

# 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>PRAVEEN VEJENDLA | Social security number<br>058-55-2022          |
| Spouse's name<br>SOWMINI BANDARU    | Spouse's social security number<br>124-69-0183 |

## 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   | 124,015. |
| 2 Total tax   | 10,512.  |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 15,137.  |
| 4 Amount you want refunded to you                               | 4,625.   |
| 5 Amount you owe  |          |

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

|   |   |   |   |   |
|---|---|---|---|---|
| 5 | 2 | 0 | 2 | 2 |
|---|---|---|---|---|

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

|   |   |   |   |   |
|---|---|---|---|---|
| 9 | 0 | 1 | 8 | 3 |
|---|---|---|---|---|

Enter five digits, but don't enter all zeros

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

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication – Practitioner PIN Method Only

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

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

 Don't enter all zeros

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

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

Filing Status [ ] 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 (PRAVEEN), Last name (VEJENDLA), Your social security number (058-55-2022), Spouse's social security number (124-69-0183), Home address (11948 DOWNY BIRCH DR), City (RIVERVIEW), State (FL), ZIP code (33569).

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. Row 1: BRUHATHI, VEJENDLA, 204-53-7607, Daughter, [X], [ ]

Main income table with columns for line numbers and amounts. Rows include: 1a Total amount from Form(s) W-2, box 1 (136,601); 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 (136,601); 2a Tax-exempt interest; 2b Taxable interest; 3a Qualified dividends; 3b Ordinary dividends; 4a IRA distributions; 4b Taxable amount; 5a Pensions and annuities; 5b Taxable amount; 6a Social security benefits; 6b Taxable amount; 7 Capital gain or (loss); 8 Other income from Schedule 1, line 10 (-12,586); 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income (124,015); 10 Adjustments to income from Schedule 1, line 26; 11 Subtract line 10 from line 9. This is your adjusted gross income (124,015); 12 Standard deduction or itemized deductions (from Schedule A) (25,900); 13 Qualified business income deduction from Form 8995 or Form 8995-A; 14 Add lines 12 and 13 (25,900); 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income (98,115).

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 10,512.

Table for Payments (lines 25-33). Includes federal income tax withheld (15,137) and total payments (15,137).

Table for Refund (lines 34-36). Shows overpaid amount of 4,625 and amount applied to 2023 estimated tax.

Table for Amount You Owe (lines 37-38). Shows amount you owe and estimated tax penalty.

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

Sign Here section with signature lines for taxpayer and spouse, including occupation and ID Protection PIN fields.

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

No

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to [www.irs.gov/Form1040](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  
PRAVEEN VEJENDLA & SOWMINI BANDARU

Your social security number  
058-55-2022

**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>  | -12,586. |
| <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 ABL 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> | -12,586. |

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 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
PRAVEEN VEJENDLA & SOWMINI BANDARU

Your social security number  
058-55-2022

**Part I Nonrefundable Credits**

|          |  |           |      |
|----------|--|-----------|------|
| <b>1</b> | Foreign tax credit. Attach Form 1116 if required . . . . .                                       | <b>1</b>  |      |
| <b>2</b> | Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . . | <b>2</b>  |      |
| <b>3</b> | Education credits from Form 8863, line 19 . . . . .  | <b>3</b>  | 310. |
| <b>4</b> | Retirement savings contributions credit. Attach Form 8880 . . . . .                              | <b>4</b>  |      |
| <b>5</b> | Residential energy credits. Attach Form 5695 . . . . .   | <b>5</b>  |      |
| <b>6</b> | Other nonrefundable credits:   |           |      |
| <b>a</b> | General business credit. Attach Form 3800 . . . . .  | <b>6a</b> |      |
| <b>b</b> | Credit for prior year minimum tax. Attach Form 8801 . . . . .                                    | <b>6b</b> |      |
| <b>c</b> | Adoption credit. Attach Form 8839 . . . . .  | <b>6c</b> |      |
| <b>d</b> | Credit for the elderly or disabled. Attach Schedule R . . . . .                                  | <b>6d</b> |      |
| <b>e</b> | Alternative motor vehicle credit. Attach Form 8910 . . . . .                                     | <b>6e</b> |      |
| <b>f</b> | Qualified plug-in motor vehicle credit. Attach Form 8936 . . . . .                               | <b>6f</b> |      |
| <b>g</b> | Mortgage interest credit. Attach Form 8396 . . . . .   | <b>6g</b> |      |
| <b>h</b> | District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .                     | <b>6h</b> |      |
| <b>i</b> | Qualified electric vehicle credit. Attach Form 8834 . . . . .                                    | <b>6i</b> |      |
| <b>j</b> | Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .                   | <b>6j</b> |      |
| <b>k</b> | Credit to holders of tax credit bonds. Attach Form 8912 . . . . .                                | <b>6k</b> |      |
| <b>l</b> | Amount on Form 8978, line 14. See instructions . . . . .   | <b>6l</b> |      |
| <b>z</b> | Other nonrefundable credits. List type and amount: _____<br>_____                                | <b>6z</b> |      |
| <b>7</b> | Total other nonrefundable credits. Add lines 6a through 6z . . . . .                             | <b>7</b>  |      |
| <b>8</b> | Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . . | <b>8</b>  | 310. |

(continued on page 2)

**Part II Other Payments and Refundable Credits**

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



**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2022**  
Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service

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.

Name(s) shown on return

Your social security number

PRAVEEN VEJENDLA & SOWMINI BANDARU

058-55-2022

**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** FLAT NO 610, 6TH FLOOR SIRI MEDCHAL, HYDERABAD TELANGANA IN 500090

**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                            |  | 365              |   | 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> 1,607.       |   |   |
| <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> 2,824.       |   |   |
| <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> 2,574.      |   |   |
| <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> 2,954.      |   |   |
| <b>15</b> Supplies . . . . .  | <b>15</b> 2,945.      |   |   |
| <b>16</b> Taxes . . . . .   | <b>16</b>             |   |   |
| <b>17</b> Utilities . . . . .   | <b>17</b> 2,896.      |   |   |
| <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> 14,193.     |   |   |
| <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> -12,586.    |   |   |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | <b>22</b> ( 12,586. ) |   |   |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .  | <b>23a</b> 1,607.     |   |   |
| <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> 14,193.    |   |   |
| <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> ( 12,586. ) |   |   |
| <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> -12,586.    |   |   |

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-12,586.

Schedule E (Form 1040) 2022



**SCHEDULE 8812  
(Form 1040)**

**Credits for Qualifying Children  
and Other Dependents**

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **47**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.

Name(s) shown on return

Your social security number

PRAVEEN VEJENDLA & SOWMINI BANDARU

058-55-2022

**Part I Child Tax Credit and Credit for Other Dependents**

|           |   |           |          |          |
|-----------|---|-----------|----------|----------|
| <b>1</b>  | Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . . . . .  |           | <b>1</b> | 124,015. |
| <b>2a</b> | Enter income from Puerto Rico that you excluded . . . . .   | <b>2a</b> |          |          |
| <b>b</b>  | Enter the amounts from lines 45 and 50 of your Form 2555 . . . . .  | <b>2b</b> | 0.       |          |
| <b>c</b>  | Enter the amount from line 15 of your Form 4563 . . . . .   | <b>2c</b> |          |          |
| <b>d</b>  | Add lines 2a through 2c . . . . .   | <b>2d</b> | 0.       |          |
| <b>3</b>  | Add lines 1 and 2d . . . . .  | <b>3</b>  | 124,015. |          |
| <b>4</b>  | Number of qualifying children under age 17 with the required social security number . . . . .   | <b>4</b>  | 1        |          |
| <b>5</b>  | Multiply line 4 by \$2,000 . . . . .  | <b>5</b>  | 2,000.   |          |
| <b>6</b>  | Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number . . . . .   | <b>6</b>  | 0        |          |
|           | <b>Caution:</b> 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.   |           |          |          |
| <b>7</b>  | Multiply line 6 by \$500 . . . . .  | <b>7</b>  |          |          |
| <b>8</b>  | Add lines 5 and 7 . . . . .   | <b>8</b>  | 2,000.   |          |
| <b>9</b>  | Enter the amount shown below for your filing status.<br>• Married filing jointly—\$400,000 }<br>• All other filing statuses—\$200,000 }   | <b>9</b>  | 400,000. |          |
| <b>10</b> | Subtract line 9 from line 3.<br>• If zero or less, enter -0-.<br>• 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. } | <b>10</b> | 0.       |          |
| <b>11</b> | Multiply line 10 by 5% (0.05) . . . . .   | <b>11</b> | 0.       |          |
| <b>12</b> | Is the amount on line 8 more than the amount on line 11? . . . . .  | <b>12</b> | 2,000.   |          |
|           | <input type="checkbox"/> <b>No. STOP.</b> 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"/> <b>Yes.</b> Subtract line 11 from line 8. Enter the result.   |           |          |          |
| <b>13</b> | Enter the amount from the <b>Credit Limit Worksheet A</b> . . . . .   | <b>13</b> | 12,512.  |          |
| <b>14</b> | Enter the smaller of line 12 or 13. <b>This is your child tax credit and credit for other dependents</b> . . . . .  | <b>14</b> | 2,000.   |          |

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.

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

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

|           |   |           |  |
|-----------|---|-----------|--|
| <b>21</b> | 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. . . . . |           |  |
| <b>22</b> | 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 . . . . .  | <b>22</b> |  |
| <b>23</b> | Add lines 21 and 22 . . . . .   | <b>23</b> |  |
| <b>24</b> | <b>1040 and 1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. }<br><b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11. }  | <b>24</b> |  |
| <b>25</b> | Subtract line 24 from line 23. If zero or less, enter -0- . . . . .   | <b>25</b> |  |
| <b>26</b> | Enter the <b>larger</b> of line 20 or line 25 . . . . .<br><b>Next,</b> enter the <b>smaller</b> of line 17 or line 26 on line 27.  | <b>26</b> |  |

**Part II-C Additional Child Tax Credit**

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

**Education Credits**  
**(American Opportunity and Lifetime Learning Credits)**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040 or 1040-SR.  
Go to [www.irs.gov/Form8863](http://www.irs.gov/Form8863) for instructions and the latest information.

Name(s) shown on return

PRAVEEN VEJENDLA & SOWMINI BANDARU

Your social security number

058-55-2022



*Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.*

**Part I Refundable American Opportunity Credit**

|          |   |          |  |
|----------|---|----------|--|
| <b>1</b> | After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . . . .  | <b>1</b> |  |
| <b>2</b> | Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse . . . . .   | <b>2</b> |  |
| <b>3</b> | Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead . . . . .  | <b>3</b> |  |
| <b>4</b> | Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit . . . . .   | <b>4</b> |  |
| <b>5</b> | Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse . . . . .  | <b>5</b> |  |
| <b>6</b> | If line 4 is:<br>• Equal to or more than line 5, enter 1.000 on line 6 . . . . .<br>• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) . . . . .   | <b>6</b> |  |
| <b>7</b> | Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of the year <b>and</b> meet the conditions described in the instructions, you <b>can't</b> take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/> . . . . . | <b>7</b> |  |
| <b>8</b> | <b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below. . . . .  | <b>8</b> |  |

**Part II Nonrefundable Education Credits**

|           |   |           |          |
|-----------|---|-----------|----------|
| <b>9</b>  | Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) . . . . .  | <b>9</b>  |          |
| <b>10</b> | After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 . . . . .  | <b>10</b> | 1,550.   |
| <b>11</b> | Enter the smaller of line 10 or \$10,000 . . . . .  | <b>11</b> | 1,550.   |
| <b>12</b> | Multiply line 11 by 20% (0.20) . . . . .  | <b>12</b> | 310.     |
| <b>13</b> | Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse . . . . .   | <b>13</b> | 180,000. |
| <b>14</b> | Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead . . . . .                                    | <b>14</b> | 124,015. |
| <b>15</b> | Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19 . . . . .   | <b>15</b> | 55,985.  |
| <b>16</b> | Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse . . . . .  | <b>16</b> | 20,000.  |
| <b>17</b> | If line 15 is:<br>• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 . . . . .<br>• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) . . . . . | <b>17</b> | 1.000    |
| <b>18</b> | Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) . . . . .  | <b>18</b> | 310.     |
| <b>19</b> | <b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3 . . . . .  | <b>19</b> | 310.     |

Name(s) shown on return

PRAVEEN VEJENDLA & SOWMINI BANDARU

Your social security number

058-55-2022



**Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.**

**Part III Student and Educational Institution Information.** See instructions.

|   |  |  |  |
|---|--|--|--|
| <p><b>20</b> Student name (as shown on page 1 of your tax return)<br/>SOWMINI<br/>BANDARU</p>   | <p><b>21</b> Student social security number (as shown on page 1 of your tax return)<br/><br/>124-69-0183</p>   |  |  |
| <p><b>22</b> Educational institution information (see instructions)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <p><b>a.</b> Name of first educational institution<br/>UNIVERSITY OF THE CUMBERLANDS</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.<br/><br/>6198 COLLEGE STATION DRIVE<br/>WILLIAMSBURG KY 40769</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2022? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2021 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.<br/><br/>61-0470593</p> </td> <td style="width:50%; vertical-align: top;"> <p><b>b.</b> Name of second educational institution (if any)</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2022? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2021 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p> </td> </tr> </table> |  | <p><b>a.</b> Name of first educational institution<br/>UNIVERSITY OF THE CUMBERLANDS</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.<br/><br/>6198 COLLEGE STATION DRIVE<br/>WILLIAMSBURG KY 40769</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2022? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2021 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.<br/><br/>61-0470593</p> | <p><b>b.</b> Name of second educational institution (if any)</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2022? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2021 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p> |
| <p><b>a.</b> Name of first educational institution<br/>UNIVERSITY OF THE CUMBERLANDS</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.<br/><br/>6198 COLLEGE STATION DRIVE<br/>WILLIAMSBURG KY 40769</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2022? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2021 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.<br/><br/>61-0470593</p>  | <p><b>b.</b> Name of second educational institution (if any)</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2022? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2021 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p> |  |  |
| <p><b>23</b> Has the American opportunity credit been claimed for this student for any 4 prior tax years? <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.</p>   |  |  |  |
| <p><b>24</b> Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2022 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. <input checked="" type="checkbox"/> Yes — Go to line 25. <input type="checkbox"/> No — <b>Stop!</b> Go to line 31 for this student.</p>   |  |  |  |
| <p><b>25</b> Did the student complete the first 4 years of postsecondary education before 2022? See instructions. <input checked="" type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input type="checkbox"/> No — Go to line 26.</p>   |  |  |  |
| <p><b>26</b> Was the student convicted, before the end of 2022, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input type="checkbox"/> No — Complete lines 27 through 30 for this student.</p>  |  |  |  |



**You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.**

**American Opportunity Credit**

|  |           |  |
|--|-----------|--|
| <b>27</b> Adjusted qualified education expenses (see instructions). <b>Don't enter more than \$4,000</b> . . . . .   | <b>27</b> |  |
| <b>28</b> Subtract \$2,000 from line 27. If zero or less, enter -0- . . . . .  | <b>28</b> |  |
| <b>29</b> Multiply line 28 by 25% (0.25) . . . . .   | <b>29</b> |  |
| <b>30</b> If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1 . . . . . | <b>30</b> |  |

**Lifetime Learning Credit**

|   |           |        |
|---|-----------|--------|
| <b>31</b> Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10 . . . . . | <b>31</b> | 1,550. |
|---|-----------|--------|

**Paid Preparer's Due Diligence Checklist**  
*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),  
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and  
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*  
**To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.  
Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.**

OMB No. 1545-0074

For tax year  
20 \_\_\_\_\_

Attachment  
Sequence No. **70**

|  |  |   |
|--|--|---|
| Taxpayer name(s) shown on return<br>PRAVEEN VEJENDLA & SOWMINI BANDARU |  | Taxpayer identification number<br>058-55-2022   |
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM                   |  | Preparer tax identification number<br>P02082703 |

**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply).  EIC  CTC/ACTC/ODC  AOTC  HOH

|   | Yes                                 | No                                  | N/A                      |
|---|-------------------------------------|-------------------------------------|--------------------------|
| <b>1</b> Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.) . . . . .  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| <b>2</b> If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>3</b> Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.<br>• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.<br>• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| <b>4</b> Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) . . . . .   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                          |
| <b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |
| <b>b</b> Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |
| <b>5</b> Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) . . . . .<br>List those documents provided by the taxpayer, if any, that you relied on:<br>_____<br>_____<br>_____ | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| <b>6</b> Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| <b>7</b> Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . .<br><b>(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>a</b> Did you complete the required recertification Form 8862? . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>8</b> If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |

**Part II Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

|   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| <b>9a</b> Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? <b>(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)</b> . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>b</b> Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>c</b> Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

|   | Yes                                 | No                       | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|
| <b>10</b> Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States? . . . . .  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>11</b> Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? . . . . . | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>12</b> Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Part IV Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| <b>13</b> Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |

**Part V Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| <b>14</b> Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |

**Part VI Eligibility Certification**

**You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
  - 1. A copy of this Form 8867.
  - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
  - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
  - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
  - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

**If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).**

|   | Yes                                 | No                       |
|---|-------------------------------------|--------------------------|
| <b>15</b> Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? . . . . . | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



## Form CT-1040NR/PY Required Fields

The following fields are required to be automatically populated or completed for taxpayers to continue filing, or must be completed in response to the selection of other fields.

### Required to be Automatically-Populated Fields

Each page of each form submitted to DRS must include the following automatically populated fields:

1. **Document Identification Numbers** - Three occurrences of the Document Identification Number (DIN) must be on each page. The QR Code and two DINs must be on each scannable page. (See Document Identification Number and Quick Reference (QR) Code, on Page 4.)
2. **Social Security Number** - The Social Security Number must appear at the top of Form CT-1040NR/PY, Pages 2, 3, and 4; Schedule CT-CHET; Supplemental Schedule CT-1040WH; Schedule CT-IT Credit, Pages 1 and 2; Schedule CT-PE; **and** Form CT-6251, Pages 1 and 2.
3. In addition, the following **Checklist for filing your Connecticut income tax return** must be included when hard copies of the form are printed. Taxpayers should not send the checklist to DRS with the return.

### Do not send this sheet with your return.

1. Be sure that Page 1 of your return is not printed on the back of this sheet.
2. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
3. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
4. **Do not attach or send copies of forms W-2 or 1099.**
5. Verify that the address lines on the return are correct and proper abbreviations are used.
6. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 18a through 18e, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
7. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
8. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return. (File Form CT-1040X electronically at [www.ct.gov/TSC](http://www.ct.gov/TSC) using the Taxpayer Service Center.)
9. Send **all** completed pages of CT-1040NR/PY, Schedule CT-CHET, Supplemental Schedule CT-1040WH, Schedule CT-IT Credit, Schedule CT-PE, and Form CT-6251. Send **all** four pages of your completed return, both pages of your completed Schedule CT-CHET, and any other supporting schedules.
10. Make check payable to: Commissioner of Revenue Services
11. To ensure proper posting, write your SSN(s) (optional) and "2022 Form CT-1040NR/PY" on your check.
12. To mail your return, use the following addresses:
  - For all tax returns with payment:
    - Department of Revenue Services
    - PO Box 2977
    - Hartford CT 06104-2977
  - For refunds and tax returns without payment:
    - Department of Revenue Services
    - PO Box 2976
    - Hartford CT 06104-2976
13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 25a through 25d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited. Alpha characters are not allowed in Routing or Account Number fields.
15. When making payment using Form CT-1040V, **DO NOT** attach copies of your previously filed Form CT-1040NR/PY.

### Do not send this sheet with your return.



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Form CT-1040NR/PY - 2022
Connecticut Nonresident and Part-Year
Resident Income Tax Return (Rev. 12/22)

Page 1 of 4

Other tax year, beginning: and ending:

N S Y FJ N MFS N HOH N QSS
058 - 55 - 2022 124 - 69 - 0183

PRAVEEN VEJENDLA N Dec. Y P
SOWMINI BANDARU N Dec. N N

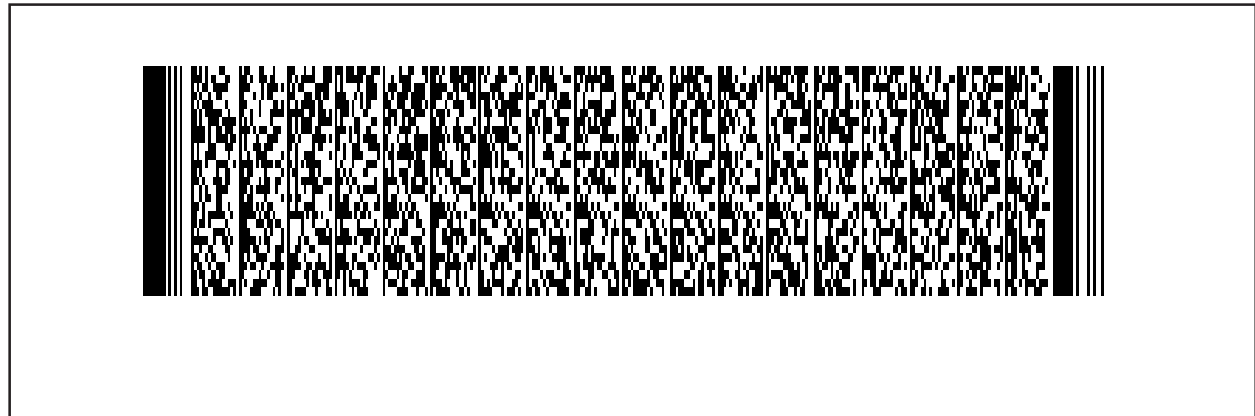
11948 DOWNY BIRCH DR N CT-8379 N CT-2210 N CT-19IT

USA N CT-1040 CRC N Federal Form 1310

RIVERVIEW FL 33569 -

Table with 3 columns: Line number, Description, and Amount. Includes lines 1 through 18 detailing federal adjusted gross income, Connecticut adjusted gross income, and total tax.

Clip check here. Do not use staples. Do not send Forms W-2 or 1099, or Schedules CT K-1.



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Form CT-1040NR/PY, Page 2 of 4

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19. Amount from Line 18

19. • 3141

Forms W-2, W-2G, 1099, and Schedule CT K-1 Information

|      | Col. A - Employer's Federal ID # | Col. B - CT Wages, Tips, etc. | Sch. CT K-1 | Col. C - CT Income Tax Withheld |
|------|----------------------------------|-------------------------------|-------------|---------------------------------|
| 20a. | 98 - 0429806                     | • 29169                       | • N         | 2039                            |
| 20b. | 20 - 4526283                     | • 34470                       | • N         | 1641                            |
| 20c. | -                                | • 0                           | •           | 0                               |
| 20d. | -                                | • 0                           | •           | 0                               |
| 20e. | -                                | • 0                           | •           | 0                               |

20f. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) 20f. 0

20. Total Connecticut income tax withheld: Amounts in Column C. 20. 3680

21. All 2022 estimated tax payments and any overpayments applied from a prior year 21. 0

22. Payments made with Form CT-1040 EXT 22. 0

22a. Claim of right credit (from Form CT-1040 CRC, Line 6) 22a. 0

22b. Pass-through entity tax credit (from Schedule CT-PE, Line 1). Schedule must be attached. 22b. 0

23. Total payments and refundable credits: Add Lines 20, 21, 22, 22a and 22b. 23. 3680

24. Overpayment: If Line 23 is more than Line 19, Line 19 subtracted from Line 23. 24. 539

25. Amount of Line 24 you want applied to your 2023 estimated tax 25. 0

26. Amount of Line 24 you want applied as a CHET contribution (from Schedule CT-CHET, Line 4) 26. 0

26a. Total contributions of refund to designated charities (from Schedule 4, Line 63) 26a. 0

27. Refund: Lines 25, 26, and 26a subtracted from Line 24. 27. 539

If you have not elected to direct deposit, a refund check will be issued and processing may be delayed.

27a. Acct. type Y Ck. N Sv. 27b. Rout. # 021200339 27c. Acct. # 381048881751

27d. Refund going to a bank account outside the U.S. 27d. N

28. Tax due: If Line 19 is more than Line 23, Line 23 subtracted from Line 19. 28. 0

29. If late: Penalty entered. Line 28 multiplied by 10% (.10). 29. 0

30. If late: Interest entered. Line 28 multiplied by number of months or fraction of a month late, then by 1% (.01). 30. 0

31. Interest on underpayment of estimated tax (from Form CT-2210.) 31. 0

32. Total amount due: Add Lines 28 through 31. 32. 0.00

**Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.**

|                                      |                      |                            |
|--------------------------------------|----------------------|----------------------------|
| Your signature                       | Date                 | Home/cell telephone number |
| •                                    | •                    | 4082425895                 |
| Spouse's signature (if joint return) | Date                 | Daytime telephone number   |
| •                                    | •                    | •                          |
| Paid preparer's signature            | Date                 | Telephone number           |
| • SYAM PRIYA RAM SAGAR GU            | • 021023             | • 6789659522               |
| Paid preparer's name                 | Paid Preparer's PTIN |                            |
| SYAM PRIYA RAM SAGAR GUPTA TALL      | P02082703            |                            |
| Firm's name, address and ZIP code    | FEIN                 |                            |
| GLOBAL TAXES LLC                     | 843171965            |                            |
| 245 ROONEY CT                        | Self-employed        |                            |
| E BRUNSWI NJ 08816 -                 | N                    |                            |

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

|                 |                  |                                      |
|-----------------|------------------|--------------------------------------|
| Designee's name | Telephone number | Personal identification number (PIN) |
| •               | •                | •                                    |

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Sign Here  
Keep a copy for your records.

Form CT-1040NR/PY, Page 3 of 4

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**Schedule 1 - Modifications to Federal Adjusted Gross Income**

|  |      |   |
|--|------|---|
| 33. Interest on state and local government obligations other than Connecticut                                    | 33.  | 0 |
| 34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations         | 34.  | 0 |
| 35. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income  | 35.  | 0 |
| 36. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero.                  | 36.  | 0 |
| 37. Loss on sale of Connecticut state and local government bonds   | 37.  | 0 |
| 38. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year. | 38.  | 0 |
| 38a. 80% of Section 179 federal deduction.   | 38a. | 0 |
| 39. Other - specify •  | 39.  | 0 |
| <b>40. Total additions:</b> Add Lines 33 through 39.   | 40.  | 0 |
| 41. Interest on U.S. government obligations  | 41.  | 0 |
| 42. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations               | 42.  | 0 |
| 43. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet)                       | 43.  | 0 |
| 44. Refunds of state and local income taxes  | 44.  | 0 |
| 45. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities                                    | 45.  | 0 |
| 46. Military retirement pay  | 46.  | 0 |
| 47. 50% of income received from Connecticut Teachers' Retirement System  | 47.  | 0 |
| 48. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero.                     | 48.  | 0 |
| 49. Gain on sale of Connecticut state and local government bonds   | 49.  | 0 |
| 50. CHET contributions made in 2022 or an excess carried forward from a prior year Acct. #                       | 50.  | 0 |
| 50a. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding four years.              | 50a. | 0 |
| 50b. 100% of pension or annuity income.  | 50b. | 0 |
| 51. Other - specify •  | 51.  | 0 |
| <b>52. Total subtractions:</b> Add Lines 41 through 51.  | 52.  | 0 |

**Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions**

|  |               |               |
|--|---------------|---------------|
| 53. Connecticut AGI during residency portion of taxable year   | 53.           | 0             |
|  | <b>Col. A</b> | <b>Col. B</b> |
| 54. Qualifying jurisdiction's name and two-letter code   | 54. •         | •             |
| 55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return (from Schedule 2 Worksheet) | 55.           | 0             |
| 56. Line 55 divided by Line 53. May not exceed 1.0000.   | 56.           | 0.0000        |
| 57. Apportioned income tax   | 57.           | 0             |
| 58. Line 56 multiplied by Line 57  | 58.           | 0             |
| 59. Allowable income tax paid to a qualifying jurisdiction   | 59.           | 0             |
| 60. Lesser of Line 58 or Line 59   | 60.           | 0             |
| 61. Total credit: Add Line 60, all columns.  | 61.           | 0             |

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• 058552022

**Schedule 3 - Individual Use Tax**

|  |       |   |
|--|-------|---|
| 62a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)    | 62a.  | 0 |
| 62b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7) | 62b.  | 0 |
| 62c. Use tax at 7.75% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7) | 62c.  | 0 |
| 62d. Use tax at 2.99% (from Connecticut Individual Use Tax Worksheet, Section D, Column 7) | 62d.  | 0 |
| 62. Individual use tax: Add Lines 62a, 62b, 62c, and 62d.                                  | 62. • | 0 |

**Schedule 4 - Contributions to Designated Charities**

|  |      |   |
|--|------|---|
| 63a. AR  | 63a. | 0 |
| 63b. OT  | 63b. | 0 |
| 63c. ES/W  | 63c. | 0 |
| 63d. BCR   | 63d. | 0 |
| 63e. SNS   | 63e. | 0 |
| 63f. MR  | 63f. | 0 |
| 63g. CBS   | 63g. | 0 |
| 63h. MHCIA   | 63h. | 0 |
| 63. <b>Total Contributions:</b> Add Lines 63a through 63h. | 63.  | 0 |

Taxpayer email

NRPY1222V041555

# Schedule CT-SI

## Nonresident or Part-Year Resident

### Schedule of Income From Connecticut Sources



**Complete this schedule if you were a nonresident or part-year resident of Connecticut** and attach it to Form CT-1040NR/PY. Do not use staples. Complete in blue or black ink only. Please note that each form is year specific. To prevent any delay in processing your return, the correct year's form **must** be submitted to the Department of Revenue Services (DRS).

|   |                              |   |
|---|------------------------------|---|
| Your first name and middle initial<br><b>PRAVEEN</b>                      | Last name<br><b>VEJENDLA</b> | Your Social Security Number<br><b>0 5 8 : 5 5 : 2 0 2 2</b>     |
| If joint return, spouse's first name and middle initial<br><b>SOWMINI</b> | Last name<br><b>BANDARU</b>  | Spouse's Social Security Number<br><b>1 2 4 : 6 9 : 0 1 8 3</b> |

Visit [portal.ct.gov/DRS/Individuals/Individual-Income-Tax](https://portal.ct.gov/DRS/Individuals/Individual-Income-Tax) before completing this schedule.

**Part 1 - Connecticut Income - Part-Year Residents:** Complete **Schedule CT-1040AW, Part-Year Resident Income Allocation**. Add Columns B and D for each line of Schedule CT-1040AW and enter the totals on Lines 1 through 30 below.  
**Nonresidents:** Enter the income received from Connecticut sources.

|  |       |        |    |
|--|-------|--------|----|
| 1. Wages, salaries, tips, etc. ....  | ▶ 1.  | 63,639 |    |
| 2. Taxable interest .....  | ▶ 2.  |        |    |
| 3. Ordinary dividends .....  | ▶ 3.  |        |    |
| 4. Alimony received .....  | ▶ 4.  |        |    |
| 5. Business income or (loss) .....   | ▶ 5.  |        |    |
| 6. Capital gain or (loss) .....  | ▶ 6.  |        |    |
| 7. Other gains or (losses) .....   | ▶ 7.  |        |    |
| 8. Taxable amount of IRA distributions .....                                       | ▶ 8.  |        |    |
| 9. Taxable amounts of pension and annuities .....                                  | ▶ 9.  |        |    |
| 10. Rental real estate, royalties, partnerships, S corporations, trusts, etc. .... | ▶ 10. | 0      |    |
| 11. Farm income or (loss) .....  | ▶ 11. |        |    |
| 12. Unemployment compensation .....  | ▶ 12. |        |    |
| 13. Taxable amount of social security benefits .....                               | ▶ 13. |        |    |
| 14. Other income: See instructions. ....   | ▶ 14. |        |    |
| 15. Gross income from Connecticut sources: Add Lines 1 through 14. ....            | ▶ 15. | 63,639 | 00 |

**Part 2 - Adjustments to Connecticut Income** - Enter adjustments **directly** related to income reported above.

|  |       |        |    |
|--|-------|--------|----|
| 16. Educator expenses.....   | ▶ 16. |        |    |
| 17. Certain business expenses of reservists, performing artists, and fee-basis government officials.....   | ▶ 17. |        |    |
| 18. Health savings account deduction.....  | ▶ 18. |        |    |
| 19. Moving expenses for members of the armed forces .....  | ▶ 19. |        |    |
| 20. Deductible part of self-employment tax .....   | ▶ 20. |        |    |
| 21. Self-employed SEP, SIMPLE, and qualified plans .....   | ▶ 21. |        |    |
| 22. Self-employed health insurance deduction .....   | ▶ 22. |        |    |
| 23. Penalty on early withdrawal of savings .....   | ▶ 23. |        |    |
| 24. Alimony paid. Recipient's last name ▶ _____ SSN ▶ _____ - _____ - _____  | ▶ 24. |        |    |
| 25. IRA deduction .....  | ▶ 25. |        |    |
| 26. Student loan interest deduction.....   | ▶ 26. |        |    |
| 27. Archer MSA deduction.....  | ▶ 27. |        |    |
| 28. Other adjustments .....  | ▶ 28. |        |    |
| 29. Total adjustments: Add Lines 16 through 28. ....   | ▶ 29. |        |    |
| 30. <b>Income from Connecticut sources:</b> Subtract Line 29 from Line 15.<br>Enter the amount here and on <b>Form CT-1040NR/PY</b> , Line 6. .... | ▶ 30. | 63,639 | 00 |

**Employee Apportionment Worksheet** - Complete Lines A through G only when the income from employment is earned both inside and outside Connecticut and the exact amount of Connecticut income is not known. **Do not complete Lines A through G if you know the exact amount of your Connecticut-sourced income.**

|  |   |  |  |
|--|---|--|--|
| A. Working days (or other basis) outside Connecticut .....   | A |  |  |
| B. Working days (or other basis) inside Connecticut .....  | B |  |  |
| C. Total working days: Add Line A and Line B. ....   | C |  |  |
| D. Nonworking days (Holidays, weekends, etc.).....   | D |  |  |
| E. Connecticut ratio: Divide Line B by Line C. Round to four decimal places. ....  | E |  |  |
| F. Total income being apportioned .....  | F |  |  |
| G. Connecticut income: Multiply Line E by Line F. Enter here and on Schedule CT-SI, Line 1. ....<br>Basis, if other than working days: _____ | G |  |  |

# Schedule CT-1040AW

## Part-Year Resident Income Allocation



# 2022

**Part-year residents** must complete this schedule before completing Schedule CT-SI and attach it to Form CT-1040NR/PY. Do not use staples. Complete in blue or black ink only. Please note that each form is year specific. To prevent any delay in processing your return, the correct year's form **must** be submitted to the Department of Revenue Services (DRS).

|  |                       |  |
|--|-----------------------|--|
| Your first name and middle initial<br>PRAVEEN                      | Last name<br>VEJENDLA | Your Social Security Number<br>0 5 8 : 5 5 : 2 0 2 2     |
| If joint return, spouse's first name and middle initial<br>SOWMINI | Last name<br>BANDARU  | Spouse's Social Security Number<br>1 2 4 : 6 9 : 0 1 8 3 |

|  |     | Federal Income<br>as Modified<br><small>See instructions.</small> | Connecticut<br>Resident Period                      | Connecticut<br>Nonresident Period                   |  |
|--|-----|---|---|---|--|
|  |     | Column A<br>Income from<br>federal return                         | Column B<br>Income from Column A<br>for this period | Column C<br>Income from Column A<br>for this period | Column D<br>Income from Column C<br>from Connecticut sources |
| 1. Wages, salaries, tips, etc.....   | 1.  | 136,601   | 63,639  | 72,962  | 0  |
| 2. Taxable interest.....   | 2.  |   |   |   |  |
| 3. Ordinary dividends.....   | 3.  |   |   |   |  |
| 4. Alimony received.....   | 4.  |   |   |   |  |
| 5. Business income or (loss).....  | 5.  |   |   |   |  |
| 6. Capital gain or (loss).....   | 6.  |   |   |   |  |
| 7. Other gains or (losses).....  | 7.  |   |   |   |  |
| 8. Taxable amount of IRA distributions.....  | 8.  |   |   |   |  |
| 9. Taxable amounts of pension and annuities.....                                     | 9.  |   |   |   |  |
| 10. Rental real estate, royalties, partnerships,<br>S corporations, trusts, etc..... | 10. | -12,586   | 0   | -12,586   | 0  |
| 11. Farm income or (loss).....   | 11. |   |   |   |  |
| 12. Unemployment compensation.....   | 12. |   |   |   |  |
| 13. Taxable amount of social security benefits.....                                  | 13. | 0   |   | 0   |  |
| 14. Other income: See instructions.....  | 14. |   |   |   |  |
| 15. Add Lines 1 through 14.....  | 15. | 124,015 00  | 63,639 00   | 60,376 00   | 0 00   |

### Part 2 – Adjustments to Income

|   |     |            |           |           |      |
|---|-----|------------|-----------|-----------|------|
| 16. Educator expenses.....  | 16. |            |           |           |      |
| 17. Certain business expenses of reservists, performing<br>artists, and fee-basis government officials..... | 17. |            |           |           |      |
| 18. Health savings account deduction.....   | 18. |            |           |           |      |
| 19. Moving expenses for members of the armed forces.....  | 19. |            |           |           |      |
| 20. Deductible part of self-employment tax.....   | 20. |            |           |           |      |
| 21. Self-employed SEP, SIMPLE, and qualified plans..  | 21. |            |           |           |      |
| 22. Self-employed health insurance deduction.....   | 22. |            |           |           |      |
| 23. Penalty on early withdrawal of savings.....   | 23. |            |           |           |      |
| 24. Alimony paid.....   | 24. |            |           |           |      |
| 25. IRA deduction.....  | 25. |            |           |           |      |
| 26. Student loan interest deduction.....  | 26. |            |           |           |      |
| 27. Archer MSA deduction.....   | 27. |            |           |           |      |
| 28. Other adjustments.....  | 28. |            |           |           |      |
| 29. Total adjustments: Add Lines 16 through 28.....   | 29. |            |           |           |      |
| 30. Subtract Line 29 from Line 15.....  | 30. | 124,015 00 | 63,639 00 | 60,376 00 | 0 00 |

Line 30, Column A, must equal the amount on Form CT-1040NR/PY, Line 5.

Add Columns B and D for each line and enter the totals on Lines 1 through 30 on Schedule CT-SI.

### Part 3 – Part-Year Resident Information

#### Moved Into Connecticut

- Date **you** moved into Connecticut \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and state of **prior** residence: \_\_\_\_\_
- Date **your spouse** moved into Connecticut \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and state of **prior** residence: \_\_\_\_\_

#### Moved Out of Connecticut

- Date **you** moved out of Connecticut 0 5 / 3 1 / 2 2 and state of **new** residence: FL
- Date **your spouse** moved out of Connecticut 0 5 / 3 1 / 2 2 and state of **new** residence: FL

#### Income From Connecticut Sources During Nonresident Period

- Did **you** receive income from Connecticut sources during your nonresident period? .....  Yes  No
- Did **your spouse** receive income from Connecticut sources during his or her nonresident period? .....  Yes  No