

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 HARDIK B PRAJAPATI | Social security number 016-91-4917 |
| 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 | 1 | 47,040. |
| 2 | Total tax | 2 | 3,884. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 8,534. |
| 4 | Amount you want refunded to you | 4 | 4,650. |
| 5 | Amount you owe | 5 | |

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

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

Taxpayer's PIN: check one box only

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

| | | | | |
|---|---|---|---|---|
| 1 | 4 | 9 | 1 | 7 |
|---|---|---|---|---|

 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:

Form fields for personal information: Your first name and middle initial (HARDIK B), Last name (PRAJAPATI), Your social security number (016-91-4917), Home address (14550 NE 35TH STREET, BELLEVUE, WA, 98007), and Presidential Election Campaign checkbox.

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

Income section table with rows 1a through 1z, including Total amount from Form(s) W-2, Household employee wages, Tip income, etc.

Table for Attach Sch. B if required, including rows 2a through 6a for Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits.

Table for Standard Deduction for— including rows 7 through 15, including Capital gain or (loss), Other income from Schedule 1, Total income, Adjustments to income, Adjusted gross income, Standard deduction or itemized deductions, Qualified business income deduction, and Taxable income.

| | | | | |
|------------------------|-----------|--|-----------|--------|
| 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 | 3,884. |
| | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 3,884. |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 | 19 | |
| | 20 | Amount from Schedule 3, line 8 | 20 | |
| | 21 | Add lines 19 and 20 | 21 | |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 3,884. |
| | 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 | 3,884. |

| | | | | |
|-----------------|-----------|---|------------|--------|
| Payments | 25 | Federal income tax withheld from: | | |
| | a | Form(s) W-2 | 25a | 8,534. |
| | b | Form(s) 1099 | 25b | |
| | c | Other forms (see instructions) | 25c | |
| | d | Add lines 25a through 25c | 25d | 8,534. |
| | 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 | 8,534. |

| | | | | |
|--------------------------------------|------------|---|------------|--------|
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 4,650. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 4,650. |
| Direct deposit? See instructions. | b | Routing number 074000010 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d | Account number 790570631 | | |
| | 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 STUDENT | 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. (765) 240-6829 | Email address HARDIKP2305@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 02/18/2023 | 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 |

**Indiana Part-Year or Full-Year Nonresident
Individual Income Tax Return** **2022**

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

from to:

Due April 18, 2023
Place "X" in box
if amending

Your Social Security Number 016 91 4917

Spouse's Social Security Number

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name HARDIK Initial B Last name PRAJAPATI Suffix

If filing a joint return, spouse's first name Initial Last name Suffix

Present address (number and street or rural route) 14550 NE 35TH STREET 3-B101 Place "X" in box if you are married filing separately.

City BELLEVUE State WA ZIP/Postal code 98007

Foreign country 2-character code (see instructions)

Enter below the **2-digit county code** numbers (found on the back of Schedule CT-40PNR) for the county where you lived and worked on Jan. 1, 2022.

County where you lived 79 County where you worked 79 County where spouse lived County where spouse worked

Round all entries

1. Complete Schedule A first. Enter here the amount from Section 3, line 36B, and enclose Schedule A _____ **Indiana Income** 1 6037 .00
2. Enter amount from Schedule B, line 6, and enclose Schedule B _____ **Indiana Add-Backs** 2 .00
3. Add line 1 and line 2 _____ 3 6037 .00
4. Enter amount from Schedule C, line 12, and enclose Schedule C _____ **Indiana Deductions** 4 .00
5. Subtract line 4 from line 3 _____ 5 6037 .00
6. You must complete Schedule D. Enter amount from Schedule D, line 9, and enclose Schedule D _____ **Indiana Exemptions** 6 128 .00
7. Subtract line 6 from line 5 _____ **Indiana Adjusted Gross Income** 7 5909 .00
8. State adjusted gross income tax: multiply line 7 by 3.23% (.0323) (if answer is less than zero, leave blank) _____ 8 191 .00
9. County tax. Enter county tax due from Schedule CT-40PNR (if answer is less than zero, leave blank) _____ 9 76 .00
10. Other taxes. Enter amount from Schedule E, line 5 (enclose sch.) _____ 10 .00
11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back _____ **Indiana Taxes** 11 267 .00



12. Enter credits from Schedule F, line 12 (enclose schedule)

13. Enter offset credits from Schedule G, line 8 (enclose schedule)

14. Add lines 12 and 13 _____ **Indiana Credits**

15. Enter amount from line 11 _____ **Indiana Taxes**

16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)

17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16

18. Subtract line 17 from line 16 _____ **Overpayment**

19. Amount from line 18 to be applied to your 2023 estimated tax account (see instructions).

Enter your county code county tax to be applied __ \$

Spouse's county code county tax to be applied __ \$

Indiana adjusted gross income tax to be applied _____ \$

Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18) _____

20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A _____

21. **Refund:** Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions **Your Refund**

22. **Direct Deposit** (see instructions)

a. Routing Number

b. Account Number

c. Type: Checking Savings Hoosier Works MC

d. Place an "X" in the box if refund will go to an account outside the United States

23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions) _____

24. Penalty if filed after due date (see instructions) _____

25. Interest if filed after due date (see instructions) _____

26. **Amount Due:** Add lines 23, 24 and 25 _____ **Amount You Owe**

Do not send cash. Please make your check or money order payable to:
Indiana Department of Revenue. See instructions if paying by credit card.

Sign and date this return after reading the Authorization statement on Schedule H. You must enclose Schedule H (both pages).

Your Signature Date Spouse's Signature Date

- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.

Name(s) shown on Form IT-40PNR

Your Social Security Number

HARDIK B PRAJAPATI

016 91 4917

Section 1: Income or (Loss) Enter in Column A the same income or loss you reported on your 2022 federal income tax return, Form 1040, Form 1040-SR, and Form 1040 Schedule 1 (except for line 19B and/or a net operating loss carryforward on line 20B; see instructions). Round all entries.

| | Column A | | | Column B | | |
|---|----------------------------|-------|-----|-------------------------|------|-----|
| | Income from Federal Return | | | Income Taxed by Indiana | | |
| 1. Your wages, salaries, tips, commissions, etc _____ | 1A | 47040 | .00 | 1B | 6037 | .00 |
| 2. Spouse's wages, salaries, tips, commissions, etc _____ | 2A | | .00 | 2B | | .00 |
| 3. Taxable interest income _____ | 3A | | .00 | 3B | | .00 |
| 4. Dividend income _____ | 4A | | .00 | 4B | | .00 |
| 5. Taxable refunds, credits, or offsets of state and local taxes from your federal return _____ | 5A | | .00 | 5B | | .00 |
| 6. Alimony received _____ | 6A | | .00 | 6B | | .00 |
| 7. Business income or loss from federal Schedule C _____ | 7A | | .00 | 7B | | .00 |
| 8. Capital gain or loss from sale or exchange of property from your federal return _____ | 8A | | .00 | 8B | | .00 |
| 9. Other gains or (losses) from Form 4797 _____ | 9A | | .00 | 9B | | .00 |
| 10. Taxable IRA distribution _____ | 10A | | .00 | 10B | | .00 |
| 11. Taxable pensions and annuities _____ | 11A | | .00 | 11B | | .00 |
| 12. Net rent or royalty income or loss reported on federal Schedule E _____ | 12A | | .00 | 12B | | .00 |
| 13. Income or loss from partnerships _____ | 13A | | .00 | 13B | | .00 |
| 14. Income or loss from trusts and estates _____ | 14A | | .00 | 14B | | .00 |
| 15. Income or loss from S corporations _____ | 15A | | .00 | 15B | | .00 |
| 16. Farm income or loss from federal Schedule F _____ | 16A | | .00 | 16B | | .00 |
| 17. Unemployment compensation _____ | 17A | | .00 | 17B | | .00 |
| 18. Taxable Social Security benefits _____ | 18A | | .00 | 18B | | .00 |
| 19. Indiana apportioned income from Schedule IT-40PNRA _____ | | | | 19B | | .00 |
| 20. Other income reported on your federal return _____ | 20A | | .00 | 20B | | .00 |
| List source(s). (Do not include federal net operating loss in Column B. See instructions.) | | | | | | |
| | | | | | | |
| 21. Subtotal: add lines 1 through 20 _____ | 21A | 47040 | .00 | 21B | 6037 | .00 |



Proration Section See instructions.

21C. **Note:** Nonresident military personnel see special instructions and complete worksheet _____ 21C .00

21D. For all other individuals, divide the amount on line 21B by the amount on line 21A (see instructions if either line 21A and/or 21B are less than zero). Please round your answer to a decimal followed by three numbers. Example: $\$3,100 \div \$8,000 = .3875$, which rounds to .388 (do not enter a number greater than 1.00). Enter result here and on Schedule D, line 7 _____ 21D 0.128

Section 2: Adjustments to Income Note: Enter in Column A only those deductions claimed on your 2022 federal income tax return, Form 1040, Form 1040-SR, and Form 1040, Schedule 1, Part II. Round all entries.

| | Column A Federal Adjustments | | Column B Indiana Adjustments | |
|--|---------------------------------|--------------------------|---------------------------------|--------------------------|
| 22. Educator expenses (see instructions) _____ | 22A | <input type="text"/> .00 | 22B | <input type="text"/> .00 |
| 23. Certain business expenses of reservists, performing artists, etc _____ | 23A | <input type="text"/> .00 | 23B | <input type="text"/> .00 |
| 24. Health savings account deduction _____ | 24A | <input type="text"/> .00 | 24B | <input type="text"/> .00 |
| 25. Moving expenses (see instructions) _____ | 25A | <input type="text"/> .00 | 25B | <input type="text"/> .00 |
| 26. Deductible part of self-employment tax _____ | 26A | <input type="text"/> .00 | 26B | <input type="text"/> .00 |
| 27. Self-employed, SEP, SIMPLE, and qualified plans _____ | 27A | <input type="text"/> .00 | 27B | <input type="text"/> .00 |
| 28. Self-employed health insurance deduction _____ | 28A | <input type="text"/> .00 | 28B | <input type="text"/> .00 |
| 29. Penalty on early withdrawal of savings _____ | 29A | <input type="text"/> .00 | 29B | <input type="text"/> .00 |
| 30. Alimony paid _____ | 30A | <input type="text"/> .00 | 30B | <input type="text"/> .00 |
| 31. IRA deduction _____ | 31A | <input type="text"/> .00 | 31B | <input type="text"/> .00 |
| 32. Student loan interest deduction (see instructions) _____ | 32A | <input type="text"/> .00 | 32B | <input type="text"/> .00 |
| 33. Reserved for future use _____ | 33A | <input type="text"/> .00 | 33B | <input type="text"/> .00 |
| 34. Other (see instructions) <input type="text"/> | 34A | <input type="text"/> .00 | 34B | <input type="text"/> .00 |
| 35. Add lines 22 through 34 _____ | 35A | <input type="text"/> .00 | 35B | <input type="text"/> .00 |

Section 3: Totals

36. Subtract line 35 from line 21 of Section 1. Carry amount from line 36B to Form IT-40PNR, line 1 _____ 36A 47040 .00 36B 6037 .00



Name(s) shown on Form IT-40PNR

Your Social Security Number

HARDIK B PRAJAPATI

016 91 4917

Complete and enclose Schedule IN-DEP: Dependent Information and Additional Dependent Child Information if you are claiming dependents on lines 2 and/or 3 below. Complete and enclose Schedule IN-DEP-A: Adopted Dependent Information if you are claiming dependents on line 6 below.

Round all entries

1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000 1 1000 .00

2. Enter the number of dependents listed on Schedule IN-DEP, Box 6 x \$1000 2 .00
You **MUST** enclose Schedule IN-DEP.

3. You may claim an additional exemption for each qualifying dependent child:
- who is a son, stepson, daughter, stepdaughter, foster child and/or child for whom you are a legal guardian;
 - who was under the age of 19 by Dec. 31, 2022; or
 - who is a full-time student who was under the age of 24 by Dec. 31, 2022; and
 - who you are eligible to claim as a dependent on line 2 above.

Enter the number of additional dependents listed on Schedule IN-DEP, Box 7. x \$1500 3 .00

4. Place "X" in box(es) below if, by December 31, 2022

You were age 65 or older and/or blind

Spouse was 65 or older and/or blind

Total number of boxes with Xs x \$1000 4 .00

5. If age 65 or older, enter amount from Schedule A, line 36A \$

- If filing as married filing separately and this amount is less than \$20,000, place "X" in the "You were age 65 or older" box below.
- For all other filers age 65 or older, if this amount is less than \$40,000, place "X" in appropriate box(es) below.

You were age 65 or older

Spouse was 65 or older

Total number of boxes with Xs x \$500 5 .00

6. Enter the number of additional adopted child exemptions listed on Schedule IN-DEP-A, Box 6 x \$3000 6 .00
You **MUST** enclose Schedule IN-DEP-A.

7. Add lines 1, 2, 3, 4, 5 and 6 7 1000 .00

8. Enter the number from Schedule A, Proration Section, line 21D 8 0.128

9. Multiply line 7 by line 8. Enter here and on Form IT-40PNR, line 6 **Total Exemptions** 9 128 .00

Name(s) shown on Form IT-40PNR

Your Social Security Number

HARDIK B PRAJAPATI

016 91 4917

Round all entries

| | | | |
|---|----|-----|-----|
| 1. Indiana state tax withheld: See instructions _____ | 1 | 195 | .00 |
| 2. Indiana county tax withheld: See instructions _____ | 2 | 77 | .00 |
| 3. Estimated tax paid for 2022: include any extension payment made with Form IT-9 _____ | 3 | | .0 |
| 4. Unified tax credit for the elderly _____ | 4 | | .00 |
| 5. Earned income credit: see instructions Enter earned income credit from Schedule IN-EIC, line A-3 _____ Box A | | | .00 |
| Enter number from Schedule A, Proration Section, line 21 ____ Box B | | . | |
| Multiply Box A by Box B, enter total here _____ | 5 | | .00 |
| 6. Lake County residential income tax credit _____ | 6 | | .00 |
| 7. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, line 19 (enclose schedule) _____ | 7 | | .00 |
| 8. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule) _____ | 8 | | .00 |
| 9. eadquarters relocation credit (refundable portion - see instructions) _____ | 9 | | .00 |
| 10. Adoption Credit _____ | 10 | | .00 |
| 11. 2022 Additional Automatic Taxpayer Refund: See instructions _____ | 11 | | .00 |
| 12. Add lines 1 through 11. Enter total here and on Form IT-40PNR, line 12 _____ Total Credits | 12 | 272 | .0 |

Schedule IN-DONATE

Important: The amount on line 2 cannot exceed the amount on Form IT-40/IT-40PNR, line 16.

1. Donations: List fund name, 3-digit code and amount to be donated (see instructions)

| | | | | | | |
|---|---|----------|--|----|--|-----|
| a. Enter fund name | | code no. | | 1a | | .00 |
| b. Enter fund name | | code no. | | 1b | | .00 |
| c. Enter fund name | | code no. | | 1c | | .00 |
| 2. Add lines 1a through 1c. Enter total here and on Form IT-40/IT-40PNR, line 17 Total Donations | 2 | | | | | .00 |



Name(s) shown on Form IT-40PNR

Your Social Security Number

HARDIK B PRAJAPATI

016

91

4917

Section 1: Residency Information

List all state(s) and dates of your (and your spouse's, if filing jointly) residency during 2022. Enter 2-letter state name (e.g. "IL" for Illinois) or the letters "OC" if you were a resident of a foreign country (see instructions).

Example

| State of Residence | Date From (MM/DD) | Date To (MM/DD) | Did you file a tax return with the state/country? Place "X" in appropriate box. | |
|--------------------|-------------------|-----------------|--|-----------------------------|
| IL | 01 01 2022 | 06 01 2022 | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| IN | 06 02 2022 | 12 31 2022 | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

Your information

| | (a) State of Residence | (b) Date From (MM/DD) | (c) Date To (MM/DD) | Did you file a tax return with the state/country? Place "X" in appropriate box. | |
|----|---------------------------|--------------------------|------------------------|--|--|
| 1A | IN | 09 03 2022 | 12 31 2022 | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 1B | WA | 06 14 2022 | 09 02 2022 | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 1C | IN | 01 01 2022 | 06 13 2022 | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 1D | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Spouse's information if married filing jointly

| | (a) State of Residence | (b) Date From (MM/DD) | (c) Date To (MM/DD) | Did you file a tax return with the state/country? Place "X" in appropriate box. | |
|----|---------------------------|--------------------------|------------------------|--|-----------------------------|
| 2A | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2B | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2C | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2D | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Turn over to complete Section 2

Section 2: Additional Information

1. Federal filing information

Are you filing a federal income tax return for 2022? Place "X" in appropriate box. Yes No

2. Extension of time to file

- a. Place "X" in box if you have filed a federal extension of time to file, Form 4868, or made an online extension payment.
- b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or made an Indiana extension payment online.

3. Farm/Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.
Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

4. Schedule IN-40PA filers. If you are eligible to file federal Form 8857, Request for Innocent Spouse Relief, and are completing Indiana Schedule IN-40PA, enclose Schedule IN-40PA and check the box.

5. Date of death

If any individual listed at the top of the IT-40PNR died during 2022, enter date of death (MM/DD).

Taxpayer's date of death 2022 Spouse's date of death 2022

Authorization: Sign Form IT-40PNR after reading the following statement.

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue (DOR) to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I grant permission to DOR to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

6. Your daytime telephone number

Your email address

I authorize the Department to discuss my return with my personal representative.

Yes No If yes, complete the information below.

Personal Representative's Name (please print)

Telephone number

Address

City

State ZIP Code

Paid Preparer: Firm's Name (or yours if self-employed)

IN-OPT on file with paid preparer if not filing electronically

PTIN

Address

City

State ZIP Code

Preparer's signature



Name(s) shown on Form IT-40PNR

Your Social Security Number

HARDIK B PRAJAPATI

016

91

4917

SECTION 1: To be completed by those taxpayers who were residents of an Indiana county as of Jan. 1, 2022.

| | Column A - Yourself | Column B - Spouse's |
|---|---------------------|---------------------|
| 1. Enter the amount from IT-40PNR, line 7 (see instructions if you lived in a reciprocal state but worked in Indiana). Note: If both you and your spouse lived in the same county on January 1, enter the entire amount on line 1A only (see instructions) _____ | 1A 5909.00 | 1B .00 |
| 2. Enter the county tax rate from the chart on the back of this schedule for the county where you lived on Jan. 1, 2022 _____ | 2A .0128000 | 2B . |
| 3. Multiply line 1 by the rate on line 2 (leave blank if less than zero) _____ | 3A 76.00 | 3B .00 |
| 4. Add lines 3A and 3B. Enter the total here. Perry County residents: If you live in Perry County and worked in the Kentucky counties of Breckinridge, Hancock or Meade, you must complete lines 5 and 6. Otherwise, enter the total here and on line 7 below. _____ | | 4 76.00 |
| 5. Enter the amount of income that was taxed by certain Kentucky localities (see instructions) _____ | | 5 .00 |
| 6. Multiply line 5 by .0181 and enter total here _____ | | 6 .00 |
| 7. Enter total of line 4 minus line 6. Continue with Section 2 below if you are married filing jointly and you/spouse need to complete it. Otherwise, enter this amount on line 9 of Form IT-40PNR _____ | | 7 76.00 |

SECTION 2: To be completed by those taxpayers who, on Jan. 1, 2022, were not residents of an Indiana county, but who worked in Indiana as of Jan. 1, 2022

| | Column A - Yourself | Column B - Spouse's |
|---|---------------------|---------------------|
| 1. Enter your principal employment income (see instructions) _____ | 1A .00 | 1B .00 |
| 2. Enter deductions. See the complete list of allowable deductions in the instructions _____ | 2A .00 | 2B .00 |
| 3. Subtract line 2 from line 1 _____ | 3A .00 | 3B .00 |
| 4. Enter some or all of the exemptions from line 9 of Schedule D (see instructions) _____ | 4A .00 | 4B .00 |
| 5. Subtract line 4 from line 3 (if less than zero, leave blank) _____ | 5A .00 | 5B .00 |
| 6. Enter the county tax rate from the chart on the back of this schedule for the county where you worked on Jan. 1, 2022 _____ | 6A . | 6B . |
| 7. Multiply the income on line 5 by the rate on line 6 _____ | 7A .00 | 7B .00 |
| 8. Enter total of 7A plus 7B; carry to Form IT-40PNR, line 9. (If you have an amount on Section 1, line 7 above, combine that with the amount on line 8 and enter total on Form IT-40PNR, line 9) _____ | | 8 .00 |

