

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID) ▶ 222496202307507jas0v

| | |
|---------------------------------------|--|
| Taxpayer's name MITHRA KOYYALAMUDI | Social security number 364-33-5007 |
| Spouse's name BHAVYA GUJJARLAPUDI | Spouse's social security number 844-55-5168 |

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 | 93,318. |
| 2 Total tax | 2 | 6,495. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 7,787. |
| 4 Amount you want refunded to you | 4 | 1,292. |
| 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

| | | | | |
|---|---|---|---|---|
| 3 | 5 | 0 | 0 | 7 |
|---|---|---|---|---|

 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 GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 5 | 5 | 1 | 6 | 8 |
|---|---|---|---|---|

 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.

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

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 (MITHRA), Last name (KOYYALAMUDI), Your social security number (364-33-5007), Spouse's social security number (844-55-5168), Home address (170 80TH ST UNIT 101), City, town, or post office (WEST DES MOINES), State (IA), ZIP code (502662691), Foreign country name, Foreign province/state/country, Foreign postal code.

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

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

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

Table with 6 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Rows include MITHUN RICKY KOYYALAMUDI (Son) and MYTHILI RIYA KOYYALAMUDI (Daughter).

Income section table with columns for description and amount. Rows include Total amount from Form(s) W-2 (83,334), Household employee wages, Tip income, Medicaid waiver payments, Taxable dependent care benefits, Employer-provided adoption benefits, Wages from Form 8919, Other earned income (0), Nontaxable combat pay election, and Total (83,334).

Table for tax-exempt interest, qualified dividends, IRA distributions, pensions and annuities, and social security benefits. Columns for description, sub-column (2a-6a), and taxable amount.

Table for other income and adjustments. Rows include Capital gain or (loss), Other income from Schedule 1, Total income (106,990), Adjustments to income (13,672), Adjusted gross income (93,318), Standard deduction or itemized deductions (25,900), Qualified business income deduction (4,397), and Taxable income (63,021).

| | | | | |
|------------------------|-----------|---|-----------|--------|
| Tax and Credits | 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 7,152. |
| | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 7,152. |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 | 19 | 4,000. |
| | 20 | Amount from Schedule 3, line 8 | 20 | |
| | 21 | Add lines 19 and 20 | 21 | 4,000. |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 3,152. |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 3,343. |
| | 24 | Add lines 22 and 23. This is your total tax | 24 | 6,495. |

| | | | | |
|-----------------|-----------|---|------------|--------|
| Payments | 25 | Federal income tax withheld from: | | |
| | a | Form(s) W-2 | 25a | 7,787. |
| | b | Form(s) 1099 | 25b | |
| | c | Other forms (see instructions) | 25c | |
| | d | Add lines 25a through 25c | 25d | 7,787. |
| | 26 | 2022 estimated tax payments and amount applied from 2021 return | 26 | |
| | 27 | Earned income credit (EIC) NO | 27 | |
| | 28 | Additional child tax credit from Schedule 8812 | 28 | |
| | 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| | 30 | Reserved for future use | 30 | |
| | 31 | Amount from Schedule 3, line 15 | 31 | |
| | 32 | Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits | 32 | |
| | 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 7,787. |

| | | | | |
|--------------------------------------|------------|---|------------|--------|
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 1,292. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 1,292. |
| | b | Routing number 073000176 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| Direct deposit? See instructions. | d | Account number 445001205281 | | |
| | 36 | Amount of line 34 you want applied to your 2023 estimated tax | 36 | |

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

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

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

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

| | | | |
|---|--|--|---|
| Your signature _____ | Date _____ | Your occupation SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____ |
| Spouse's signature. If a joint return, both must sign. _____ | Date _____ | Spouse's occupation SOFTWARE ENGINEER | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____ |
| Phone no. (313) 289-8814 | Email address MITHRA.KOYYALAMUDI@GMAIL.COM | | |

Paid Preparer Use Only

| | | | | |
|------------------------------|---|------------|------------|---|
| Preparer's name _____ | Preparer's signature _____ | Date _____ | PTIN _____ | Check if: <input type="checkbox"/> Self-employed |
| Firm's name GLOBAL TAXES LLC | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 | | | Phone no. _____ |
| Firm's EIN _____ | | | | |

**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
MITHRA KOYYALAMUDI & BHAVYA GUJJARLAPUDI

Your social security number
364-33-5007

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 | 23,656. |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | | 5 | |
| 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 | 23,656. |

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 | 1,672. |
| 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 | 12,000. |
| 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 | 13,672. |

**SCHEDULE 2
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074

2022
Attachment
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
MITHRA KOYYALAMUDI & BHAVYA GUJJARLAPUDI

Your social security number
364-33-5007

Part I Tax

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

Part II Other Taxes

| | | | |
|-----------|--|-----------|--------|
| 4 | Self-employment tax. Attach Schedule SE | 4 | 3,343. |
| 5 | Social security and Medicare tax on unreported tip income. Attach Form 4137 | 5 | |
| 6 | Uncollected social security and Medicare tax on wages. Attach Form 8919 | 6 | |
| 7 | Total additional social security and Medicare tax. Add lines 5 and 6 | 7 | |
| 8 | Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/> | 8 | |
| 9 | Household employment taxes. Attach Schedule H | 9 | |
| 10 | Repayment of first-time homebuyer credit. Attach Form 5405 if required | 10 | |
| 11 | Additional Medicare Tax. Attach Form 8959 | 11 | |
| 12 | Net investment income tax. Attach Form 8960 | 12 | |
| 13 | Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 | 13 | |
| 14 | Interest on tax due on installment income from the sale of certain residential lots and timeshares | 14 | |
| 15 | Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 | 15 | |
| 16 | Recapture of low-income housing credit. Attach Form 8611 | 16 | |

(continued on page 2)

Part II Other Taxes *(continued)*

| | | | | |
|-----------|---|------------|-----------|--------|
| 17 | Other additional taxes: | | | |
| a | Recapture of other credits. List type, form number, and amount: _____ | 17a | | |
| b | Recapture of federal mortgage subsidy, if you sold your home see instructions | 17b | | |
| c | Additional tax on HSA distributions. Attach Form 8889 | 17c | | |
| d | Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 | 17d | | |
| e | Additional tax on Archer MSA distributions. Attach Form 8853 | 17e | | |
| f | Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 | 17f | | |
| g | Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property | 17g | | |
| h | Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A | 17h | | |
| i | Compensation you received from a nonqualified deferred compensation plan described in section 457A | 17i | | |
| j | Section 72(m)(5) excess benefits tax | 17j | | |
| k | Golden parachute payments | 17k | | |
| l | Tax on accumulation distribution of trusts | 17l | | |
| m | Excise tax on insider stock compensation from an expatriated corporation | 17m | | |
| n | Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 | 17n | | |
| o | Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR | 17o | | |
| p | Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund | 17p | | |
| q | Any interest from Form 8621, line 24 | 17q | | |
| z | Any other taxes. List type and amount: _____ _____ | 17z | | |
| 18 | Total additional taxes. Add lines 17a through 17z | | 18 | |
| 19 | Reserved for future use | | 19 | |
| 20 | Section 965 net tax liability installment from Form 965-A | 20 | | |
| 21 | Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b | | 21 | 3,343. |

**SCHEDULE C
(Form 1040)**

**Profit or Loss From Business
(Sole Proprietorship)**

OMB No. 1545-0074

2022

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/ScheduleC for instructions and the latest information.
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

Attachment
Sequence No. **09**

| | |
|--|--|
| Name of proprietor BHAVYA GUJJARLAPUDI | Social security number (SSN) 844-55-5168 |
| A Principal business or profession, including product or service (see instructions) SOFTWARE SERVICES | B Enter code from instructions 5 1 9 2 0 0 |
| C Business name. If no separate business name, leave blank. | D Employer ID number (EIN) (see instr.) |
| E Business address (including suite or room no.) 170 80TH ST UNIT 101 City, town or post office, state, and ZIP code WEST DES MOINES, IA 50266-2691 | |
| F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____ | |
| G Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| H If you started or acquired this business during 2022, check here <input type="checkbox"/> | |
| I Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| J If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Part I Income

| | | |
|---|----------|---------|
| 1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/> | 1 | 45,000. |
| 2 Returns and allowances | 2 | |
| 3 Subtract line 2 from line 1 | 3 | 45,000. |
| 4 Cost of goods sold (from line 42) | 4 | |
| 5 Gross profit. Subtract line 4 from line 3 | 5 | 45,000. |
| 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | 6 | |
| 7 Gross income. Add lines 5 and 6 | 7 | 45,000. |

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

| | | | | | |
|---|------------|--------|---|------------|---------|
| 8 Advertising | 8 | | 18 Office expense (see instructions) | 18 | |
| 9 Car and truck expenses (see instructions) | 9 | 3,042. | 19 Pension and profit-sharing plans | 19 | |
| 10 Commissions and fees | 10 | | 20 Rent or lease (see instructions): | | |
| 11 Contract labor (see instructions) | 11 | | a Vehicles, machinery, and equipment | 20a | |
| 12 Depletion | 12 | | b Other business property | 20b | |
| 13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions) | 13 | | 21 Repairs and maintenance | 21 | 810. |
| 14 Employee benefit programs (other than on line 19) | 14 | | 22 Supplies (not included in Part III) | 22 | |
| 15 Insurance (other than health) | 15 | | 23 Taxes and licenses | 23 | 3,385. |
| 16 Interest (see instructions): | | | 24 Travel and meals: | | |
| a Mortgage (paid to banks, etc.) | 16a | 4,913. | a Travel | 24a | |
| b Other | 16b | | b Deductible meals (see instructions) | 24b | 2,400. |
| 17 Legal and professional services | 17 | | 25 Utilities | 25 | 6,794. |
| 28 Total expenses before expenses for business use of home. Add lines 8 through 27a | 28 | | 26 Wages (less employment credits) | 26 | |
| 29 Tentative profit or (loss). Subtract line 28 from line 7 | 29 | | 27a Other expenses (from line 48) | 27a | |
| 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 | 30 | | b Reserved for future use | 27b | |
| 31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32. | 31 | | | | 23,656. |
| 32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited. | | | | | |

32a All investment is at risk.
32b Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a [] Cost b [] Lower of cost or market c [] Other (attach explanation)
34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation [] Yes [] No
35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35
36 Purchases less cost of items withdrawn for personal use 36
37 Cost of labor. Do not include any amounts paid to yourself 37
38 Materials and supplies 38
39 Other costs 39
40 Add lines 35 through 39 40
41 Inventory at end of year 41
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) 11/27/2010
44 Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle for:
a Business 5,000 b Commuting (see instructions) c Other 5,000
45 Was your vehicle available for personal use during off-duty hours? [x] Yes [] No
46 Do you (or your spouse) have another vehicle available for personal use? [] Yes [x] No
47a Do you have evidence to support your deduction? [] Yes [x] No
b If "Yes," is the evidence written? [] Yes [] No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

48 Total other expenses. Enter here and on line 27a 48

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

OMB No. 1545-0074

2022
Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

Social security number of person
with **self-employment** income

BHAVYA GUJJARLAPUDI

844-55-5168

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a**

b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH **1b** ()

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** 23,656.

3 Combine lines 1a, 1b, and 2 **3** 23,656.

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 21,846.

Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here **4b**

c Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue **4c** 21,846.

5a Enter your **church employee income** from Form W-2. See instructions for definition of church employee income **5a**

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- **5b** 0.

6 Add lines 4c and 5b **6** 21,846.

7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2022 **7** 147,000

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$147,000 or more, skip lines 8b through 10, and go to line 11 **8a**

b Unreported tips subject to social security tax from Form 4137, line 10 **8b**

c Wages subject to social security tax from Form 8919, line 10 **8c**

d Add lines 8a, 8b, and 8c **8d**

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** 147,000.

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** 2,709.

11 Multiply line 6 by 2.9% (0.029) **11** 634.

12 **Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4** **12** 3,343.

13 **Deduction for one-half of self-employment tax.**

Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15** **13** 1,672.

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income¹ wasn't more than \$9,060, **or (b)** your net farm profits² were less than \$6,540.

14 Maximum income for optional methods **14** 6,040

15 Enter the **smaller** of: two-thirds (²/₃) of gross farm income¹ (not less than zero) **or** \$6,040. Also, include this amount on line 4b above **15**

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits³ were less than \$6,540 and also less than 72.189% of your gross nonfarm income,⁴ **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14 **16**

17 Enter the **smaller** of: two-thirds (²/₃) of gross nonfarm income⁴ (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above **17**

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

**SCHEDULE 8812
(Form 1040)**

**Credits for Qualifying Children
and Other Dependents**

OMB No. 1545-0074

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Attachment
Sequence No. **47**

Name(s) shown on return

Your social security number

MITHRA KOYYALAMUDI & BHAVYA GUJJARLAPUDI

364-33-5007

Part I Child Tax Credit and Credit for Other Dependents

| | | | | |
|-----------|---|-----------|----------|----------|
| 1 | Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR | | 1 | 93,318. |
| 2a | Enter income from Puerto Rico that you excluded | 2a | | |
| b | Enter the amounts from lines 45 and 50 of your Form 2555 | 2b | 0. | |
| c | Enter the amount from line 15 of your Form 4563 | 2c | | |
| d | Add lines 2a through 2c | 2d | | 0. |
| 3 | Add lines 1 and 2d | 3 | | 93,318. |
| 4 | Number of qualifying children under age 17 with the required social security number | 4 | 2 | |
| 5 | Multiply line 4 by \$2,000 | 5 | | 4,000. |
| 6 | Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number | 6 | 0 | |
| | Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4. | | | |
| 7 | Multiply line 6 by \$500 | 7 | | |
| 8 | Add lines 5 and 7 | 8 | | 4,000. |
| 9 | Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 } | 9 | | 400,000. |
| 10 | Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. } | 10 | | 0. |
| 11 | Multiply line 10 by 5% (0.05) | 11 | | 0. |
| 12 | Is the amount on line 8 more than the amount on line 11? | 12 | | 4,000. |
| | <input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. | | | |
| | <input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result. | | | |
| 13 | Enter the amount from the Credit Limit Worksheet A | 13 | | 7,152. |
| 14 | Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents. | 14 | | 4,000. |

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

| | | | |
|------------|--|------------|----|
| 15 | Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 <input type="checkbox"/> | | |
| 16a | Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 | 16a | 0. |
| b | Number of qualifying children under 17 with the required social security number: _____ x \$1,500. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 | 16b | |
| | TIP: The number of children you use for this line is the same as the number of children you used for line 4. | | |
| 17 | Enter the smaller of line 16a or line 16b | 17 | |
| 18a | Earned income (see instructions) | 18a | |
| b | Nontaxable combat pay (see instructions) | 18b | |
| 19 | Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result | 19 | |
| 20 | Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,500 or more? <input type="checkbox"/> No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21. | 20 | |

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

| | | | |
|-----------|---|-----------|--|
| 21 | Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions. | | |
| 22 | Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 | 22 | |
| 23 | Add lines 21 and 22 | 23 | |
| 24 | 1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. } | 24 | |
| 25 | Subtract line 24 from line 23. If zero or less, enter -0- | 25 | |
| 26 | Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27. | 26 | |

Part II-C Additional Child Tax Credit

| | | | |
|-----------|--|--|--|
| 27 | This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 | | |
|-----------|--|--|--|

Qualified Business Income Deduction Simplified Computation

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Attachment
Sequence No. **55**

Go to www.irs.gov/Form8995 for instructions and the latest information.

| | |
|---|--|
| Name(s) shown on return MITHRA KOYYALAMUDI & BHAVYA GUJJARLAPUDI | Your taxpayer identification number 364-33-5007 |
|---|--|

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.
Use this form if your taxable income, before your qualified business income deduction, is at or below \$170,050 (\$340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

| 1 | (a) Trade, business, or aggregation name | (b) Taxpayer identification number | (c) Qualified business income or (loss) |
|-----|---|------------------------------------|---|
| i | BHAVYA GUJJARLAPUDI | 844-55-5168 | 21,984. |
| ii | | | |
| iii | | | |
| iv | | | |
| v | | | |
| 2 | Total qualified business income or (loss). Combine lines 1i through 1v, column (c) | 21,984. | |
| 3 | Qualified business net (loss) carryforward from the prior year | () | |
| 4 | Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0- | 21,984. | |
| 5 | Qualified business income component. Multiply line 4 by 20% (0.20) | | 4,397. |
| 6 | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) | | |
| 7 | Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year | () | |
| 8 | Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0- | | |
| 9 | REIT and PTP component. Multiply line 8 by 20% (0.20) | | |
| 10 | Qualified business income deduction before the income limitation. Add lines 5 and 9 | | 4,397. |
| 11 | Taxable income before qualified business income deduction (see instructions) | 67,418. | |
| 12 | Net capital gain (see instructions) | 0. | |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0- | 67,418. | |
| 14 | Income limitation. Multiply line 13 by 20% (0.20) | | 13,484. |
| 15 | Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions) | | 4,397. |
| 16 | Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0- | | (0.) |
| 17 | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0- | | (0.) |

Additional Information From 2022 Federal Tax Return**Schedule C (SOFTWARE SERVICES): Profit or Loss from Business****Line 25****Itemization Statement**

| Description | Amount |
|-------------------------------|---------------|
| PHONE (316.13 P.M *12M) | 3,793.56 |
| ELECTRICITY (170.01 P.M *12M) | 2,040.17 |
| INTERNET (79.99 P.M *12M) | 959.88 |
| Total | 6,794. |

Your first name, middle initial, and last name: MITHRA KOYYALAMUDI

Spouse's first name, middle initial, and last name: BHAVYA GUJJARLAPUDI

Your Social Security Number: 364-33-5007

Spouse's Social Security Number: 844-55-5168

Home address, City, State, ZIP: 170 80TH ST UNIT 101

WEST DES MOINES IA 50266-2691

Part I Tax Return Information

Table with 5 rows and 3 columns: Line Item, B. Spouse (filing status 3), A. You or Joint. Includes items like Iowa Net Income, Total Tax, Iowa Income Tax Withheld, Amount to be Refunded, and Total Amount Due.

Part II Declaration of Taxpayer (Be sure to keep a copy of the tax return.)

- 6. [X] I do not want direct deposit or direct debit.
7. [] I consent that my refund be directly deposited as designated below. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
[] I authorize the Iowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated below...

Name of financial institution:

Routing Number: [] The first two digits must be 01 through 12 or 21 through 32.

Account Number: []

Type of Account: Savings [] Checking []

Will this refund go to (or payment come from) an account outside the United States? Yes [] No []

Under penalties of perjury, I declare that I have examined the information on my electronic individual income tax return, including any schedules, attachments, and statements for tax year ending December 31, 2022 and certify to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return...

Your Signature _____ Date _____ Spouse Signature - If a joint return, both must sign. _____ Date _____

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

I declare that I have reviewed the above taxpayer's return and that entries on form IA 8453-IND are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. I have obtained the taxpayer's signature before submitting this return to the IRS...

Table for ERO and Paid Preparer information. Columns include Signature, Date, Check if also paid preparer, Check if self-employed, and PTIN. Rows include ERO and Paid Preparer details for GLOBAL TAXES LLC.

Save time, file returns, and pay online at tax.iowa.gov.

Instructions for Payment Vouchers

1. Complete using blue or black ink. Do not use gel pens or red ink on checks. **Do not staple.**
2. **SSN:** Enter the Social Security Number in the boxes provided below.
3. **Period ending:** Enter the date of the calendar or fiscal year end. Use MMDDYY format. MM: two-digit month. DD: two-digit day. YY: last two digits of the tax year. The period ending for December 31, 2022, would be entered as: 123122.
4. **Payment amount:** Enter dollars and cents. The two boxes separated to the right on the amount line are for cents. Do not enter any punctuation or symbols (for example ", or \$").
5. When paying by check, **make checks payable to** Iowa Department of Revenue.
6. Mail your payment on or before the due date with this voucher to:

Iowa Department of Revenue
PO Box 9187
Des Moines IA 50306-9187

cut here

Iowa Department of Revenue

INT REV 03/02/23 PRO

IA 1040V
Individual Income Tax Payment Voucher

200636433500721231224224 3

Print name: KOYYALAMUDI, MITHRA
(Last, First MI)

Address: 170 80TH ST UNIT 101

City, State, ZIP: WEST DES MOINES IA 50266-2691

Phone: 313-289-8814

SSN:

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 3 | 6 | 4 | 3 | 3 | 5 | 0 | 0 | 7 |
|---|---|---|---|---|---|---|---|---|

Period ending:

| | | | | | |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 1 | 2 | 2 |
|---|---|---|---|---|---|

Payment amount:

| | | | | | | | | | |
|--|--|--|--|--|--|---|---|---|---|
| | | | | | | 2 | 7 | 0 | 0 |
|--|--|--|--|--|--|---|---|---|---|

Mail to:
Iowa Department of Revenue
PO Box 9187
Des Moines IA 50306-9187

Make checks payable to:
Iowa Department of Revenue. When you pay by check, you authorize the Department of Revenue to convert your check to a one-time electronic banking transaction. 41-137 (03/31/2022)



2022 IA 1040 Iowa Individual Income Tax Return

For fiscal year beginning / / and ending / /

Step 1: Fill in all spaces. You must fill in your Social Security Number (SSN).

Your last name: KOYYALAMUDI, Your first name/middle initial: MITHRA, Spouse's last name: GUJJARLAPUDI, Spouse's first name/middle initial: BHAVYA, Current mailing address: 170 80TH ST UNIT 101, City, State, ZIP: WEST DES MOINES IA 50266-2691, Spouse SSN: 844-55-5168, Your SSN: 364-33-5007



Step 2 Filing Status: Mark one box only

1 Single: Were you claimed as a dependent on another person's Iowa return? Yes No, 2 Married filing a joint return, 3 Married filing separately on this combined return, 4 Married filing separate returns, 5 Head of household with qualifying person, 6 Qualifying widow(er) with dependent child

Step 3 Exemptions

Table with columns for B. Spouse (Filing Status 3 ONLY) and A. You or Joint, rows for Personal Credit, Blind, Dependents, and Total.

Step 4 Reportable Social Security benefits as calculated on line 13 of Iowa Social Security Worksheet

Table with columns for B. Spouse/Status 3 and A. You or Joint

Table for Step 5 Gross Income with columns for B. Spouse/Status 3, A. You or Joint, B. Spouse/Status 3, and A. You or Joint. Rows 1-15.

NOTE: Use only blue or black ink, no pencils or red ink.

Table for Step 6 Adjustments to Income with columns for B. Spouse/Status 3 and A. You or Joint. Rows 16-26.

Table for Step 7 Federal Taxes and Qualified Deductions with columns for B. Spouse/Status 3 and A. You or Joint. Rows 27-35.



2022 IA 1040, page 2

| | B. Spouse/Status 3 | A. You or Joint | B. Spouse/Status 3 | A. You or Joint |
|---|--------------------|---|--------------------|-----------------|
| Step 8 Taxable Income | | | | |
| 36. BALANCE. From side 1, line 35..... | | | 20,026.00 | 67,442.00 |
| 37. Deduction. Check one box <input checked="" type="checkbox"/> Itemized.(Include IA Schedule A) <input type="checkbox"/> Standard <input checked="" type="checkbox"/> | | | 2,210.00 | 2,210.00 |
| 38. TAXABLE INCOME. SUBTRACT line 37 from line 36..... | | | 17,816.00 | 65,232.00 |
| Step 9 Tax, Credits, and Check-off Contributions | | | | |
| 39. Tax from tables or alternate tax..... | 577.00 | 3,617.00 | | |
| 40. Iowa lump-sum tax. See instructions..... | .00 | .00 | | |
| 41. Iowa alternative minimum tax. Must include IA 6251..... | .00 | .00 | | |
| 42. Total tax. ADD lines 39, 40, and 41..... | | | 577.00 | 3,617.00 |
| 43. Total exemption credit amount(s) from Step 3, side 1..... | 40.00 | 120.00 | | |
| 44. Tuition and textbook credit for dependents K-12..... | .00 | .00 | | |
| 45. Volunteer firefighter/EMS/reserve peace officer credit..... | .00 | .00 | | |
| 46. Total credits. ADD lines 43, 44, and 45..... | | | 40.00 | 120.00 |
| 47. BALANCE. SUBTRACT line 46 from line 42. If less than zero, enter zero..... | | | 537.00 | 3,497.00 |
| 48. Credit for nonresident or part-year resident. Must include IA 126 and federal return..... | .00 | .00 | | |
| 49. BALANCE. SUBTRACT line 48 from 47. If less than zero, enter zero..... | | | 537.00 | 3,497.00 |
| 50. Out-of-state tax credit. Must include IA 130..... | .00 | .00 | | |
| 51. BALANCE. SUBTRACT line 50 from 49. If less than zero, enter zero..... | | | 537.00 | 3,497.00 |
| 52. Other nonrefundable Iowa credits. Must include IA 148 Tax Credits Schedule..... | .00 | .00 | | |
| 53. BALANCE. SUBTRACT line 52 from line 51. If less than zero, enter zero..... | | | 537.00 | 3,497.00 |
| 54. School district surtax or EMS surtax. Take percentage from table; multiply by line 53..... | .00 | .00 | | |
| 55. Total state and local tax. ADD lines 53 and 54..... | | | 537.00 | 3,497.00 |
| 56. TOTAL state and local tax before contributions. Combine columns A and B on line 55 and enter here..... | | | | 4,034.00 |
| 57. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars. | | | | |
| Fish/Wildlife 57a: <input type="checkbox"/> State Fair 57b: <input type="checkbox"/> Firefighters/Veterans 57c: <input type="checkbox"/> Child Abuse Prevention 57d: <input type="checkbox"/> Enter here..... | | | | .00 |
| 58. TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add line 56 and line 57 and enter here..... | | | | 4,034.00 |
| Step 10 Credits | | | | |
| 59. Iowa Fuel Tax Credit. Must include IA 4136..... | .00 | .00 | | |
| 60. Check One: <input type="checkbox"/> Child and Dependent Care Credit <input type="checkbox"/> OR <input type="checkbox"/> Early Childhood Development Credit | | | | |
| 61. Iowa earned income tax credit. 15.0% (.15) of federal credit..... | .00 | 0.00 | | |
| 62. Other refundable credits. Include IA 148 and/or Schedule CC..... | .00 | .00 | | |
| 63. Iowa income tax withheld..... | .00 | 4,007.00 | | |
| 64. Estimated and voucher payments made for tax year 2022..... | .00 | .00 | | |
| 65. TOTAL. ADD lines 59 through 64 and enter here..... | | | | 4,007.00 |
| 66. TOTAL CREDITS. ADD columns A and B on line 65 and enter here..... | | | | 4,007.00 |
| Step 11 Refund | | | | |
| 67. If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid..... | | | | .00 |
| 68. Amount of line 67 to be REFUNDED..... | | | | .00 |
| 68a. Routing number: <input type="text"/> | | 68b. Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> | | |
| 68c. Account number: <input type="text"/> | | | | |
| 69. Amount of line 67 to be applied to your 2023 estimated tax..... | .00 | .00 | | |
| Step 12 Pay | | | | |
| 70. If line 66 is less than line 58, subtract line 66 from line 58. This is the AMOUNT OF TAX YOU OWE..... | | | | 27.00 |
| 71. Penalty for underpayment of estimated tax from IA 2210, IA 2210S, or IA 2210F. Check if annualized income method is used. <input type="checkbox"/> | | | | .00 |
| 72. Penalty and interest <input checked="" type="checkbox"/> 72a. Penalty <input type="text"/> .00 <input checked="" type="checkbox"/> 72b. Interest <input type="text"/> .00 ADD. Enter total..... | | | | .00 |
| 73. TOTAL AMOUNT DUE. ADD lines 70, 71, and 72. Enter here..... | | | | 27.00 |

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this return, and, to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE

| | | | | | |
|-----------------------------|---------------|---|------------------------|-------------------------------|----------------------|
| _____ Your signature | _____ Date | <input type="checkbox"/> Check if deceased | _____ Date of death | _____ Preparer's signature | _____ Date |
| _____ Spouse's signature | _____ Date | <input type="checkbox"/> Check if deceased | _____ Date of death | _____ Preparer's PTIN | _____ Firm's FEIN |

(313) 289-8814
Daytime telephone number

Daytime telephone number

This return is due May 1st, 2023. Sign, enclose W-2s, and verify SSNs.
MAILING ADDRESS: Iowa Income Tax Document Processing,
 PO BOX 9187, Des Moines IA 50306-9187
 Make check payable to Iowa Department of Revenue



| | |
|--|---------------------------------------|
| Name M KOYYALAMUDI & B GUJJARLAPUDI | Social Security Number 364-33-5007 |
|--|---------------------------------------|

| T/S* | First Name | Last Name |
|------|--------------|-------------|
| T | MITHUN RICKY | KOYYALAMUDI |
| T | MYTHILI RIYA | KOYYALAMUDI |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

*T/S = Dependent credit allocation indicator (T=Taxpayer, S=Spouse)