### Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

### IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Social security number   Social security nu	Submis	sion Identification Number (SID)			
Spouse's some    Part   Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.)	Taxpaver	's name	Social securit	v number	,
Part   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 10.40-SS files use line 4 only, Leave lines 1, 2, 3, and 5 blank.  1					ty number
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income 2 Total tax 2 2, 042.  3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 4, 606.  2 Amount you want refunded to you 4 4 2, 564.  5 Amount you want refunded to you 1 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A	Part	Tax Return Information — Tax Year Ending December 31, 2022 (Enter	year you a	re auth	orizing.)
Adjusted gross income  Adjusted gross income  Adjusted gross income tax withheld from Form(s) W-2 and Form(s) 1099  Amount you want refunded to you  Amount you want you  Amount you  Amount you  Amount you  Amount you  Amount	Enter w	hole dollars only on lines 1 through 5.	-		
Total tax  Total tax  Total tax  Tederal income tax withheld from Form(s) W-2 and Form(s) 1099 3 4, 606.  Amount you want refunded to you 4 2, 2564.  Amount you want refunded to you 4 2, 2564.  Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Under penalties of perjun, 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 whore you get and bellef, it is true, correct, and complete. I turnther declare that the amounts in Part I above are 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 deblir party to the financial institution account indicated that tax preparation sortware for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution account indicated that processing and payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution account indicated that processing and payment (petitlement) date. I also authorize the Inancial Agent to the transmission, (b) the reason for any deflat in the processing of the electronic perment of the payment (petitlement) date. I also authorize the financial institutions involved in the processing of the electronic perment of the payment (petitlement) date. I also authorize the financial institutions involved in the processing of the electronic perment of the payment (petitlement) date. I also authorize the financial institutions involved in the processing of the electronic perment of the payment (petitlement) date. I also authorize the financial institutions involved in the processing of the electronic perment of the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing. Check	Note: F	form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
Amount you want refunded to you	1	Adjusted gross income		1	· · · · · · · · · · · · · · · · · · ·
A amount you want refunded to you  5 Amount you owe  7 Amount you owe  8 Amount you ove  8 Amount you want refunded to you  9 Amount you ove  10 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  11 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  12 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, and to the best of the send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection for 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 terminate the unit or 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 inflamical sequent or the tax preparation software for authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent in the tax preparation software for authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent at 128-83-83-827. Payment cancellation requests the exceeding on later than 2 business days prior to the payment, festilement) 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 resolutions involved in the processing of the electronic payment of taxes to receive confidential information and transmit and the personal identification number (PIN) below in the present and the personal id				2	2,042.
Amount you owe  Part III 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, 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 IRS (a) an acknowledgement of receipt or reseavo from the IRS (a) an acknowledgement of receipt or reseavo frequent of the transmission. (b) the reason for any delay in processing the return or return(a) and (c) the date of any return (I applicable, I ambroize the U.S. Treasury and its despirated Financial Agent to Institute in Activities and Activities and the authorization is the preparation solvents to random in full force and effect until I notify the U.S. Treasury Financial Agent to remain the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-4530-4537. 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 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	3			<del>-</del>	4,606.
Date   Partiti		,		-	2,564.
under penalties of perjuny, I declare that II have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of the provided and belief, it is true, correct, and compilete. I further declare that the amounts in Part I about some 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 authorization is to remain in full force and effect until 1 notify the U.S. Treasury Financial Agent to terminate authorization. To revoke (cance) a payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution account indicate authorization. To revoke (cance) 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 submisses 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 truther acknowledge that the presonal identification number (PIN) below it my signature for the income tax return (original or amended) I am now authorizing.    Taxapayer's PIN: check one box only   Taxapayer's PIN: and provided the payment of the pay				- 1	
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, Lauthorize 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 gayment of in redeat baxes owed on this return and/or a payment of estimated tax, and the financial institution account indicated in the tax preparation software for gayment of intermediates and the financial institution account indicated in the tax preparation software for gayment of the standard tax, and the financial institution account indicated in the tax preparation software for authorized the institution account indicated in the tax preparation software for authorized the institution account indicated in the tax preparation software for authorize in the suborization. To revoke (cancel) a graph and the suborization in the suborization. To revoke (cancel) a graph and the suborization in the suborization in the suborization. To revoke (cancel) as a suborize with the suborization of the payment. I writer acknowledge that the payment is determined to the payment of the suborization. To revoke (cancel) as a cancel and the payment. I further acknowledge that the payment is destructed in the payment is destructed in the payment. I further acknowledge that the payment is destructed in the payment is destructed in the payment. I further acknowledge in the payment is destructed in the payment in the paym					
I authorize   GLOBAL TAXES   LLC   ERO firm name   Signature on the income tax return (original or amended) I am now authorizing.   I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only   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   O2/11/2023	to send for any of Agent to payment authoriz payment business taxes to personal	my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate to IT. I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised as a payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the publication number (PIN) below is my signature for the income tax return (original or amended) I are	ction of the tr S. Treasury a cated in the ta n to debit the the authoriza ests must be processing of ayment. I furt	ansmissind its deax prepare entry to ation. To receive the election acknowledges the acknowledges and the second entry acknowledges and the second entry acknowledges acknowle	ion, (b) the reason signated Financial ration software for this account. This revoke (cancel) a d no later than 2 stronic payment of nowledge that the
I authorize   GLOBAL TAXES   LLC   ERO firm name   Signature on the income tax return (original or amended) I am now authorizing.   I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only   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   O2/11/2023	Taxpav	ver's PIN: check one box only			
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 ▶		I authorize GLOBAL TAXES LLC to enter or generate r	ny PIN <u>⊏</u> En	ter five dig	gits, but
Spouse's PIN: check one box only  I authorize  ERO firm name signature on the income tax return (original or amended) I am now authorizing.  I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Spouse's signature  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.  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 ▶		I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methodelow.			
I authorize	Your si	gnature ►	02/11/	2023	
I authorize	Spous	s's PIN: check one hox only			
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.    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 ►		I authorize to enter or generate r	Ent		gits, but
Part III Certification and Authentication — Practitioner PIN Method Only  ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  Don't enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.  ERO's signature ▶  Date ▶		if you are entering your own PIN and your return is filed using the Practitioner PIN method			
Part III Certification and Authentication — Practitioner PIN Method Only  ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  Don't enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.  ERO's signature ▶  Date ▶	Spouse	<u> </u>			
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					
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	Part I	Certification and Authentication — Practitioner PIN Method Only			
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 <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of Individual Income Tax Returns.  ERO's signature ▶ Date ▶	ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2			
	authoriz	ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submi	tting this retu	ırn in acc	cordance with the
	EDO's	pignatura • Data •			
EDV WOSE DEMOCRATE = 500 = 500 msinucions	LI 10 5	ERO Must Retain This Form — See Instructions			

Don't Submit This Form to the IRS Unless Requested To Do So

# E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.	If yo	u checked the MFS box, enter the na	ame of y	ed filing separately our spouse. If you	,			ehold (HO box, ent	,	spoi	lifying sunuse (QSS) name if th	Ü
Your first name		on is a child but not your dependent	Last nar							Vourso	cial securit	ty number
		ddie mitiai										•
GAYATHRI		first name and middle initial	Last nar	THALA							42-961	/ curity number
ii joint return, sp	Jouse s	s instruante and middle midal	Lastriai	ile.						Spouse	S SUCIAI SE	Junity Humber
Home address	numbe	er and street). If you have a P.O. box, see	instructio	ons.				Apt. no.		Preside	ntial Election	on Campaign
14011 RI	T.EY	ST						2906			nere if you,	
		ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te		code				ntly, want \$3
OVERLAND	PAF	RK			l KS	S	66	223		_		Checking a
Foreign country						_			box below will not change your tax or refund.			
											You	Spouse
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a	`				•		, .	. ,	Yes	⊠ No
Standard		eone can claim: You as a de		<u>_</u>		a dependent		, (				
Deduction		Spouse itemizes on a separate return		•		•						
								, ,		4050		
	_	Were born before January 2, 19	958 _	-	ouse			fore Janua			Is bl	
Dependents				(2) Social securi number	ty	(3) Relationsh to you	nip	. ,			,	instructions):
If more	(1) F	rst name Last name		Harribei		10 you	-	Child t	ax cr	eait	Credit for ot	her dependents
than four dependents,							-		<del> </del>			
see instructions	· —						-		<u> </u>			
and check here $\square$							-		<u> </u>			
nere	4-	Tatal are such from Farme(a) M.O. b.	1 /	- :						4-	<u> </u>	<u></u>
Income	1a	Total amount from Form(s) W-2, bo	`	,			•			1a		31,686.
Attach Form(s)	b	Household employee wages not re		• •						1b		
W-2 here. Also	C	Tip income not reported on line 1a	•	•			•			1c		
attach Forms W-2G and	d	Medicaid waiver payments not rep		. ,	mstru	ictions)	•			1d		
1099-R if tax	e	Taxable dependent care benefits f		•			•			1e 1f		
was withheld.	f	Employer-provided adoption bene			9.		•					
If you did not get a Form	g	Wages from Form 8919, line 6 .					•			1g		0.
W-2, see	h i	Other earned income (see instructing Nontaxable combat pay election (see instruction)	,				i			1h		
instructions.	=	Add lines 1a through 1h	ee iiisii	uctions)		!!				1-		31,686.
A# 0 D	z 2a	J I	 2a	· · · · i	 ьт	axable interes				1z 2b		<u> </u>
Attach Sch. B if required.	2a 3a		3a			axable interes Ordinary divide				3b		
	<u></u>		ta			axable amoun						
Chandand	<del>т</del> а 5а		5a			axable amoun						
Standard Deduction for—	6a		6a			axable amoun						
Single or     Married filing	С	If you elect to use the lump-sum el	_	nethod check here					_	7		
separately,	7	Capital gain or (loss). Attach Scheo		•	`	,			_	7		
\$12,950  Married filing	8	Other income from Schedule 1, line										
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,									1	31,686.
Qualifying surviving spouse,	10	Adjustments to income from Sche		-								<u> </u>
\$25,900 • Head of	11	Subtract line 10 from line 9. This is	-									31,686.
household,	12	Standard deduction or itemized	•	-								12,950.
\$19,400 • If you checked	13	Qualified business income deducti		`	,						I	<u>,                                   </u>
any box under	14	Add lines 12 and 13										12 <b>,</b> 950.
Standard Deduction,	15	Subtract line 14 from line 11. If zer										18,736.
see instructions.			_ 0. 1000	., 5	,							10,,00.

Form 1040 (2022	2)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗍		16	2,042.
Credits	17	Amount from Schedule 2, lin	-					17	
0.000	18	Add lines 16 and 17					🗆	18	2,042.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	2,042.
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	2,042.
Payments	25	Federal income tax withheld							·
,	а	Form(s) W-2				<b>25a</b> 4	,606.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c					2	25d	4,606.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	)21 return			26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit fro	m Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ındable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	otal payments				33	4,606.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amoun	nt you <b>overpaid</b>		34	2,564.
	35a	Amount of line 34 you want			is attached, chec	ck here	. 🗌 🔄	35a	2,564.
Direct deposit?	b	Routing number 1 1 1				Checking S	Savings		
See instructions.	d	Account number 4 8 8	1 0 3 2	6 7 9 1	1 9				
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see i	nstructions) .			38			
Third Party Designee		you want to allow anotherstructions	•		rn with the IRS?		mplete bel	ow.	⊠ No
		signee's		Phone			nal identifica	tion _	
		me		no.			er (PIN)		
Sign Here		der penalties of perjury, I declare ief, they are true, correct, and con			1 , 0		,		,
Here	Yo	ur signature		Date	Your occupation				you an Identity
						(see ins		, enter it here	
Joint return? See instructions.	Sn	ouse's signature. If a joint return,	hoth must sian	Date	Spouse's occupati				vour spouse an
Keep a copy for your records.	Op	oudo o digitaturo. Il a joint roturi,	<b>Dom</b> made digm	Buto	opouco o occupan	on.		Protect	tion PIN, enter it here
	Ph	one no. (346) 454-340	7	Email address	GAYATHRICHINTH	ALA2218@GMAIL.CC	M		
Doid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN	С	Check if:
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/01/2023	P020827	03   1	Self-employed
Preparer	Fin	m's name GLOBAL TA	XES LLC			-	Phone r	o. (6	78)965-9522
Use Only	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's E	IN	88-2145487
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 01/24/23 PRO			Form <b>1040</b> (2022)

**NOTE**: If **any due** date falls on a Saturday, Sunday, or legal holiday, **substitute** the next regular workday.

#### DO NOT SEND A PHOTOCOPY OF THIS VOUCHER

or risk the chance of our automated system not capturing your data correctly.

#### **SEND THE ORIGINAL**

MAIL THIS VOUCHER TO:
KANSAS DOR - ESTIMATED TAX
P.O. BOX 3506
TOPEKA, KS 66625-3506

- Make check or money order payable to: Kansas Individual Estimated Tax

**1ST QUARTER PAYMENT DUE BY APRIL 15, 2023** 

Rev. 7-22 INCOME TAX VOUCHER	305
GAYATHRI CHINTHALA (	CHIN
14011 RILEY ST APT 2906  OVERLAND PARK KS 66223  Daytime Phone Number: 3464543407  Name or Address Change	814429617

**Payment Amount** 

NOTE: If any due date falls on a Saturday, Sunday, or legal holiday, substitute the next regular workday.

#### DO NOT SEND A PHOTOCOPY OF THIS VOUCHER

or risk the chance of our automated system not capturing your data correctly.

#### **SEND THE ORIGINAL**

MAIL THIS VOUCHER TO: KANSAS DOR - ESTIMATED TAX P.O. BOX 3506 TOPEKA, KS 66625-3506

		REV 01/03/23 PRO
<b>K-40ES</b>	202 Kansas INDIVIDUAL ESTIMATED INCOME TAX VOUCHER	305
GAYATHRI CHIN	THALA	CHIN
14011 RILEY S	T APT 2906	814429617

OVERLAND PARK KS 66223 Daytime Phone Number: 3464543407

Name or Address Change

- If married filing a joint return, include both names and Social Security numbers

- Make check or money order payable to: Kansas Individual Estimated Tax

2ND QUARTER PAYMENT DUE BY JUNE 15, 2023

**Payment Amount** 



NOTE: If any due date falls on a Saturday, Sunday, or legal holiday, substitute the next regular workday.

#### DO NOT SEND A PHOTOCOPY OF THIS VOUCHER

or risk the chance of our automated system not capturing your data correctly.

#### **SEND THE ORIGINAL**

MAIL THIS VOUCHER TO: KANSAS DOR - ESTIMATED TAX P.O. BOX 3506 TOPEKA, KS 66625-3506

	REV 01/03/23 PRO
K-40ES  2023 Kansas INDIVIDUAL ESTIMATED INCOME TAX VOUCHER	305
GAYATHRI CHINTHALA	CHIN
14011 RILEY ST APT 2906	814429617

OVERLAND PARK KS 66223

Daytime Phone Number: 3464543407

Name or Address Change

- If married filing a joint return, include both names and Social Security numbers

- Make check or money order payable to: Kansas Individual Estimated Tax

3RD QUARTER PAYMENT DUE BY SEPTEMBER 15, 2023

**Payment Amount** 

**NOTE**: If **any due** date falls on a Saturday, Sunday, or legal holiday, **substitute** the next regular workday.

#### DO NOT SEND A PHOTOCOPY OF THIS VOUCHER

or risk the chance of our automated system not capturing your data correctly.

#### **SEND THE ORIGINAL**

MAIL THIS VOUCHER TO:
KANSAS DOR - ESTIMATED TAX
P.O. BOX 3506
TOPEKA, KS 66625-3506

K-40ES	2023 Kansas INDIVIDUAL ESTIMATE INCOME TAX VOUCHER		REV 01/03/23 PRO 3 0 5
GAYATHRI CHIN	THALA		CHIN
14011 RILEY S OVERLAND PARK		Name or Address	814429617

- If married filing a joint return, include both names and Social Security numbers

- Make check or money order payable to: Kansas Individual Estimated Tax

Daytime Phone Number: 3464543407

4

Change

4TH QUARTER PAYMENT DUE BY JANUARY 15, 2024

Payment Amount \$

#### FORM K-40V INSTRUCTIONS

Type your name, address, Social Security number, and the first four letters of your last name in the spaces provided.

If you are filing a joint return, type your spouse's name, Social Security number, and first four letters of their last name in the spaces provided.

If your name or address information has changed since last year, be sure to mark the "Name or Address Change" box with "XX".

If you are paying for an amended return, mark the appropriate box with "XX".

If you are filing an extension of time to file your return, mark the appropriate box with "XX". Note that an extension of time is an extension to file, NOT an extension to pay.

Make your check or money order payable to "Kansas Income Tax" for the full amount of your tax due. Write the last 4 digits

of your Social Security number on your check or money order, ensure it contains a valid telephone number, and make it payable to "Kansas Income Tax."

If you are making a payment for someone else (i.e., daughter, son, parent), write that person's name, telephone number and the last 4 digits of their Social Security number on the check. DO NOT send cash. If payment is not made on or before **April 18, 2022**, the tax due is subject to penalty and interest.

**Do not attach** the payment voucher or payment to your return or to each other. **Place them loosely** in the envelope with your return. If you have already mailed your return, or you filed electronically and didn't pay electronically, mail your payment and the voucher to:

KANSAS INCOME TAX
KANSAS DEPARTMENT OF REVENUE
PO BOX 750260
TOPEKA KS 66699-0260

NOTE: If any due date falls on a Saturday, Sunday, or legal holiday, substitute the next regular work day.

K-40V	
Rev. 7-22	

2022 Kansas INDIVIDUAL INCOME PAYMENT VOUCHER

305

814429617

REV 01/03/23 PRO

GAYATHRI CHINTHALA

CHIN

14011 RILEY ST APT 2906 OVERLAND PARK KS

KS 66223

.....

Daytime Phone Number: 3464543407

Name or Address Change

- If married filing a joint return, include both names and Social Security numbers
- Make check or money order payable to: Kansas Income Tax

Amended Return Extension

Payment Amount

### 2022 KANSAS INDIVIDUAL INCOME TAX

305

122822

3464543407 814429617 **GAYATHRI** CHINTHALA CHIN

14011 RILEY ST APT 2906

229 JO

OVERLAND PARK

KS 66223

Name or address has changed? Taxpayer or (spouse if filing joint) died during this tax year Taxpayer was engaged in commercial farming/fishing in 2022

Amended Return: Amended affects Kansas only Amended Federal tax return Adjustment by the IRS

Head of Household (Do not Filing Status: Single Married Filing Joint (Even if only one had income) Married Filing Separate check if filing joint return)

**Residency Status:** Resident NonResident (Complete Sch S, Part B) State of Legal Residence X

> Part-Year Resident (Complete Sch S, Part B) From То

Enter the total exemptions for you, your spouse (if applicable), If filing status above is Head of 1 Total Kansas exemptions Exemptions: and each person you claim as a dependent. Household, add one exemption

In the following spaces, provide the requested information for all persons you claimed as dependents. **DO NOT include you or your spouse.**If additional space is needed, enclose a separate sheet, only after completing all nine lines below.

Dependent Name - First, Middle and Last Date of Birth - MMDDYYYY SSN Relationship

Food Sales Tax Credit: You must have been a Kansas resident for ALL of 2022. Complete this section to determine your qualifications and credit.

**A.** Had a dependent child who lived with you all year and was under the age of 18 all of 2022?

**B.** Were you (or spouse) 55 years of age or older all of 2022 (born prior to January 1, 1967)?

C. Were you (or spouse) totally and permanently disabled or blind **all** of 2022, regardless of age? If you answered NO to A, B, and C, **STOP HERE**, you do

not qualify for this credit.

D. If you answered YES to A, B, or C, enter your FAGI from line 1 of this return.

If Line D is more than 30,615 STOP HERE, you do not qualify for this credit.

E. Number of exemptions claimed

F. Number of dependents that are 18 years of age or older (born on or before January 1, 2005

G. Total qualifying exemptions (subtract line F from line E)

H. Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form.

REV 01/03/23 PRO

Page 1 of 2 For Office Use Only

0

0

## 2022 KANSAS INDIVIDUAL INCOME TAX

305

122922

GAYATHRI	CHINTHALA	CHIN	814429617
Federal adjusted gross income	31686	23. Refundable portion of earned income tax credit	0
2. Modifications	0	24. Refundable portion of tax credits	0
3. Kansas adjusted gross income	31686	25. Payments remitted with original return	0
Standard or itemized deductions.     (If itemizing, complete KS Sch A)	3500	26. Credit for tax paid on the K-120S	0
5. Exemption allowance	2250	27. Overpayment from original return. This figure is a subtraction.	0
6. Total deductions	5750	28. Total refundable credits	0
7. Taxable income	25936	29. Underpayment	1039
8. Tax	1039	30. Interest	0
9. Nonresident percentage	0.0000	31. Penalty	0
10. Nonresident tax	0	32. Estimated tax penalty	0
11. KS tax on lump sum distributions	0	33. AMOUNT YOU OWE	1039
12. TOTAL INCOME TAX	1039	34. Overpayment	0
Credit for taxes paid to other states	0	35. CREDIT FORWARD	0
14. Credit for child and dependent care expenses	0	36. Chickadee Checkoff	0
15. Other credits	0	37. Senior Citizens Meals On Wheels Contribution Program	0
16. Subtotal	1039	38. Breast Cancer Research Fund	0
17. Earned Income Credit	0	39. Military Emergency Relief Fund	0
18. Food Sales Tax Credit	0	40. Kansas Hometown Heroes Fund	0
19. Total Tax Balance	1039	41. Kansas Creative Arts Industry Fund	0
20. KS income tax withheld from W-2, 1099 or K-19	0	Local School District Contribution     Fund. School District Number	0
21. Estimated tax paid	0	43. REFUND	0
22. Amount paid with Kansas extension	0		
	axation or the Director's designee to discuss my	K-40 and any enclosures with my preparer.  d belief this is a true, correct, and complete return.	
Taxpayer Signature (Required)	Date	Spouse Signature (Required)	Date
Preparer Signature (Required) SYAM PRIYA F	RAM SAGAR GUPT Preparer	Preparer P1	FIN, EIN or SSN (Required) P02082703