

# IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

|   |  |
|---|--|
| Taxpayer's name<br>SAI PRIDHVI RAVIPATI | Social security number<br>009-87-5241          |
| Spouse's name<br>ANUSHA NALLAMOTHU      | Spouse's social security number<br>211-39-5264 |

## 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 | 112,479. |
| 2 | Total tax . . . . .   | 2 | 10,281.  |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | 3 | 18,448.  |
| 4 | Amount you want refunded to you . . . . .                               | 4 | 8,167.   |
| 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 

|   |   |   |   |   |
|---|---|---|---|---|
| 7 | 5 | 2 | 4 | 1 |
|---|---|---|---|---|

 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 ▶ sai pridhvi Ravipati Date ▶ 2/1/2023

### Spouse's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 9 | 5 | 2 | 6 | 4 |
|---|---|---|---|---|

 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 ▶ Anusha N Date ▶ 2/1/2023

### 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 [ ] Single [X] 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:

Form fields for personal information: Your first name and middle initial (SAI PRIDHVI), Last name (RAVIPATI), Your social security number (009-87-5241), Spouse's social security number (211-39-5264), Home address (46 UNIVERSITY APARTMENT), City (CHARLESTON), State (IL), ZIP code (61920).

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 (Child tax credit, Credit for other dependents). Includes a checkbox for 'If more than four dependents, see instructions and check here'.

Main income table with columns for line numbers and amounts. Rows include: 1a Total amount from Form(s) W-2, box 1 (121,531); 1b Household employee wages; 1c Tip income; 1d Medicaid waiver payments; 1e Taxable dependent care benefits; 1f Employer-provided adoption benefits; 1g Wages from Form 8919, line 6; 1h Other earned income (0); 1i Nontaxable combat pay election; 1z Add lines 1a through 1h (121,531); 2a-6a Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits; 7 Capital gain or (loss) (-9,052); 8 Other income from Schedule 1, line 10; 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8 (112,479); 10 Adjustments to income from Schedule 1, line 26; 11 Subtract line 10 from line 9 (112,479); 12 Standard deduction or itemized deductions (25,900); 13 Qualified business income deduction; 14 Add lines 12 and 13 (25,900); 15 Subtract line 14 from line 11 (86,579).

Tax and Credits table with rows 16-24. Includes Tax (10,281), Amount from Schedule 2, line 3, Add lines 16 and 17 (10,281), Child tax credit, Amount from Schedule 3, line 8, Add lines 19 and 20, Subtract line 21 from line 18 (10,281), Other taxes (0), Add lines 22 and 23 (10,281).

Payments table with rows 25-33. Includes Federal income tax withheld (18,448), 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, Add lines 27, 28, 29, and 31 (18,448), Add lines 25d, 26, and 32 (18,448).

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

Refund table with rows 34-36. Includes If line 33 is more than line 24 (8,167), Amount of line 34 you want refunded to you (8,167), Routing number (271070801), Account number (141154790), 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 (37), 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 (JAVA DEVELOPER, SOFTWARE ENGINEER).

Paid Preparer Use Only section. Includes fields for Preparer's name (SYAM PRIYA RAM SAGAR GUPTA TALLAM), Preparer's signature, Date (02/01/2023), 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 (88-2145487).

**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](http://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 PRIDHVI RAVIPATI & ANUSHA NALLAMOTHU

Your social security number  
009-87-5241

**Part I Additional Income**

|           |   |               |           |         |
|-----------|---|---------------|-----------|---------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  |               | <b>1</b>  |         |
| <b>2a</b> | Alimony received . . . . .  |               | <b>2a</b> |         |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____  |               |           |         |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  |               | <b>3</b>  |         |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   |               | <b>4</b>  |         |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   |               | <b>5</b>  | -9,052. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  |               | <b>6</b>  |         |
| <b>7</b>  | Unemployment compensation . . . . .   |               | <b>7</b>  |         |
| <b>8</b>  | Other income:   |               |           |         |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> ( ) |           |         |
| <b>b</b>  | Gambling . . . . .  | <b>8b</b>     |           |         |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b>     |           |         |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> ( ) |           |         |
| <b>e</b>  | Income from Form 8853 . . . . .   | <b>8e</b>     |           |         |
| <b>f</b>  | Income from Form 8889 . . . . .   | <b>8f</b>     |           |         |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8g</b>     |           |         |
| <b>h</b>  | Jury duty pay . . . . .   | <b>8h</b>     |           |         |
| <b>i</b>  | Prizes and awards . . . . .   | <b>8i</b>     |           |         |
| <b>j</b>  | Activity not engaged in for profit income . . . . .   | <b>8j</b>     |           |         |
| <b>k</b>  | Stock options . . . . .   | <b>8k</b>     |           |         |
| <b>l</b>  | 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 . . . . . | <b>8l</b>     |           |         |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8m</b>     |           |         |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8n</b>     |           |         |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8o</b>     |           |         |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8p</b>     |           |         |
| <b>q</b>  | Taxable distributions from an ABLE account (see instructions) . . . . .   | <b>8q</b>     |           |         |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .  | <b>8r</b>     |           |         |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .  | <b>8s</b> ( ) |           |         |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b>     |           |         |
| <b>u</b>  | Wages earned while incarcerated . . . . .   | <b>8u</b>     |           |         |
| <b>z</b>  | Other income. List type and amount: _____   | <b>8z</b>     |           |         |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   |               | <b>9</b>  |         |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8   |               | <b>10</b> | -9,052. |

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

Schedule 1 (Form 1040) 2022

**Part II Adjustments to Income**

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

**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](http://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 PRIDHVI RAVIPATI & ANUSHA NALLAMOTHU

Your social security number

009-87-5241

**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** 13-6-4/1, SANJAY COLONY, NIDUBROLU, PONNUR IN 522123

**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                 |                          |
| <b>A</b> 3                            |  | 345              |   | 0                 | <input type="checkbox"/> |
| <b>B</b>                              |  |                  |   |                   | <input type="checkbox"/> |
| <b>C</b>                              |  |                  |   |                   | <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 |
| <b>3</b> Rents received . . . . .   | <b>3</b> 521.        |   |   |
| <b>4</b> Royalties received . . . . .   | <b>4</b>             |   |   |
| <b>Expenses:</b>  |                      |   |   |
| <b>5</b> Advertising . . . . .  | <b>5</b>             |   |   |
| <b>6</b> Auto and travel (see instructions) . . . . .   | <b>6</b>             |   |   |
| <b>7</b> Cleaning and maintenance . . . . .   | <b>7</b> 610.        |   |   |
| <b>8</b> Commissions . . . . .  | <b>8</b>             |   |   |
| <b>9</b> Insurance . . . . .  | <b>9</b>             |   |   |
| <b>10</b> Legal and other professional fees . . . . .   | <b>10</b>            |   |   |
| <b>11</b> Management fees . . . . .   | <b>11</b> 1,240.     |   |   |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>            |   |   |
| <b>13</b> Other interest . . . . .  | <b>13</b>            |   |   |
| <b>14</b> Repairs . . . . .   | <b>14</b> 2,685.     |   |   |
| <b>15</b> Supplies . . . . .  | <b>15</b> 3,458.     |   |   |
| <b>16</b> Taxes . . . . .   | <b>16</b>            |   |   |
| <b>17</b> Utilities . . . . .   | <b>17</b> 1,580.     |   |   |
| <b>18</b> Depreciation expense or depletion . . . . .   | <b>18</b>            |   |   |
| <b>19</b> Other (list) _____  | <b>19</b>            |   |   |
| <b>20</b> Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b> 9,573.     |   |   |
| <b>21</b> 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 <b>Form 6198</b> . . . . .  | <b>21</b> -9,052.    |   |   |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | <b>22</b> ( 9,052. ) |   |   |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .  | <b>23a</b> 521.      |   |   |
| <b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .   | <b>23b</b>           |   |   |
| <b>c</b> Total of all amounts reported on line 12 for all properties . . . . .  | <b>23c</b>           |   |   |
| <b>d</b> Total of all amounts reported on line 18 for all properties . . . . .  | <b>23d</b>           |   |   |
| <b>e</b> Total of all amounts reported on line 20 for all properties . . . . .  | <b>23e</b> 9,573.    |   |   |
| <b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .  | <b>24</b>            |   |   |
| <b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .  | <b>25</b> ( 9,052. ) |   |   |
| <b>26</b> <b>Total rental real estate and royalty income or (loss).</b> 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 . . . . . | <b>26</b> -9,052.    |   |   |

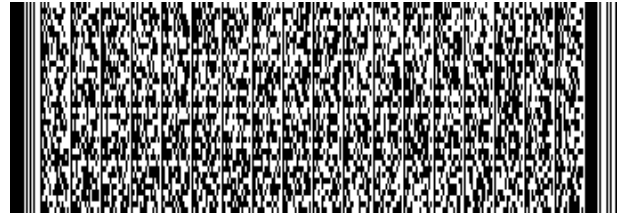


Illinois Department of Revenue  
**2022 Form IL-1040**  
Individual Income Tax Return

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.

009-87-5241      1992      211-39-5264      1992  
SAI PRIDHVI                              RAVIPATI  
ANUSHA                                      NALLAMOTHU  
46 UNIVERSITY APARTMENT  
CHARLESTON              IL      61920  
PRIDHVISAI@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)

|          |  |          |            |
|----------|--|----------|------------|
| <b>1</b> | Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.                     | <b>1</b> | 112,479.00 |
| <b>2</b> | Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. | <b>2</b> | .00        |
| <b>3</b> | Other additions. <b>Attach</b> Schedule M.   | <b>3</b> | .00        |
| <b>4</b> | <b>Total income.</b> Add Lines 1 through 3.  | <b>4</b> | 112,479.00 |

**Step 3: Base Income**

|          |   |          |            |
|----------|---|----------|------------|
| <b>5</b> | Social Security benefits and certain retirement plan income received if included in Line 1. <b>Attach</b> Page 1 of federal return. | <b>5</b> | .00        |
| <b>6</b> | Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.  | <b>6</b> | .00        |
| <b>7</b> | Other subtractions. <b>Attach</b> Schedule M.   | <b>7</b> | .00        |
| <b>8</b> | Add Lines 5, 6, and 7. This is the total of your subtractions.  | <b>8</b> | .00        |
| <b>9</b> | <b>Illinois base income.</b> Subtract Line 8 from Line 4.   | <b>9</b> | 112,479.00 |

**Step 4: Exemptions**

|  |   |          |                    |
|--|---|----------|--------------------|
| <b>10 a</b>  | Enter the exemption amount for yourself and your spouse. <b>See instructions.</b>   | <b>a</b> | 4,850.00           |
| <b>b</b>   | Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =          | <b>b</b> | .00                |
| <b>c</b>   | Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =        | <b>c</b> | .00                |
| <b>d</b>   | If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. <b>Attach</b> Schedule IL-E/EIC. | <b>d</b> | 0.00               |
| <b>Exemption allowance.</b> Add Lines 10a through 10d. |   |          | <b>10</b> 4,850.00 |

**Step 5: Net Income and Tax**

|           |   |           |          |
|-----------|---|-----------|----------|
| <b>11</b> | <b>Residents: Net income.</b> Subtract Line 10 from Line 9.<br><b>Nonresidents and part-year residents:</b> Enter the <b>Illinois net income</b> from Schedule NR. <b>Attach</b> Schedule NR. | <b>11</b> | 6,741.00 |
| <b>12</b> | <b>Residents:</b> Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.<br><b>Nonresidents and part-year residents:</b> Enter the tax from Schedule NR.                                | <b>12</b> | 334.00   |
| <b>13</b> | Recapture of investment tax credits. <b>Attach</b> Schedule 4255.   | <b>13</b> | .00      |
| <b>14</b> | <b>Income tax.</b> Add Lines 12 and 13. Cannot be less than zero.   | <b>14</b> | 334.00   |

**Step 6: Tax After Nonrefundable Credits**

|           |   |           |        |
|-----------|---|-----------|--------|
| <b>15</b> | Income tax paid to another state while an Illinois resident. <b>Attach</b> Schedule CR.               | <b>15</b> | .00    |
| <b>16</b> | Property tax and K-12 education expense credit amount from Schedule ICR. <b>Attach</b> Schedule ICR.  | <b>16</b> | .00    |
| <b>17</b> | Credit amount from Schedule 1299-C. <b>Attach</b> Schedule 1299-C.                                    | <b>17</b> | .00    |
| <b>18</b> | Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. | <b>18</b> | 0.00   |
| <b>19</b> | <b>Tax after nonrefundable credits.</b> Subtract Line 18 from Line 14.                                | <b>19</b> | 334.00 |

**Step 7: Other Taxes**

|           |  |           |        |
|-----------|--|-----------|--------|
| <b>20</b> | Household employment tax. See instructions.  | <b>20</b> | .00    |
| <b>21</b> | Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. <b>Do not</b> leave blank. | <b>21</b> | 0.00   |
| <b>22</b> | Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.  | <b>22</b> | .00    |
| <b>23</b> | <b>Total Tax.</b> Add Lines 19, 20, 21, and 22.  | <b>23</b> | 334.00 |

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V



24 Total tax from Page 1, Line 23. 24 334.00

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 349.00
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. 30 349.00

Step 9: Total

31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 15.00
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 15.00
37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. 37 15.00
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 2 7 1 0 7 0 8 0 1 X Checking or Savings
Account number 1 4 1 1 5 4 7 9 0

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.

Table with 6 columns: Sign Here, Your signature, Date (mm/dd/yyyy), Spouse's signature, Date (mm/dd/yyyy), Daytime phone number. Includes fields for Paid Preparer and Third Party Designee.

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

S RAVIPATI & A NALLAMOTHU  
 Your name as shown on your Form IL-1040

0 0 9 - 8 7 - 5 2 4 1  
 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.
  - I lived in **Illinois** from \_\_\_ / \_\_\_ / 2 2 to \_\_\_ / \_\_\_ / 2 2 I lived in \_\_\_\_\_ from \_\_\_ / \_\_\_ / 2 2 to \_\_\_ / \_\_\_ / 2 2  
 Month Day Year Month Day Year State Month Day Year Month Day Year
  - My spouse lived in **Illinois** from \_\_\_ / \_\_\_ / 2 2 to \_\_\_ / \_\_\_ / 2 2, and \_\_\_\_\_ from \_\_\_ / \_\_\_ / 2 2 to \_\_\_ / \_\_\_ / 2 2  
 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<br>Federal Total | Column B<br>Illinois Portion |
|---|---------------------------|------------------------------|
| <b>5</b> Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z)  | <u>5</u> 121,531.00       | <u>7,047.00</u>              |
| <b>6</b> Taxable interest (federal Form 1040 or 1040-SR, Line 2b)   | <u>6</u> .00              | <u>.00</u>                   |
| <b>7</b> Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)   | <u>7</u> .00              | <u>.00</u>                   |
| <b>8</b> 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>                   |
| <b>9</b> Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)   | <u>9</u> .00              | <u>.00</u>                   |
| <b>10</b> Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)  | <u>10</u> .00             | <u>.00</u>                   |
| <b>11</b> Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)   | <u>11</u> .00             | <u>.00</u>                   |
| <b>12</b> Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)  | <u>12</u> .00             | <u>.00</u>                   |
| <b>13</b> Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)   | <u>13</u> .00             | <u>.00</u>                   |
| <b>14</b> Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)  | <u>14</u> .00             | <u>.00</u>                   |
| <b>15</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040 or 1040-SR, Schedule 1, Line 5)  | <u>15</u> -9,052.00       | <u>0.00</u>                  |
| <b>16</b> Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)  | <u>16</u> .00             | <u>.00</u>                   |
| <b>17</b> Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)  | <u>17</u> .00             | <u>.00</u>                   |
| <b>18</b> Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)  | <u>18</u> .00             | <u>.00</u>                   |
| <b>19</b> Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9)<br>Include winnings from the <b>Illinois State Lottery</b> as Illinois income in Column B. | <u>19</u> .00             | <u>.00</u>                   |
| <b>20</b> Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.  | <b>20</b>                 | <u>7,047.00</u>              |

Continue with Step 3 on Page 2 →



**Step 3: Continued**

|                              |   | Column A<br>Federal Total | Column B<br>Illinois Portion |
|------------------------------|---|---------------------------|------------------------------|
| <b>Adjustments to Income</b> | <b>21</b> Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.   | <b>21</b>                 | 7,047.00                     |
|                              | <b>22</b> Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)   | <b>22</b> .00             | .00                          |
|                              | <b>23</b> Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12) | <b>23</b> .00             | .00                          |
|                              | <b>24</b> Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)  | <b>24</b> .00             | .00                          |
|                              | <b>25</b> Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14)   | <b>25</b> .00             | .00                          |
|                              | <b>26</b> Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)  | <b>26</b> .00             | .00                          |
|                              | <b>27</b> Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 16)  | <b>27</b> .00             | .00                          |
|                              | <b>28</b> Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)  | <b>28</b> .00             | .00                          |
|                              | <b>29</b> Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)  | <b>29</b> .00             | .00                          |
|                              | <b>30</b> Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)   | <b>30</b> .00             | .00                          |
|                              | <b>31</b> IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)   | <b>31</b> .00             | .00                          |
|                              | <b>32</b> Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)   | <b>32</b> .00             | .00                          |
|                              | <b>33</b> RESERVED  | <b>33</b>                 |                              |
|                              | <b>34</b> Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)  | <b>34</b> .00             | .00                          |
|                              | <b>35</b> Other adjustments (see instructions)  | <b>35</b> .00             | .00                          |
|                              | <b>36</b> Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income.  | <b>36</b>                 | .00                          |
|                              | <b>37</b> Enter your adjusted gross income as reported on your Form IL-1040, Line 1.  | <b>37</b> 112,479.00      |                              |
|                              | <b>38</b> Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.  | <b>38</b>                 | 7,047.00                     |

**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<br>Form IL-1040 Total | Column B<br>Illinois Portion |
|-----------------------------|--|--------------------------------|------------------------------|
| <b>Illinois Adjustments</b> | <b>39</b> Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)   | <b>39</b> .00                  | .00                          |
|                             | <b>40</b> Other additions (Form IL-1040, Line 3)   | <b>40</b> .00                  | .00                          |
|                             | <b>41</b> Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.                                 | <b>41</b>                      | 7,047.00                     |
|                             | <b>42</b> Federally taxed Social Security and retirement income (Form IL-1040, Line 5)   | <b>42</b> .00                  | .00                          |
|                             | <b>43</b> Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) | <b>43</b> .00                  | .00                          |
|                             | <b>44</b> Other subtractions (Form IL-1040, Line 7)  | <b>44</b> .00                  | .00                          |
|                             | <b>45</b> Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.                                    | <b>45</b>                      | .00                          |

**Step 5: Figure your Illinois income and tax**

|                         |  |                      |          |
|-------------------------|--|----------------------|----------|
| <b>Tax Calculations</b> | <b>46</b> Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.   | <b>46</b>            | 7,047.00 |
|                         | If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.  |                      |          |
|                         | <b>47</b> Enter the base income from Form IL-1040, Line 9.   | <b>47</b> 112,479.00 |          |
|                         | <b>48</b> 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.                                 | <b>48</b> 0.063      |          |
|                         | <b>49</b> Enter your exemption allowance from your Form IL-1040, Line 10.  | <b>49</b> 4,850.00   |          |
|                         | <b>50</b> Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.   | <b>50</b>            | 306.00   |
|                         | <b>51</b> Subtract Line 50 from Line 46. This is your <b>Illinois net income</b> . Enter the amount here and on your Form IL-1040, Line 11.  | <b>51</b>            | 6,741.00 |
|                         | <b>52</b> 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 <b>tax</b> . | <b>52</b>            | 334.00   |





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 PRIDHVI ANUSHA NALLAMOTHU RAVIPATI 0 0 9 - 8 7 - 5 2 4 1
First name and middle initial Spouse's first name (and last name if different) Last name Social Security number
46 UNIVERSITY APARTMENT 2 1 1 - 3 9 - 5 2 6 4
Mailing address Spouse's Social Security number
CHARLESTON IL 61920 (929) 405-8434
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 6,741 | 00
2 Tax from Form IL-1040 or IL-1040-X, Line 14 2 334 | 00
3 Illinois Income Tax withheld from Form IL-1040 or IL-1040-X, Line 25 only (enter "0" if none) 3 349 | 00
4 Overpayment from Form IL-1040, Line 36 or IL-1040-X, Line 35 4 15 | 00
5 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 5 | 00
6 Filing status: [ ] Single [X] 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): 2 7 1 0 7 0 8 0 1
8 Account no. (AN): 1 4 1 1 5 4 7 9 0
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 02/01/2023 Date 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.





**2022 Form M1, Individual Income Tax**

Do not use staples on anything you submit.

|   |   |   |   |
|---|---|---|---|
| <u>SAI PRIDHVI</u><br>Your First Name and Initial                   | <u>RAVIPATI</u><br>Last Name            | <u>009875241</u><br>Your Social Security Number     | <u>05151992</u><br>Your Date of Birth (MM/DD/YYYY)            |
| <u>ANUSHA</u><br>If a Joint Return, Spouse's First Name and Initial | <u>NALLAMOTHU</u><br>Spouse's Last Name | <u>211395264</u><br>Spouse's Social Security Number | <u>01271992</u><br>Spouse's Date of Birth                     |
| <u>46 UNIVERSITY APARTMENT</u><br>Current Home Address              |   | Check if Address is:                                | <input type="checkbox"/> New <input type="checkbox"/> Foreign |
| <u>CHARLESTON</u><br>City   | <u>IL</u><br>State                      | <u>61920</u><br>ZIP Code                            |   |

**2022 Federal Filing Status (place an X in one box):**

(1) Single  
  (2) Married Filing Jointly  
  (3) Married Filing Separately  
  (4) Head of Household  
  (5) Qualifying Widow(er)

Spouse Name \_\_\_\_\_

Spouse SSN \_\_\_\_\_

**Dependents (see instructions):**

|                              |                             |                       |                                       |
|------------------------------|-----------------------------|-----------------------|---------------------------------------|
| Dependent 1 First Name _____ | Dependent 1 Last Name _____ | Dependent 1 SSN _____ | Dependent 1 Relationship to You _____ |
| Dependent 2 First Name _____ | Dependent 2 Last Name _____ | Dependent 2 SSN _____ | Dependent 2 Relationship to You _____ |
| Dependent 3 First Name _____ | Dependent 3 Last Name _____ | Dependent 3 SSN _____ | Dependent 3 Relationship to You _____ |

**State Elections Campaign Fund**

To grant \$5 to this fund, enter the code for the party of your choice. It will help candidates for state offices pay campaign expenses. This will not increase your tax or reduce your refund.

**Political Party Code Numbers:** Democratic/Farmer-Labor . . . 12    Grassroots/Legalize Cannabis 14    Legal Marijuana Now . . . . . 17

Republican . . . . . 11    Independence . . . . . 13    Libertarian . . . . . 16    General Campaign Fund . . . . . 99

Your Code \_\_\_\_\_ Spouse's Code \_\_\_\_\_

**From Your Federal Return (see instructions)**

|   |   |                             |   |
|---|---|-----------------------------|---|
| <u>121531</u><br>A. Wages, salaries, tips, etc. | <u>0</u><br>B. IRA, pensions, and annuities | <u>0</u><br>C. Unemployment | <u>86579</u><br>D. Federal taxable income |
|---|---|-----------------------------|---|

|          |  |            |               |
|----------|--|------------|---------------|
| <b>1</b> | <b>Federal adjusted gross income</b> (from line 11 of federal Form 1040 and 1040-SR) . . . . .                   | <b>1</b> ■ | <u>112479</u> |
| <b>2</b> | <b>Additions to income</b> from line 10 of Schedule M1M and line 9 of Schedule M1MB (see instructions) . . . . . | <b>2</b> ■ | _____         |
| <b>3</b> | <b>Add lines 1 and 2.</b> . . . . .  | <b>3</b>   | <u>112479</u> |
| <b>4</b> | <b>Itemized deductions</b> (from Schedule M1SA) or your <b>standard deduction</b> (see instructions) . . . . .   | <b>4</b> ■ | <u>25800</u>  |
| <b>5</b> | <b>Exemptions</b> (determine from instructions) . . . . .  | <b>5</b> ■ | _____         |
| <b>6</b> | <b>State income tax refund</b> from line 1 of federal Schedule 1 . . . . .                                       | <b>6</b> ■ | _____         |
| <b>7</b> | <b>Subtractions</b> from line 32 of Schedule M1M and line 21 of Schedule M1MB (see instructions) . . . . .       | <b>7</b> ■ | _____         |
| <b>8</b> | <b>Total subtractions.</b> Add lines 4 through 7 . . . . .   | <b>8</b>   | <u>25800</u>  |
| <b>9</b> | <b>Minnesota taxable income.</b> Subtract line 8 from line 3. If zero or less, leave blank. . . . .              | <b>9</b>   | <u>86679</u>  |
| <b>1</b> | <b>Tax</b> from the table or schedules in the Form M1 instructions . . . . .                                     | <b>10</b>  | <u>5297</u>   |



11 Alternative minimum tax (enclose Schedule M1MT) ..... 11 ■ \_\_\_\_\_

12 Add lines 10 and 11 ..... 12 \_\_\_\_\_ 5297

13 **Full-year residents:** Enter the amount from line 12 on line 13. Skip lines 13a and 13b.  
**Part-year residents and nonresidents:** From Schedule M1NR, enter the amount from line 32 on line 13, from line 28 on line 13a, and from line 29 on line 13b (enclose Schedule M1NR) ..... 13 \_\_\_\_\_ 2089

13a ■ 4 4 3 6 4 13b ■ 1 1 2 4 7 9

14 Other taxes, such as recapture amounts and the tax on lump-sum distributions (check appropriate boxes)  
 (a) Schedule M1HOME  (b) Schedule M1529  (c) Schedule M1LS ..... 14 ■ \_\_\_\_\_

15 Tax before credits. Add lines 13 and 14 ..... 15 \_\_\_\_\_ 2089

16 Amount from line 19 of Schedule M1C, *Nonrefundable Credits* (enclose Schedule M1C) ..... 16 ■ \_\_\_\_\_

17 Subtract line 16 from line 15 (if result is zero or less, leave blank) ..... 17 \_\_\_\_\_ 2089

18 Nongame Wildlife Fund contribution (see instructions)  
This will reduce your refund or increase the amount you owe ..... 18 ■ \_\_\_\_\_

19 Add lines 17 and 18 ..... 19 \_\_\_\_\_ 2089

20 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report Minnesota withholding from Forms W-2, 1099, and W-2G and Schedules KPI, KS, and KF ..... 20 ■ \_\_\_\_\_ 2678

21 Minnesota estimated tax and extension payments made for 2022 ..... 21 ■ \_\_\_\_\_

22 Amount from line 12 of Schedule M1REF, *Refundable Credits* (see instructions; enclose Schedule M1REF) ..... 22 ■ \_\_\_\_\_

23 Total payments. Add lines 20 through 22 ..... 23 \_\_\_\_\_ 2678

24 **REFUND.** If line 23 is more than line 19, subtract line 19 from line 23 (see instructions).  
For direct deposit, complete line 25 ..... 24 ■ \_\_\_\_\_ 589

25 Direct deposit of your refund (you must use an account not associated with a foreign bank):  
 Checking  Savings 271070801 141154790  
Routing Number Account Number

26 **AMOUNT YOU OWE.** If line 19 is more than line 23, subtract line 23 from line 19 (see instructions) ..... 26 ■ \_\_\_\_\_

27 Penalty amount from Schedule M15 (see instructions). Also subtract this amount from line 24 or add it to line 26 (enclose Schedule M15) ..... 27 ■ \_\_\_\_\_

**IF YOU PAY ESTIMATED TAX** and want part of your refund credited to estimated tax, complete lines 28 and 29.

28 Amount from line 24 you want sent to you ..... 28 ■ \_\_\_\_\_

29 Amount from line 24 you want applied to your 2023 estimated tax ..... 29 ■ \_\_\_\_\_

Taxpayer(s): I declare that this return is correct and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Your Signature  
9294058434  
Daytime Phone  
SYAM PRIYA RAM SAGAR GUPTA TALLAM  
Paid Preparer's Signature  
6789659522  
Preparer's Daytime Phone

\_\_\_\_\_  
Spouse's Signature (If Filing Jointly)  
PRIDHVISAI@GMAIL.COM  
Email Address  
02012023  
Date (MM/DD/YYYY)  
SYAM@GTAXFILE.COM  
Preparer's Email Address  
\_\_\_\_\_  
Date (MM/DD/YYYY)  
P02082703  
PTIN or VITA/TCE # (required)

I do not want my paid preparer to file my return electronically.

I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer or the third-party designee indicated on my federal return.

Include a copy of your 2022 federal return and schedules.

Mail to: Minnesota Individual Income Tax, Mail Station 0010, 600 N. Robert St., St. Paul, MN 55145-0010



# 2022 Schedule M1NR, Nonresidents/Part-Year Residents

Before you complete this schedule, read the instructions and complete lines 1 through 11 of Form M1.

SAI PRIDHVI RAVIPATI 009875241  
 Your First Name and Initial Your Last Name Your Social Security Number  
 ANUSHA NALLAMOTHU 211395264  
 Spouse's First Name and Initial Spouse's Last Name Spouse's Social Security Number

**Minnesota Residency** (Place an X in one box and enter other state of residency)  
 You:  Full-year Nonresident  Part-Year Resident from \_\_\_\_\_ to \_\_\_\_\_ Other State of Residency: TX  
 (MM/DD/YYYY) (MM/DD/YYYY)  
 Your Spouse:  Full-year Nonresident  Part-Year Resident from \_\_\_\_\_ to \_\_\_\_\_ Other State of Residency: TX  
 (MM/DD/YYYY) (MM/DD/YYYY)

|   | A. Total Amount | B. Minnesota Portion |
|---|-----------------|----------------------|
| 1 Wages, salaries, tips, etc. (from line 1z of federal Form 1040 or 1040-SR) . . . . .  | 121531          | 44364                |
| 2 Taxable interest and ordinary dividend income (lines 2b and 3b of Form 1040 or 1040-SR) . . . . .                                 |                 |                      |
| 3 Business income or loss (from line 3 of federal Schedule 1) . . . . .   |                 |                      |
| 4 Capital gain or loss (from line 7 of Form 1040 or 1040-SR) . . . . .  |                 |                      |
| 5 IRA distributions, pensions, and annuities (from lines 4b and 5b of Form 1040 or 1040-SR) . . . . .                               |                 |                      |
| 6 Net income from rents, royalties, partnerships, S corporations, estates, and trusts (from line 5 of federal Schedule 1) . . . . . | -9052           | 0                    |
| 7 Farm income or loss (from line 6 of federal Schedule 1) . . . . .   |                 |                      |
| 8 Other income (add lines 6b of Form 1040 or 1040-SR and lines 1, 2a, 4, 7, and 9 of federal Schedule 1) . . . . .                  |                 |                      |
| 9 Interest and dividends from non-Minnesota state or municipal bonds (add lines 1 and 2 of Schedule M1M) . . . . .                  |                 |                      |
| 10 Bonus depreciation addition from line 1 of Schedule M1MB . . . . .   |                 |                      |
| 11 If you entered an amount on line 9 of Schedule M1REF, see instructions . . . . .   |                 |                      |
| 12 Suspended loss from line 4 of Schedule M1MB . . . . .  |                 |                      |
| 13 Other required adjustments from Schedules M1M, M1MB, and M1AR (see instructions) . . . . .                                       |                 |                      |
| 14 Federal adjustments from Schedule M1NC (See instructions) . . . . .  |                 |                      |
| 15 Add lines 1 through 14 for each column . . . . .   | 112479          | 44364                |

**If your Minnesota gross income is below \$12,900, see instructions.**

|  |    |  |
|--|----|--|
| 16 Educator expenses, certain business expenses, and Armed Forces moving expenses (add lines 11, 12, and 14 of federal Schedule 1) . . . . . | 16 |  |
| 17 Self-employed SEP, SIMPLE, and qualified plans and IRA deduction (add lines 16 and 20 of federal Schedule 1) . . . . .                    | 17 |  |
| 18 Health savings account and Archer MSA deductions (add lines 13 and 23 of federal Schedule 1) . . . . .                                    | 18 |  |
| 19 One-half of self-employment tax and self-employed health insurance (add lines 15 and 17 of federal Schedule 1) . . . . .                  | 19 |  |
| 20 Deductions for alimony paid and student loan interest (see instructions for line 20, column B) . . . . .                                  | 20 |  |



|    |  |      |       |           |
|----|--|------|-------|-----------|
| 21 | Penalty on early withdrawal of savings (from line 18 of federal Schedule 1) . . . . .  | 21   | _____ | _____     |
| 22 | Net operating loss carryover adjustment from line 13 of Schedule M1MB (see instructions) 22 ■  |      | _____ | ■ _____   |
| 23 | Social Security benefit from line 12 of Schedule M1M (see instructions). . . . .   | 23 ■ | _____ | ■ _____   |
| 24 | Subtraction for federal bonus depreciation from line 10 of Schedule M1MB . . . . .   | 24 ■ | _____ | ■ _____   |
| 25 | Net U.S. bond interest and active military pay received while a nonresident (add lines 14 and 22 of Schedule M1M) . . . . .  | 25   | _____ | _____     |
| 26 | Subtraction for federal section 179 expensing (from line 11 of Schedule M1MB) . . . . .  | 26   | _____ | _____     |
| 27 | Add lines 16 through 26 for each column . . . . .  | 27   | _____ | 0 _____ 0 |
| 28 | Subtract line 27, column B, from line 15, column B. Enter here and on line 13a of Form M1. If your Minnesota gross income is below \$12,900 or the result is zero or less, enter 0 . . . . . | 28   | _____ | 44364     |
| 29 | Subtract line 27, column A, from line 15, column A. Enter the result here and on line 13b of Form M1 . . . . .   | 29   | _____ | 112479    |
| 30 | Divide line 28 by line 29, and enter the result as a decimal (carry to five decimal places). If line 28 is more than line 29, enter 1.0. If line 28 is zero, enter 0 . . . . .               | 30   | _____ | .39442    |
| 31 | Amount from line 12 of Form M1 . . . . .   | 31   | _____ | 5297      |
| 32 | Multiply line 30 by line 31. Enter the result here and on line 13 of Form M1 . . . . .   | 32   | _____ | 2089      |

You must include this schedule with Form M1. Enter the amounts from lines 28 and 29 of this schedule on Form M1, lines 13a and 13b.







# 2022 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

|  |                    |                                 |
|--|--------------------|---------------------------------|
| SAI PRIDHVI  | RAVIPATI           | 009875241                       |
| Your First Name and Initial                        | Last Name          | Your Social Security Number     |
| ANUSHA   | NALLAMOTHU         | 211395264                       |
| If a Joint Return, Spouse's First Name and Initial | Spouse's Last Name | Spouse's Social Security Number |

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF showing Minnesota income tax withheld, complete this schedule to determine line 20 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

**1** Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

| A                       | B—Box 13  | C—Box 15                                       | D—Box 16  | E—Box 17  |
|-------------------------|---|--|---|---|
| If the Form W-2 is for: | If Retirement Plan box is checked, mark an X below. | Employer's seven-digit Minnesota Tax ID Number | State wages, tips, etc.<br><i>(round to nearest whole dollar)</i> | Minnesota tax withheld<br><i>(round to nearest whole d)</i> |
| • you, enter 1          |   |  |   |   |
| • spouse, enter 2       |   |  |   |   |
| a1 <u>1</u>             | b1 <input type="checkbox"/>                         | c1 MN <u>7507318</u>                           | d1 <u>44364</u>   | e1 <u>2678</u>  |
| a2 _____                | b2 <input type="checkbox"/>                         | c2 MN _____                                    | d2 _____  | e2 _____  |
| a3 _____                | b3 <input type="checkbox"/>                         | c3 MN _____                                    | d3 _____  | e3 _____  |
| a4 _____                | b4 <input type="checkbox"/>                         | c4 MN _____                                    | d4 _____  | e4 _____  |
| a5 _____                | b5 <input type="checkbox"/>                         | c5 MN _____                                    | d5 _____  | e5 _____  |

Subtotal for additional Forms W-2 (from line 5 on page 2) ..... \_\_\_\_\_

**Total Minnesota tax withheld on all Forms W-2 (add amounts in line 1, column E) ..... 1 ■ 2678**

**2** Minnesota tax withheld on Forms 1099, W-2G, and 1042-S. If you have more than four forms, complete line 6 on the back.

| A   | B   | C  | D  |
|---|---|--|--|
| If the Form 1099, W-2G, or 1042-S is for: | Payer's seven-digit Minnesota Tax ID Number (if unknown, contact the payer) | Income amount (see the table on the back for amounts to include) | Minnesota tax withheld<br><i>(round to nearest whole dollar)</i> |
| • you, enter 1                            |   |  |  |
| • spouse, enter                           |   |  |  |
| a1 _____                                  | b1 MN _____   | c1 _____   | d1 _____   |
| a2 _____                                  | b2 MN _____   | c2 _____   | d2 _____   |
| a3 _____                                  | b3 MN _____   | c3 _____   | d3 _____   |
| a4 _____                                  | b4 MN _____   | c4 _____   | d4 _____   |

Subtotal for additional 1099, W-2G, and 1042-S (from line 6 on page 2) ..... \_\_\_\_\_

**Total Minnesota tax withheld on all 1099, W-2G, and 1042-S (add amounts in line 2, column D) ..... 2 ■ \_\_\_\_\_**

**3 Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries (from line 7 on page 2) ..... 3 ■ \_\_\_\_\_**

**4 Total.** Add the Minnesota tax withheld on lines 1, 2, and 3.  
Enter the total here and on line 20 of Form M1 ..... **4 ■ 2678**

**Include this schedule with your Form M1.  
If required, include Schedules KPI, KS, and KF.**

