

# 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 ABHISHEK SHARMA	Social security number 754-65-7039
Spouse's name SHALINI SHUKLA	Spouse's social security number 976-96-7678

## 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	75,974.
2 Total tax . . . . .	2	5,598.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	9,367.
4 Amount you want refunded to you . . . . .	4	3,769.
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	7	0	3	9
---	---	---	---	---

 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 

6	7	6	7	8
---	---	---	---	---

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

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

### Practitioner PIN Method Returns Only—continue below

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

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

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:

Personal information section including name, social security numbers, and home address.

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 for name, social security number, relationship, and tax credits.

Income section table with rows 1a through 1z for various income types and their totals.

Table for tax-exempt interest, qualified dividends, IRA distributions, pensions, and social security benefits.

Table for capital gain, other income, adjustments, and final taxable income calculation.

Table with 2 columns: Line number and Amount. Rows 16-24 include Tax and Credits. Total tax is 5,598.

Table with 2 columns: Line number and Amount. Rows 25-33 include Payments. Total payments are 9,367.

Table with 2 columns: Line number and Amount. Rows 34-36 include Refund. Amount of refund is 3,769.

Table with 2 columns: Line number and Amount. Rows 37-38 include Amount You Owe. Total amount owed is 3,769.

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.

**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  
ABHISHEK SHARMA & SHALINI SHUKLA

Your social security number  
754-65-7039

**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>	-9,878.
<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 ABLÉ 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>		
	Other Income from box 3 of 1099-Misc 2,762.			2,762.
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .		<b>9</b>	2,762.
<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>	-7,116.

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 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

ABHISHEK SHARMA & SHALINI SHUKLA

Your social security number

754-65-7039

**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** 1245 KESHWANAND NAGAR NARSINGHPUR MADHYA PRADESH IN 487661

**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> 648.		
<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> 2,625.		
<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> 1,756.		
<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> 2,460.		
<b>15</b> Supplies . . . . .	<b>15</b> 1,388.		
<b>16</b> Taxes . . . . .	<b>16</b>		
<b>17</b> Utilities . . . . .	<b>17</b> 2,297.		
<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> 10,526.		
<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> -9,878.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b> ( 9,878. )		
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b> 648.		
<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> 10,526.		
<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> ( 9,878. )		
<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> -9,878.		

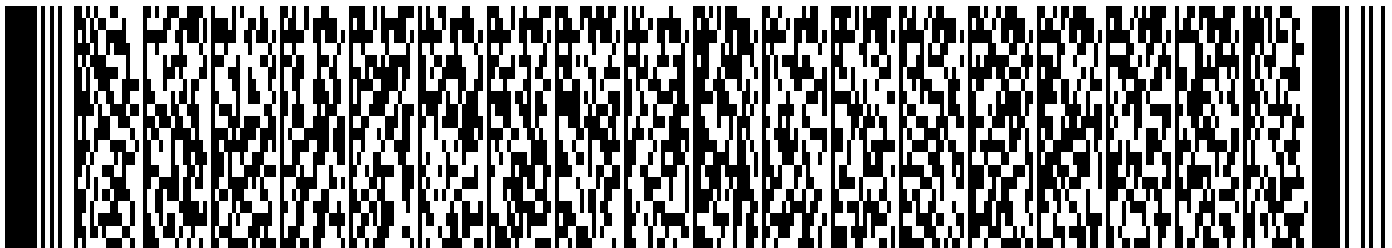
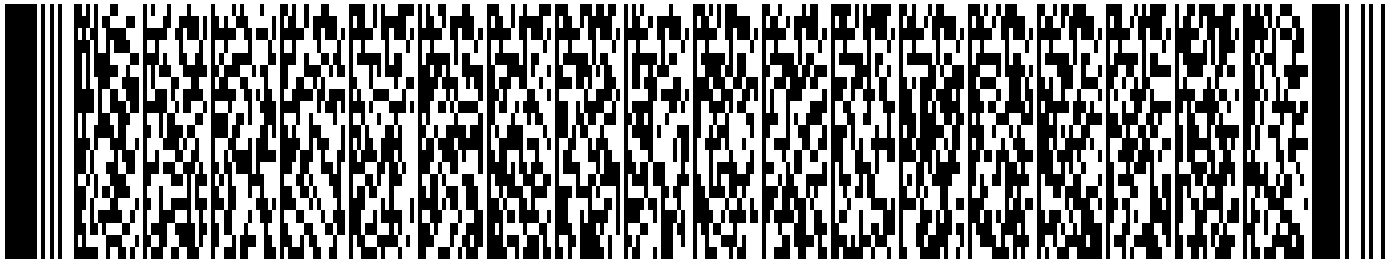
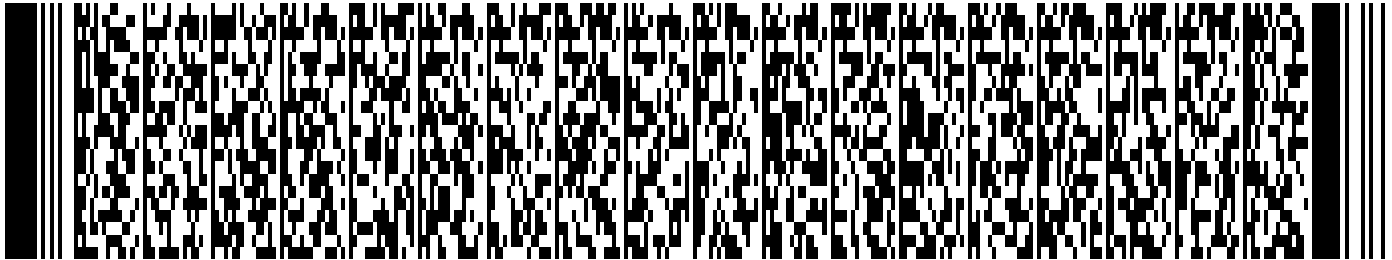
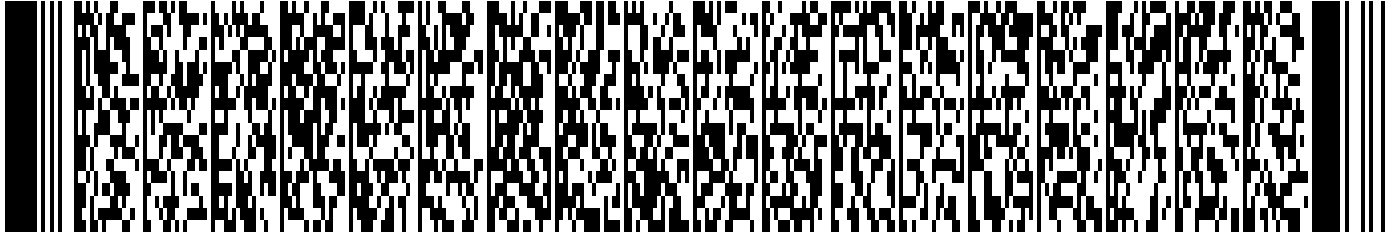
For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-9,878.

Schedule E (Form 1040) 2022

**FAILURE TO SUBMIT THIS PAGE  
WILL DELAY PROCESSING OF YOUR RETURN**



Note: This is to be mailed with original return. Please DO NOT attach this sheet when filing the payment voucher, Form 511V.





# Oklahoma Nonresident/Part-Year Income Tax Return

<b>Your Social Security Number</b> <input type="text" value="754657039"/>	Place an 'X' in this box if this taxpayer is deceased → <input type="checkbox"/>	<b>Spouse's Social Security Number</b> (joint return only) <input type="text" value="976967678"/>	Place an 'X' in this box if this taxpayer is deceased → <input type="checkbox"/>	<b>AMENDED RETURN!</b> Place an 'X' in this box if this is an amended 511-NR. See Schedule 511-NR-H. → <input type="checkbox"/>
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**Name and Address - Please Print or Type**

Your First Name	Middle Initial	Last Name	If a Joint Return, Spouse's First Name	Middle Initial	Last Name	
ABHISHEK		SHARMA	SHALINI		SHUKLA	
Mailing Address (Number and street, including apartment number, rural route or PO Box)			City	State	ZIP or Postal Code	Country
9400 WADE BLVD APT 1538			FRISCO	TX	75035	

<b>Filing Status</b>	1 <input type="checkbox"/> Single
	2 <input checked="" type="checkbox"/> Married filing joint return (even if only one had income)
	3 <input type="checkbox"/> Married filing separate • If spouse is also filing, list Name: _____ name and SSN in the boxes: SSN: _____
	4 <input type="checkbox"/> Head of household with qualifying person
	5 <input type="checkbox"/> Qualifying widow(er) with dependent child • Please list the year spouse died in box at right: _____

**\* Note:** If claiming **Special Exemption**, see instructions on page 10 of 511NR Packet.

<b>Exemptions</b>		Regular	* Special	Blind					
	Yourselves	1	+	+	+	=	1	}	
	Spouse	1	+	+	+	=	1		
	<b>Number of dependents</b>								=
Add the Totals from boxes (a), (b) and (c). Enter the TOTAL here:								=	2

**Note:** If you may be claimed as a dependent on another return, enter "0" in the Total box for your regular exemption.

<b>Residency Status</b>	<input checked="" type="checkbox"/> <b>Nonresident(s)</b> State of Residence: <u>TX</u>
	<input type="checkbox"/> <b>Part-Year Resident(s)</b> From _____ to _____
	<input type="checkbox"/> <b>Resident/Part-Year Resident/Nonresident</b> State of Residence: Yourself _____ Spouse _____

Age 65 or Older? (Please see instructions)  Yourself  Spouse

**Not Required to File** - Place an 'X' in this box if you are a nonresident whose gross income from Oklahoma sources is less than \$1,000. (see instructions)

**Complete Schedule 511-NR-1 "Income Allocation for Nonresidents and Part-Year Residents" to arrive at Oklahoma Source Income (line 1) and Federal adjusted gross income (line 2). Round to nearest whole dollar.**

		Federal Amount		Oklahoma Amount
1	Oklahoma source income (Schedule 511-NR-1, line 18) .....		0	00
2	Federal adjusted gross income (Schedule 511-NR-1, line 19) .....	75974	00	
3	Oklahoma additions (Schedule 511-NR-A, line 8) .....	00		00
4	Add lines (Federal 2 and 3) and then (Oklahoma 1 and 3) .....	00		00
5	Oklahoma subtractions (Schedule 511-NR-B, line 17) .....	00		00
6	Adjusted gross income: <b>Oklahoma Source</b> (line 4 minus line 5) .....			00
7	Adjusted gross income: <b>All Sources</b> (line 4 minus line 5) Also enter on line 8 .....	00		
8	Adjusted gross income: <b>All Sources</b> (from line 7) .....			00
9	Oklahoma Adjustments (Schedule 511-NR-C, line 7) .....			00
10	Income after adjustments (line 8 minus line 9) .....			00





Name(s) Shown on Form 511NR: **ABHISHEK SHARMA & SHALINI SHUKLA**

Your Social Security Number: **754657039**

**Amount from line 10 on page 1**

11	Oklahoma itemized deductions (Schedule 511-NR-D, line 11) or Oklahoma standard deduction (Single or Married Filing Separate: \$6,350 • Married Filing Joint or Qualifying Widow(er): \$12,700 • Head of Household: \$9,350) ..	11	00
12	Exemptions: Enter the total number of exemptions claimed on page 1 <input type="text"/> X \$1,000.....	12	00
13	Total deductions and exemptions (add lines 11 and 12) .....	13	00
14	<b>Oklahoma Taxable Income:</b> (line 10 minus line 13).....	14	00
15	(a) Oklahoma Income Tax from Tax Table or if using Farm Income Averaging, enter tax from Form 573, line 22 and enter a "1" in box on line 15... 15a <input type="text"/> <b>00</b>		
	(b) If paying the Health Savings Account additional 10% tax, add additional tax here and enter a "2" in box on line 15..... 15b <input type="text"/> <b>00</b>		
	Oklahoma Income Tax (line 15a plus line 15b) .....	15	00
<b>STOP AND READ:</b> If line 7 is equal to or larger than line 2, complete line 16. If line 7 is smaller than line 2, see Schedule 511-NR-E.			
16	Oklahoma child care/child tax credit (see instructions) .....	16	00
17	Subtract line 16 from line 15 (This is your tax base) ( <b>Do not enter less than zero</b> ).....	17	00

18	Tax percentage: $\frac{\text{Oklahoma Amount (from line 6) a)}}{\text{Federal Amount (from line 7) b}}$ .....	18	%
19	<b>Oklahoma Income Tax.</b> Multiply line 17 by line 18 If recapturing the Oklahoma Affordable Housing Tax Credit, add recaptured credit here and enter a "1" in box. If making an Oklahoma installment payment pursuant to IRC Section 965(h) and 68 OS Sec. 2368(K), add the installment payment here and enter a "2" in the box)..... <input type="text"/>	19	00
20	Credit for taxes paid to another state ( <b>provide</b> Form 511-TX) nonresidents do not qualify .....	20	00
21	Form 511-CR - Other Credits Form - List 511-CR line number claimed here: <input type="text"/> .....	21	00
22	Line 19 minus lines 20 and 21 .....	22	00
23	Use tax due on Internet, mail order, or other out-of-state purchases while living in Oklahoma If you certify that no use tax is due, place an 'X' here: <input type="checkbox"/> .....	23	00
24	Balance (add lines 22 and 23).....	24	00
25	Oklahoma withholding ( <b>provide W-2s, 1099s or withholding statement</b> ) ..	25	110 00
26	2022 Oklahoma estimated tax payments If you are a qualified farmer, place an 'X' here: <input type="checkbox"/> .....	26	00
27	2022 payment with extension .....	27	00
28	Credit from Form 578 .....	28	00
29	Oklahoma earned income credit (Sch. 511-NR-F, line 4).....	29	00
30	Amount paid with original return plus additional paid after it was filed (amended return only) .....	30	00
31	<b>Payments and credits</b> (add lines 25-30) .....	31	110 00



Name(s) Shown on Form 511NR: **ABHISHEK SHARMA & SHALINI SHUKLA**

Your Social Security Number: **754657039**

**Amount from line 31 on page 2**

32	Overpayment, if any, as shown on original return and/or prior amended return(s) or as previously adjusted by Oklahoma (amended return only) .....	32	110	00
33	<b>Total payments and credits</b> (line 31 minus line 32).....	33	110	00
34	If line 33 is more than line 24, subtract line 24 from line 33. This is your <b>overpayment</b> .....	34	110	00
35	Amount of line 34 to be applied to 2023 estimated tax ( <b>original return only</b> ) (see page 4 of 511NR Packet for further information).....	35		00

Schedule 511-NR-G provides you with the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations.

Place the line number of the organization from Schedule 511-NR-G in the box. If you give to more than one organization, put a "99" in the box. Provide Schedule 511-NR-G ...

36	Donations from your refund (total from Schedule 511NR-G) .....	36		00
37	Total deductions from refund (add lines 35 and 36) .....	37		00
38	Amount to be <b>refunded</b> (line 34 minus line 37) .....	38	110	00

**Direct Deposit Note:**  
Verify your account and routing numbers are correct. If your direct deposit fails to process or you do not choose direct deposit, you will receive a **debit card**. See the 511NR Packet for direct deposit and debit card information.

Is this refund going to or through an account that is located outside of the United States?  Yes  No

**Deposit my refund in my:**

**Checking Account** Routing Number: 111000614

**Savings Account** Account Number: 606757117

39	If line 24 is more than line 33, subtract line 33 from line 24. This is your <b>tax due</b> .....	39	0	00
40	Donation: Public School Classroom Support Fund ( <b>original return only</b> ).....	40		00
41	Underpayment of estimated tax interest (annualized installment method <input type="checkbox"/> ).....	41		00
42	<b>For delinquent payment</b> add penalty of 5%.....\$ _____ plus interest of 1.25% per month.....\$ _____	42		00
43	<b>Total tax, donation, penalty and interest</b> (add lines 39-42) .....	43	0	00

Under penalty of perjury, I declare the information contained in this document, and all attachments and schedules, is true and correct to the best of my knowledge and belief.

Place an 'X' in this box if the Oklahoma Tax Commission may discuss this return with your tax preparer.....

Taxpayer's Signature	Date
Taxpayer's Occupation	
SOFTWARE PROFESSIONAL	
Daytime Phone Number (optional)	

Spouse's Signature	Date
Spouse's Occupation	
HOME MAKER	

Paid Preparer's Signature	Date
SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/18/2023	
Paid Preparer's Address and Phone Number (678) 965-9522	
245 ROONEY CT	
E BRUNSWICK NJ 08816	
Paid Preparer's PTIN P02082703	

**A COPY OF FEDERAL RETURN MUST BE PROVIDED.**

**Do not staple** documentation to this form. To attach items, please use a paper clip.  
Mailing Address for this form: PO Box 26800, Oklahoma City, OK 73126-0800  
The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.

Note: Provide this page with your return.



Name(s) Shown on Form 511NR: ABHISHEK SHARMA & SHALINI SHUKLA

Your Social Security Number: 754-65-7039

**Schedule 511-NR-1: Income Allocation for Nonresidents and Part-Year Residents**

See instructions on pages 10-12.

Lines 1-19: In the Federal column, enter the amounts from your Federal tax return. See the instructions to figure the amounts to report in the Oklahoma column.

	Federal Amount	Oklahoma Amount
1 Wages, salaries, tips, etc.....	83090 00	1 0 00
2 Taxable interest income.....	00	2 00
3 Dividend income.....	00	3 00
4 Taxable IRA distribution.....	00	4 00
5 Taxable pensions and annuities.....	00	5 00
6 Taxable Social Security benefits (also enter on line 2 of Sch. 511-NR-B).....	00	6 00
7 Capital gains or losses (Federal Schedule D).....	00	7 00
8 Taxable refunds (state income tax).....	00	8 00
9 Alimony received (divorce/separation agreement date: _____ )	00	9 00
10 Business income or (loss) (Federal Schedule C).....	00	10 00
11 Other gains or losses (Federal Form 4797).....	00	11 00
12 Rental real estate, royalties, partnerships, etc.....	-9878 00	12 0 00
13 Farm income or (loss).....	00	13 00
14 Unemployment compensation.....	00	14 00
15 Other income (identify: OTHER INCOME FROM BOX 3 OF 1099-MISC )	2762 00	1 0 00
16 Add lines 1 through 15.....	75974 00	16 0 00
17 Total Federal adjustments to income (identify: _____ )	00	17 00
18 <b>Oklahoma source income</b> (line 16 minus line 17) Enter here and on page 1, line 1.....		18 0 00
19 <b>Federal adjusted gross income</b> (line 16 minus line 17) Enter here and on page 1, line 2.....	75974 00	19



Note: Provide this page **ONLY** if you have an amount shown on a schedule.

Name(s) Shown on Form 511NR: ABHISHEK SHARMA & SHALINI SHUKLA

Your Social Security Number: 754-65-7039

**Schedule 511-NR-A: Oklahoma Additions**  
See instructions on pages 19-21.

1	State and municipal bond interest .....
2	Lump sum distributions (not included in your Federal AGI).....
3	Federal net operating loss.....
4	Recapture depletion claimed on a lease bonus or add back of excess Federal depletion.....
5	Recapture of contributions to Oklahoma 529 College Savings Plan and OklahomaDream 529 Account(s) .....
6	Oklahoma loss distributed by an electing PTE.....
7	Miscellaneous: Other additions (enter number in box for the type of addition <input type="text"/> ) .....
8	<b>Total additions</b> (add lines 1-7, enter total here and on line 3 of Form 511-NR).....

Federal Amount		Oklahoma Amount	
00	1	00	00
00	2	00	00
00	3	00	00
00	4	00	00
00	5	00	00
00	6	00	00
00	7	00	00
00	8	00	00

**Schedule 511-NR-B: Oklahoma Subtractions**  
See instructions on pages 21-25.

1	Interest on U.S. government obligations .....
2	Taxable Social Security (from Schedule 511-NR-1, line 6).....
3	Federal civil service retirement in lieu of social security..... <b>Taxpayer Number</b> <input type="text"/> <b>Spouse Number</b> <input type="text"/> - Retirement Claim Number: <input type="text"/> <input type="text"/>
4	Military Retirement.....
5	Oklahoma government or Federal civil service retirement.....
6	Other retirement income.....
7	U.S. Railroad Retirement Board Benefits.....
8	Additional depletion.....
9	Oklahoma net operating loss (Loss Year[s] <input type="text"/> ) (provide Schedules).....
10	Exempt tribal income (see instructions for qualifications).....
11	Gains from the sale of exempt government obligations .....
12	Nonresident military wages (provide W-2) .....
13	Oklahoma Capital Gain Deduction (provide Form 561-NR).....
14	Income Tax Refund (Federal Form 1040 or 1040-SR, Schedule 1, line 1)
15	Oklahoma income distributed by an electing PTE.....
16	Miscellaneous: Other subtractions (enter number in box for the type of deduction..... <input type="text"/> ).....
17	<b>Total subtractions</b> (add lines 1-16, enter total here and on line 5 of Form 511-NR) .....

Federal Amount		Oklahoma Amount	
00	1	00	00
00	2	00	00
00	3	00	00
00	4	00	00
00	5	00	00
00	6	00	00
00	7	00	00
00	8	00	00
00	9	00	00
00	10	00	00
00	11	00	00
00	12	00	00
00	13	00	00
00	14	00	00
00	15	00	00
00	16	00	00
00	17	00	00



Name(s) Shown on Form 511NR: ABHISHEK SHARMA & SHALINI SHUKLA

Your Social Security Number: 754-65-7039

**Schedule 511-NR-C: Oklahoma Adjustments** See instructions on pages 25-28.

1	Military pay exclusion - Active Duty, Reserve and National Guard (not retirement) .....	1		00
2	Qualifying disability deduction (residents and part-year residents only).....	2		00
3	Qualified adoption expense.....	3		00
4	Contributions to Oklahoma 529 College Savings Plan and OklahomaDream 529 Account(s) .....	4		00
5	Deductions for providing foster care.....	5		00
6	Miscellaneous: Other adjustments (enter number in box for the type of deduction..... <input type="text"/> ).....	6		00
7	<b>Total Adjustments</b> (add lines 1-6, enter total here and on line 9 of Form 511-NR) .....	7		00

**Schedule 511-NR-D: Oklahoma Itemized Deductions** See instructions on page 28.

If you claimed itemized deductions on your Federal return, you must claim Oklahoma Itemized Deductions.

1	Federal itemized deductions from Federal Sch. A, line 17 .....	1		00
2	State and local sales or income taxes from Federal Sch. A, line 5a (If Federal Sch A, line 5e is limited, enter that portion of Federal Sch A, line 5a included in line 5e) .....	2		00
3	Line 1 minus line 2.....	3		00
4	Medical and Dental expenses from Federal Sch. A, line 4.....	4		00
5	Gifts to Charity from Federal Sch. A, line 14 .....	5		00
6	Line 3 minus lines 4 and 5.....	6		00
7	Is line 6 more than \$17,000? <input type="checkbox"/> YES. Your itemized deductions are limited. Complete lines 9-11. <input type="checkbox"/> NO. Your itemized deductions are not limited. Skip lines 9 and 10. Go to line 11.			
8	Maximum amount allowed for itemized deductions. (Exception, lines 9 and 10).....	8	17,000	00
9	Medical and Dental expenses from Federal Sch. A, line 4.....	9		00
10	Gifts to Charity from Federal Sch. A, line 14 .....	10		00
11	<b>Oklahoma Itemized Deductions</b> If you responded YES on line 7: Add lines 8, 9 and 10. If you responded NO on line 7: Enter the amount from line 3.....	11		00

Enter your Oklahoma Itemized Deductions on line 11 of Form 511-NR.



Name(s) Shown on Form 511NR: **ABHISHEK SHARMA & SHALINI SHUKLA**

Your Social Security Number: **754-65-7039**

**Schedule 511-NR-E: Child Care/Child Tax Credit** See instructions on page 28.

If your Federal Adjusted Gross Income is \$100,000 or less and you are allowed either a credit for child care expenses or the child tax credit on your Federal return, then as a resident, part-year resident or nonresident military, you are allowed a credit against your Oklahoma tax. Your Oklahoma credit is the **greater** of:

- 20% of the credit for child care expenses allowed by the IRS Code.
- OR**
- 5% of the child tax credit allowed by the IRS Code. This includes both the nonrefundable child tax credit and the refundable additional child tax credit.

The credit must be prorated based on the ratio of Adjusted Gross Income: All sources to Federal Adjusted Gross Income. If your Federal Adjusted Gross Income is greater than \$100,000, no credit is allowed. **Provide** a copy of your Federal return and, if applicable, the Federal child care credit schedule.

1	Enter your Federal child <b>care</b> credit .....	1		00
2	Multiply line 1 by 20% .....	2		00
3	Enter your Federal child <b>tax</b> credit (total of child tax credit & additional child tax credit).....	3		00
4	Multiply line 3 by 5% .....	4		00
5	Enter the larger of line 2 or line 4 .....	5		00
6	Divide the amount on line 7 of Form 511-NR by the amount on line 2 of Form 511-NR  <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 150px; height: 20px; margin-right: 10px;"></div> <div style="text-align: center; margin-right: 10px;">÷</div> <div style="border: 1px solid black; width: 150px; height: 20px;"></div> </div> Enter the percentage from the above calculation here ( <b>do not enter more than 100%</b> ) .....	6		%
7	Multiply line 5 by line 6. This is your Oklahoma child care/child tax credit. Enter total here and on line 16 of Form 511-NR.....	7		00

**Schedule 511-NR-F: Earned Income Credit** See instructions on page 28.

Residents and part-year residents are allowed a credit equal to 5% of the federal earned income credit calculated using the same requirements for calculating the earned income tax credit for federal income tax purposes in effect for the 2020 income tax year. **Provide** a copy of your Federal return.

**Nonresidents do not qualify.**

1	Federal earned income credit .....	1		00
2	Multiply line 1 by 5% .....	2		00
3	Divide the amount on line 6 of Form 511-NR by the amount on line 2 of Form 511-NR  <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 150px; height: 20px; margin-right: 10px;"></div> <div style="text-align: center; margin-right: 10px;">÷</div> <div style="border: 1px solid black; width: 150px; height: 20px;"></div> </div> Enter the percentage from the above calculation here ( <b>do not enter more than 100%</b> ) .....	3		%
4	Oklahoma earned income credit (multiply line 2 by line 3, enter total here and on line 29 of Form 511-NR).....	4		00



**Note: Provide this page if you have an amount shown on a schedule or are filing an Amended Return.**

Name(s) Shown on Form 511NR: **ABHISHEK SHARMA & SHALINI SHUKLA**

Your Social Security Number: **754-65-7039**

**Schedule 511-NR-G: Donations from Refund (Original Return Only) See instructions on page 29.**

This schedule allows you to make a donation from your refund to a variety of Oklahoma organizations. Information regarding each program, its mission, how funds are utilized and mailing addresses are shown in Schedule 511-NR-G Information on pages 29-30 of the 511-NR Packet. If you are not receiving a refund but would like to make a donation to one of these organizations, Schedule 511-NR-G Information lists the mailing address to mail your donation to the organization. If you are not receiving a refund and wish to donate to the Public School Classroom Fund, see line 40 of Form 511-NR.

Place an 'X' in the box associated with the dollar amount you wish to have deducted from your refund and donated to that organization. Then carry that figure over into the column at the right. When you carry your figure back to line 36 of Form 511-NR, please list the line number of the organization to which you donated. If you donate to more than one organization, please write a "99" in the box at line 36 of Form 511-NR.

1	Support of Programs for Volunteers to Act as Court Appointed Special Advocates for Abused or Neglected Children.....	\$2	\$5	\$		1	00
2	Y.M.C.A. Youth and Government Program.....	\$2	\$5	\$		2	00
3	Support Wildlife Diversity Fund.....	\$2	\$5	\$		3	00
4	Support of Programs for Regional Food Banks in Oklahoma.....	\$2	\$5	\$		4	00
5	Public School Classroom Support Fund.....	\$2	\$5	\$		5	00
6	Oklahoma Pet Overpopulation Fund.....	\$2	\$5	\$		6	00
7	Support the Oklahoma AIDS Care Fund.....	\$2	\$5	\$		7	00
8	Support Oklahoma Silver Haired Legislature and Alumni Association Program.....	\$2	\$5	\$		8	00
9	<b>Total donations</b> (add lines 1-8, enter total here and on line 36 of Form 511-NR).....					9	00

**Schedule 511-NR-H: Amended Return Information See instructions on page 29.**

Did you file an amended Federal return? Yes  No

If Yes, provide a copy of the IRS Form 1040X or 1045 AND proof of IRS acceptance, such as a copy of the IRS "Statement of Adjustment," IRS check or deposit slip. IRS documents submitted after filing this Oklahoma amended return may delay processing.

Explain the changes to income, deductions, and/or credits below. Enter the line reference number for which you are reporting a change and give the reason. If more space is needed, provide a separate schedule.

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