

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

| | |
|--|---------------------------------------|
| Taxpayer's name SAI LAVANYA RAVISETTI | Social security number 825-89-9401 |
| Spouse's name | Spouse's social security number |

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 | 73,297. |
| 2 | Total tax | 1,389. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 12,313. |
| 4 | Amount you want refunded to you | 10,924. |
| 5 | Amount you owe | |

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

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 9 | 9 | 4 | 0 | 1 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing. 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 _____ to enter or generate my PIN

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing. 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 [X] Single [] 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 number, address, and state/zip code.

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

Income section table with rows 1a through 1z and columns for description and amount.

Table for Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, and Social security benefits.

Table for Capital gain or (loss), Other income from Schedule 1, line 10, Adjustments to income from Schedule 1, line 26, Subtract line 10 from line 9, Standard deduction or itemized deductions, Qualified business income deduction, Add lines 12 and 13, and Subtract line 14 from line 11.

| | | | | |
|------------------------|-----------|--|-----------|--------|
| Tax and Credits | 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 8,889. |
| | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 8,889. |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 | 19 | |
| | 20 | Amount from Schedule 3, line 8 | 20 | 7,500. |
| | 21 | Add lines 19 and 20 | 21 | 7,500. |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 1,389. |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 0. |
| | 24 | Add lines 22 and 23. This is your total tax | 24 | 1,389. |

| | | | | |
|-----------------|-----------|---|------------|---------|
| Payments | 25 | Federal income tax withheld from: | | |
| | a | Form(s) W-2 | 25a | 12,313. |
| | b | Form(s) 1099 | 25b | |
| | c | Other forms (see instructions) | 25c | |
| | d | Add lines 25a through 25c | 25d | 12,313. |
| | 26 | 2022 estimated tax payments and amount applied from 2021 return | 26 | |
| | 27 | Earned income credit (EIC) | 27 | |
| | 28 | Additional child tax credit from Schedule 8812 | 28 | |
| | 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| | 30 | Reserved for future use | 30 | |
| | 31 | Amount from Schedule 3, line 15 | 31 | |
| | 32 | Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits | 32 | |
| | 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 12,313. |

| | | | | |
|--------------------------------------|------------|---|----------------|---|
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 10,924. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 10,924. |
| Direct deposit? See instructions. | b | Routing number 1 2 1 0 0 0 3 5 8 | c Type: | <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |
| | d | Account number 3 2 5 0 4 1 5 0 1 5 4 4 | | |
| | 36 | Amount of line 34 you want applied to your 2023 estimated tax | 36 | |

| | | | | |
|-----------------------|-----------|---|-----------|--|
| Amount You Owe | 37 | Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions | 37 | |
| | 38 | Estimated tax penalty (see instructions) | 38 | |

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|---|------------------------------------|--------------------------------------|---|
| Your signature | Date | Your occupation SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. (512) 701-8791 | Email address SRAVISETTI@GMAIL.COM | | |

Paid Preparer Use Only

| | | | | |
|--|---|--------------------|-----------------------------|---|
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 02/20/2023 | PTIN P02082703 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name GLOBAL TAXES LLC | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 | | Phone no. (678) 965-9522 | Firm's EIN 84-3171965 |

**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 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
SAI LAVANYA RAVISETTI

Your social security number
825-89-9401

Part I Additional Income

| | | | | |
|-----------|---|---------------|-----------|---------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | |
| 2a | Alimony received | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): _____ | | | |
| 3 | Business income or (loss). Attach Schedule C | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | | 5 | -9,980. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| a | Net operating loss | 8a () | | |
| b | Gambling | 8b | | |
| c | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d () | | |
| e | Income from Form 8853 | 8e | | |
| f | Income from Form 8889 | 8f | | |
| g | Alaska Permanent Fund dividends | 8g | | |
| h | Jury duty pay | 8h | | |
| i | Prizes and awards | 8i | | |
| j | Activity not engaged in for profit income | 8j | | |
| k | Stock options | 8k | | |
| l | 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 | 8l | | |
| m | Olympic and Paralympic medals and USOC prize money (see instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| o | Section 951A(a) inclusion (see instructions) | 8o | | |
| p | Section 461(l) excess business loss adjustment | 8p | | |
| q | Taxable distributions from an ABLÉ account (see instructions) | 8q | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | |
| s | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d | 8s () | | |
| t | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan | 8t | | |
| u | Wages earned while incarcerated | 8u | | |
| z | Other income. List type and amount: _____ | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -9,980. |

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

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

| | | | | |
|------------|--|------------|------------|--|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | 16 | |
| 17 | Self-employed health insurance deduction | | 17 | |
| 18 | Penalty on early withdrawal of savings | | 18 | |
| 19a | Alimony paid | | 19a | |
| b | Recipient's SSN | | | |
| c | Date of original divorce or separation agreement (see instructions): _____ | | | |
| 20 | IRA deduction | | 20 | |
| 21 | Student loan interest deduction | | 21 | |
| 22 | Reserved for future use | | 22 | |
| 23 | Archer MSA deduction | | 23 | |
| 24 | Other adjustments: | | | |
| a | Jury duty pay (see instructions) | 24a | | |
| b | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit | 24b | | |
| c | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m | 24c | | |
| d | Reforestation amortization and expenses | 24d | | |
| e | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | |
| g | Contributions by certain chaplains to section 403(b) plans | 24g | | |
| h | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) | 24h | | |
| i | 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 | 24i | | |
| j | Housing deduction from Form 2555 | 24j | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) | 24k | | |
| z | Other adjustments. List type and amount: _____ | 24z | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | | 26 | |

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SAI LAVANYA RAVISETTI

Your social security number
825-89-9401

Part I Nonrefundable Credits

| | | | |
|----------|--|-----------|--------|
| 1 | Foreign tax credit. Attach Form 1116 if required | 1 | |
| 2 | Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 | 2 | |
| 3 | Education credits from Form 8863, line 19 | 3 | |
| 4 | Retirement savings contributions credit. Attach Form 8880 | 4 | |
| 5 | Residential energy credits. Attach Form 5695 | 5 | |
| 6 | Other nonrefundable credits: | | |
| a | General business credit. Attach Form 3800 | 6a | |
| b | Credit for prior year minimum tax. Attach Form 8801 | 6b | |
| c | Adoption credit. Attach Form 8839 | 6c | |
| d | Credit for the elderly or disabled. Attach Schedule R | 6d | |
| e | Alternative motor vehicle credit. Attach Form 8910 | 6e | |
| f | Qualified plug-in motor vehicle credit. Attach Form 8936 | 6f | 7,500. |
| g | Mortgage interest credit. Attach Form 8396 | 6g | |
| h | District of Columbia first-time homebuyer credit. Attach Form 8859 | 6h | |
| i | Qualified electric vehicle credit. Attach Form 8834 | 6i | |
| j | Alternative fuel vehicle refueling property credit. Attach Form 8911 | 6j | |
| k | Credit to holders of tax credit bonds. Attach Form 8912 | 6k | |
| l | Amount on Form 8978, line 14. See instructions | 6l | |
| z | Other nonrefundable credits. List type and amount: _____ | 6z | |
| 7 | Total other nonrefundable credits. Add lines 6a through 6z | 7 | 7,500. |
| 8 | Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 | 8 | 7,500. |

(continued on page 2)

Part II Other Payments and Refundable Credits

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

**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 for instructions and the latest information.

Name(s) shown on return

Your social security number

SAI LAVANYA RAVISETTI

825-89-9401

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 QNO:1976, NAGARJUNA COLONY MANCHERIAL TELANGANA IN 504302

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 | |
| A 3 | | 365 | | 0 | <input type="checkbox"/> |
| B | | | | | <input type="checkbox"/> |
| C | | | | | <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 |
| 3 Rents received | 3 681. | | |
| 4 Royalties received | 4 | | |
| Expenses: | | | |
| 5 Advertising | 5 | | |
| 6 Auto and travel (see instructions) | 6 | | |
| 7 Cleaning and maintenance | 7 1,954. | | |
| 8 Commissions | 8 | | |
| 9 Insurance | 9 | | |
| 10 Legal and other professional fees | 10 | | |
| 11 Management fees | 11 2,341. | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | |
| 13 Other interest | 13 | | |
| 14 Repairs | 14 1,975. | | |
| 15 Supplies | 15 2,344. | | |
| 16 Taxes | 16 | | |
| 17 Utilities | 17 2,047. | | |
| 18 Depreciation expense or depletion | 18 | | |
| 19 Other (list) _____ | 19 | | |
| 20 Total expenses. Add lines 5 through 19 | 20 10,661. | | |
| 21 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 Form 6198 | 21 -9,980. | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 (9,980.) | | |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a 681. | | |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | | |
| c Total of all amounts reported on line 12 for all properties | 23c | | |
| d Total of all amounts reported on line 18 for all properties | 23d | | |
| e Total of all amounts reported on line 20 for all properties | 23e 10,661. | | |
| 24 Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 (9,980.) | | |
| 26 Total rental real estate and royalty income or (loss). 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 | 26 -9,980. | | |

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-9,980.

Schedule E (Form 1040) 2022

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8889 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.
825-89-9401

SAI LAVANYA RAVISETTI

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

| | | |
|-----------|--|---|
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions | <input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family |
| 2 | HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions | 2 0. |
| 3 | If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter | 3 3,650. |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs | 4 0. |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0- | 5 3,650. |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter | 6 3,650. |
| 7 | If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions | 7 0. |
| 8 | Add lines 6 and 7 | 8 3,650. |
| 9 | Employer contributions made to your HSAs for 2022 | 9 1,125. |
| 10 | Qualified HSA funding distributions | 10 |
| 11 | Add lines 9 and 10 | 11 1,125. |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 2,525. |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. | 13 0. |

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

| | | |
|------------|--|-----|
| 14a | Total distributions you received in 2022 from all HSAs (see instructions) | 14a |
| b | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions | 14b |
| c | Subtract line 14b from line 14a | 14c |
| 15 | Qualified medical expenses paid using HSA distributions (see instructions) | 15 |
| 16 | Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f | 16 |
| 17a | If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/> | |
| b | Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c | 17b |

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

| | | |
|-----------|--|----|
| 18 | Last-month rule | 18 |
| 19 | Qualified HSA funding distribution | 19 |
| 20 | Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f | 20 |
| 21 | Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d | 21 |

Qualified Plug-in Electric Drive Motor Vehicle Credit
(Including Qualified Two-Wheeled Plug-in Electric Vehicles and New Clean Vehicles)

OMB No. 1545-2137

Attach to your tax return.

Go to www.irs.gov/Form8936 for instructions and the latest information.

Attachment
 Sequence No. **69**

Name(s) shown on return

SAI LAVANYA RAVISETTI

Identifying number

825-89-9401

Note: This credit is for qualified plug-in electric drive motor vehicles placed in service before 2023, qualified two-wheeled plug-in electric vehicles acquired before but placed in service in 2022, and new clean vehicles placed in service after 2022. See separate instructions for vehicle definitions and other requirements.

Part I Tentative Credit

Use a separate column for each vehicle. If you need more columns, use additional Forms 8936 and include the totals on lines 12 and 19.

| | | (a) Vehicle 1 2023 | (b) Vehicle 2 |
|---|-----------|-----------------------|---------------|
| 1 Year, make, and model of vehicle | 1 | TESLA Y | |
| 2 Vehicle identification number (see instructions) | 2 | 7SAYGDEEXP601330 | |
| 3 Enter date vehicle was placed in service (MM/DD/YYYY) | 3 | 12/28/2022 | |
| 4a If the vehicle is a two-wheeled vehicle, enter the cost of the vehicle. If the vehicle has at least four wheels, see instructions | 4a | 7,500. | |
| b Phase-out percentage (see instructions) | 4b | 100.00 % | % |
| c Tentative credit. Multiply line 4a by line 4b | 4c | 7,500. | |

Next: If you did NOT use your vehicle for business or investment purposes and did not have a credit from a partnership or S corporation, skip Part II and go to Part III. All others, go to Part II.

Part II Credit for Business/Investment Use Part of Vehicle

| | | | |
|---|-----------|-------|-------|
| 5 Business/investment use percentage (see instructions) | 5 | % | % |
| 6 Multiply line 4c by line 5. If the vehicle has at least four wheels, leave lines 7 through 10 blank and go to line 11 | 6 | | |
| 7 Section 179 expense deduction (see instructions) | 7 | | |
| 8 Subtract line 7 from line 6 | 8 | | |
| 9 Multiply line 8 by 10% (0.10) | 9 | | |
| 10 Maximum credit per vehicle | 10 | 2,500 | 2,500 |
| 11 For vehicles with four or more wheels, enter the amount from line 6. If the vehicle is a two-wheeled vehicle, enter the smaller of line 9 or line 10 | 11 | | |
| 12 Add columns (a) and (b) on line 11 | 12 | | |
| 13 Qualified plug-in electric drive motor vehicle credit from partnerships and S corporations (see instructions) | 13 | | |
| 14 Business/investment use part of credit. Add lines 12 and 13. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 1y | 14 | | |

Note: Complete Part III to figure any credit for the personal use part of the vehicle.

Part III Credit for Personal Use Part of Vehicle

| | (a) Vehicle 1 | (b) Vehicle 2 |
|---|---------------|---------------|
| 15 If you skipped Part II, enter the amount from line 4c. If you completed Part II, subtract line 6 from line 4c. If the vehicle has at least four wheels, leave lines 16 and 17 blank and go to line 18 | 7,500. | |
| 16 Multiply line 15 by 10% (0.10) | | |
| 17 Maximum credit per vehicle. If you skipped Part II, enter \$2,500. If you completed Part II, subtract line 11 from line 10 | | |
| 18 For vehicles with four or more wheels placed in service before 2023, enter the amount from line 15. If the vehicle is a two-wheeled vehicle, enter the smaller of line 16 or line 17. For vehicles placed in service after 2022, see instructions | 7,500. | |
| 19 Add columns (a) and (b) on line 18 | | 7,500. |
| 20 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18 | | 8,889. |
| 21 Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions) | | |
| 22 Subtract line 21 from line 20. If zero or less, enter -0- and stop here. You cannot claim the personal use part of the credit | | 8,889. |
| 23 Personal use part of credit. Enter the smaller of line 19 or line 22 here and on Schedule 3 (Form 1040), line 6f. If line 22 is smaller than line 19, see instructions | | 7,500. |

Nebraska Individual Income Tax Return for the taxable year January 1, 2022 through December 31, 2022 or other taxable year: , 2022 through ,

Personal information section including name (SAI LAVANYA, RAVISETTI), address (4162 N 146TH PLZ, Apt. 202), city (OMAHA), state (NE), and zip code (68116).

Identification numbers section including Social Security Numbers (825 89 940 1) and High School District Code (2828001).

Digital asset question: During 2022, did you receive, sell, exchange, gift, or otherwise dispose of a digital asset or a financial interest in a digital asset? [X] No

Special status checkboxes: (1) Farmer/Rancher, (2) Active Military, (1) Deceased Taxpayer(s) (first name & date of death):

Filing status section: 1 Federal Filing Status: (1) X Single, (2) Married, filing jointly, (3) Married, filing separately, (4) Head of Household, (5) Widow(er) with dependent children

Check for dependent eligibility: 2a Check if YOU were: (1) 65 or older, (2) Blind, (3) SPOUSE was: (3) 65 or older, (4) Blind; 2b Check here if someone (such as your parent) can claim you or your spouse as a dependent: (1) You, (2) Spouse

Type of Return: 3 Type of Return: (1) Resident, (2) X Partial-year resident from 04 / 01, 2022 to 12 / 31, 2022 (attach Schedule III), (3) Nonresident (attach Schedule III)

Nebraska personal exemptions: 4 Nebraska personal exemptions. (Enter 1 in each line of 4a or 4b that applies): a Yourself, b Spouse, c Dependents table with columns for First Name, Last Name, and Social Security Number. Total number of dependents listed: 4c 1

Line 5: Federal adjusted gross income (AGI) (line 11, Federal Form 1040 or 1040-SR) Do not leave blank: 5 73,297.00

Lines 6-9: Deductions. 6 Nebraska standard deduction: 6 7,350.00; 7 Total itemized deductions: 7 00; 8 State and local income taxes: 8 0.00; 9 Nebraska itemized deductions: 9 0.00

Line 10: Nebraska standard deduction or the Nebraska itemized deductions, whichever is greater (the larger of line 6 or line 9): 10 7,350.00

Line 11: Nebraska income before adjustments (line 5 minus line 10): 11 65,947.00

Lines 12-13: Adjustments. 12 Adjustments increasing federal AGI: 12 00; 13 Adjustments decreasing federal AGI: 13 00

Line 14: Nebraska Taxable Income (enter line 11 plus line 12 minus line 13). If less than -0-, enter -0-. Residents complete lines 15 and 16. Partial-year residents and nonresidents complete Nebr. Sch. III before continuing: 14 65,947.00

Line 15: Nebraska income tax (Partial-year residents and nonresidents enter the result from line 9, Nebraska Schedule III. Paper filers may use the Nebraska Tax Table. All others must use Tax Calculation Schedule.): 15 3,413.00

Line 16: Nebraska other tax calculation: a Federal Tax on Lump-Sum Distributions (Federal Form 4972) 16 a \$; b Federal tax on early distributions (lesser of Federal Form 5329 or line 8, Sch. 2, Federal Form 1040 or 1040-SR) 16 b \$; c Total (add lines 16a and 16b) 16 c \$; 16 00

Line 17: Total Nebraska tax before Nebraska personal exemption credit (add lines 15 and 16). Do not pay the amount on this line. Pay the amount from line 43: 17 3,413.00

| | | | | |
|----|--|----|--------|----|
| 18 | Nebr. personal exemption credit for residents only (\$146 times the number on line 4) | 18 | 0. | 00 |
| 19 | Credit for tax paid to another state, line 6, Nebraska Schedule II (attach Nebraska Schedule II and a copy of the other state's return) | 19 | | 00 |
| 20 | Credit for the elderly or disabled (attach copy of Federal Schedule R) | 20 | 0. | 00 |
| 21 | Community Development Assistance Act credit (attach Form CDN) | 21 | | 00 |
| 22 | Form 3800N nonrefundable credit (attach Form 3800N) | 22 | | 00 |
| 23 | Nebraska child/dependent care nonrefundable credit, only if line 5 is more than \$29,000 (attach a copy of Federal Form 2441 and see instructions) | 23 | 0. | 00 |
| 24 | Credit for financial institution tax (attach Form NFC) | 24 | | 00 |
| 25 | Employer's credit for expenses incurred for TANF (ADC) recipients (see instr.) | 25 | | 00 |
| 26 | Designated extremely blighted area tax credit (attach Form 1040N-EB) | 26 | | 00 |
| 27 | Total nonrefundable credits (add lines 18 through 26) | 27 | 0. | 00 |
| 28 | Nebraska tax after nonrefundable credits. Subtract line 27 from line 17 (if line 27 is more than line 17, enter -0-). If the result is greater than your federal tax liability, see instructions. If entering federal tax, check box <input type="checkbox"/> and attach a copy of the federal return | 28 | 3,413. | 00 |
| 29 | Total Nebraska income tax withheld (attach 2022 Forms, see instructions) a W-2 \$ 4,269. b K-1N \$ c W-2G, 1099-R, 1099-MISC, 1099-NEC or others \$ 0. | 29 | 4,269. | 00 |
| 30 | 2022 estimated income tax payments (include any 2021 overpayment credited to 2022 and any payments submitted with an extension request) | 30 | | 00 |
| 31 | Form 3800N refundable credit (attach Form 3800N) | 31 | | 00 |
| 32 | Nebraska child/dependent care refundable credit, if line 5 is \$29,000 or less (attach a copy of Form 2441N) | 32 | | 00 |
| 33 | Beginning Farmer credit from Form 1099 BFC (NDA NextGen) | 33 | | 00 |
| 34 | Nebraska earned income credit. Enter number of qualifying children 97 Federal credit 98 \$.00 x .10 (10%) (attach pages 1-2 of federal return) | 34 | | 00 |
| 35 | Credit for school district property taxes (attach Form PTC) | 35 | | 00 |
| 36 | Credit for community college property taxes (attach Form PTC) | 36 | | 00 |
| 37 | Credit for qualified Volunteer Emergency Responders (see instructions) | 37 | | 00 |
| 38 | Stillborn child tax credit (attach Birth Resulting in Stillbirth Certificate and see instructions) | 38 | | 00 |
| 39 | Total refundable credits (add lines 29 through 38) | 39 | 4,269. | 00 |
| 40 | Penalty for underpayment of estimated tax (see instructions). If you calculated a Form 2210N penalty of -0- or greater, or used the annualized income method, attach Form 2210N, and check this box 96 <input type="checkbox"/> | 40 | | 00 |
| 41 | Total tax and penalty. Add lines 28 and 40 | 41 | 3,413. | 00 |
| 42 | Use tax due on taxable purchases where applicable sales tax was not collected. (see instructions) Enter purchases subject to state tax 91 \$ State tax 92 \$ (purchases x 5.5%); Enter purchases subject to local tax 93 \$ Local tax 94 \$ (purchases x local rate of %) 95 Local code (see local rate schedule); Add state and local taxes and enter on line 42. If no use tax is due, enter -0- on line 42. | 42 | 0. | 00 |
| 43 | Total amount due. If line 39 is less than total of lines 41 and 42, subtract line 39 from total of lines 41 and 42 Pay this amount in full. For electronic or credit card payment check here <input type="checkbox"/> and see instructions. | 43 | | 00 |
| 44 | Overpayment. If line 39 is more than the total of lines 41 and 42, subtract the total of lines 41 and 42 from line 39. | 44 | 856. | 00 |
| 45 | Amount of line 44 you want applied to your 2023 estimated tax | 45 | | 00 |
| 46 | Wildlife Conservation Fund donation of \$1 or more | 46 | | 00 |
| 47 | Amount of line 44 you want refunded to you (line 44 minus lines 45 and 46) Your refund will generally be issued by July 15, if your paper return is filed by April 15 (see instructions). | 47 | 856. | 00 |

48a Routing Number

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 1 | 0 | 0 | 0 | 3 | 5 | 8 |
|---|---|---|---|---|---|---|---|---|

 48b Type of Account

| |
|---|
| 1 |
|---|

 1 = Checking 2 = Savings

48c Account Number

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 3 | 2 | 5 | 0 | 4 | 1 | 5 | 0 | 1 | 5 | 4 | 4 |
|---|---|---|---|---|---|---|---|---|---|---|---|

48d Check this box if this refund will go to a bank account outside the United States.



Under penalties of perjury, I declare that, as taxpayer or preparer, I have examined this return and to the best of my knowledge and belief, it is true, correct, and complete.

sign here
 Your Signature _____ Date (512) 701-8791
 Spouse's Signature (if filing jointly, both must sign) _____ Daytime Phone _____

SRAVISSETTI@GMAIL.COM
 Email Address

paid preparer's use only
 SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/20/2023 P02082703
 Preparer's Signature Date Preparer's PTIN
 GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816 84-3171965 (678) 965-9522
 Print Firm's Name (or yours if self-employed), Address and Zip Code EIN CG REV 02/10/23 PRO Daytime Phone

Name on Form 1040N

SAI LAVANYA RAVISETTI

Social Security Number

8 2 5 | 8 9 | 9 4 0 1

Nebraska Schedule I —
Nebraska Adjustments to Income for Nebraska Residents, Partial-Year Residents, and Nonresidents

• Attach additional pages if necessary.

Part A—Adjustments Increasing Federal AGI

| | | |
|---|---------------------------|----|
| 1 Interest income from all state and local obligations exempt from federal tax | | |
| a List type: _____ | b Amount: \$ _____ | |
| Total interest income exempt from federal tax. Enter total of lines 1b..... | 1 | 00 |
| 2 Exempt interest income from Nebraska obligations | | |
| a List type: _____ | b Amount: \$ _____ | |
| Total exempt interest income from Nebraska obligations. Enter total of lines 2b..... | 2 | 00 |
| 3 Total taxable interest income. Enter the result of line 1 minus line 2..... | 3 | 00 |
| 4 Financial Institution Tax Credit claimed. Enter amount from line 24, Form 1040N..... | 4 | 00 |
| 5 Nebraska College Savings Program recapture (see instructions)..... | 5 | 00 |
| 6 Nebraska Enable plan recapture..... | 6 | 00 |
| 7 Federal net operating loss deduction..... | 7 | 00 |
| 8 S corporation or LLC Non-Nebraska loss..... | 8 | 00 |
| 9 Total adjustments increasing federal AGI (total lines 3 through 8). Enter here and on line 12, Form 1040N..... | 9 | 00 |

Part B—Adjustments Decreasing Federal AGI

| | | |
|--|---------------------------|----|
| 10 State income tax refund deduction. Enter line 1, Schedule 1, Federal Form 1040 or 1040-SR..... | 10 | 00 |
| 11 U.S. government obligations exempt for state purposes (list below or attach schedule) | | |
| a List type: _____ | b Amount: \$ _____ | |
| Total U.S. government obligations exempt for state purposes. Enter total of lines 11b..... | 11 | 00 |
| 12 List fund name, total dividend, and percent of regulated investment company dividends from | | |
| a U.S. obligation: _____ | | |
| b Total dividend: \$ _____ x c _____ % = d \$ _____ | | |
| Total regulated investment company dividends. Enter total of lines 12d..... | 12 | 00 |
| 13 Total U.S. government obligations. Enter total of lines 11 and 12..... | 13 | 00 |
| 14 Benefits paid by the Railroad Retirement Board (RRB) included in the federal AGI. Attach pages 1 and 2 of your federal income tax return and all Forms 1099 and W-2 from the RRB. | | |
| a List type: _____ | b Amount: \$ _____ | |
| Total benefits paid by the RRB included in federal AGI. Enter total of lines 14b..... | 14 | 00 |
| 15 Special capital gains/extraordinary dividend deduction [attach Form 4797N; a copy of Federal Schedule D; and Form 8949 (or Federal Schedule B when claiming extraordinary dividend deduction)] (see instructions)..... | 15 | 00 |
| 16 Nebraska College Savings Program contribution (see instructions)..... | 16 | 00 |
| 17 Employer contribution to the Nebraska Educational Savings Plan (see instructions)..... | 17 | 00 |
| 18 Nebraska Enable plan contributions. List the account number and annual contribution amount for each account you contributed to during this tax year (list below or attach schedule) | | |
| a Account Number: _____ | b Amount: \$ _____ | |
| Enter total Nebraska Enable plan contributions..... | 18 | 00 |
| 19 S corp and LLC Non-Nebraska income (attach Federal schedules K-1 and Nebraska Schedules K-1N,..... | 19 | 00 |
| 20 Nonresident military servicemember active duty pay (attach active duty Form W-2, identifying the income as attributable to another state, see instructions)..... | 20 | 00 |
| 21 Income earned by a Native American Indian in Indian country..... | 21 | 00 |
| 22 Claim of right repayment..... | 22 | 00 |
| 23 Nebraska NOL carryforward (attach the Nebraska NOL Worksheet for each loss year claimed on this line)..... | 23 | 00 |
| 24 Nebraska agricultural revenue bond interest..... | 24 | 00 |
| 25 Interest from federally taxable Nebraska Investment Finance Association (NIFA) bonds..... | 25 | 00 |
| 26 Interest from federally taxable Build America Bonds issued by Nebraska governmental units..... | 26 | 00 |
| 27 Social Security included in Federal AGI (see instructions) Attach pages 1 and 2 of your federal income tax return | 27 | 00 |
| 28 Military retirement benefits (Attach supporting documentation, see instructions)..... | 28 | 00 |
| 29 Dividends received or deemed to be received from corporations not subject to the IRC (Attach supporting documentation)..... | 29 | 00 |
| 30 Segal AmeriCorps Education Award (attach Form 1099-MISC, see instructions)..... | 30 | 00 |
| 31 Cancer benefits received from the Firefighter Cancer Benefits Act (Attach supporting documentation, see instructions)..... | 31 | 00 |
| 32 Teach in Nebraska Today Act student loan repayment assistance (Attach supporting documentation, see instructions)..... | 32 | 00 |
| 33 Total adjustments decreasing federal AGI (total lines 10 and 13 through 32). Enter here and on line 13, Form 1040N..... | 33 | 00 |

Nebraska Schedule II — Credit for Tax Paid to Another State

Name on Form 1040N

SAI LAVANYA RAVISETTI

Social Security Number

8 2 5 | 8 9 | 9 4 0 1

Nebraska Schedule II —

Credit for Tax Paid to Another State for FULL-YEAR RESIDENTS ONLY

- Complete a separate Schedule II for each state.
- A complete copy of the return filed with another state must be attached. If the entire return is not attached, credit for tax paid to another state will not be allowed. Name of state: _____

| | | | | | | | | | | | | | |
|--|---|--|----|---|---|---|---|---|---|---|---|---|--|
| 1 Total Nebraska tax (line 17, Form 1040N) | 1 | | 00 | | | | | | | | | | |
| 2 Adjusted gross income derived from another state (do not enter amount of taxable income from the other state – use <u>Conversion Chart</u> on the DOR's website) | 2 | | 00 | | | | | | | | | | |
| 3 Ratio $\frac{\text{Line 2}}{\text{(Form 1040N, Line 5 + Line 12 – Line 13)}} = \frac{\boxed{}}{\boxed{} + \boxed{} - \boxed{}} = \frac{\boxed{}}{\boxed{}}$ | 3 | <table border="1"> <tr> <td>□</td> <td>□</td> <td>□</td> <td>□</td> <td>□</td> <td>□</td> <td>□</td> <td>□</td> <td>□</td> <td>□</td> </tr> </table> | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | |
| □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | | | | |
| 4 Calculated tax credit. Line 1 multiplied by line 3 ratio | 4 | | 00 | | | | | | | | | | |
| 5 Tax due and paid to another state (do not enter amount withheld for the other state – use <u>Conversion Chart</u> on the DOR's website) | 5 | | 00 | | | | | | | | | | |
| 6 Allowable tax credit (line 1, 4, or 5, whichever is least). Enter amount here and on line 19, Form 1040N..... | 6 | | 00 | | | | | | | | | | |

Name on Form 1040N

SAI LAVANYA RAVISETTI

Social Security Number

8 2 5 | 8 9 | 9 4 0 1

Nebraska Schedule III —

Computation of Nebraska Tax for PARTIAL-YEAR RESIDENTS AND NONRESIDENTS ONLY

- You must complete lines 1 through 14, Form 1040N. If you have state, local, or federal bond interest or other adjustments, complete Parts A and B of Nebraska Schedule I. Use Schedule III to calculate your Nebraska tax liability.
- You do not have to provide a copy of other state returns when filing Schedule III.

| | | | | |
|--|--|-----------|---------|---------|
| <p>1 Income derived from Nebraska sources. Include income from wages, interest, dividends, business, farming, Nebraska unemployment payments, severance payments connected to Nebraska employment, partnerships, S corporations, limited liability companies, estates and trusts, gain or loss, rents, royalties, and financial institution tax credit amount. If there is no Nebraska income or loss, enter -0-.</p> <p>a List type: <u>Wages</u> b Amount: \$ <u>75,277.</u> List type: <u>Rents and royalties</u> Amount: <u>0.</u> Total income derived from Nebraska sources. Enter total of lines 1b.....</p> | | 1 | 75,277. | 00 |
| <p>2 Adjustments as applied to Nebraska income, if any (see instructions)</p> <p>a List type: _____ b Amount: \$ _____ List type: _____ Amount: _____ Total adjustment as applied to Nebraska income. Enter total of lines 2b.....</p> | | 2 | | 00 |
| <p>3 Nebraska adjusted gross income (line 1 minus line 2).....</p> | | 3 | 75,277. | 00 |
| <p>4 Ratio — Nebraska's share of the total income (calculate to six decimal places, and round to five):</p> <p style="text-align: center;">Line 3 <u>75,277.</u> <u>75,277.</u> (Form 1040N, Line 5 + Line 12 – Line 13) = <u>73,297.</u> + _____ – _____ = <u>73,297.</u></p> | | 4 | 1 | .000000 |
| <p>5 Nebraska Taxable Income (line 14, Form 1040N)</p> | | 5 | 65,947. | 00 |
| <p>6 Nebraska tax calculation (see instructions)</p> <p>a Tax on Nebraska Taxable Income from line 5..... 6 a \$ <u>3,559.</u> b Partial-year residents, enter Nebraska nonrefundable credit for the elderly or disabled... 6 b \$ _____ c Partial-year residents, enter Nebraska child/dependent care nonrefundable credit 6 c \$ _____ d Subtotal credits (add lines 6b and 6c) 6 d \$ _____ Line 6a minus line 6d</p> | | 6 | 3,559. | 00 |
| <p>7 Multiply Nebraska personal exemption credit of \$146 by the number of Nebraska personal exemptions on line 4, Form 1040N.....</p> | | 7 | 146. | 00 |
| <p>8 Tax after Nebraska personal exemption credit (line 6 minus line 7). If less than \$0, enter -0- here, and if you have any other tax due, apply any unused Nebraska personal exemption credit against that tax on line 10e ...</p> | | 8 | 3,413. | 00 |
| <p>9 Nebraska income tax. Multiply line 8 by the ratio you computed on line 4. Enter result here and on line 15, Form 1040N.....</p> | | 9 | 3,413. | 00 |
| <p>10 Nebraska other tax calculation:</p> <p>a Federal Tax on Lump Sum Distributions (Form 4972)..... 10 a \$ _____ b Federal tax on early distributions (lesser of Form 5329 or line 8, Schedule 2, Federal Form 1040 or 1040-SR)..... 10 b \$ _____ c Subtotal (add lines 10a and 10b)..... 10 c \$ _____ d Tax calculation. Multiply line 10c by 29.6% (x .296)..... 10 d \$ _____ e Enter any unused Nebraska personal exemption credit from the calculation on line 8 10 e \$ _____ f Subtract line 10e from line 10d..... 10 f \$ _____ Multiply line 10f by line 4 ratio. Enter result here and on line 16, Form 1040N.</p> | | 10 | | 00 |
| <p>11 Earned income credit (Partial-Year Residents Only)</p> <p>a Number of qualifying children. Enter here and on line 34, box 97, Form 1040N..... 11 a _____ b Enter federal earned income credit from federal tax return here and on line 34, box 98, Form 1040N 11 b \$ _____ Multiply line 11b amount by 10% (x .10). Enter the result here (see instructions).</p> | | 11 | | 00 |
| <p>12 Nebraska earned income credit. Multiply line 11 by the ratio you computed on line 4 (Attach a copy of federal tax return pages 1 and 2 to your return). Enter result here and on line 34, Form 1040N</p> | | 12 | | 00 |