

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

Taxpayer's name RAKESH REDDY YELETI	Social security number 696-35-5979
Spouse's name PRAVALIKA YELETI	Spouse's social security number APPLIED FOR

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	75,424.
2 Total tax	2	5,532.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	10,567.
4 Amount you want refunded to you	4	5,035.
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

5	5	9	7	9
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 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

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

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

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

Filing Status [] 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 (RAKESH REDDY), Last name (YELETI), Your social security number (696-35-5979), Spouse's social security number (APPLIED FOR), Home address (215 N MOORE RD, COPPELL, TX 75019), etc.

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 for Dependents with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents.

Income section table with rows 1a through 1z, including Total amount from Form(s) W-2, Household employee wages, Tip income, etc.

Table for tax calculations: 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, 9 Total income, 10 Adjustments to income, 11 Adjusted gross income, 12 Standard deduction or itemized deductions, 13 Qualified business income deduction, 14 Adjusted taxable income, 15 Taxable income.

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	5,532.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	5,532.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	5,532.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	5,532.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	10,567.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	10,567.
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	10,567.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	5,035.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	5,035.
	b	Routing number 3 2 5 0 7 0 7 6 0 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 8 1 7 9 6 5 1 0 3		
	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 HOME MAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (971) 570-9801	Email address YELETIREDDY@GMAIL.COM		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 01/31/2023	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Phone no. (678) 965-9522			
Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816	Firm's EIN 88-2145487			

2022 Form OR-40-N
Oregon Individual Income Tax Return for Nonresidents

Oregon Department of Revenue

Page 1 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Fiscal year ending date (MM/DD/YYYY)

Space for 2-D barcode—do not write in box below

- Extension filed
- Amended return.
If amending for an NOL tax year (YYYY) NOL, tax year the NOL was generated:
 - Form OR-24
 - Form OR-243
 - Federal Form 8379
 - Calculated with "as if" federal return
 - Federal Form 8886
 - Short-year tax election
 - Disaster relief
 - Employment exception
 - Military



First name Initial Date of birth (MM/DD/YYYY)

RAKESH REDDY 12/22/1985

Last name

YELETI

Social Security number (SSN)

696-35-5979

- First time using this SSN (see instructions)
- Applied for ITIN
- Deceased

Spouse first name Initial Spouse date of birth (MM/DD/YYYY)

PRAVALIKA 02/15/1985

Spouse last name

YELETI

Spouse SSN

APPLIED FOR

- First time using this SSN (see instructions)
- Applied for ITIN
- Deceased

Current address

215 N MOORE RD APT 6008

City

State ZIP code

COPPELL

TX 75019

Country

Phone

USA

971-570-9801

Filing Status (check only one box)

- 1. Single
- 2. Married filing jointly
- 3. Married filing separately (enter spouse's information **above**)
- 4. Head of household (with qualifying dependent)
- 5. Qualifying surviving spouse



Page 2 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name YELETTI SSN 696-35-5979

Note: Reprint page 1 if you make changes to this page.

Exemptions

6a. Credits for yourself.....6a. 1

Check boxes that apply: [X] Regular [] Severely disabled [] Someone else can claim you as a dependent

6b. Credits for your spouse6b. 1

Check boxes that apply: [X] Regular [] Severely disabled [] Someone else can claim you as a dependent

Dependents. List your dependents in order from youngest to oldest.

Dependent 1: First name Initial Dependent 1: Last name

Dependent 1: Date of birth (MM/DD/YYYY) Dependent 1: SSN Code *

[] Dependent 1: Check if child has a qualifying disability

Dependent 2: First name Initial Dependent 2: Last name

Dependent 2: Date of birth (MM/DD/YYYY) Dependent 2: SSN Code *

[] Dependent 2: Check if child has a qualifying disability

Dependent 3: First name Initial Dependent 3: Last name

Dependent 3: Date of birth (MM/DD/YYYY) Dependent 3: SSN Code *

[] Dependent 3: Check if child has a qualifying disability

*Dependent relationship code (see instructions).

6c. Total number of dependents6c.

6d. Total number of dependent children with a qualifying disability (see instructions).....6d.

6e. Total exemptions. Add lines 6a through 6d..... Total 6e. 2



Page 3 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

YELETTI

696-35-5979

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Income

Federal column (F)

Oregon column (S)

7. Wages, salaries, and other pay for work from federal Form 1040 or 1040-SR, line 1z. Include all Forms W-2.

7F.

75,424.00

7S.

14,677.00

8. Interest income from Form 1040 or 1040-SR, line 2b.

8F.

8S.

9. Dividend income from Form 1040 or 1040-SR, line 3b.

9F.

9S.

10. State and local income tax refunds from federal Schedule 1, line 1.

10F.

10S.

11. Alimony received from federal Schedule 1, line 2a.

11F.

11S.

12. Business income or loss from federal Schedule 1, line 3.

12F.

12S.

13. Capital gain or loss from Form 1040 or 1040-SR, line 7.

13F.

13S.

14. Other gains or losses from federal Schedule 1, line 4.

14F.

14S.

15. IRA distributions from Form 1040 or 1040-SR, line 4b.

15F.

15S.



Page 4 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

YELETTI

696-35-5979

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Federal column (F)

Oregon column (S)

16. Pensions and annuities from Form 1040 or 1040-SR, line 5b.

16F.

16S.

17. Schedule E income or loss from federal Schedule 1, line 5.

17F.

17S.

18. Farm income or loss from federal Schedule 1, line 6.

18F.

18S.

19. Social Security benefits from Form 1040 or 1040-SR, line 6b; and unemployment and other income from federal Schedule 1, lines 7 and 9.

19F.

19S.

20. Total income. Add lines 7 through 19.

20F.

75,424.00

20S.

14,677.00

Adjustments

21. IRA or SEP and SIMPLE contributions, from federal Schedule 1, lines 16 and 20.

21F.

21S.

22. Education deductions from federal Schedule 1, lines 11 and 21.

22F.

22S.

23. Moving expenses from federal Schedule 1, line 14.

23F.

23S.



Page 5 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

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YELETTI

696-35-5979

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Federal column (F)

Oregon column (S)

24. Deduction for self-employment tax from federal Schedule 1, line 15.

24F.

24S.

25. Self-employed health insurance deduction from federal Schedule 1, line 17.

25F.

25S.

26. Alimony paid from federal Schedule 1, line 19a.

26F.

26S.

27. Total adjustments from Schedule OR-ASC-NP, line A7 for the federal column and line A8 for the Oregon column.

27F.

27S.

28. Total adjustments. Add lines 21 through 27.

28F.

28S.

29. Income after adjustments. Line 20 minus line 28.

29F.

75,424.00

29S.

14,677.00

Additions

30. Total additions from Schedule OR-ASC-NP, line B7 for the federal column and line B8 for the Oregon column.

30F.

30S.

31. Income after additions. Add lines 29 and 30.

31F.

75,424.00

31S.

14,677.00



Page 6 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name SSN
 YELETTI 696-35-5979

Note: Reprint page 1 if you make changes to this page.

Subtractions	Federal column (F)	Oregon column (S)
32. Social Security and tier 1 Railroad Retirement Board benefits included on line 19F.		
32F.		
33. Total subtractions from Schedule OR-ASC-NP, line C7 for the federal column and line C8 for the Oregon column.		
33F.	33S.	
34. Income after subtractions. Line 31 minus lines 32 and 33.		
34F.	75,424.00	34S. 14,677.00
35. Oregon percentage (see instructions; not more than 100.0%).....35. 19.5 %		

Deductions and modifications

36. Amount from line 34S		14,677.00										
37. Oregon itemized deductions. Enter your Oregon itemized deductions from Schedule OR-A, line 23. If you are not itemizing your deductions, enter 0	37.	0.00										
38. Standard deduction. Enter your standard deduction	38.	4,840.00										
<p>You were: 38a. <input type="checkbox"/> 65 or older 38b. <input type="checkbox"/> Blind Your spouse was: 38c. <input type="checkbox"/> 65 or older 38d. <input type="checkbox"/> Blind</p> <p>Standard deductions</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Single</th> <th>Married filing jointly</th> <th>Married filing separately</th> <th>Qualifying surviving spouse</th> <th>Head of Household</th> </tr> </thead> <tbody> <tr> <td>\$2,420</td> <td>\$4,840</td> <td>\$2,420 or \$0</td> <td>\$4,840</td> <td>\$3,895</td> </tr> </tbody> </table> <p><small>See instructions if you are age 65 or older, blind, or if someone can claim you as a dependent. See instructions if you are married filing separately.</small></p>			Single	Married filing jointly	Married filing separately	Qualifying surviving spouse	Head of Household	\$2,420	\$4,840	\$2,420 or \$0	\$4,840	\$3,895
Single	Married filing jointly	Married filing separately	Qualifying surviving spouse	Head of Household								
\$2,420	\$4,840	\$2,420 or \$0	\$4,840	\$3,895								
39. Enter the larger of line 37 or 38.....	39.	4,840.00										
40. 2022 federal tax liability (see instructions).....	40.	5,532.00										
41. Total modifications from Schedule OR-ASC-NP, line D7												
42. Deductions and modifications multiplied by the Oregon percentage (see instructions).....	42.	2,023.00										



Page 7 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name YELETTI SSN 696-35-5979

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Deductions and modifications (continued)

43. Charitable art donation (see instructions)..... 43.
44. Total deductions and modifications. Add lines 42 and 43..... 44. 2,023.00
45. Oregon taxable income. Line 36 minus line 44. If line 44 is more than line 36, enter 0 45. 12,654.00

Oregon tax

46. Tax. Check the appropriate box if you're using an alternative method to calculate your tax (see instructions)..... 46. 704.00
46a. [] Schedule OR-FIA-40-N 46b. [] Worksheet FCG 46c. [] Schedule OR-PTE-NR

47. Interest on certain installment sales 47.
48. Total tax before credits. Add lines 46 and 47 48. 704.00

Standard and carryforward credits

49. Exemption credit (see instructions)..... 49. 85.00
50. Total standard credits from Schedule OR-ASC-NP, line E16..... 50.
51. Total standard credits. Add lines 49 and 50 51. 85.00
52. Tax minus standard credits. Line 48 minus line 51. If line 51 is more than line 48, enter 0 52. 619.00
53. Total carryforward credits used this year from Schedule OR-ASC-NP, line F9. Line 53 can't be more than line 52 (see Schedule OR-ASC and OR-ASC-NP Instructions) 53.
54. Tax after standard and carryforward credits. Line 52 minus line 53 54. 619.00
55. Total tax recaptures reported this year from Schedule OR-ASC-NP, line G5 55.



Page 8 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name YELETI SSN 696-35-5979

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Standard and carryforward credits (continued)

56. Tax including tax recaptures. Line 54 plus line 55 56. 619.00

Payments and refundable credits

57. Oregon income tax withheld. Include a copy of your Forms W-2 and 1099..... 57. 1,099.00

58. Amount applied from your prior year's tax refund 58.

59. Estimated tax payments for 2022. Include all payments you made prior to the filing date of this return, including real estate transactions. Do not include the amount you already reported on line 58 59.

60. Tax payments from a pass-through entity 60.

61. Earned income credit (see instructions)..... 61.

Reserved

63. Total refundable credits from Schedule OR-ASC-NP, line H7..... 63.

64. Total payments and refundable credits. Add lines 57 through 63 64. 1,099.00

Tax to pay or refund

65. Overpayment of tax. If line 56 is less than line 64, you overpaid. Line 64 minus line 56 65. 480.00

66. Net tax. If line 56 is more than line 64, you have tax to pay. Line 56 minus line 64 66.

67. Penalty and interest for filing or paying late (see instructions) 67.



Page 9 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

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696-35-5979

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68. Interest on underpayment of estimated tax. Include Form OR-10 68.

Exception number from Form OR-10, line 1: 68a.

Check box if you annualized: 68b.

69. Total penalty and interest due. Add lines 67 and 68..... 69.

70. Net tax including penalty and interest.

Line 66 plus line 69 This is the amount you owe. 70.

71. Overpayment less penalty and interest.

Line 65 minus line 69 This is your refund. 71.

480.00

72. Estimated tax. Fill in the portion of line 71 you want applied to your open estimated tax account 72.

73. Charitable checkoff donations from Schedule OR-DONATE, line 30 73.

74. Oregon 529 college savings plan deposits from Schedule OR-529, line 5 74.

75. Total. Add lines 72 through 74. The total can't be more than your refund on line 71..... 75.

76. Net refund. Line 71 minus line 75 This is your net refund. 76.

480.00

Direct deposit

77. For direct deposit of your refund, see instructions. Check the box if the final deposit destination is outside the United States:

Type of account:

Checking or

Account information:

Routing number

Account number

Savings

325070760

817965103

Reserved



Page 10 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name SSN
 YELETI 696-35-5979

Note: Reprint page 1 if you make changes to this page.

Sign here. Under penalty of false swearing, I declare that the information in this return and any attachments is true, correct, and complete.

Your signature

X
 Date (MM/DD/YYYY)

Spouse signature

X
 Date (MM/DD/YYYY)

Signature of preparer other than taxpayer

X SYAM PRIYA RAM SAG
 Date (MM/DD/YYYY)

Preparer phone

Preparer license number

01/31/2023

678-965-9522

Preparer first name

Initial

Preparer last name

SYAM

P

RAM SAGAR GUPTA TALLAM

Preparer address

245 ROONEY CT

City

State

ZIP code

E BRUNSWICK

NJ

08816

Signing this return does not grant your preparer the right to represent you or make decisions on your behalf. For more information, see the instructions for the *Tax Information Authorization and Power of Attorney for Representation* form on our website.

Important: Include a copy of your federal Form 1040, 1040-SR, 1040-X, or 1040-NR. **We may adjust your return without it.**

Pay the amount due (shown on line 70)

- **Online:** www.oregon.gov/dor.
- **By mail:** Payable to the **Oregon Department of Revenue**. Write "2022 Oregon Form OR-40-N" and the last four digits of your SSN or ITIN on your check or money order. If you include payment with your return, **don't** include Form OR-40-V payment voucher.

Mail your return

- **Non-2-D barcode.** If the large 2-D barcode box on the first page of this form is blank:
 - Mail **tax-due** returns to: Oregon Department of Revenue, PO Box 14555, Salem OR 97309-0940.
 - Mail **refund and no-tax-due** returns to: Oregon Department of Revenue, PO Box 14700, Salem OR 97309-0930.
- **2-D barcode.** If the large 2-D barcode box on the first page of this form is filled in:
 - Mail **tax-due** returns to: Oregon Department of Revenue, PO Box 14720, Salem OR 97309-0463.
 - Mail **refund and no-tax-due** returns to: Oregon Department of Revenue, PO Box 14710, Salem OR 97309-0460.



Page 11 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

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696-35-5979

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Amended statement. Complete this section only if you're amending your 2022 return or filing with a new SSN.

If filing an amended return, use this space to explain what you're changing. Include the return line numbers and the reason for each change. If your filing status has changed, explain why. Include all supporting forms and schedules when you file your amended return, even if you haven't changed anything on them.

If filing with a new SSN, enter your former identification number.

