Internal Revenue Service

## **IRS e-file Signature Authorization**

OMB No. 1545-0074

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

Submission Identification Number (SID)

Taxpayer's name		Social security	y number				
SUNIL KUMAR SARILLA		082-08-1683					
Spouse's name		Spouse's soci	al security number				
SWAPNA PRIYA SARILLA		APPLIEI	) FOR				
Part I Tax Return Information – Tax Year Ending December 31, 2022	(Enter	year you ar	re 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.							
<b>1</b> Adjusted gross income			1 54,202.				
<b>2</b> Total tax			2 2,988.				
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099			<b>3</b> 9,788.				
4 Amount you want refunded to you			4 6,800.				
5 Amount you owe			5				

#### Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. 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

X I authorize	GLOBAL TAXES LLC	to enter or generate my PIN	
	ERO firm name		E

8	1	6	8	3	
Ent don	er fiv n't er	ve di Iter a	gits, all ze	but ros	as my

Enter five digits, but don't enter all zeros

as mv

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

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

Your signature

## Spouse's PIN: check one box only

X I authorize GLOBAL TAXES LLC to enter or generate my PIN 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 🕨	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	y your five-digit self-selected PIN.	2	2	2						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 🕨	
-	Must Retain This Form — See Instructions t This Form to the IRS Unless Requested To Do So	
		F 0070 (D 01 0001)

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

E1040		artment of the Treasury-Internal Revenue Serv S. Individual Income Tax		urn 2	20 <b>22</b>		MB No. 1545	-0074	IRS Use	Only—	Do not w	rite or staple	in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly u checked the MFS box, enter the n on is a child but not your dependent	ame of y	0	parately (MF e. If you che	,	Head of I				spou	lifying surv use (QSS) name if th	0
Your first name	and mi	ddle initial	Last nar	ne						`	Your so	cial securit	y number
SUNIL KU	MAR		SARI	LLA							082-0	08-168	3
lf joint return, sp	oouse's	first name and middle initial	Last nar	ne						:	Spouse'	s social sec	curity number
SWAPNA F	RIYA	f	SARI	LLA							APPLI	IED FOI	R
Home address	numbe	r and street). If you have a P.O. box, see	e instructio	ons.				A	pt. no.	1	Preside	ntial Election	on Campaign
	38TI	I TERR						1	68			nere if you,	
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete sp	baces belov	v. S	State		ZIP co	ode		•		tly, want \$3 Checking a
LEAWOOD					1	KS		662	24		0	ow will not	0
Foreign country	name		F	oreign prov	/ince/state/col	unty		Foreig	n postal co	ode <u>}</u>	your tax	or refund.	_
												You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a										Yes	X No
Standard		eone can claim: Vou as a de	-		our spouse a			,			,		
Deduction	_	Spouse itemizes on a separate retur	•										
Age/Blindness	You:	Were born before January 2, 1	958	Are blin	d Spou	se:	Was bor					🗌 ls bl	
Dependents	s (see	instructions):		• •	(2) Social security		(3) Relationsh	ip (4	) Check tl	ne box	if qualif	ies for (see	instructions):
If more	<b>(1)</b> Fi	rst name Last name		n	umber		to you		Child t	ax cre	dit	Credit for ot	her dependents
than four									[			[	
dependents, see instructions	;												
and check									[			[	
here 🗌												[	
Income	1a	Total amount from Form(s) W-2, b			,					· ·	1a		54,202.
Attach Form(s)	b	Household employee wages not re									1b		
W-2 here. Also	c	Tip income not reported on line 1a						• •	• •	• •	10		
attach Forms W-2G and	d	Medicaid waiver payments not rep		( )			,		• •	• •	1d		
1099-R if tax	e	Taxable dependent care benefits f				• •		• •	• •		1e		
was withheld.	f	Employer-provided adoption bene Wages from Form 8919, line 6.				• •		• •	• •	• •	1f		
lf you did not get a Form	g h	Other earned income (see instruct				• •		• •	• •	• •	1g 1h		0.
W-2, see	i	Nontaxable combat pay election (	,			• •	 <b>  1</b> i	· ·	• •	• •			0.
instructions.	z	Add lines to through th		,		• •					1z		54,202.
Attach Sch. B	2a		2a		   ь	 Tax	 able interest	• •		• •	2b		
if required.	3a		3a				inary divider				3b		
	4a		4a				able amount				4b		
Standard	5a		5a				able amount				5b		
Deduction for –	6a		6a		b	Tax	able amount				6b		
<ul> <li>Single or Married filing</li> </ul>	с	If you elect to use the lump-sum e	election n	nethod, ch	neck here (se	e ins	structions)			. 🗆			
separately, \$12,950	7	Capital gain or (loss). Attach Sche								. 🗆	7		
<ul> <li>Married filing</li> </ul>	8	Other income from Schedule 1, lin	ne 10 .								8		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. 1	This is you	ur <b>total inco</b>	me .					9	Į.	54,202.
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, li	ne 26 .							10		
Head of	11	Subtract line 10 from line 9. This is	s your <b>ad</b>	ljusted gr	oss income	<b>)</b> .					11	Į į	54,202.
household, <sup>–</sup> \$19,400 –	12	Standard deduction or itemized	deducti	ons (from	Schedule A	).					12		25,900.
If you checked	13	Qualified business income deduct	ion from	Form 899	5 or Form 8	995-/	Α				13		
any box under Standard	14	Add lines 12 and 13									14		25,900.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or less	s, enter -0-	This is you	ır <b>tax</b>	able incom	е.			15		28,302.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Form 1040 (2022	2)										Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3			16	2	,988.
Credits	17	Amount from Schedule 2, lir	ne3						17		
	18	Add lines 16 and 17							18	2	,988.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19		
	20	Amount from Schedule 3, lir	ne8						20		
	21	Add lines 19 and 20							21		
	22	Subtract line 21 from line 18							22	2	,988.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .				23		0.
	24	Add lines 22 and 23. This is	your total tax						24	2	,988.
Payments	25	Federal income tax withheld									
,, <b>,</b>	а	Form(s) W-2				25a	9,	788.			
	b	Form(s) 1099				25b					
	с	Other forms (see instruction				25c					
	d	Add lines 25a through 25c	,						25d	9	,788.
	26	2022 estimated tax paymen							26		
If you have a l qualifying child,	27	Earned income credit (EIC)				27					
attach Sch. EIC.	28	Additional child tax credit from				28					
	29	American opportunity credit				29					
	30	Reserved for future use .		,		30					
	31	Amount from Schedule 3, lir				31					
	32	Add lines 27, 28, 29, and 31					redits		32		
	33	Add lines 25d, 26, and 32. T	2	-	-				33	9	,788.
	34	If line 33 is more than line 24	•						34		,800.
Refund	35a	Amount of line 34 you want	-				•	· ·	35a		,800.
Direct deposit?	b	Routing number 1 0 1				Checking		1	oou		
See instructions.		Account number 5 1 8					у <u> </u>	, viligo			
	36	Amount of line 34 you want				36					
Amount	37	Subtract line 33 from line 24									
You Owe	31	For details on how to pay, g							37		
	38	Estimated tax penalty (see in	-			38			01		
Third Party		you want to allow another									
Designee		structions	•				Yes. Con	nplete b	elow.	× No	
Deelghee	De	signee's		Phone				al identifi			
	na			no.			numbe				
Sign		der penalties of perjury, I declare t									
Here	be	lief, they are true, correct, and com	plete. Declaration	of preparer (othe	r than taxpayer) is ba	ased on all	information	of which	prepare	er has any kr	iowledge.
nore	Yo	ur signature		Date	Your occupation					nt you an Ide N, enter it h	
Latiat water 2					INFORMATIC	א ידרים		1		N, enter it n	
Joint return? See instructions.	Sn	ouse's signature. If a joint return, I	ooth must sign	Date	Spouse's occupat		100001		IRS ser	nt your spous	se an
Keep a copy for	op		our maar orgin.	Duto						ection PIN, e	
your records.					HOME MAKE	<del>.</del>		(see ir	nst.)		
	Ph	one no. (913)203-258	9	Email address	SUNILKUMAR_SA	RILLA@INF	OSYS.COM	[			
Daid	Pre	eparer's name	Preparer's signat	ure		Date	I	PTIN		Check if:	
Paid	SYAN	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/05	/2023 F	02082	703	Self-er	nployed
Preparer	Fir	m's name GLOBAL TA	XES LLC					Phone	e no. (	678)965	-9522
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816			Firm's	EIN	88-21	45487
Go to www.ire.c	ov/Eorr	n1040 for instructions and the late	st information		DAA		/22 000				040 (2022)

Go to *www.irs.gov/Form1040* for instructions and the latest information.

REV 01/28/23 PRO BAA

Form **1040** (2022)

Form <b>W-7</b>
(Rev. August 2019)
Department of the Treasury Internal Revenue Service

## Application for IRS Individual Taxpayer Identification Number For use by individuals who are not U.S. citizens or permanent

Department of the Treas Internal Revenue Service	9	•	arate instruc	tions.			ents					
Before you begin				-	-	-	ľ	🗙 Ap	ply fo	pe (check one box): or a new ITIN		
	is form if you have, or are eligi	-								an existing ITIN		
must file a U.S. fe a	ubmitting Form W-7. Read th ederal tax return with Form V alien required to get an ITIN to cla	<b>V-7 unless you</b> aim tax treaty bene	meet one							<b>c, d, e, f,</b> or <b>g, you</b>		
	alien filing a U.S. federal tax retur											
_	t alien (based on days present in		, 0									
	of U.S. citizen/resident alien									· · · · · · · · ·		
e 🛛 Spouse of U		d or e, enter name SUNIL KUMAR								82-08-1683		
_	alien student, professor, or resea	rcher filing a U.S. f	ederal tax re	turn or c	laiming ai	n except	ion					
Additional information	on for <b>a</b> and <b>f</b> : Enter treaty country				treaty ar	ticle num	ıbeı	•				
Name	1a First name	Middle name Last name										
(see instructions)	SWAPNA PRIYA							LLA				
Name at birth if different ►	1b First name	Mido	lle name			Last	nan	ne				
Applicant's Mailing	2 Street address, apartment nu 2140 W 138TH TER	R,Apt 168						-	nstruc	ctions.		
Address	City or town, state or provinc LEAWOOD	e, and country. Inc	CIUDE ZIP CO	ae or pos	stal code KS	wnere ap USZ	•	priate.	6	6224		
Foreign (non-	3 Street address, apartment nu	mber, or rural rout	e number. D	on't use					0	0221		
<b>U.S.) Address</b> (see instructions)	City or town, state or provinc	e, and country. Inc	clude postal	code wh	ere appro	priate.						
Birth	4 Date of birth (month / day / year)	Country of birth		City and	d state or	province	e (o	otional)	5	Male		
Information	12/29/1987	INDIA								K Female		
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign tax I.I		any)	<b>6c</b> Type	of U.S. v	visa	(if any), ni	umber	r, and expiration date		
	6d Identification document(s) submitted (see instructions) 🛛 Passport 🗌 Driver's license/State I.D.											
	USCIS documentation	Other					D	ate of en	try int	0		
			_					e United				
		No.: V8191441			02/29/		(1)	/IM/DD/Y	YYY):			
	<ul> <li>6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?</li> <li>No/Don't know. Skip line 6f.</li> </ul>											
	Yes. Complete line 6f. If		st on a sheet	and atta	ch to this	form (se	ee ir	structior	າຣ).			
	6f Enter ITIN and/or IRSN ► I					SN			-,	anc		
	name under which it was iss	ued 🕨										
		First	t name		Middle r	ame			L	ast name		
	6g Name of college/university or	r company (see ins	structions) 🕨									
	City and state >				Length of	f stay ▶						
Sign Here	Under penalties of perjury, I (appli documentation and statements, and information with my acceptance agen	to the best of my	knowledge a	nd belief,	it is true,	correct,	and	complete	e. I au	thorize the IRS to share		
Keep a copy for your records.	Signature of applicant (if del	legate, see instruct	tions)	Date (m	onth / day	/ year)	Ph 	one num	lber			
-	Name of delegate, if applica	ble (type or print)		Delegat to applie	e's relatior cant	iship		Parent Power of		ourt-appointed guardiar ney		
Accontance	Signature			Date (m	onth / day	/ year)		Phone				
Acceptance Agent's							Fa	Fax				
Use ONLY	Name and title (type or print	.)	Name of company			EIN Office of	cod	e	F	PTIN		

REV 01/28/23 PRO

(Rev. 7-22)		2022	KAN	ISAS INDIVIDUAI		TAX	305	1228	22
SUNIL KUMAR	7	SARILI			913203	2589	SARI	082081	683
SWAPNA PRIYA 2140 W 138TH LEAWOOD				58 5 66224	JO	229	SARI	PLIED	FOR
Name or address has	chang	ged?	Tax	payer or (spouse if filing joint) died o	during this tax year		Taxpayer was enga	aged in commercial	farming/fishing in 2022
Amended Return:		Amended affects	Kansas	only Amended Fe	ederal tax return		Adjustment by the	IRS	
Filing Status:		Single	Х	Married Filing Joint (Even if only c	one had income)		Married Filing Sepa	arate	Head of Household (Do not check if filing joint return)
Residency Status:	X	Resident		NonResident (Complete Sch S, P	art B)		State of Legal Resi	idence	
	Part-Year Reside	Part-Year Resident (Complete Sch S, Part B) From							
Exemptions:	2			s for you, your spouse (if applicable m as a dependent.	),		atus above is Head o Id, add one exemptio		Total Kansas exemptions
	In the			the requested information for all per				ı 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	Relationship	SSN
---	--------------------------	--------------	-----

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?	E. Number of exemptions claimed	
B. Were you (or spouse) 55 years of age or older all of 2022 (born prior to January 1, 1967)?	<b>F.</b> Number of dependents that are 18 years of age or older (born on or before January 1, 2005)	
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	G. Total qualifying exemptions (subtract line F from line E)	
not qualify for this credit. <b>D.</b> 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 <b>STOP HERE,</b> you do not qualify for this credit.	0 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

0

# **2022** KANSAS INDIVIDUAL INCOME TAX

305



082081683

SUNIL KUMAR	SARILLA	SARI	082081683
1. Federal adjusted gross income	54202	23. Refundable portion of earned income tax credit	0
2. Modifications	0	24. Refundable portion of tax credits	0
3. Kansas adjusted gross income	54202	25. Payments remitted with original return	0
4. Standard or itemized deductions. (If itemizing, complete KS Sch A)	8000	26. Credit for tax paid on the K-120S	0
5. Exemption allowance	4500	27. Overpayment from original return. This figure is a subtraction.	0
6. Total deductions	12500	28. Total refundable credits	2754
7. Taxable income	41702	29. Underpayment	0
8. Tax	1546	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	0
12. TOTAL INCOME TAX	1546	34. Overpayment	1208
13. 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	1546	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	1546	41. Kansas Creative Arts Industry Fund	0
20. KS income tax withheld from W-2, 1099 or K-19	2754	42. Local School District Contribution Fund. School District Number	0
21. Estimated tax paid	0	43. REFUND	1208
22. Amount paid with Kansas extension	0		

I authorize the Director of Taxation or the Director's designee to discuss my K-40 and any enclosures with my preparer. I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

Taxpayer Signature <b>(Required)</b>		Spouse Signature Date (Required)		Date
Preparer Signature <b>(Required)</b>	SYAM PRIYA RAM SAGAR GUPT	Preparer Phone Number <u>6789659522</u>	Preparer PTIN, EIN or SSN _ (Required)	P02082703