

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 TEJASWINI ABBURI | Social security number 832-63-4666 |
| 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 | 81,371. |
| 2 | Total tax | 2 | 10,671. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 12,811. |
| 4 | Amount you want refunded to you | 4 | 2,140. |
| 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

| | | | | |
|---|---|---|---|---|
| 3 | 4 | 6 | 6 | 6 |
|---|---|---|---|---|

 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.

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

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 (TEJASWINI), Last name (ABBURI), Your social security number (832-63-4666), Home address (141 LAURIE VALLEE RD, LOUISVILLE, KY 40223), etc.

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.

Main income table with rows 1a through 15, including Total amount from Form(s) W-2, Taxable interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Capital gain or (loss), Other income from Schedule 1, Total income, Adjustments to income, Adjusted gross income, Standard deduction, Qualified business income deduction, and Taxable income.

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 10,671.

Table for Payments (lines 25-33). Includes federal income tax withheld (12,811) and total payments (12,811).

Table for Refund (lines 34-36). Shows overpaid amount of 2,140 and amount applied to 2023 estimated tax.

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

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

Sign Here section with signature lines for taxpayer and spouse, including occupation and date fields.

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

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 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
TEJASWINI ABBURI

Your social security number
832-63-4666

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 | -9,733. |
| 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 | -9,733. |

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 E
(Form 1040)**

Supplemental Income and Loss
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

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

TEJASWINI ABBURI

Your social security number

832-63-4666

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 SAI NAGAR COLONY HYDERABAD TELANGANA IN 500060

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:

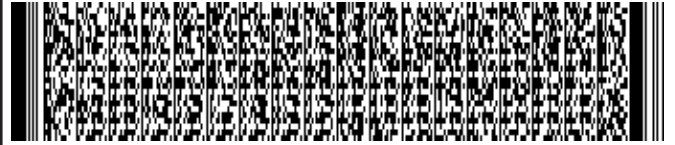
- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) _____

| Income: | | Properties: | | |
|------------------|---|-------------|------------|---------|
| | | A | B | C |
| 3 | Rents received | 3 | 658. | |
| 4 | Royalties received | 4 | | |
| Expenses: | | | | |
| 5 | Advertising | 5 | | |
| 6 | Auto and travel (see instructions) | 6 | | |
| 7 | Cleaning and maintenance | 7 | 2,461. | |
| 8 | Commissions | 8 | | |
| 9 | Insurance | 9 | | |
| 10 | Legal and other professional fees | 10 | | |
| 11 | Management fees | 11 | 2,298. | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | |
| 13 | Other interest | 13 | | |
| 14 | Repairs | 14 | 1,745. | |
| 15 | Supplies | 15 | 1,823. | |
| 16 | Taxes | 16 | | |
| 17 | Utilities | 17 | 2,064. | |
| 18 | Depreciation expense or depletion | 18 | | |
| 19 | Other (list) _____ | 19 | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | 10,391. | |
| 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 | -9,733. | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (9,733.) | () |
| 23a | Total of all amounts reported on line 3 for all rental properties | 23a | 658. | |
| 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 | 10,391. | |
| 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 | (9,733.) | |
| 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 | | -9,733. |



Check if deceased: Spouse Taxpayer For calendar year or other taxable year beginning _____, and ending _____.

| | |
|---|--|
| A. Spouse's Social Security Number | B. Your Social Security Number 832-63-4666 |
| Name—Last, First, Middle Initial (Joint return, give both names and initials.) ABBURI TEJASWINI | |
| Mailing Address (Number and Street including Apartment Number or P.O. Box) 141 LAURIE VALLEE RD UNIT 5 | |
| City, Town or Post Office LOUISVILLE KY 40223 | State ZIP Code |



FILING STATUS (see instructions)

1 Single

2 Married, filing joint return.

3 Married, filing separate returns. Enter spouse's Social Security number above and full name here. _____

Check if applicable:

Amended
(Enclose copy of 1040X, if applicable.)

Military Spouse

POLITICAL PARTY FUND
Designating \$2 will not change your refund or tax due.

| | A. Spouse | B. Yourself |
|----------------|------------------------------|---|
| Democratic | (1) <input type="checkbox"/> | (4) <input type="checkbox"/> |
| Republican | (2) <input type="checkbox"/> | (5) <input type="checkbox"/> |
| No Designation | (3) <input type="checkbox"/> | (6) <input checked="" type="checkbox"/> |

RESIDENCY STATUS (check one box)

4 Full-year nonresident. I did not live in Kentucky during the year. Enter state of residence as of December 31, 2022 _____.

5 Part-year resident. Complete appropriate line(s) below.
 Moved into Kentucky 03/01/2022 State moved from TX
 Moved out of Kentucky _____ State moved to _____

6 You must file a 740-NP-R if you are a full-year resident of a **reciprocal state (IL, IN, MI, OH, VA, WV or WI)** with Kentucky income of wages and salaries only.

COMPLETE SECTION B ON PAGE 4 BEFORE COMPLETING SECTION A.

| SECTION A | | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
|-----------|--|--------|---------|----|----|----|----|----|----|----|----|----|----|----|
| 7 | Enter percentage from Section B, line 34..... | 93.3 % | | | | | | | | | | | | |
| 8 | Enter amount from Section B, line 33, Column A. This is your Federal Adjusted Gross Income | | 81,371. | 00 | | | | | | | | | | |
| 9 | Enter amount from Section B, line 33, Column B. This is your Kentucky Adjusted Gross Income | | 75,920. | 00 | | | | | | | | | | |
| 10 | Nonitemizers: Enter \$2,770 (do not prorate). Skip lines 11 and 12 | | 2,770. | 00 | | | | | | | | | | |
| 11 | Itemizers: Enter itemized deductions from Kentucky Schedule A, Form 740-NP | | 00 | | | | | | | | | | | |
| 12 | Multiply line 11 by the percentage on line 7 | | 00 | | | | | | | | | | | |
| 13 | Subtract line 10 or 12 from line 9. This is your Taxable Income | | 73,150. | 00 | | | | | | | | | | |
| 14 | Tax Computation: Multiply line 13 by 5% (.05) enter tax..... | | 3,658. | 00 | | | | | | | | | | |
| 15 | Enter amount from Schedule ITC, Section A, line 25..... | | | 00 | | | | | | | | | | |
| 16 | Subtract line 15 from line 14..... | | 3,658. | 00 | | | | | | | | | | |
| 17 | Enter personal tax credit amounts from Schedule ITC, Section B | | 00 | | | | | | | | | | | |
| 18 | Multiply line 17 by the percentage on line 7 | | 00 | | | | | | | | | | | |
| 19 | Subtract line 18 from line 16 and enter here, continue to page 2..... | | 3,658. | 00 | | | | | | | | | | |



20 Check the box that represents your total family size (**see instructions** for lines 20 and 21).....

21 Multiply line 19 by **Family Size Tax Credit** decimal amount 0.00 (0%) from Schedule ITC.....

22 Subtract line 21 from line 19.....

23 Enter the **Education Tuition Tax Credit** from Form 8863-K, line 17.....

24 Enter **Child and Dependent Care Credit** from worksheet (see instructions).....

25 RESERVED.....

26 **Income Tax Liability.** Subtract lines 23 through 25 from line 22. If zero or less, enter zero.....

27 Enter **KENTUCKY USE TAX** due on Internet, mail order, or other out-of-state purchases (**see instructions**).....

28 Add lines 26 and 27. This is your **TOTAL TAX LIABILITY**.....

29 **For amended return;** overpayment, if any, shown on original return.....

30 Add lines 28 and 29, enter here.....

31 a Enter **Kentucky income tax withheld** as shown on enclosed Schedule KW-2.....

b Enter 2022 Kentucky estimated tax/extension payments.....

c Enter 2022 refundable certified rehabilitation credit.....

d Enter 2022 refundable film industry tax credit.....

e Enter 2022 refundable development area tax credit.....

f Enter 2022 refundable decontamination tax credit.....

g Enter **Nonresident Withholding** from Form PTE-WH, line 9.....

h **For amended return;** enter amount paid with original return plus additional payment(s) made after it was filed.....

32 Add lines 31(a) through 31(h).....

33 If line 30 is larger than line 32, subtract line 32 from line 30, enter **ADDITIONAL TAX DUE**.....

34 a Estimated tax penalty **Check if Form 2210-K attached**.....

b Interest.....

c Late payment penalty.....

d Late filing penalty.....

35 Add lines 34(a) through 34(d). Enter here.....

36 If the total of lines 30 and 35 is more than line 32, subtract line 32 from the total of lines 30 and 35.
This is the **AMOUNT YOU OWE**, continue to page 3.....

37 If line 32 is more than line 30, subtract lines 30 and 35 from line 32. This is the **AMOUNT YOU OVERPAID**,
continue to page 3.....

| | |
|-----|--|
| 20 | 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| 21 | 0.00 |
| 22 | 3,658.00 |
| 23 | 00 |
| 24 | 00 |
| 25 | 00 |
| 26 | 3,658.00 |
| 27 | 00 |
| 28 | 3,658.00 |
| 29 | 00 |
| 30 | 3,658.00 |
| 31a | 3,681.00 |
| 31b | 00 |
| 31c | 00 |
| 31d | 00 |
| 31e | 00 |
| 31f | 00 |
| 31g | 00 |
| 31h | 00 |
| 32 | 3,681.00 |
| 33 | 00 |
| 34a | 00 |
| 34b | 00 |
| 34c | 00 |
| 34d | 00 |
| 35 | 00 |
| 36 | 00 |
| 37 | 23.00 |

OWE



38 FUND CONTRIBUTIONS; see instructions.

| | | | | |
|--|--|-----|-----------------------|-------|
| a | Nature and Wildlife Fund | 38a | | 00 |
| b | Child Victims' Trust Fund | 38b | | 00 |
| c | Veterans' Program Trust Fund | 38c | | 00 |
| d | Breast Cancer Research/Education Trust Fund | 38d | | 00 |
| e | Farms to Food Banks Trust Fund | 38e | | 00 |
| f | Local History Trust Fund | 38f | | 00 |
| g | Special Olympics Kentucky..... | 38g | | 00 |
| h | Pediatric Cancer Research Trust Fund..... | 38h | | 00 |
| i | Rape Crisis Center Trust Fund | 38i | | 00 |
| j | Court Appointed Special Advocate Trust Fund | 38j | | 00 |
| k | YMCA Youth Association Fund | 38k | | 00 |
| 39 | Add lines 38(a) through 38(k) | 39 | | 00 |
| 40 | Amount of line 37 to be CREDITED TO YOUR 2023 ESTIMATED TAX | 40 | CREDIT FORWARD | 00 |
| (Credit forwards not available for amended returns) | | | | |
| 41 | Subtract lines 39 and 40 from line 37. Amount to be REFUNDED TO YOU | 41 | REFUND | 23.00 |

I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

| | | | | |
|--------------------------|---|---|--|---|
| Sign Here | Signature of Taxpayer | Driver's License/State Issued ID No. A160789010706 | Date | Telephone Number (daytime) (502) 609-5278 |
| | Signature of Spouse | Driver's License/State Issued ID No. | Date | |
| Paid Preparer Use | Signature of Preparer | | Date | |
| | Name of Preparer or Firm GLOBAL TAXES LLC | | ID Number | |
| | Email | Telephone No. | May the DOR discuss this return with this preparer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Enclose | Include a complete copy of federal Form 1040, if you received farm, business, or rental income or loss. If not required, check here. <input type="checkbox"/> | | Refund or No Payment | Kentucky Department of Revenue Frankfort, KY 40618-0006 |
| Payment | Check Payable: Kentucky State Treasurer E-Pay Options: revenue.ky.gov Include: Your Social Security number and "KY Income Tax—2022" | | With Payment | Kentucky Department of Revenue Frankfort, KY 40618-0006 |



**SECTION B
INCOME**

| | A. Total from Enclosed Federal Return | | B. Kentucky | |
|--|---------------------------------------|-----------|-------------|----|
| 1 Enter all wages, salaries, tips, etc. (<i>enclose Kentucky Schedule KW-2</i>) Do not include moving expense reimbursements..... | 1 | 91,104.00 | 75,920. | 00 |
| 2 Moving expense reimbursement..... | 2 | 00 | | 00 |
| 3 Interest..... | 3 | 00 | | 00 |
| 4 Dividends..... | 4 | 00 | | 00 |
| 5 Taxable refunds, credits or offsets of state and local income taxes..... | 5 | 00 | | 00 |
| 6 Alimony received..... | 6 | 00 | | 00 |
| 7 Business income or loss (<i>enclose federal Schedule C or C-EZ</i>)..... | 7 | 00 | | 00 |
| 8 Capital gain or loss (<i>enclose federal Schedule D</i>)..... | 8 | 00 | | 00 |
| 9 Other gains or losses (<i>enclose federal Form 4797</i>)..... | 9 | 00 | | 00 |
| 10 a Federally taxable IRA distributions, pensions and annuities..... | 10a | 00 | | 00 |
| b Pension income exclusion (<i>enclose Schedule P if more than \$31,110 per taxpayer</i>)..... | 10b | | (| 00 |
| 11 Rents, royalties, partnerships, estates, trusts, etc. (<i>enclose federal Schedule E</i>)..... | 11 | -9,733.00 | 0. | 00 |
| 12 Farm income or loss (<i>enclose federal Schedule F</i>)..... | 12 | 00 | | 00 |
| 13 Unemployment compensation (see instructions)..... | 13 | 00 | | 00 |
| 14 Taxable Social Security benefits..... | 14 | 00 | | |
| 15 Gambling winnings..... | 15 | 00 | | 00 |
| 16 Other income (list type and amount) _____ | 1 | 00 | | 00 |
| 17 Combine lines 1 through 16. This is your Total Income | 17 | 81,371.00 | 75,920. | 00 |
| ADJUSTMENTS TO INCOME | | | | |
| 18 Educator expenses..... | 18 | 00 | | 00 |
| 19 Certain business expenses of reservists, performing artists and fee-basis government officials (<i>enclose federal Form 2106 or 2106-EZ</i>)..... | 19 | 00 | | 00 |
| 20 Health savings account deduction (<i>enclose federal Form 8889</i>)..... | 20 | 00 | | 00 |
| 21 Moving expenses for members of the armed forces..... | 21 | 00 | | |
| 22 Deductible part of self-employment tax..... | 22 | 00 | | 00 |
| 23 Self-employed SEP, SIMPLE, and qualified plans deduction..... | 23 | 00 | | 00 |
| 24 Self-employed health insurance deduction..... | 24 | 00 | | 00 |
| 25 Penalty on early withdrawal of savings..... | 25 | 00 | | 00 |
| 26 Alimony paid (enter recipient's name and Social Security number) _____ | 26 | 00 | | 00 |
| 27 IRA deduction..... | 27 | 00 | | 00 |
| 28 Student loan interest deduction..... | 28 | 00 | | 00 |
| 29 RESERVED..... | 29 | 00 | | 00 |
| 30 Archer MSA deduction..... | 30 | 00 | | 00 |
| 31 Other deductions (list type and amount) _____ | 3 | 00 | | 00 |
| 32 Add lines 18 through 31. Total Adjustments to Income | 32 | 00 | | 00 |
| 33 Subtract line 32 from line 17. This is your Adjusted Gross Income | 33 | 81,371.00 | 75,920. | 00 |
| 34 Divide line 33, Column B, by line 33, Column A. If amount is equal to or greater than 100%, enter 100%. This is your Percentage of Kentucky Adjusted Gross Income to Federal Adjusted Gross Income | 34 | | 93.3% | |



2 2 0 3 4 9 1 5 5 5

➤ **Enclose with Form 740 or 740-NP**

Enter name(s) as shown on tax return.

Your Social Security Number

ABBURI, TEJASWINI

832-63-4666

SECTION A—BUSINESS INCENTIVES AND OTHER TAX CREDITS

| A | B Preapproval Required | C Credit Name | D Required Attachment | E | | F | |
|----|---|--|---|--------|----|----------|----|
| | | | | Spouse | | Yourself | |
| 1 | No | Nonrefundable Limited Liability Entity | Kentucky Limited Liability Entity Tax Credit Worksheet C/Schedule K-1 | | 00 | | 00 |
| 2 | Yes | Kentucky Small Business | Schedule K-1 | | 00 | | 0 |
| 3 | Yes | Kentucky Selling Farmers | Schedule K-1 | | 00 | | 00 |
| 4 | Yes | Skills Training Investment | Schedule K-1 | | 00 | | 00 |
| 5 | Yes | Certified Rehabilitation | Certification Copies | | 00 | | 00 |
| 6 | No | Tax Paid to Another State | Copy(ies) of Other State(s) return or Worksheet A | | 00 | | |
| 7 | No | Unemployment | Schedule UTC | | 00 | | 00 |
| 8 | Yes | Recycling/Composting Equipment | Schedule RC | | 00 | | 00 |
| 9 | Yes | Kentucky Investment Fund | KEDFA notification | | 00 | | 00 |
| 10 | No | Qualified Research Facility | Schedule QR | | 00 | | 00 |
| 11 | No | GED Incentive | Form DAEL-31 | | 00 | | 00 |
| 12 | Yes | Voluntary Environmental Remediation | Schedule VERB | | 00 | | 00 |
| 13 | Yes | Biodiesel | Schedule BIO | | 00 | | 00 |
| 14 | Yes | Clean Coal Incentive | Schedule CCI | | 00 | | 00 |
| 15 | Yes | Ethanol | Schedule ETH | | 00 | | 00 |
| 16 | Yes | Cellulosic Ethanol | Schedule CELL | | 00 | | 00 |
| 17 | No | Railroad Maintenance & Improvement | Schedule RR-I | | 00 | | 00 |
| 18 | Yes | Endow Kentucky | Schedule ENDOW | | 00 | | 00 |
| 19 | Yes | New Markets Development Program | Form 8874(K)-A | | 00 | | 00 |
| 20 | No | Distilled Spirits | Schedule DS | | 00 | | 00 |
| 21 | Yes | Angel Investor | Certification Letter | | 00 | | 00 |
| 22 | Yes | Film Industry | Film Office Certification | | 00 | | 00 |
| 23 | No | Inventory | Schedule INV | | 00 | | |
| 24 | Yes | Renewable Chemical Production | Schedule CHEM | | 00 | | 00 |
| 25 | Total of Other Tax Credits (add lines 1 through 24). Enter here and on Form 740, page 1, line 15, Columns A and B, or enter combined totals of Columns E and F on Form 740-NP, page 1, line 15..... | | | | 00 | | 0 |



SECTION B—PERSONAL TAX CREDITS

Taxpayer

Spouse

Complete only if filing joint or married,
filing separately on a combined return

| | | | |
|--|------------|--|---|
| Enter your date of birth (MM/DD/YYYY) | 09/11/1994 | Enter your date of birth (MM/DD/YYYY) | |
| 1 If you were 65 on or before 12/31/2022, enter 40..... | 1 | 5 If you were 65 on or before 12/31/2022, enter 40..... | 5 |
| 2 If you were legally blind on 12/31/2022, enter 40..... | 2 | 6 If you were legally blind on 12/31/2022, enter 40..... | 6 |
| 3 If you were a member of the Kentucky National Guard on 12/31/2022, enter 20..... | 3 | 7 If you were a member of the Kentucky National Guard on 12/31/2022, enter 20..... | 7 |
| 4 Allowable Taxpayer Credit—Add lines 1 through 3..... | 4 | 8 Allowable Spouse Credit—Add lines 5 through 7..... | 8 |

Assignment of Personal Tax Credits

| | |
|---|----|
| 9 For filing status Single or Married, filing separate returns , enter the amount from line 4 here and in Column B of Form 740, line 17 or Form 740-NP, line 17 (Not to exceed 100)..... | 9 |
| 10 For filing status Married, filing separately on this combined return , enter the amount from line 4 here and in column B of Form 740, line 17 (Not to exceed 100)..... | 10 |
| 11 For filing status Married, filing separately on this combined return , enter the amount from line 8 here and in column A of Form 740, line 17. (Not to exceed 100)..... | 11 |
| 12 For filing status Married, filing jointly , add line 4 and line 8 and enter here and in Column B of Form 740, line 17 or Form 740-NP, line 17. (Not to exceed 200)..... | 12 |

SECTION C—FAMILY SIZE TAX CREDIT

Enter dependents qualifying for family size credit. See instructions to determine family size and your qualifying dependents. Your family size will be used to determine your family size tax credit percentage.

| First and Last Name | Dependent's Social Security number | Dependent's relationship to you | Check if qualifying child for family size tax credit |
|---------------------|------------------------------------|---------------------------------|--|
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |

Use this **Family Size Tax Credit Table** to determine the percentage of family size credit. You will need to know your family size and your modified gross income (a worksheet is located within the instructions). You will enter the percentage for the family size tax credit on Form 740 or 740-NP, line 21.

| Family Size | One | | Two | | Three | | Four or More | | Credit Percentage is |
|----------------------|---------|-------------|---------|-------------|---------|-------------|--------------|-------------|----------------------|
| | is over | is not over | is over | is not over | is over | is not over | is over | is not over | |
| Tax Year 2022 | \$ --- | \$ 13,590 | \$ --- | \$ 18,310 | \$ --- | \$ 23,030 | \$ --- | \$ 27,750 | 100 |
| | 13,590 | 14,134 | 18,310 | 19,042 | 23,030 | 23,951 | 27,750 | 28,860 | 90 |
| | 14,134 | 14,677 | 19,042 | 19,775 | 23,951 | 24,872 | 28,860 | 29,970 | 80 |
| | 14,677 | 15,221 | 19,775 | 20,507 | 24,872 | 25,794 | 29,970 | 31,080 | 70 |
| | 15,221 | 15,764 | 20,507 | 21,240 | 25,794 | 26,715 | 31,080 | 32,190 | 60 |
| | 15,764 | 16,308 | 21,240 | 21,972 | 26,715 | 27,636 | 32,190 | 33,300 | 50 |
| | 16,308 | 16,852 | 21,972 | 22,704 | 27,636 | 28,557 | 33,300 | 34,410 | 40 |
| | 16,852 | 17,259 | 22,704 | 23,254 | 28,557 | 29,248 | 34,410 | 35,243 | 30 |
| | 17,259 | 17,667 | 23,254 | 23,803 | 29,248 | 29,939 | 35,243 | 36,075 | 20 |
| | 17,667 | 18,075 | 23,803 | 24,352 | 29,939 | 30,630 | 36,075 | 36,908 | 10 |
| 18,075 | --- | 24,352 | --- | 30,630 | --- | 36,908 | --- | 0 | |

Multiply tax from Form 740 or 740-NP, line 19, by the applicable family size tax credit percentage and enter on Form 740 or 740-NP line 21. This is your **Family Size Tax Credit**.



Complete this Schedule KW-2 to determine the total Kentucky income tax withholding to be entered on Kentucky Form 740, 740-NP, or 740-NP-R. This schedule must be fully completed in order to receive proper credit for Kentucky income tax withheld. Include multiple Schedule KW-2(s) as needed to report all Kentucky income tax withholdings. Do not send in your W-2, 1099, or W2-G forms; keep them with your tax records.

NAME(S) AS SHOWN ON THE TAX RETURN

SPOUSE'S SOCIAL SECURITY NUMBER

YOUR SOCIAL SECURITY NUMBER

ABBURI, TEJASWINI

832-63-4666

Part I-Form W-2 Enter all W-2s with Kentucky income tax withheld (round to the nearest whole dollar). Do not include other state withholding or local income tax.

| | A | B | C | D | E | | F | |
|----|-----------------------------------|--|-------|---|-------------------------------------|----|---|----|
| | Employee's Social Security Number | Employer's Identification Number (EIN) | State | Employer's State I.D. Number (Box 15 of Form W-2) | KY State Wages (Box 16 of Form W-2) | | KY Income Tax Withheld (Box 17 of Form W-2) | |
| 1 | 832-63-4666 | 32-0372766 | KY | 978634 | 75,920. | 00 | 3,681. | 00 |
| 2 | | | | | | 00 | | 00 |
| 3 | | | | | | 00 | | 00 |
| 4 | | | | | | 00 | | 00 |
| 5 | | | | | | 00 | | 00 |
| 6 | | | | | | 00 | | 00 |
| 7 | | | | | | 00 | | 00 |
| 8 | | | | | | 00 | | 00 |
| 9 | | | | | | 00 | | 00 |
| 10 | | | | | | 00 | | 00 |
| 11 | TOTAL FROM ALL W-2s | | | | 75,920. | 00 | 3,681. | 00 |

Part II-Form 1099 and W-2G Enter all 1099s and W-2Gs with Kentucky income tax withheld (round to the nearest whole dollar).

| | A | B | C | D | E | | F | |
|----|------------------------------------|-------------------------------------|-------|---------------------------|------------------|----|------------------------|----|
| | Recipient's Social Security Number | Payer's Identification Number (EIN) | State | Payer's State I.D. Number | KY Income Amount | | KY Income Tax Withheld | |
| 12 | | | | | | 00 | | 0 |
| 13 | | | | | | 00 | | 00 |
| 14 | | | | | | 00 | | 00 |
| 15 | | | | | | 00 | | 00 |
| 16 | | | | | | 00 | | 00 |
| 17 | AND W2-Gs | | | | | 00 | | 00 |

Part III-Totals Enter total Kentucky income tax withheld (round to the nearest whole dollar) from line 18, Column F on your Kentucky income tax return (Form 740 and 740-NP, line 31(a) or 740-NP-R, line 1).

| | | F |
|----|---|------------------------------------|
| | | Total Kentucky Income Tax Withheld |
| 18 | Enter combined totals from Column F, lines 11 and 17. | 3,681.00 |