

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
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 as my 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 ▶ *Sai Lavanya* Date ▶ February 20, 2023

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN

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

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 (SAI LAVANYA, RAVISETTI), social security number (825-89-9401), address (4162 N 146TH PLZ, OMAHA, NE 68116), and marital status options.

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 listing various income sources and their amounts, such as 1a Total amount from Form(s) W-2, box 1 (\$83,277).

Table for Tax-exempt interest (2a), Qualified dividends (3a), IRA distributions (4a), Pensions and annuities (5a), and Social security benefits (6a).

Table for Taxable interest (2b), Ordinary dividends (3b), Taxable amount (4b), Taxable amount (5b), Taxable amount (6b), Capital gain or (loss) (7), Other income from Schedule 1, line 10 (8), Total income (9), Adjustments to income (10), Adjusted gross income (11), Standard deduction (12), Qualified business income deduction (13), and Taxable income (15).

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 1,389.

Table for Payments (lines 25-33). Includes federal income tax withheld (12,313) and total payments (12,313).

Table for Refund (lines 34-36). Shows overpaid amount of 10,924 and amount applied to 2023 estimated tax.

Table for Amount You Owe (lines 37-38). Shows amount you owe and estimated tax penalty.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with declaration and signature fields for preparer and spouse.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, and firm information.

**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 ABL 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

SAI LAVANYA RAVISETTI

Your social security number

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.

2022
Attachment
Sequence No. **52**

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	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	3,650.
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	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	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	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	0.
8	Add lines 6 and 7	3,650.
9	Employer contributions made to your HSAs for 2022	1,125.
10	Qualified HSA funding distributions	
11	Add lines 9 and 10	1,125.
12	Subtract line 11 from line 8. If zero or less, enter -0-	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.	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)	
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	
c	Subtract line 14b from line 14a	
15	Qualified medical expenses paid using HSA distributions (see instructions)	
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	
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	

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	
19	Qualified HSA funding distribution	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	
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	

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 and digital asset section including Social Security Numbers, High School District Code (2828001), and digital asset disposal status (No).

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

Check for dependent status section (2a and 2b) with options for age and blindness.

Type of Return section with options: (1) Resident, (2) Partial-year resident, (3) Nonresident.

Nebraska personal exemptions section (4) including a table for dependents with columns for First Name, Last Name, and Social Security Number.

Main calculation section (5-17) showing AGI (73,297.00), deductions (7,350.00), taxable income (65,947.00), and final tax amount (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 Conversion Chart on the DOR's website)	2		00
3 Ratio Line 2 _____ (Form 1040N, Line 5 + Line 12 – Line 13) = <input type="text"/> + <input type="text"/> – <input type="text"/> = <input type="text"/>	3	<input type="text"/>	<input type="text"/>
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 Conversion Chart 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.	0 0 0 0 0
<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