Form <b>8879</b>
(Rev. January 2021)
Department of the Treesury

#### epartment of the Treasury Internal Revenue Service

## **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)

l axpayer's name	Social security number
NIDHI MANMATHA GOWDA	078-29-5656
Spouse's name	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31, 2022	2 (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.	
<b>1</b> Adjusted gross income	<b>1</b> 67,734.
<b>2</b> Total tax	<b>. 2</b> 7,668.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	· · · · · · · <b>3</b> 9,363.
4 Amount you want refunded to you	<b>4</b> 1,695.
<b>5</b> Amount you owe	5
Part II Taxpayer Declaration and Signature Authorization (Be sure you ge	et and keep a copy of your return)

Under penalties of periury. 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		to enter or generate my PIN	E
			ERO firm name		

9	5	6	5	6	
Ent don	er fiv i't er	ve di Iter a	gits, all ze	but ros	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

Date

#### Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name 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 signa	ature 🕨 🛛 Da	ate 🕨	•				 		
	Practitioner PIN Method Returns Only—continue	bel	ow						
Part III Ce	ertification and Authentication – Practitioner PIN Method Only								
ERO's EFIN/P	<b>IN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2			6 all ze	 9	8	9

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 🕨	
	t Retain This Form — See Instructions Form to the IRS Unless Requested To Do So	
For Denominary Deduction Act Nation and your top	Earm 8879 (Day 01 2	001)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/02/23 PRO

<b>1040</b>		artment of the Treasury–Internal Revenue Servi <b>S. Individual Income Tax</b>		urn	202	2	OMB No. 1545	-0074	IRS Use	e Only-	-Do not w	rite or staple	in this space.
Filing Status Check only one box.	lf yo	u checked the MFS box, enter the n	ame of y	-	separately (N use. If you ch		_		,	, _	spo	use (QSS)	0
		on is a child but not your dependent	v _		I ANIRED	DY							
Your first name	and mi	iddle initial	Last na									cial securi	-
NIDHI MA			GOWE									29-565	
lf joint return, sp	oouse's	s first name and middle initial	Last na	me							•		curity number
												13-214	
Home address	numbe	er and street). If you have a P.O. box, see	instructi	ons.				A	Apt. no.				on Campaigr
7129 NW						_						here if you, if filing ioir	or your tly, want \$3
		ce. If you have a foreign address, also co	mplete s	paces bel	ow.	Sta		ZIP c					Checking a
OKLAHOMA		ГҮ				Oł		731				ow will not	•
Foreign country	name			Foreign pr	rovince/state/c	coun	ty	Foreig	n postal c	ode	your tax	or refund.	Spouse
	• ·		. ,									L YOU	Spouse
Digital		ny time during 2022, did you: (a) rec	•		• • •	-				·· ·	, .		X No
Assets		ange, gift, or otherwise dispose of a	-					asset)	? (See Ir	istruc	tions.)	Yes	
Standard	_	eone can claim: 🗌 You as a de	•		-		a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	i were a	dual-status a	aller	1						
Age/Blindness	You:	Were born before January 2, 1	958	Are bl	ind <b>Spo</b>	use	: 🗌 Was bor	n befo	ore Janu	ary 2,	1958	🗌 ls bl	ind
Dependents	s (see	instructions):		(2) S	Social security		(3) Relationsh	ip <b>(</b> 4	I) Check t	he bo	k if quali	fies for (see	instructions):
- If more		irst name Last name			number		to you		Child	tax cre	dit	Credit for ot	her dependents
than four												[	
dependents, see instructions												[	
and check												[	
here 🗌												[	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions)						1a	, r	75,420.
moomo	b	Household employee wages not re	eported	on Form	(s) W-2						1b	,	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	ı (see in	struction	s)						1c	;	
attach Forms	d	Medicaid waiver payments not rep	orted o	n Form(s	s) W-2 (see ir	nstru	uctions)				1d		
W-2G and	е	Taxable dependent care benefits f	rom For	m 2441,	line 26 .						1e	•	
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	n Form 8	839, line 29						1f		
lf you did not	g	Wages from Form 8919, line 6 .									1g		
get a Form	h	Other earned income (see instruct	ions)					· ·			1h	1	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			<b>1</b> i						
	Z	Add lines 1a through 1h	• •								1z		75,420.
Attach Sch. B	2a	Tax-exempt interest	2a			bΤ	axable interest	: .			2b	)	14.
if required.	3a	Qualified dividends	3a			b C	Ordinary divide	nds .			3b	)	
	4a		4a				axable amoun				4b	)	
Standard Deduction for –	5a		5a			bΤ	axable amoun	t			5b	)	
Single or	6a	,	6a				axable amoun	t		· _	6b	•	
Married filing separately,	с	If you elect to use the lump-sum e						• •		· _			
\$12,950	7	Capital gain or (loss). Attach Sche		•	•			• •		. L	7		
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, lin						• •	• •	• •	8		-7,700.
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						• •	• •	• •	9		57,734.
\$25,900	10	Adjustments to income from Sche								· ·	10		
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is			•			• •	• •	• •	11		<u>57,734.</u>
\$19,400 r	12	Standard deduction or itemized				,				· ·	12		12,950.
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduct			995 or Form	899	95-A	• •	• •	· ·	13		
Standard Deduction,	14	Add lines 12 and 13			· · · ·	•	· · · ·				14		<u>12,950.</u>
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -	-u This is yo	our	laxable incom	ie .		• •	15		54,784.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2022	2)									Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3			16	7,668.
Credits	17	Amount from Schedule 2, lir	ne3					[	17	
	18	Add lines 16 and 17						[	18	7,668.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			[	19	
	20	Amount from Schedule 3, lir	ne8					[	20	
	21	Add lines 19 and 20						[	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				[	22	7,668.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			[	23	0.
	24	Add lines 22 and 23. This is	your total tax					[	24	7,668.
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a	9,	360.		
	b	Form(s) 1099				25b		3.		
	с	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c							25d	9,363.
15	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return			[	26	
If you have a qualifying child,	27	Earned income credit (EIC)				27		Ī		
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir				31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable	credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				[	33	9,363.
Refund	34	If line 33 is more than line 24							34	1,695.
Refutio	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attached, che	ck here		. 🗆 [	35a	1,695.
Direct deposit?	b	Routing number 1 0 3				Checki				
See instructions.	d	Account number 3 0 5	0 0 8 7	1 6 8 6	5   8		ľ	Ũ		
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24								
You Owe		For details on how to pay, g							37	
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See				
Designee		structions	· · · · ·			[	Yes. Con	nplete be	low.	X No
		signee's		Phone				al identific	ation	
	nai			no.			numbe	, ,		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and corr								
Here		ur signature		Date	Your occupation					nt you an Identity
	10	ul signature		Date						IN, enter it here
Joint return?					SOFTWARE I	DEVEL	OPER	(see in	st.)	
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	ion				nt your spouse an
Keep a copy for your records.								Identit (see in		ection PIN, enter it here
<b>,</b>		(405)505 001	2					(500 11	51.)	
		one no. (405)535-081		Email address	nidhitmg@g					Check if:
Paid		eparer's name	Preparer's signat			Date				Self-employed
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	103/10	)/2023 P	02082		
Use Only		m's name GLOBAL TA			T 0001C					678)965-9522
		m's address 245 ROONE	Y CT E BRU	INSWICK N	η ηρατρ			Firm's	EIN	84-3171965
( to MUMM inc a	ov/Form	n7(1/1) for instructions and the late	et intormation			DEV/ 00/	00/00 000			Eorm 7 (4) (2022)

Go to www.irs.gov/Form1040 for instructions and the latest information.

BAA REV 03/02/23 PRO

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

# 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 2 2

Attachment

Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Sequence No. <b>01</b>
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
NIDHI MANMATHA	GOWDA	078-29	-5656

Par	t 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. Att	ach Schedule E .	5	-7,700.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	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		
1	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	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
ο	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8р		
q	Taxable distributions from an ABLE 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 nonqualifed 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	-7,700.

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

Schedule 1 (Form 1040) 2022

Par	II Adjustments to Income					
11	Educator expenses				. 11	
12	Certain business expenses of reservists, performing artists, and fee			vernme	nt	
	officials. Attach Form 2106				. 12	
13	Health savings account deduction. Attach Form 8889					
14	Moving expenses for members of the Armed Forces. Attach Form 3903				. 14	
15	Deductible part of self-employment tax. Attach Schedule SE					
16	Self-employed SEP, SIMPLE, and qualified plans					
17	Self-employed health insurance deduction				. 17	
18	Penalty on early withdrawal of savings					
19a	Alimony paid					
b	Recipient's SSN					
	Date of original divorce or separation agreement (see instructions):				-	
20	IRA deduction					]
21	Student loan interest deduction					
22	Reserved for future use					
23	Archer MSA deduction				. 23	
24	Other adjustments:				-	
a		24a				
	Deductible expenses related to income reported on line 8I from the					
		24b				
с	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d		24d				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
q		24g				
<b>·</b>	Attorney fees and court costs for actions involving certain unlawful					
		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				
i	Housing deduction from Form 2555	24j				
	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
		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					
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a					
	BAA	REV	03/02/23	PRO		ule 1 (Form 1040) 20

(Form	EDULE E 1040) (	<b>Supplemental Income and Loss</b> (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REM								
	ent of the Treasury Revenue Service		Attach to Form 1040, Go to www.irs.gov/ScheduleE for					nformation.		
Name(s)	shown on return									
NIDH	I MANMATHA	GOWD	A							
Part	Note: If you rental incom	are in th e or loss	From Rental Real Estate and the business of renting personal properties from Form 4835 on page 2, line 40.	ty, use	Schedule					
			nts in 2022 that would require you bu file required Form(s) 1099?		Form(s) -					
<b>1</b> a	Physical addres	ss of ea	ch property (street, city, state, ZIF	, code	e)					
Α										
В										
С										
1b	Type of Property (from list below)	/ 2	For each rental real estate property listed above, report the number of fair rental and			Fair Rental Days				
Α	3		personal use days. Check the QJ			Α		365		
В			if you meet the requirements to fi			В				
С			qualified joint venture. See instru-	ctions	S.	С				
Туре о	of Property:						1			
	Single Family Res	idence	3 Vacation/Short-Term Rent	al	5 Lanc	ł	7	Self-Rent		
1;	• •				0 D		•	Other (de		
	Multi-Family Resi	dence	4 Commercial		6 Roya	alties	8	Other (de		
	Multi-Family Resi	dence	4 Commercial		6 Roya	alties	8	(		
	,	dence	4 Commercial		6 Roya	Alties	8	(		
2	,		4 Commercial	3	6 Roya	A	8	Other (des Prope		

	Note: If you a rental income	re in th or los	ne business of renting pe s from <b>Form 4835</b> on pa	ersonal proper ace 2. line 40.	ty, use	Schedule	C. See	e instru	ctions. If you a	are an indi	vidual, rep	oort farm
<b>A</b> [			nts in 2022 that would		to file	Form(s) 1	099? \$	See ins	structions .		. 🗌 Y	es 🛛 No
			ou file required Form(s									
1a	Physical address	s of ea	ich property (street, c									
Α	,		··· ··· · · · · · · · · · · · · · · ·	<b>j</b> ,,		- /						
C												
1b	Type of Property	2	For each rental real	ostato propo	rty liet	tod		Ea	ir Rental	Porco	nal Use	
10	(from list below)	2	above, report the nu					10	Days		ays	QJV
Α	3	1	personal use days. (	Check the QJ	IV box	x only	Α		365		0	
В		1	if you meet the requi				B					
С		1	qualified joint ventur	e. See instru	ctions	S	C					
	of Property:	1						1				
	Single Family Resi	dence	3 Vacation/Sho	rt-Term Rent	tal	5 Land		7	Self-Rental			
	Multi-Family Resid		4 Commercial			6 Roya	Ities	8	Other (desci	ribe)		
	, ,					1						
							•		Properti	es:	1	
ncon					•		<u>A</u>		В			C
3					3		6	00.				
4		J			4							
Exper					-							
5			· · · · · · · · ·		5 6							
6 7			tructions)		0 7			00.				
7 8			nce		8		c	.00.				
о 9					0 9							
9 10			sional fees		10							
11					11		5	00.				
12	-		to banks, etc. (see ins		12			.000				
13			· · · · · · · · · · · ·	,	13							
14					14		2 2	00.				
15					15			00.				
16					16		1,0					
17					17		3.0	00.				
18			or depletion		18		- , -					
19					19							
20	Total expenses. A	dd lin	es 5 through 19		20		8,3	00.				
21			ne 3 (rents) and/or 4 (									
			structions to find out									
	file Form 6198 .				21		-7,7	00.				
22	Deductible rental	real e	state loss after limita	tion, if any,								
	on <b>Form 8582</b> (se	e inst	ructions)		22	(	7,70	00.)	(	)	(	)
23a	Total of all amour	nts rep	orted on line 3 for all	rental proper	rties			23a		600.		
b			orted on line 4 for all		erties			23b				
с			orted on line 12 for a					23c				
d			orted on line 18 for a					23d				
е			orted on line 20 for a					23e	8	,300.		
24			amounts shown on lin			-				. 24		
25	Losses. Add roya	lty los	ses from line 21 and re	ntal real estat	e loss	es from lin	ie 22. E	Enter to	otal losses he	re <b>25</b>	(	7,700.)
26			e and royalty incom									
			and line 40 on pag									
	Schedule 1 (Form	1040	), line 5. Otherwise, in	Iclude this an	nount	in the tot	al on l	ine 41	on page 2	. 26		-7,700.

	OMB No. 1545-0074
sts, REMICs, etc.)	90 <b>00</b>

	(From rental real estate,	royalties,	partnerships,	S corporations,	, estates, t	trusts,
--	---------------------------	------------	---------------	-----------------	--------------	---------

	,				, ,
to	Form	1040,	1040-SR,	1040-NR,	or 1041.

c.)	2022
	Attachment Sequence No. <b>13</b>

Your social security number 078-29-5656

▣▓▣	
回路沿海	

NOTE:	Do not mail Oklah	I Income Tax Dec oma Tax Return - For	m 511 or Form	511-NR.	U	2022 Form 511-EF
	name and middle initial	to determine if you are	required to send	FORM STI-EF to	the OTC.	
TOUT IIISE II	iame and middle initial	Last name		Your social security number:	070205656	
	I MANMATHA	GOWDA		Security number.	078295656	
If a joint re	eturn, spouse's first name and m	iddle initial Last name		Spouse's social security number:		
_		ding apartment number, rural route o	or PO Box)			Filing status: 3
City, State					Total number o	of exemptions:
OKLA	HOMA CITY	OK	73142			
PART	ONE - TAX RETUR	N INFORMATION (WI	HOLE DOLLAR	S ONLY)		
	ahoma Adjusted Gross Inc					
		Sources (511-NR, Line 8)				67734 00
		se Tax (511, Line 20 or 511-N				2679 00
		ents and Credits (511, Line 3		,		2580 00
		NR, Line 38)				0 00
5 Bala	ance Due (511, Line 42 or	511-NR, Line 43)			5	99 00
bala Inter	nce due return with a non- mal Revenue Code (IRC) o	an electronic payment, compl electronic payment, enclose f the IRS provides for a later o a weekend or legal holiday wh	a payment with the 5 due date, your payme	11-V and submit on on the second s	or before the due of the later due date	date of April 15th. If the and will be considered
PART	TWO - DECLARATIO	N OF TAXPAYER				
_6	If I have filed a joint b I authorize the Okla entry to the financia and/or a payment o receive confidential	efund be directly deposited as c t return, this is an irrevocable ap ahoma State Treasury and its de al institution account indicated in of estimated tax. I also authorized information necessary to answ	opointment of the othe esignated Financial Ag n the tax preparation s the financial institution ver inquiries and resolution	r spouse as an agent ent to initiate an ACH oftware for payment of ns involved in the pro- re issues related to the	to receive the refun- electronic funds w of my Oklahoma tax pressing of the elec- re payment.	nd. ithdrawal (direct debit) ses owed on this return tronic payment of taxes to
remain lia	ble for the tax liability and a	Inderstand that if the Oklahoma Il applicable interest and penalt	ies.			
nator (ER return. To	O), and the amounts descril	have compared the information bed in Part One above, agree w and belief, my return is true, con the OTC by my ERO.	ith the amounts show	n on the correspondir	ng lines of my 2022	Oklahoma income tax
		em and software to prepare and o my use of the system and soft				the Oklahoma Tax Com-
Sign Here:		Date		115 : - : - 4 4 4		Dete
	Ir Signature			nature (If joint return,	• •	Date
		ION OF ELECTRONIC R		, , ,		
lectors are the taxpay other requi penalties of	e not responsible for reviewin yer's signature on Form 511-I uirements described in Pub. 1 of perjury I declare I have exa	xpayer's return and the entries o g the taxpayer's return; however EF and I have provided the taxpa '345, Handbook for Electronic Fi amined the above taxpayer's ret lete. This Paid Preparer declara	r, they must ensure For ayer with a copy of all f lers of Individual Incon urn and accompanying	m 511-EF accurately orms and information the Tax Returns (Tax Ye schedules and staten	reflects the data on to be filed with the C ear 2022). If I am als nents, and to the be	the return.) I have obtained DTC, and have followed all to a Paid Preparer, under
ERO Use Only			03/1	0/2023		
y	ERO or Paid Preparer's Sig	nature	Date	PTIN		
Paid Prepa	arer		02/10		0000000	
Use Only	Paid Preparer Signature		03/10, Date	<u>2023</u> <u>P02</u> PTIN	2082703	
Firm Nam	ne (or yours if self-employed):	SYAM PRIYA RAM SA	GAR GUPTA TAL	LAM		
	Address and ZIP:	245 ROONEY CT E B	RUNSWICK NJ 0	8816		
	Phone Number:	(678)965-952	22		F	REV 01/20/23 PRO

# State of Oklahoma Individual Income Tax Payment Voucher Instructions

## What is Form 511-V and Do You Have to Use It?

If you have already filed your return, either electronically or by paper, send this voucher with your check or money order for any balance due on your 2022 Form 511 or 511NR. Using Form 511-V allows us to process your payment more accurately and efficiently. We strongly encourage you to use Form 511-V, but there is no penalty if you do not.

## **Due Date**

Generally, your Oklahoma income tax is due April 15th. However:

- If you electronically file your return and pay electronically, your due date is extended until April 20th. To make a payment online, visit **OkTAP** at **tax.ok.gov** and click on the Make a Payment link.
- If the Internal Revenue Code (IRC) of the IRS provides for a later due date, your payment may be made by the later due date and will be considered timely.
- If the due date falls on a weekend or legal holiday when the Oklahoma Tax Commission (OTC) offices are closed, your payment is due the next business day.

### How To Prepare Your Payment

- Remit only one check or money order per voucher.
- Make your check or money order payable to the Oklahoma Tax Commission. Do not send cash.
- Make sure your name and address appear on your check or money order.

## How To Send In Your 2022 Tax Payment, and Form 511-V

- Cut Form 511-V along the dotted line and submit the bottom portion of the Individual Income Tax Payment Voucher.
- Do not staple or otherwise attach your payment to Form 511-V. Instead, just put them loose in the envelope.
- **Do not include a copy of your income tax return.** To use this form, your income tax return (either paper or electronic) should already be filed with the OTC.
- Mail your 2022 tax payment and Form 511-V to:

Oklahoma Tax Commission PO Box 26890 Oklahoma City, OK 73126-0890

Do not fold, staple, or paper clip     Detach Here and Return	Voucher with Payment
ITI-I State of Oklahoma Individual Income Tax Payment Vouch	er
	ate (Penalty and interest may be assessed ent is not sent by the due date) 04-15-2023
Your first name, middle initial and last name NIDHI MANMATHA GOWDA If joint return, spouse's first name, middle initial and last name	Your Social Security Number (if filing a joint return, enter the SSN shown first on your return) 078-29-5656 Spouse's Social Security Number (if filing a joint return)
Mailing address (number and street, including apartment number, rural route or PO Box) 7129 NW 146TH ST City, State, ZIP	Daytime phone number (optional) ( 405 ) 535-0813
OKLAHOMA CITY OK 73142 Oklahoma Tax Commission PO Box 26890 Oklahoma City, OK 73126-0890	Do <u>not</u> enclose a copy of your Oklahoma tax return. Balance Due Amount of Payment 99

REV 01/20/23 PRO

2022 Form 511 Resident Income Tax Return 2D Barcode Page

FAILURE TO SUBMIT THIS PAGE WILL DELAY PROCESSING OF YOUR RETURN







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





2022

Your	Social Se	ecurity Number		Spouse' (joint retur	s Social	Security Nu	mber			AME	NDE	O RETUR	N!	
C	78-29	9-5656	Place an 'X' in this box if this taxpayer is deceased —►		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		b	lace an 'X' i ox if this ta deceased	cpayer	this i		in this bo nended 51 I1-I.		
Nam	e and A	ddress - Please Pri	int or Type											
Your F	irst Name		Middle Initial Last Name			If a Joint Return	, Spouse's F	First Name	Middle	Initial Last N	lame			
NID	HI MA	NMATHA	GOWDA											
Mailing	g Address (I	Number and street, includi	ng apartment number, rural rou	ite or PO Box)	City			Stat	e ZIP or I	Postal Code	Co	ountry		
712	9 NW	146TH ST			OKLA	HOMA CI	TY	OF	x 731	42				
Filing Status	123 X	Married filing sepa	filing, list name and SSI SS	N in the box	es	Exemptions	Yourself Spouse Add the 1	Regular 1 0 Num Totals fron E	hption, see * Special + + ber of dep n boxes (a), nter the TC	Blind + + pendents ( (b) and (c)		1 0 1	(a (b (c	a) >) :)
	4 Head of household with qualifying person						ou may be for your re		as a depener mption.	dent on an	other	return, e	nter '	'0" in the
	5	, , , ,	er) with dependent chil spouse died in box at rig			Age 65	or Older	? (Please	see instructio	ons)	You	rself		Spouse
ΡΔ							OME				und t	o Nooro	-+ \A/L	ole Dollar

PA	RT ONE: TO ARRIVE AT OKLAHOMA ADJUSTED GROSS INCOME		Round to Nearest Whole Dolla	۱r
1	Federal adjusted gross income (from Federal 1040 or 1040-SR)	1	67734 0	0
2	Oklahoma Subtractions (provide Schedule 511-A)	2	0	0
3	Line 1 minus line 2	3	67734 00	0
4	Out-of-state income, except wages. Describe (4a) (Provide Federal schedule with detailed description; see instructions)	4b	0	0
5	Line 3 minus line 4b	5	67734 00	0
6	Oklahoma Additions (provide Schedule 511-B)	6	00	0
7	Oklahoma adjusted gross income (line 5 plus line 6) (If line 7 is different than line 1, provide a copy of your Federal return.)	7	67734 00	0
PA	RT TWO: OKLAHOMA TAXABLE INCOME, TAX AND CREDITS	]		
8	Oklahoma Adjustments (provide Schedule 511-C)	8	0	0
9	Oklahoma income after adjustments (line 7 minus line 8)	9	67734 0	0

STOP AND READ: If line 4b is zero, complete lines 10-11. If line 4b is more than zero, see Schedule 511-E and do not complete lines 10-11.



	e(s) Shown orm 511: NIDHI MANMATHA GOWDA	Your S Securi	ocial sy Number: 078–29–5656		
PA	RT TWO: OKLAHOMA TAXABLE INCOME, TAX AND CREE	DITS continued			
10	Oklahoma itemized deductions (from Schedule 511-D, line 11) or Oklahoma s (Single or Married Filing Separate: \$6,350 • Married Filing Joint or Qua Head of Household: \$9,350)	alifying Widow(er): \$12		10 6350	00
11	Exemptions: Enter the total number of exemptions claimed on page 1		11 1000	00	
12	Total deductions and exemptions (add lines 10 and 11 or amount from Sch. 5	i11-E, line 5)		12 7350	00
13	Oklahoma Taxable Income (line 9 minus line 12)			13 60384	00
14	<ul> <li>(a) Oklahoma Income Tax from Tax Table (see pages 28-39 of instructions)</li> <li>or if using Farm Income Averaging, enter tax from Form 573, line 22 and enter a "1" in box on line 14</li> </ul>	14a	2679 0	0	
	(b) If paying the Health Savings Account additional 10% tax, add additional tax here and enter a "2" in box on line 14. If recapturing the Oklahoma Affordable Housing Tax Credit, add recaptured credit here and enter a "3" in box on line 14. If making an Oklahoma installment payment pursuant to IRC Section 965(h) and 68 OS Sec. 2368(K), add the installment payment here and enter a "4" in the box on line 14		O	0	
	Oklahoma Income Tax (line 14a plus line 14b)			14 2679	00
STOP	AND READ: If line 7 is equal to or larger than line 1, complete line 15. If line 7 is smaller than lin		<sup>=</sup> and 511-0		
15	Oklahoma child care/child tax credit (see instructions)			15	00
16	Credit for taxes paid to another state (provide Form 511TX)			16	00
17	Form 511CR - Other Credits Form. List 511CR line number claimed here:			17	00
18	Income Tax (line 14 minus lines 15-17) Do not enter less than zero DO NOT PAY THIS AMOUNT. PAYMENT IS FIGURED ON LINE 42.			18 2679	00
PA	RT THREE: TAX, CREDITS AND PAYMENTS				
19	····· ···· ··· ··· ··· ···· ···· ···· ····			19	00
20	(For use tax table, see page 14 of the Packet) If you certify that no use tax is Balance (add lines 18 and 19)			20 2679	00
21	Oklahoma withholding (provide all W-2s, 1099s or other withholding statements)	21	2580 0	0	
22	2022 estimated tax payments (qualified farmer ))	22	0	0	
23	2022 payment with extension	23	0	0	
24	Low Income Property Tax Credit (provide Form 538-H)	24	0	0	
25	Sales Tax Relief Credit (provide Form 538-S)	25	0	0	
26	Natural Disaster Tax Credit (provide Form 576)	26	0	0	
27	Credit from Form 578	27	0	0	
28	Oklahoma earned income credit (see instructions)	28	0	0	
29	Amount paid with original return plus additional paid after it was filed (amended return only)	29	0	0	



	Your Social Security Number:	ocial y Number: 078–29–5656	
PART THREE: TAX, CREDITS AND PAYMENTS continued			
<ul> <li>30 Payments and credits (add lines 21-29 from page 2)</li> <li>31 Overpayment, if any, as shown on original return and/or prior amended return(s) or</li> </ul>	30	2580 00	
as previously adjusted by Oklahoma (amended return only)	31	00	
32 Total payments and credits (line 30 minus 31)	32	2580 <b>00</b>	
PART FOUR: REFUND			
33 If line 32 is more than line 20, subtract line 20 from line 32. This is your overpayment	33	0 00	
Amount of line 33 to be applied to 2023 estimated tax (original return only) (For further information regarding estimated tax, see page 5 of the 511 Packet.) 34	00		
Schedule 511-H provides you with the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Please place the line number of the organization from Schedule 511-H in the box below. If you give to more than one organization, put a "99" in the box. Provide Schedule 511-H			
35   Donations from your refund (total from Schedule 511-H)	00		
36 Total deductions from refund (add lines 34 and 35)		00	
Amount to be refunded to you (line 33 minus line 36)	37	0 00	
Direct Deposit Note:       Is this refund going to or through an account that is located outside of Deposit my refund in my:         Verify your account and routing numbers are correct. If your direct deposit fails to process or you do not choose direct deposit, you will receive a <u>debit card</u> . See the 511 Packet for direct deposit and debit card information.       Is this refund going to or through an account that is located outside of Deposit my refund in my:         Checking Account       Routing Number:         Savings Account       Account Number:	f the United States?	Yes No	
PART FIVE: AMOUNT YOU OWE			
38   If line 20 is more than line 32, subtract line 32 from line 20. This is your tax due		99 00	
39 Donation: Public School Classroom Support Fund (original return only)	39	00	
40       Underpayment of estimated tax interest (annualized installment method	) 40	00	
41 For delinquent payment add penalty of 5% \$			
plus interest of 1.25% per month\$	41	00	
42 Total tax, donation, penalty and interest (add lines 38-41)	42	99 00	

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

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

Taxpayer's Signature	Date	Spouse's Signature	Date	Paid Preparer's Signature	Date
				SYAM PRIYA RAM SAGAR GUPTA TALLAM	03/10/2023
Taxpayer's Occupation		Spouse's Occupation		Paid Preparer's Address and Phone Number (678) 965-9522	
SOFTWARE DEVELOPER				245 ROONEY CT	
Daytime Phone (optional)		Daytime Phone (optional)		E BRUNSWICK N	J 08816
(405)535-0813				Paid Preparer's PTIN P02082703	

<u>Do not staple</u> documentation to this form. To attach items, please use a paper clip. Mailing Address for this form: PO Box 26800, Oklahoma City, OK 73126-0800

The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.