P (540NR). ● 71 .00

72 Mental Health Services Tax. See instructions ● 72 .00

73 Other taxes and credit recapture. See instructions ● 73 .00

74 Add line 63, line 71, line 72, and line 73. This is your total tax. ● 74 .00

Payments

81 California income tax withheld. See instructions ● 81 .00

82 2022 CA estimated tax and other payments. See instructions ● 82 .00

83 Withholding (Form 592-B and/or Form 593). See instructions. ● 83 .00

84 Excess SDI (or VPDI) withheld. See instructions ● 84 .00

85 Earned Income Tax Credit (EITC). See instructions ● 85 .00

86 Young Child Tax Credit (YCTC). See instructions ● 86 .00

87 Foster Youth Tax Credit (FYTC). See instructions ● 87 .00

88 Add line 81 through line 87. These are your total payments. See instructions. ● 88 .00

ISR Penalty

91 If you and your household had full-year health care coverage, check the box.
See instructions. Medicare Part A or C coverage is qualifying health care coverage. ●

If you did not check the box, see instructions.

Individual Shared Responsibility (ISR) Penalty. See instructions ● 91 .00

Overpaid Tax/Tax Due

92 Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91,
subtract line 91 from line 88. ● 92 .00

93 Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88,
subtract line 88 from line 91. ● 93 .00

101 Overpaid tax. If line 92 is more than line 74, subtract line 74 from line 92. ● 101 .00

102 Amount of line 101 you want applied to your 2023 estimated tax ● 102 .00

103 Overpaid tax available this year. Subtract line 102 from line 101 ● 103 .00

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Your name:

Your SSN or ITIN:

104 Tax due. If line 92 is less than line 74, subtract line 92 from line 74 104 .00

| Contributions | | Code | Amount |
|---------------|---|-------|--------------------------|
| | California Seniors Special Fund. See instructions | ● 400 | <input type="text"/> .00 |
| | Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund | ● 401 | <input type="text"/> .00 |
| | Rare and Endangered Species Preservation Voluntary Tax Contribution Program | ● 403 | <input type="text"/> .00 |
| | California Breast Cancer Research Voluntary Tax Contribution Fund | ● 405 | <input type="text"/> .00 |
| | California Firefighters' Memorial Voluntary Tax Contribution Fund | ● 406 | <input type="text"/> .00 |
| | Emergency Food for Families Voluntary Tax Contribution Fund | ● 407 | <input type="text"/> .00 |
| | California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund | ● 408 | <input type="text"/> .00 |
| | California Sea Otter Voluntary Tax Contribution Fund | ● 410 | <input type="text"/> .00 |
| | California Cancer Research Voluntary Tax Contribution Fund | ● 413 | <input type="text"/> .00 |
| | School Supplies for Homeless Children Voluntary Tax Contribution Fund | ● 422 | <input type="text"/> .00 |
| | State Parks Protection Fund/Parks Pass Purchase | ● 423 | <input type="text"/> .00 |
| | Protect Our Coast and Oceans Voluntary Tax Contribution Fund | ● 424 | <input type="text"/> .00 |
| | Keep Arts in Schools Voluntary Tax Contribution Fund | ● 425 | <input type="text"/> .00 |
| | Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund | ● 431 | <input type="text"/> .00 |
| | California Senior Citizen Advocacy Voluntary Tax Contribution Fund | ● 438 | <input type="text"/> .00 |
| | Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund | ● 439 | <input type="text"/> .00 |
| | Rape Kit Backlog Voluntary Tax Contribution Fund | ● 440 | <input type="text"/> .00 |
| | Suicide Prevention Voluntary Tax Contribution Fund | ● 444 | <input type="text"/> .00 |
| | Mental Health Crisis Prevention Voluntary Tax Contribution Fund | ● 445 | <input type="text"/> .00 |
| | California Community and Neighborhood Tree Voluntary Tax Contribution Fund | ● 446 | <input type="text"/> .00 |
| | 120 Add amounts in code 400 through code 446. This is your total contribution | ● 120 | <input type="text"/> .00 |

Amount You Owe 121 **AMOUNT YOU OWE.** Add line 93, line 104, and line 120. See instructions. **Do not send cash.**
 Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001.** ● 121 .00
 Pay Online – Go to **ftb.ca.gov/pay** for more information.

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Your name: Your SSN or ITIN:

Interest and Penalties
122 Interest, late return penalties, and late payment penalties 122 .00
123 Underpayment of estimated tax.
Check the box: FTB 5805 attached FTB 5805F attached 123 .00
124 Total amount due. See instructions. Enclose, but **do not** staple, any payment 124 .00

125 REFUND OR NO AMOUNT DUE. Subtract line 120 from line 103. See instructions.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001**..... 125 .00

Refund and Direct Deposit
Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.
See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:

Type Routing number Account number 126 Direct deposit amount
 Checking Savings .00

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:
 Type Routing number Account number 127 Direct deposit amount
 Checking Savings .00

Voter Info.
For voter registration information, check the box and go to sos.ca.gov/elections. See instructions

IMPORTANT: Attach a copy of your complete federal return.
Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.
Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature Date Spouse's/RDP's signature (if a joint tax return, both must sign)

Your email address. Enter only one email address.
 Preferred phone number

Sign Here
It is unlawful to forge a spouse's/ RDP's signature.

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

Firm's name (or yours, if self-employed) PTIN

Firm's address Firm's FEIN

Joint tax return? See instructions.

Do you want to allow another person to discuss this tax return with us? See instructions. Yes No

Print Third Party Designee's Name Telephone Number

California Adjustments — Nonresidents or Part-Year Residents

CA (540NR)

Important: Attach this schedule behind Form 540NR, Side 5 as a supporting California schedule.

Name(s) as shown on tax return

SAI KISHORE AKULA

SSN or ITIN

207997422

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2022.

During 2022:

1 My California (CA) Residency (Check one)

a Myself: Nonresident Part-Year Resident Resident

b Spouse: Nonresident Part-Year Resident Resident

| | Yourselves | Spouse/RDP |
|---|--|---|
| 2 a I was domiciled in (enter two letter code, see instructions) | <input checked="" type="radio"/> I L | <input type="radio"/> ___ |
| b I was in the military and stationed in (enter two letter code) | <input type="radio"/> ___ | <input type="radio"/> ___ |
| 3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) . . . | <input type="radio"/> ___/___/___ | <input type="radio"/> ___/___/___ |
| 4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) . | <input checked="" type="radio"/> I L 0 6/0 1/2 0 2 2 | <input type="radio"/> ___/___/___ |
| 5 I was a CA nonresident the entire year (enter state of residence) | <input type="radio"/> ___ | <input type="radio"/> ___ |
| 6 The number of days I spent in CA for any purpose was: | <input checked="" type="radio"/> 1 5 2 | <input type="radio"/> ___ |
| 7 I owned a home/property in CA (enter Y for Yes, N for No) | <input type="radio"/> N | <input type="radio"/> ___ |
| 8 Before 2022: I was a CA resident for the period of | <input type="radio"/> ___/___/___ - ___/___/___ | <input type="radio"/> ___/___/___ - ___/___/___ |

Part II Income Adjustment Schedule

| Section A — Income from federal Form 1040 or 1040-SR | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions (difference between CA & federal law) | C Additions See instructions (difference between CA & federal law) | D Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result) | E CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident) |
|--|--|---|--|---|--|
| 1 a Total amount from federal Form(s) W-2, box 1. See instructions | <input checked="" type="radio"/> 171033 | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> 171033 | <input checked="" type="radio"/> 121671 |
| b Household employee wages not reported on federal Form(s) W-2. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c Tip income not reported on line 1a. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d Medicaid waiver payments not reported on federal Form(s) W-2. See instr. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e Taxable dependent care benefits from federal Form 2441, line 26 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f Employer-provided adoption benefits from federal Form 8839, line 29. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g Wages from federal Form 8919, line 6 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h Other earned income. See instructions | <input type="radio"/> 0 | <input type="radio"/> | <input type="radio"/> 1464 | <input type="radio"/> 1464 | <input type="radio"/> 0 |
| i Nontaxable combat pay election. See instructions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| z Add line 1a through line 1i | <input checked="" type="radio"/> 171033 | <input type="radio"/> | <input type="radio"/> 1464 | <input checked="" type="radio"/> 172497 | <input checked="" type="radio"/> 121671 |
| 2 Taxable interest. a <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3 Ordinary dividends. See instructions. a <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4 IRA distributions. See instructions. a <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5 Pensions and annuities. See instructions. a <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6 Social security benefits. a <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7 Capital gain or (loss). See instructions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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| | | A | B | C | D | E |
|---|---|---|---|--|---|---|
| Section B — Additional Income from federal Schedule 1 (Form 1040) | | Federal Amounts (taxable amounts from your federal tax return) | Subtractions See instructions (difference between CA & federal law) | Additions See instructions (difference between CA & federal law) | Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result) | CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident) |
| 1 | Taxable refunds, credits, or offsets of state and local income taxes. | <input type="radio"/> | <input type="radio"/> | | | |
| 2 a | Alimony received. See instructions. | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3 | Business income or (loss). See instructions. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4 | Other gains or (losses) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. | <input type="radio"/> -10432 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> -10432 | <input type="radio"/> |
| 6 | Farm income or (loss) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7 | Unemployment compensation. | <input type="radio"/> | <input type="radio"/> | | | |
| 8 | Other income: | | | | | |
| 8a | a Federal net operating loss | <input type="radio"/> () | | <input type="radio"/> | | |
| 8b | b Gambling | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| 8c | c Cancellation of debt | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8d | d Foreign earned income exclusion from federal Form 2555. | <input type="radio"/> () | | <input type="radio"/> | | |
| 8e | e Income from federal Form 8853 | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8f | f Income from federal Form 8889 | <input type="radio"/> | <input type="radio"/> | | | |
| 8g | g Alaska Permanent Fund dividends | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 8h | h Jury duty pay. | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 8i | i Prizes and awards | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 8j | j Activity not engaged in for profit income | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 8k | k Stock options. | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8l | 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 | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 8m | m Olympic and Paralympic medals and USOC prize money | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 8n | n IRC Section 951(a) inclusion. | <input type="radio"/> | <input type="radio"/> | | | |
| 8o | o IRC Section 951A(a) inclusion. | <input type="radio"/> | <input type="radio"/> | | | |
| 8p | p IRC Section 461(l) excess business loss adjustment. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8q | q Taxable distributions from an ABL account | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 8r | r Scholarship and fellowship grants not reported on federal Form(s) W-2. | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 8s | s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d. | <input type="radio"/> () | | | <input type="radio"/> | <input type="radio"/> |
| 8t | t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 8u | u Wages earned while incarcerated. | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 8z | z Other income. List type and amount. <input type="radio"/> _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9 a | a Total other income. Add line 8a through line 8z. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | A | B | C | D | E |
|---|---|---|--|---|---|
| Section B — Additional Income Continued | Federal Amounts (taxable amounts from your federal tax return) | Subtractions See instructions (difference between CA & federal law) | Additions See instructions (difference between CA & federal law) | Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result) | CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident) |
| b1 Disaster loss deduction from form FTB 3805V 9b1 | | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| b2 NOL deduction from form FTB 3805V 9b2 | | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| b3 NOL from form FTB 3805Z, FTB 3807, or FTB 3809 9b3 | | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| 10 Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b3 (as applicable) in each column. See instructions. Go to Section C 10 | <input checked="" type="radio"/> 160601 | <input checked="" type="radio"/> | <input checked="" type="radio"/> 1464 | <input checked="" type="radio"/> 162065 | <input checked="" type="radio"/> 121671 |

Section C — Adjustments to Income
from federal Schedule 1 (Form 1040)

| | | | | | |
|---|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 11 Educator expenses 11 | <input checked="" type="radio"/> | <input type="radio"/> | | | |
| 12 Certain business expenses of reservists, performing artists, and fee-basis government officials 12 | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 Health savings account deduction 13 | <input checked="" type="radio"/> | <input type="radio"/> | | | |
| 14 Moving expenses. Attach form FTB 3913. See instructions 14 | <input checked="" type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15 Deductible part of self-employment tax. See instructions 15 | <input checked="" type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| 16 Self-employed SEP, SIMPLE, and qualified plans 16 | <input checked="" type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 17 Self-employed health insurance deduction. See instructions 17 | <input checked="" type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| 18 Penalty on early withdrawal of savings 18 | <input checked="" type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 19 a Alimony paid. b Enter recipient's: SSN <input checked="" type="radio"/> _____ Last name <input type="radio"/> _____ 19a | <input checked="" type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 IRA deduction 20 | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21 Student loan interest deduction 21 | <input checked="" type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22 Reserved for future use 22 | | | | | |
| 23 Archer MSA deduction 23 | <input checked="" type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| 24 Other adjustments: | | | | | |
| a Jury duty pay 24a | <input checked="" type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24b | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c | <input checked="" type="radio"/> | <input type="radio"/> | | | |
| d Reforestation amortization and expenses 24d | <input checked="" type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e | <input checked="" type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| f Contributions to IRC Section 501(c)(18)(D) pension plans 24f | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g Contributions by certain chaplains to IRC Section 403(b) plans 24g | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h | <input checked="" type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |

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| | A | B | C | D | E |
|---|---|---|--|---|---|
| Section C — Adjustments to Income Continued | Federal Amounts (taxable amounts from your federal tax return) | Subtractions See instructions (difference between CA & federal law) | Additions See instructions (difference between CA & federal law) | Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result) | CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident) |
| 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 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | | |
| j Housing deduction from federal Form 2555 24j | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | | |
| k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| z Other adjustments. List type and amount. <input checked="" type="radio"/> _____ 24z | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 25 Total other adjustments. Add line 24a through line 24z. 25 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 26 Add line 11 through line 23 and line 25 in each column, A through E 26 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 27 Total. Subtract line 26 from line 10 in each column, A through E. See instructions. 27 | <input checked="" type="radio"/> 160601 | <input checked="" type="radio"/> | <input checked="" type="radio"/> 1464 | <input checked="" type="radio"/> 162065 | <input checked="" type="radio"/> 121671 |

Part III Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California

| | | |
|--|---|--|
| A Federal Amounts (from federal Schedule A (Form 1040)) | B Subtractions See instructions | C Additions See instructions |
|--|---|--|

Medical and Dental Expenses See instructions.

| | | | | |
|---|----------|----------|--|----------------------------------|
| 1 Medical and dental expenses <input checked="" type="radio"/> | 1 | | | |
| 2 Enter amount from federal Form 1040 or 1040-SR, line 11 <input checked="" type="radio"/> | 160601 | 2 | | |
| 3 Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> | 12045 | 3 | | |
| 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/> | | 4 | | <input checked="" type="radio"/> |

Taxes You Paid

| | | | | |
|--|-------|-----------|--|---------------------------------------|
| 5a State and local income tax or general sales taxes <input checked="" type="radio"/> | 12588 | 5a | <input checked="" type="radio"/> 12588 | |
| 5b State and local real estate taxes <input checked="" type="radio"/> | | 5b | | |
| 5c State and local personal property taxes <input checked="" type="radio"/> | | 5c | | |
| 5d Add line 5a through line 5c <input checked="" type="radio"/> | 12588 | 5d | | |
| 5e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A Enter the amount from line 5a, column B in line 5e, column B Enter the difference from line 5d and line 5e, column A in line 5e, column C <input checked="" type="radio"/> | 10000 | 5e | <input checked="" type="radio"/> 12588 | <input checked="" type="radio"/> 2588 |
| 6 Other taxes. List type <input checked="" type="radio"/> _____ <input checked="" type="radio"/> | | 6 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 7 Add line 5e and line 6 <input checked="" type="radio"/> | 10000 | 7 | <input checked="" type="radio"/> 12588 | <input checked="" type="radio"/> 2588 |

Interest You Paid

| | | | | |
|---|--|-----------|----------------------------------|----------------------------------|
| 8a Home mortgage interest and points reported to you on federal Form 1098 <input checked="" type="radio"/> | | 8a | | <input checked="" type="radio"/> |
| 8b Home mortgage interest not reported to you on federal Form 1098 <input checked="" type="radio"/> | | 8b | | <input checked="" type="radio"/> |
| 8c Points not reported to you on federal Form 1098 <input checked="" type="radio"/> | | 8c | | <input checked="" type="radio"/> |
| 8d Reserved for future use <input checked="" type="radio"/> | | 8d | | |
| 8e Add line 8a through line 8c <input checked="" type="radio"/> | | 8e | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 9 Investment interest <input checked="" type="radio"/> | | 9 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 10 Add line 8e and line 9 <input checked="" type="radio"/> | | 10 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |

Gifts to Charity

| | | | | |
|--|--|-----------|----------------------------------|----------------------------------|
| 11 Gifts by cash or check <input checked="" type="radio"/> | | 11 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 12 Other than by cash or check <input checked="" type="radio"/> | | 12 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 13 Carryover from prior year <input checked="" type="radio"/> | | 13 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 14 Add line 11 through line 13 <input checked="" type="radio"/> | | 14 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |

Part III Adjustments to Federal Itemized Deductions
Continued

A Federal Amounts
(from federal Schedule A
(Form 1040))

B Subtractions
See instructions

C Additions
See instructions

Casualty and Theft Losses

15 Casualty or theft loss(es) (other than net qualified disaster losses).
Attach federal Form 4684. See instructions **15**

Other Itemized Deductions

16 Other—from list in federal instructions **16**

17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C **17** 10000 12588 2588

18 Total. Combine line 17 column A less column B plus column C **18**

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses: job travel, union dues, job education, etc.
Attach federal Form 2106 if required. See instructions. **19**

20 Tax preparation fees. **20**

21 Other expenses: investment, safe deposit box, etc. List type **21**

22 Add line 19 through line 21 **22**

23 Enter amount from federal Form 1040 or 1040-SR, line 11 160601

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0 **24**

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. **25**

26 Total Itemized Deductions. Add line 18 and line 25. **26**

27 Other adjustments. See instructions. Specify. **27**

28 Combine line 26 and line 27. **28**

29 Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status?

Single or married/RDP filing separately **\$229,908**

Head of household **\$344,867**

Married/RDP filing jointly or qualifying surviving spouse/RDP **\$459,821**

No. Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29 **29**

30 Enter the larger of the amount on line 29 or your standard deduction listed below:

Single or married/RDP filing separately. See instructions. **\$5,202**

Married/RDP filing jointly, head of household, or qualifying
surviving spouse/RDP **\$10,404** **30**

Part IV California Taxable Income

1 California AGI. Enter your California AGI from Part II, line 27, column E **1**

2 Enter your deductions from line 30 **2**

3 Deduction Percentage. Divide Part II, line 27, column E by Part II, line 27, column D. Carry the decimal
to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- **3**

4 California Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3 **4**

5 California Taxable Income. Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than
zero, enter -0- **5**

REV 02/03/23 PRO

| | |
|---|---|
| Name as Shown on Return <u>SAI KISHORE AKULA</u> | Social Security No. <u>207-99-7422</u> |
|---|---|

Line 1 – Wages, Salaries, Tips, Etc.

| | (B) Subtractions | (C) Additions |
|---|---------------------|------------------|
| 1 Excess reimbursements from Form 2106 included in wage income | | |
| 2 Active duty military pay | | |
| 3 Sick pay received under the Federal Insurance Contributions Act and Railroad Retirement Act | | |
| 4 Income exempted by U.S. tax treaties (unless specifically exempt for state purposes also) | | |
| 5 Exclusion for compensation from exercising a California Qualified Stock Option (CQSO). | | |
| 6 Ridesharing fringe benefit differences | | |
| 7 HSA employer contributions | | 1464 |
| 8 Paid Family Leave Insurance (PFL) benefits I confirm that the PFL amount above is accurate <input type="checkbox"/> | | |
| 9 Employer-provided adoption benefits income exclusions. | | |
| 10 In-Home Supportive Services (IHSS) supplementary payment | | |
| 11 Native American income (Form 3504) | | |
| 12 Clergy housing exclusion. This is the amount entered on W-2s a as smallest of amount spent or fair rental value b Enter the amount spent on qual. housing expenses _____ | | |
| 13 Excess moving reimbursements | | |
| 14 CA Employees and federal Independent Contractors income | | |
| 15 Employer-provided dependent care assistance exclusion | | |
| 16 Other (itemize): a _____ b _____ c _____ d _____ | | |
| Total adjustments to wages, salaries, tips, etc. Enter here and on Schedule CA (540/540NR), line 1. | | 1464 |

Line 4 – IRA, Pensions, and Annuities

| | (B) Subtractions | (C) Additions |
|--|---------------------|------------------|
| IRA's | | |
| 1 Other (itemize): a _____ b _____ c _____ d _____ | | |
| Total adjustments to IRA distributions. Enter here and on Schedule CA (540/540NR), line 4 | | |
| Pensions and Annuities | | |
| 1 Form 1099-R, Railroad Retirement Benefits. Check here to confirm the Tier 2 RRB above is correct . . . ▶ <input type="checkbox"/> | | |
| 2 Other (itemize): a _____ b _____ c _____ d _____ | | |
| Total adjustments to pensions and annuities. Enter here and on Schedule CA (540/540NR), line 5. | | |



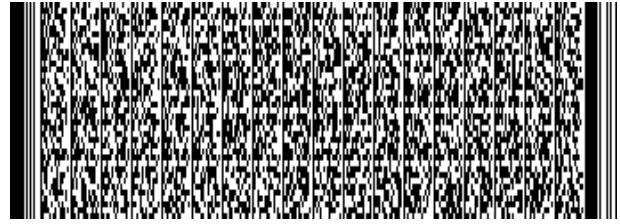
Illinois Department of Revenue
2022 Form IL-1040
 Individual Income Tax Return

or for fiscal year ending ___/___/___

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

207-99-7422 1995
 SAI KISHORE AKULA

 1055 E EVELYN AVE 58
 SUNNYVALE CA 94086 COOK
 KISHOREAKULA1994@GMAIL.COM



B Filing status: Single Married filing jointly Married filing separately Widowed Head of household

C Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You Spouse

D Check the box if this applies to you during 2022: Nonresident - **Attach** Sch. NR Part-year resident - **Attach** Sch. NR

Step 2: Income

(Whole dollars only)

| | | | |
|----------|--|----------|-------------------|
| 1 | Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. | 1 | <u>160,601.00</u> |
| 2 | Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. | 2 | <u>.00</u> |
| 3 | Other additions. Attach Schedule M. | 3 | <u>.00</u> |
| 4 | Total income. Add Lines 1 through 3. | 4 | <u>160,601.00</u> |

Step 3: Base Income

| | | | |
|----------|---|----------|-------------------|
| 5 | Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. | 5 | <u>.00</u> |
| 6 | Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1. | 6 | <u>.00</u> |
| 7 | Other subtractions. Attach Schedule M. | 7 | <u>.00</u> |
| 8 | Add Lines 5, 6, and 7. This is the total of your subtractions. | 8 | <u>.00</u> |
| 9 | Illinois base income. Subtract Line 8 from Line 4. | 9 | <u>160,601.00</u> |

Step 4: Exemptions

| | | | | |
|--|---|----------|-----------------|-----------------|
| 10 a | Enter the exemption amount for yourself and your spouse. See instructions. | a | <u>2,425.00</u> | |
| b | Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 = | b | <u>.00</u> | |
| c | Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 = | c | <u>.00</u> | |
| d | If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC. | d | <u>0.00</u> | |
| Exemption allowance. Add Lines 10a through 10d. | | | 10 | <u>2,425.00</u> |

Step 5: Net Income and Tax

| | | | |
|-----------|---|-----------|------------------|
| 11 | Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR. | 11 | <u>49,600.00</u> |
| 12 | Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. | 12 | <u>2,455.00</u> |
| 13 | Recapture of investment tax credits. Attach Schedule 4255. | 13 | <u>.00</u> |
| 14 | Income tax. Add Lines 12 and 13. Cannot be less than zero. | 14 | <u>2,455.00</u> |

Step 6: Tax After Nonrefundable Credits

| | | | |
|-----------|---|-----------|-----------------|
| 15 | Income tax paid to another state while an Illinois resident. Attach Schedule CR. | 15 | <u>.00</u> |
| 16 | Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. | 16 | <u>.00</u> |
| 17 | Credit amount from Schedule 1299-C. Attach Schedule 1299-C. | 17 | <u>.00</u> |
| 18 | Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. | 18 | <u>0.00</u> |
| 19 | Tax after nonrefundable credits. Subtract Line 18 from Line 14. | 19 | <u>2,455.00</u> |

Step 7: Other Taxes

| | | | |
|-----------|--|-----------|-----------------|
| 20 | Household employment tax. See instructions. | 20 | <u>.00</u> |
| 21 | Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank. | 21 | <u>0.00</u> |
| 22 | Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges. | 22 | <u>.00</u> |
| 23 | Total Tax. Add Lines 19, 20, 21, and 22. | 23 | <u>2,455.00</u> |

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V



24 Total tax from Page 1, Line 23. 24 2,455.00

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. **Attach** Schedule IL-WIT. 25 2,491.00

26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 .00

27 Pass-through withholding. **Attach** Schedule K-1-P or K-1-T. 27 .00

28 Pass-through entity tax credit. **Attach** Schedule K-1-P or K-1-T. 28 .00

29 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. **Attach** Schedule IL-E/EIC. 29 .00

30 **Total payments and refundable credit.** Add Lines 25 through 29. 30 2,491.00

Step 9: Total

31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 36.00

32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. 32 .00

Step 10: Underpayment of Estimated Tax Penalty and Donations

33 Late-payment penalty for underpayment of estimated tax. 33 .00

a Check if at least two-thirds of your federal gross income is from farming.

b Check if you or your spouse are 65 or older and permanently living in a nursing home.

c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. **Attach** Form IL-2210.

d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.

34 Voluntary charitable donations. **Attach** Schedule G. 34 .00

35 **Total penalty and donations.** Add Lines 33 and 34. 35 .00

Step 11: Refund or Amount you owe

36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your **overpayment**. 36 36.00

37 Amount from Line 36 you want **refunded to you**. Check **one** box on Line 38. See instructions. 37 36.00

38 I choose to receive my refund by

a **direct deposit** - Complete the information below if you check this box.

You may also contribute to college savings funds here. See instructions!

| | | | |
|----------------|-------------------|---|----------------------------------|
| Routing number | 0 4 4 0 0 0 0 3 7 | <input checked="" type="checkbox"/> Checking or | <input type="checkbox"/> Savings |
| Account number | 3 1 3 1 0 8 8 7 7 | | |

b **paper check.**

39 Amount to be **credited forward**. Subtract Line 37 from Line 36. See instructions. 39 .00

40 If you have an amount on Line 32, add Lines 32 and 35. **- or -**
If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the **amount you owe**. See instructions. 40 .00

Step 12: Health Insurance Checkbox and Signature

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

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

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

| | | | | | |
|-------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-------------------------|----------------------|
| Sign Here | Your signature | Date (mm/dd/yyyy) | Spouse's signature | Date (mm/dd/yyyy) | Daytime phone number |
| | | | | | (513) 678-7812 |
| Paid Preparer Use Only | Print/Type paid preparer's name | | Paid preparer's signature | | Date (mm/dd/yyyy) |
| | SYAM PRIYA RAM SAGAR GUPTA TALLAM | | SYAM PRIYA RAM SAGAR GUPTA TALLAM | | 02/11/2023 |
| | Firm's name | GLOBAL TAXES LLC | | Firm's FEIN | 843171965 |
| | Firm's address | 245 ROONEY CT E BRUNSWICKNJ 08816 | | Firm's phone | (678) 965-9522 |
| Third Party Designee | Designee's name (please print) | | | Designee's phone number | |
| | | | | () | |

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



Illinois Department of Revenue
2022 Schedule NR
 Attach to your Form IL-1040

**Nonresident and Part-Year Resident
 Computation of Illinois Tax**

IL Attachment No. 2

SAI KISHORE AKULA
 Your name as shown on your Form IL-1040

2 0 7 - 9 9 - 7 4 2 2
 Your Social Security number

Step 1: Provide the following information

- Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?
 Yes No If you answered "Yes," you cannot use this form (see instructions).
- If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2022.
a I lived in **Illinois** from 06 / 01 / 22 to 12 / 31 / 22 I lived in California from 01 / 01 / 22 to 05 / 31 / 22
 Month Day Year Month Day Year State Month Day Year Month Day Year
b My spouse lived in **Illinois** from ___ / ___ / 22 to ___ / ___ / 22, and _____ from ___ / ___ / 22 to ___ / ___ / 22
 Month Day Year Month Day Year State Month Day Year Month Day Year
- If you were a resident of any of the states listed below during the tax year, if you were in Illinois only to accompany your spouse who was in the military, or if you elected to use your service member spouse's state of residence for tax purposes, check the appropriate box.
 Iowa Kentucky Michigan Wisconsin Military Spouse
- List any state other than Illinois or any states already indicated on Line 2 or 3 above, that you claimed residency for tax purposes in 2022. Enter the two-letter abbreviation of that state.

Step 2: Complete Form IL-1040

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

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

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

| | Column A Federal Total | Column B Illinois Portion |
|---|---------------------------|------------------------------|
| 5 Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z) | <u>5</u> 171,033.00 | <u>50,361.00</u> |
| 6 Taxable interest (federal Form 1040 or 1040-SR, Line 2b) | <u>6</u> .00 | <u>.00</u> |
| 7 Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b) | <u>7</u> .00 | <u>.00</u> |
| 8 Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1) | <u>8</u> .00 | <u>.00</u> |
| 9 Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a) | <u>9</u> .00 | <u>.00</u> |
| 10 Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3) | <u>10</u> .00 | <u>.00</u> |
| 11 Capital gain or loss (federal Form 1040 or 1040-SR, Line 7) | <u>11</u> .00 | <u>.00</u> |
| 12 Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4) | <u>12</u> .00 | <u>.00</u> |
| 13 Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b) | <u>13</u> .00 | <u>.00</u> |
| 14 Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b) | <u>14</u> .00 | <u>.00</u> |
| 15 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040 or 1040-SR, Schedule 1, Line 5) | <u>15</u> -10,432.00 | <u>0.00</u> |
| 16 Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6) | <u>16</u> .00 | <u>.00</u> |
| 17 Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7) | <u>17</u> .00 | <u>.00</u> |
| 18 Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b) | <u>18</u> .00 | <u>.00</u> |
| 19 Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9) Include winnings from the Illinois State Lottery as Illinois income in Column B. | <u>19</u> .00 | <u>.00</u> |
| 20 Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income. | 20 | <u>50,361.00</u> |

Continue with Step 3 on Page 2 →



Step 3: Continued

| | | Column A Federal Total | Column B Illinois Portion |
|------------------------------|---|---------------------------|------------------------------|
| Adjustments to Income | 21 Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20. | 21 | 50,361.00 |
| | 22 Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11) | 22 .00 | .00 |
| | 23 Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12) | 23 .00 | .00 |
| | 24 Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13) | 24 0.00 | 0.00 |
| | 25 Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14) | 25 .00 | .00 |
| | 26 Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15) | 26 .00 | .00 |
| | 27 Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 16) | 27 .00 | .00 |
| | 28 Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17) | 28 .00 | .00 |
| | 29 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18) | 29 .00 | .00 |
| | 30 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a) | 30 .00 | .00 |
| | 31 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20) | 31 .00 | .00 |
| | 32 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21) | 32 .00 | .00 |
| | 33 RESERVED | 33 | |
| | 34 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23) | 34 .00 | .00 |
| | 35 Other adjustments (see instructions) | 35 .00 | .00 |
| | 36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income. | 36 | 0.00 |
| | 37 Enter your adjusted gross income as reported on your Form IL-1040, Line 1. | 37 160,601.00 | |
| | 38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income. | 38 | 50,361.00 |

Step 4: Figure your Illinois additions and subtractions

In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

| | | Column A Form IL-1040 Total | Column B Illinois Portion |
|-----------------------------|--|--------------------------------|------------------------------|
| Illinois Adjustments | 39 Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) | 39 .00 | .00 |
| | 40 Other additions (Form IL-1040, Line 3) | 40 .00 | .00 |
| | 41 Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. | 41 | 50,361.00 |
| | 42 Federally taxed Social Security and retirement income (Form IL-1040, Line 5) | 42 .00 | .00 |
| | 43 Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) | 43 .00 | .00 |
| | 44 Other subtractions (Form IL-1040, Line 7) | 44 .00 | .00 |
| | 45 Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. | 45 | .00 |

Step 5: Figure your Illinois income and tax

| Tax Calculations | 46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. | 46 | 50,361.00 |
|-------------------------|--|----------------------|-----------|
| | If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. | | |
| | 47 Enter the base income from Form IL-1040, Line 9. | 47 160,601.00 | |
| | 48 Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. | 48 0.314 | |
| | 49 Enter your exemption allowance from your Form IL-1040, Line 10. | 49 2,425.00 | |
| | 50 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. | 50 | 761.00 |
| | 51 Subtract Line 50 from Line 46. This is your Illinois net income . Enter the amount here and on your Form IL-1040, Line 11. | 51 → | 49,600.00 |
| | 52 Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than zero. Enter the amount here and on your Form IL-1040, Line 12. This is your tax . | 52 → | 2,455.00 |



Illinois Department of Revenue

2022 Schedule IL-WIT Illinois Income Tax Withheld

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

Use the reference for Column A shown in the chart below.

| Form Type | Letter Code for Column A | Form Type | Letter Code for Column A |
|-----------|--------------------------|-----------|--------------------------|
| W-2 | W | 1099-DIV | D |
| W-2G | WG | 1099-INT | I |
| 1099-R | R | 1042-S | S |
| 1099-G | G | 1099-B | B |
| 1099-MISC | M | 1099-K | K |
| 1099-OID | O | 1099-NEC | N |

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

SAI KISHORE AKULA 2 0 7 - 9 9 - 7 4 2 2
 Your name as shown on Form IL-1040 Your Social Security number

| Column A Form type | Column B Employer/Payer Identification Number | Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc. | Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc. | Column E Illinois Income Tax Withheld |
|-----------------------|---|---|--|---|
| 1 <u>W</u> | <u>94-0506370 000 3</u> | \$ <u>39,833.00</u> | \$ <u>39,833.00</u> | \$ <u>1,970.00</u> |
| 2 <u>W</u> | <u>77-0493581 0001</u> | \$ <u>131,200.00</u> | \$ <u>10,528.00</u> | \$ <u>521.00</u> |
| 3 _____ | _____ | \$ <u>.00</u> | \$ <u>.00</u> | \$ <u>.00</u> |
| 4 _____ | _____ | \$ <u>.00</u> | \$ <u>.00</u> | \$ <u>.00</u> |
| 5 _____ | _____ | \$ <u>.00</u> | \$ <u>.00</u> | \$ <u>.00</u> |

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

 Your spouse's name as shown on Form IL-1040 Your spouse's Social Security number

| Column A Form type | Column B Employer/Payer Identification Number | Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc. | Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc. | Column E Illinois Income Tax Withheld |
|-----------------------|---|---|--|---|
| 6 _____ | _____ | \$ <u>.00</u> | \$ <u>.00</u> | \$ <u>.00</u> |
| 7 _____ | _____ | \$ <u>.00</u> | \$ <u>.00</u> | \$ <u>.00</u> |
| 8 _____ | _____ | \$ <u>.00</u> | \$ <u>.00</u> | \$ <u>.00</u> |
| 9 _____ | _____ | \$ <u>.00</u> | \$ <u>.00</u> | \$ <u>.00</u> |
| 10 _____ | _____ | \$ <u>.00</u> | \$ <u>.00</u> | \$ <u>.00</u> |

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld.

Enter this amount here and on Form IL-1040, Line 25.

11 \$ 2,491.00

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



Illinois Department of Revenue

Submission ID

2022 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

SAI KISHORE AKULA 2 0 7 - 9 9 - 7 4 2 2
First name and middle initial Spouse's first name (and last name if different) Last name Social Security number
1055 E EVELYN AVE 58
Mailing address Spouse's Social Security number
SUNNYVALE CA 94086 (513) 678-7812
City State ZIP Daytime phone number

Step 2: Complete information from tax return

Choose one: [X] IL-1040 [] IL-1040-X

1 Net income from Form IL-1040 or IL-1040-X, Line 11 1 49,600 | 00
2 Tax from Form IL-1040 or IL-1040-X, Line 14 2 2,455 | 00
3 Illinois Income Tax withheld from Form IL-1040 or IL-1040-X, Line 25 only (enter "0" if none) 3 2,491 | 00
4 Overpayment from Form IL-1040, Line 36 or IL-1040-X, Line 35 4 36 | 00
5 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 5 | 00
6 Filing status: [X] Single [] Married filing jointly [] Married filing separately [] Widowed [] Head of household

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check.

7 Routing no. (RN): 0 4 4 0 0 0 0 3 7
8 Account no. (AN): 3 1 3 1 0 8 8 7 7
9 Type of account: [X] Checking [] Savings
10 Date the payment is to be electronically withdrawn: / /
11 Electronic funds withdrawal amount: | 00
12 Name on account:

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- [X] I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
[] I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2022 Illinois Original or Amended Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
[] I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 or IL-1040-X and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign here Your signature Date Spouse's signature (if joint return, both must sign) Date

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic Form IL-1040 or IL-1040-X, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

ERO's signature Date 02/11/2023 Check if paid preparer: [X] (See instructions.)
GLOBAL TAXES LLC P 0 2 0 8 2 7 0 3
Firm's name or your name if self-employed Your PTIN
245 ROONEY CT 8 8 - 2 1 4 5 4 8 7
Mailing address Federal employer identification number (FEIN)
E BRUNSWICK NJ 08816 (678) 965-9522
City State ZIP Daytime phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

Do not mail Form IL-8453 and these documents unless requested for review.

