Form **8879**

(Rev. January 2021)

Department 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.**

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name	**Social security number**
DEEPAK SANEM	699-69-0730
Spouse's name	**Spouse's social security number**
SINDU KURAPATI	742-65-3021

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**	286,165.
2	Total tax	**2**	45,039.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	**3**	47,278.
4	Amount you want refunded to you	**4**	2,239.
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 (**ERO firm name**) to enter or generate my PIN 9 0 7 3 0 (**Enter five digits, but don't enter all zeros**) 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 GLOBAL TAXES LLC (**ERO firm name**) to enter or generate my PIN 5 3 0 2 1 (**Enter five digits, but don't enter all zeros**) as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ Date ▶

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345,** Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ▶ Date ▶

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Form **1040** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return **2022** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.
☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

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:

Your first name and middle initial	Last name	Your social security number
DEEPAK	SANEM	699-69-0730
If joint return, spouse's first name and middle initial	**Last name**	**Spouse's social security number**
SINDU	KURAPATI	742-65-3021

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.		
15897 WOODGREEN CT			
City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code	
LATHROP	CA	95330	
Foreign country name	Foreign province/state/county	Foreign postal code	

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

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** ☒ **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

Dependents (see instructions):
If more than four dependents, see instructions and check here ☐

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

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
If you did not get a Form W-2, see instructions.
Attach Sch. B if required.

Standard Deduction for—
- Single or Married filing separately, $12,950
- Married filing jointly or Qualifying surviving spouse, $25,900
- Head of household, $19,400
- If you checked any box under *Standard Deduction*, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	299,922.
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 29	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions)	1h	0.
i	Nontaxable combat pay election (see instructions) 1i		
z	Add lines 1a through 1h	1z	299,922.
2a	Tax-exempt interest 2a ; b Taxable interest	2b	243.
3a	Qualified dividends 3a ; b Ordinary dividends	3b	
4a	IRA distributions 4a ; b Taxable amount	4b	
5a	Pensions and annuities 5a ; b Taxable amount	5b	
6a	Social security benefits 6a ; b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐		
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐	7	-293.
8	Other income from Schedule 1, line 10	8	-13,707.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**	9	286,165.
10	Adjustments to income from Schedule 1, line 26	10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**	11	286,165.
12	**Standard deduction or itemized deductions** (from Schedule A)	12	32,413.
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
14	Add lines 12 and 13	14	32,413.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**	15	253,752.

Tax and Credits

16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		16	48,571.
17	Amount from Schedule 2, line 3		17	
18	Add lines 16 and 17		18	48,571.
19	Child tax credit or credit for other dependents from Schedule 8812		19	
20	Amount from Schedule 3, line 8		20	4,290.
21	Add lines 19 and 20		21	4,290.
22	Subtract line 21 from line 18. If zero or less, enter -0-		22	44,281.
23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	758.
24	Add lines 22 and 23. This is your **total tax**		24	45,039.

Payments

If you have a qualifying child, attach Sch. EIC.

25	Federal income tax withheld from:				
a	Form(s) W-2	25a	47,278.		
b	Form(s) 1099	25b			
c	Other forms (see instructions)	25c	0.		
d	Add lines 25a through 25c			25d	47,278.
26	2022 estimated tax payments and amount applied from 2021 return			26	
27	Earned income credit (EIC) No	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	47,278.

Refund

Direct deposit? See instructions.

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	2,239.
35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐		35a	2,239.
b	Routing number 021200339 c Type: ☒ Checking ☐ Savings			
d	Account number 381038961128			
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.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		LEAD SOFTWARE ENGINEER	
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.)
		SR. UI ENGINEER	
Phone no. (929)274-3737		Email address SANEMDEEPAK@YAHOO.COM	

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	03/18/2023	P02082703	☐ Self-employed
Firm's name GLOBAL TAXES LLC			Phone no. (678)965-9522	
Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Firm's EIN 84-3171965	

SCHEDULE 1 (Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074
2022
Attachment Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: DEEPAK SANEM & SINDU KURAPATI

Your social security number: 699-69-0730

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	-13,707.
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 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	-13,707.

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 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
DEEPAK SANEM & SINDU KURAPATI	699-69-0730

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE			4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5			
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6			
7	Total additional social security and Medicare tax. Add lines 5 and 6			7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐			8	
9	Household employment taxes. Attach Schedule H			9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required			10	
11	Additional Medicare Tax. Attach Form 8959			11	758.
12	Net investment income tax. Attach Form 8960			12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12			13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares			14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over $150,000			15	
16	Recapture of low-income housing credit. Attach Form 8611			16	

(continued on page 2)

Part II Other Taxes *(continued)*

17	Other additional taxes:			
a	Recapture of other credits. List type, form number, and amount:	17a		
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
c	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
l	Tax on accumulation distribution of trusts	17l		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o		
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount:	17z		
18	Total additional taxes. Add lines 17a through 17z		18	
19	Reserved for future use		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your **total other taxes**. Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	758.

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074
2022
Attachment Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: DEEPAK SANEM & SINDU KURAPATI

Your social security number: 699-69-0730

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441			2	
3	Education credits from Form 8863, line 19			3	
4	Retirement savings contributions credit. Attach Form 8880			4	
5	Residential energy credits. Attach Form 5695			5	4,290.
6	Other nonrefundable credits:				
a	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
c	Adoption credit. Attach Form 8839	6c			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
e	Alternative motor vehicle credit. Attach Form 8910	6e			
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f			
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
l	Amount on Form 8978, line 14. See instructions	6l			
z	Other nonrefundable credits. List type and amount:	6z			
7	Total other nonrefundable credits. Add lines 6a through 6z			7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20			8	4,290.

(continued on page 2)

Part II Other Payments and Refundable Credits

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

SCHEDULE A (Form 1040)

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Go to *www.irs.gov/ScheduleA* for instructions and the latest information.
Attach to Form 1040 or 1040-SR.
Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074
2022
Attachment Sequence No. **07**

Name(s) shown on Form 1040 or 1040-SR: DEEPAK SANEM & SINDU KURAPATI
Your social security number: 699-69-0730

Medical and Dental Expenses		**Caution:** Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions)	1			
	2	Enter amount from Form 1040 or 1040-SR, line 11 [2]				
	3	Multiply line 2 by 7.5% (0.075)	3			
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	
Taxes You Paid	5	State and local taxes.				
	a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☐	5a	20,013.		
	b	State and local real estate taxes (see instructions)	5b	3,238.		
	c	State and local personal property taxes	5c			
	d	Add lines 5a through 5c	5d	23,251.		
	e	Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately)	5e	10,000.		
	6	Other taxes. List type and amount: See Schedule A, Line 6 Statement	6	2,875.		
	7	Add lines 5e and 6			7	12,875.
Interest You Paid Caution: Your mortgage interest deduction may be limited. See instructions.	8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐				
	a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	19,238.		
	b	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	8b			
	c	Points not reported to you on Form 1098. See instructions for special rules	8c			
	d	Reserved for future use	8d			
	e	Add lines 8a through 8c	8e	19,238.		
	9	Investment interest. Attach Form 4952 if required. See instructions	9			
	10	Add lines 8e and 9			10	19,238.
Gifts to Charity Caution: If you made a gift and got a benefit for it, see instructions.	11	Gifts by cash or check. If you made any gift of $250 or more, see instructions	11	300.		
	12	Other than by cash or check. If you made any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500	12			
	13	Carryover from prior year	13			
	14	Add lines 11 through 13			14	300.
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions			15	
Other Itemized Deductions	16	Other—from list in instructions. List type and amount:			16	
Total Itemized Deductions	17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12			17	32,413.
	18	If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐				

SCHEDULE D (Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/ScheduleD* for instructions and the latest information.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2022

Attachment Sequence No. **12**

Name(s) shown on return: DEEPAK SANEM & SINDU KURAPATI

Your social security number: 699-69-0730

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ **Yes** ☒ **No**
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	**(d)** Proceeds (sales price)	**(e)** Cost (or other basis)	**(g)** Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	**(h) Gain or (loss)** Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked				
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked				

4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . .	**4**	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**5**	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** in the instructions	**6**	( )
7 **Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back	**7**	

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	**(d)** Proceeds (sales price)	**(e)** Cost (or other basis)	**(g)** Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	**(h) Gain or (loss)** Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked	4.	226.		-222.
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked				
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked.	3.	74.		-71.

11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	**11**	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**12**	
13 Capital gain distributions. See the instructions	**13**	
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions	**14**	( )
15 **Net long-term capital gain or (loss).** Combine lines 8a through 14 in column (h). Then, go to Part III on the back	**15**	-293.

Part III **Summary**

16 Combine lines 7 and 15 and enter the result . . . . **16** -293.

• If line 16 is a **gain**, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.

• If line 16 is a **loss**, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.

• If line 16 is **zero**, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.

17 Are lines 15 and 16 **both** gains?

☐ **Yes.** Go to line 18.

☐ **No.** Skip lines 18 through 21, and go to line 22.

18 If you are required to complete the **28% Rate Gain Worksheet** (see instructions), enter the amount, if any, from line 7 of that worksheet **18**

19 If you are required to complete the **Unrecaptured Section 1250 Gain Worksheet** (see instructions), enter the amount, if any, from line 18 of that worksheet **19**

20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?

☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16. **Don't** complete lines 21 and 22 below.

☐ **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the **smaller** of:

• The loss on line 16; or
• ($3,000), or if married filing separately, ($1,500) } **21** (293.)

Note: When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?

☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16.

☒ **No.** Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side	**Social security number or taxpayer identification number**
DEEPAK SANEM & SINDU KURAPATI	699-69-0730

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II **Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- [x] **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- [ ] **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- [ ] **(F)** Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the **Note** below and see *Column (e)* in the separate instructions.	**Adjustment, if any, to gain or loss** If you enter an amount in column (g), enter a code in column (f). **See the separate instructions.** (f) Code(s) from instructions	(g) Amount of adjustment	(h) **Gain or (loss)** Subtract column (e) from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	4.	226.			-222.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked) . .			4.	226.			-222.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side	**Social security number or taxpayer identification number**
DEEPAK SANEM & SINDU KURAPATI	699-69-0730

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II **Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☐ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
☒ **(F)** Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the **Note** below and see *Column (e)* in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions. (f) Code(s) from instructions	(g) Amount of adjustment	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	3.	74.			-71.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked)			3.	74.			-71.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE E (Form 1040)

Department of the Treasury
Internal Revenue Service

Supplemental Income and Loss

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to *www.irs.gov/ScheduleE* for instructions and the latest information.

OMB No. 1545-0074
2022
Attachment Sequence No. **13**

Name(s) shown on return: DEEPAK SANEM & SINDU KURAPATI
Your social security number: 699-69-0730

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	H.NO 2-17-43 BANK COLONY UPPAL,HYDERABAD TELANGANA IN 500039
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	3		**A**	365	0	☐
B			**B**			☐
C			**C**			☐

Type of Property:

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

			Properties: A	B	C
Income:					
3	Rents received	**3**	5,526.		
4	Royalties received	**4**			
Expenses:					
5	Advertising	**5**			
6	Auto and travel (see instructions)	**6**			
7	Cleaning and maintenance	**7**	2,675.		
8	Commissions	**8**			
9	Insurance	**9**			
10	Legal and other professional fees	**10**			
11	Management fees	**11**	1,977.		
12	Mortgage interest paid to banks, etc. (see instructions)	**12**			
13	Other interest	**13**	6,769.		
14	Repairs	**14**	2,944.		
15	Supplies	**15**	2,199.		
16	Taxes	**16**			
17	Utilities	**17**	2,669.		
18	Depreciation expense or depletion	**18**			
19	Other (list)	**19**			
20	Total expenses. Add lines 5 through 19	**20**	19,233.		
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**	-13,707.		
22	Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions)	**22**	(13,707.)	( )	( )

23a	Total of all amounts reported on line 3 for all rental properties	**23a**	5,526.
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**	19,233.
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**	(13,707.)
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**	-13,707.

Form **8959**

Department of the Treasury
Internal Revenue Service

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions.
Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
Go to *www.irs.gov/Form8959* for instructions and the latest information.

OMB No. 1545-0074
2022
Attachment Sequence No. **71**

Name(s) shown on return	Your social security number
DEEPAK SANEM & SINDU KURAPATI	699-69-0730

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	334,273.		
2	Unreported tips from Form 4137, line 6	2			
3	Wages from Form 8919, line 6	3			
4	Add lines 1 through 3	4	334,273.		
5	Enter the following amount for your filing status: Married filing jointly $250,000; Married filing separately $125,000; Single, Head of household, or Qualifying surviving spouse $200,000	5	250,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0-			6	84,273.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II			7	758.

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.)	8			
9	Enter the following amount for your filing status: Married filing jointly $250,000; Married filing separately $125,000; Single, Head of household, or Qualifying surviving spouse $200,000	9			
10	Enter the amount from line 4	10			
11	Subtract line 10 from line 9. If zero or less, enter -0-	11			
12	Subtract line 11 from line 8. If zero or less, enter -0-			12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III			13	

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14			
15	Enter the following amount for your filing status: Married filing jointly $250,000; Married filing separately $125,000; Single, Head of household, or Qualifying surviving spouse $200,000	15			
16	Subtract line 15 from line 14. If zero or less, enter -0-			16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV			17	

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V	18	758.

Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	4,847.		
20	Enter the amount from line 1	20	334,273.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	4,847.		
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages			22	0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)			23	
24	**Total Additional Medicare Tax withholding.** Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions)			24	0.

Form **8960**

Department of the Treasury
Internal Revenue Service

Net Investment Income Tax— Individuals, Estates, and Trusts

Attach to your tax return.
Go to *www.irs.gov/Form8960* for instructions and the latest information.

OMB No. 1545-2227
2022
Attachment Sequence No. **72**

Name(s) shown on your tax return: DEEPAK SANEM & SINDU KURAPATI
Your social security number or EIN: 699-69-0730

Part I Investment Income
☐ Section 6013(g) election (see instructions)
☐ Section 6013(h) election (see instructions)
☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)			1	243.
2	Ordinary dividends (see instructions)			2	
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	-13,707.		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b			
c	Combine lines 4a and 4b			4c	-13,707.
5a	Net gain or loss from disposition of property (see instructions)	5a	-293.		
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b			
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c			
d	Combine lines 5a through 5c			5d	-293.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			6	
7	Other modifications to investment income (see instructions)			7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	-13,757.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a			
b	State, local, and foreign income tax (see instructions)	9b			
c	Miscellaneous investment expenses (see instructions)	9c			
d	Add lines 9a, 9b, and 9c			9d	
10	Additional modifications (see instructions)			10	
11	Total deductions and modifications. Add lines 9d and 10			11	

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0-			12	0.
	Individuals:				
13	Modified adjusted gross income (see instructions)	13	286,165.		
14	Threshold based on filing status (see instructions)	14	250,000.		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	36,165.		
16	Enter the smaller of line 12 or line 15			16	0.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). **Enter here and include on your tax return** (see instructions)			17	0.
	Estates and Trusts:				
18a	Net investment income (line 12 above)	18a			
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b			
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c			
19a	Adjusted gross income (see instructions)	19a			
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b			
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c			
20	Enter the smaller of line 18c or line 19c			20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). **Enter here and include on your tax return** (see instructions)			21	

Form **5695**

Department of the Treasury
Internal Revenue Service

Residential Energy Credits

Go to *www.irs.gov/Form5695* for instructions and the latest information.
Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074
2022
Attachment Sequence No. 158

Name(s) shown on return	Your social security number
DEEPAK SANEM & SINDU KURAPATI	699-69-0730

Part I **Residential Clean Energy Credit** (See instructions before completing this part.)

Note: Skip lines 1 through 11 if you only have a **credit carryforward from 2021**.

1	Qualified solar electric property costs	1	14,300.
2	Qualified solar water heating property costs	2	
3	Qualified small wind energy property costs	3	
4	Qualified geothermal heat pump property costs	4	
5	Qualified biomass fuel property costs	5	
6a	Add lines 1 through 5	6a	14,300.
b	Multiply line 6a by 30% (0.30)	6b	4,290.
7a	Qualified fuel cell property. Was qualified fuel cell property installed on, or in connection with, your main home located in the United States? (See instructions.)	7a	☐ Yes ☐ No

Caution: If you checked the “No” box, you cannot take a credit for qualified fuel cell property. Skip lines 7b through 11.

b Print the complete address of the main home where you installed the fuel cell property.

Number and street Unit No.

City, State, and ZIP code

8	Qualified fuel cell property costs	8			
9	Multiply line 8 by 30% (0.30)	9			
10	Kilowatt capacity of property on line 8 above ______	10			
11	Enter the smaller of line 9 or line 10			11	
12	Credit carryforward from 2021. Enter the amount, if any, from your 2021 Form 5695, line 16			12	
13	Add lines 6b, 11, and 12			13	4,290.
14	Limitation based on tax liability. Enter the amount from the Residential Clean Energy Credit Limit Worksheet (see instructions)			14	48,571.
15	**Residential clean energy credit.** Enter the smaller of line 13 or line 14. Also include this amount on Schedule 3 (Form 1040), line 5			15	4,290.
16	Credit carryforward to 2023. If line 15 is less than line 13, subtract line 15 from line 13	16			

Part II Energy Efficient Home Improvement Credit

17a	Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions)	17a	☐ Yes ☐ No
	Caution: If you checked the "No" box, you cannot claim the energy efficient home improvement credit. Do not complete Part II.		
b	Print the complete address of the main home where you made the qualifying improvements. **Caution:** You can only have one main home at a time. Number and street / Unit No. / City, State, and ZIP code		
c	Were any of these improvements related to the construction of this main home?	17c	☐ Yes ☐ No
	Caution: If you checked the "Yes" box, you can only claim the energy efficient home improvement credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.		
18	Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions)	18	
19	Qualified energy efficiency improvements (original use must begin with you and the component must reasonably be expected to last for at least 5 years; do not include labor costs) (see instructions).		
a	Insulation material or system specifically and primarily designed to reduce heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC	19a	
b	Exterior doors that meet or exceed the version 6.0 Energy Star program requirements	19b	
c	Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home	19c	
d	Exterior windows and skylights that meet or exceed the version 6.0 Energy Star program requirements — 19d		
e	Maximum amount of cost on which the credit can be figured — 19e $2,000		
f	If you claimed window expenses on your Form 5695 prior to 2022, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0- — 19f 0.		
g	Subtract line 19f from line 19e. If zero or less, enter -0- — 19g 2,000.		
h	Enter the smaller of line 19d or line 19g	19h	0.
20	Add lines 19a, 19b, 19c, and 19h	20	0.
21	Multiply line 20 by 10% (0.10)	21	0.
22	Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).		
a	Energy-efficient building property. Do not enter more than **$300**	22a	0.
b	Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than **$150**	22b	0.
c	Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than **$50**	22c	0.
23	Add lines 22a through 22c	23	
24	Add lines 21 and 23	24	
25	Maximum credit amount. (If you jointly occupied the home, see instructions)	25	
26	Enter the amount, if any, from line 18	26	
27	Subtract line 26 from line 25. If zero or less, **stop;** you cannot take the energy efficient home improvement credit	27	
28	Enter the smaller of line 24 or line 27	28	
29	Limitation based on tax liability. Enter the amount from the Energy Efficient Home Improvement Credit Limit Worksheet (see instructions)	29	
30	**Energy efficient home improvement credit.** Enter the smaller of line 28 or line 29. Also include this amount on Schedule 3 (Form 1040), line 5	30	

Additional Information From 2022 Federal Tax Return

Schedule A: Itemized Deductions

Line 6 - Other Taxes

Continuation Statement

Type of Other Deductible Tax	Amount
CASDI	1,602.
CASDI	1,273.
Total	2,875.

2022 AR1000NR

P1

ARKANSAS INDIVIDUAL INCOME TAX RETURN
Nonresident and Part Year Resident

CHECK BOX IF AMENDED RETURN ☐

Software ID PROSERIES

Jan. 1 - Dec. 31, 2022 or fiscal year ending ____________ , 20 ____

TAXPAYER INFORMATION

Primary's legal first name: DEEPAK	MI:	Last name: SANEM — ☐ Check if Deceased	Primary's social security number: 699-69-0730
Spouse's legal first name: SINDU	MI:	Last name: KURAPATI — ☐ Check if Deceased	Spouse's social security number: 742-65-3021
Mailing address (number and street, P.O. box or rural route): 15897 WOODGREEN CT			☐ Check if address is outside U.S.
City: LATHROP	State or province: CA	ZIP: 95330	Foreign country name
Primary email		Secondary email	

ATTACH PAGE 1 AND 2 OF YOUR FEDERAL RETURN

☒ **NONRESIDENT:** List state of residence: CALIFORNIA

☐ **PART YEAR RESIDENT:** Dates lived in AR: From:__________ To:__________

☐ **We will no longer automatically mail 1099-G forms. Instead, we ask that you get this information from our website (www.atap.arkansas.gov). Check the box if you still want us to mail you a paper Form 1099-G next year.**

☐ **Check here if you want a tax booklet mailed to you next year.**

☐ **Check this box if you have filed a state extension or an automatic federal extension**

DL# / State ID Y6970251 Your state CA Issue date (mm/dd/yyyy) 03/21/2022 Expiration date (mm/dd/yyyy) 10/02/2023

DL# / State ID ________ Spouse state ________ Issue date (mm/dd/yyyy) ________ Expiration date (mm/dd/yyyy) ________

FILING STATUS

1. ☐ Single **(Or widowed before 2022 or divorced at end of 2022)**
2. ☐ Married filing joint **(Even if only one had income)**
3. ☐ Head of household **(See instructions)** If the qualifying person was your child, but not your dependen enter child's name here: ________
4. ☒ Married filing separately on the same return
5. ☐ Married filing separately on different returns Enter spouse's name here and SSN above ________
6. ☐ Surviving spouse with dependent child Year spouse died: **(See instructions)** ________

PERSONAL TAX CREDITS

7A. ☒ Yourself ☐ 65 or over ☐ 65 Special ☐ Blind ☐ Deaf ☐ Head of household/surviving spouse (Filing status 3 only) (Filing status 6 only)

☒ Spouse ☐ 65 or over ☐ 65 Special ☐ Blind ☐ Deaf

Multiply number of boxes checked .... 7A 2 X $29 = 58.00

Dependents (Do not list yourself or spouse)

First name / Last name	Dependent's social security number	Dependent's relationship to you
1.		
2.		
3.		
4.		
5.		

7B. Multiply number of **DEPENDENTS** from above........ 7B ☐ X $29 = 00

7C. Multiply number of qualifying individuals from **AR1000RC5 (See instructions)** .... 7C ☐ X $500 = 00

7D. **TOTAL PERSONAL TAX CREDITS: (Add lines 7A, 7B, and 7C. Enter total here and on line 34)** 7D 58.00

Primary SSN 699-69-0730

ROUND ALL AMOUNTS TO WHOLE DOLLARS

		(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only	(C) Arkansas Income Only
INCOME	8. Wages, salaries, tips, etc: (Attach W-2s) ... 8	173,592. 00	126,330. 00	15,240. 00
	9. Military pay: Primary ● 00 Spouse ● 00			
	10. Interest income: (If over $1,500, attach AR4) ... 10	243. 00	00	0. 00
	11. Dividend income: (If over $1,500, attach AR4) ... 11	00	00	00
	12. Alimony and separate maintenance received: ... 12	00	00	00
	13. Business or professional income: (Attach federal Sch. C) ... 13	00	00	00
	14. Capital gains/(losses) from stocks, bonds, etc: (Attach federal Sch. D) .. 14	-293. 00	0. 00	0. 00
	15. Other gains or (losses): (See instructions) ... 15	00	00	00
	16. Non-qualified IRA distributions and taxable annuities: (Attach all 1099Rs) ... 16	00	00	00
	17. Military retirement: Primary ● 00 Spouse ● 00			
	18A. Primary employer pension plan(s)/qualified IRA(s): (Attach 1099Rs) Gross ● 00 Taxable ● 00 Less $6,000 ... 18A	00		00
	18B. Spouse employer pension plan(s)/qualified IRA(s): (Attach 1099Rs) Gross ● 00 Taxable ● 00 Less $6,000 ... 18B	00	00	00
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Sch. E) ... 19	-13,707. 00	00	0. 00
	20. Farm income: (Attach federal Sch. F) ... 20	00	00	00
	21. Unemployment: ... 21	00	00	00
	22. Other income/depreciation differences: (Attach Form AR-OI) ... 22	00	00	00
	23. **TOTAL INCOME:** (Add lines 8 through 22) ... 23	159,835. 00	126,330. 00	15,240. 00
	24. **TOTAL ADJUSTMENTS:** (Attach Form AR1000ADJ) ... 24	00	00	00
	25. **ADJUSTED GROSS INCOME:** (Subtract line 24 from line 23) ... 25	159,835. 00	126,330. 00	15,240. 00
TAX COMPUTATION	26. Select tax table: (Select only one) 26			
	27. ● ☐ Low income table ($0), See line 26 instructions ● ☐ Standard deduction (See instructions) ● ☒ Itemized deductions (Attach AR3) 27	14,365. 00	11,286. 00	
	28. **NET TAXABLE INCOME:** (Subtract line 27 from line 25) ... 28	145,470. 00	115,044. 00	
	29. **TAX:** (Enter tax from tax table) ... 29	6,958. 00	5,467. 00	
	30. Combined tax: (Add amounts from line 29, columns A and B) ... 30			12,425. 00
	31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD) ... 31			00
	32. Additional tax on IRA and qualified plan withdrawal and overpayment: (See Instructions) ... 32			00
	33. **TOTAL TAX:** (Add lines 30 through 32) ... 33			12,425. 00
TAX CREDITS	34. Personal tax credit(s): (Enter total from line 7D) ... 34			58. 00
	35. Child care credit: (Attach AR2441) ... 35			00
	36. Other credits: (Attach AR1000TC) ... 36			00
	37. **TOTAL CREDITS:** (Add lines 34 through 36) ... 37			58. 00
	38. **NET TAX:** (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0) ... 38			12,367. 00
APPORTIONMENT	38A. Enter the amount from **line 25, Column C**: ... 38A			15,240. 00
	38B. Enter the total amount from **line 25, Columns A and B**: ... 38B			286,165. 00
	38C. Divide line 38A by 38B: (See instructions) ... 38C 0.053256			
	38D. **APPORTIONED TAX LIABILITY:** (Multiply line 38 by line 38C) ... 38D			659. 00

P3

Primary SSN 699-69-0730

PAYMENTS	39. Arkansas income tax withheld: **(Attach copies of W-2, 1099R, W2-G,1099-PT, and/or AR-K1)** 39	639.00
	40. Estimated tax paid or credit brought forward from 2021: 40	00
	41. Payment made with extension: **(See instructions)** 41	00
	42. **AMENDED RETURNS ONLY** - Previous payments: **(See instructions)** 42	00
	43. Early childhood program: Certification number: ________ (Attach AR1000EC and AR2441) 43	00
	44. **TOTAL PAYMENTS: (Add lines 39 through 43)** 44	639.00
	45. **AMENDED RETURNS ONLY** - Previous refund: **(See instructions)** 45	00
	46. Adjusted total payments: **(Subtract line 45 from line 44)** 46	639.00
REFUND OR TAX DUE	47. **AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38D, enter difference)** 47	00
	48. Amount to be applied to 2023 estimated tax: 48 (00)	
	49. Amount of Check-Off contributions: **(Attach Form AR1000CO)** 49 (00)	
	50. **AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47)** ....**REFUND** 50	☺ 00
	51. **AMOUNT DUE: (If line 46 is less than line 38D, enter difference; If over $1,000, continue to 52A)** ....**TAX DUE** 51	☹ 20.00
	52A. **UEP:** Attach Form AR2210 or AR2210A. If required, enter exception in box 52A ____ Penalty 52B ____ 00	
	52C. Add lines 51 and 52B: **(See instructions)** .... **TOTAL DUE** 52C	20.00

DIRECT DEPOSIT

Direct deposit allowed to U.S. banks only. Check if either deposit(s) will ultimately be placed in a foreign account. ☐

Routing number 1 ____ **Account number 1** ____ ☐ Checking or ☐ Savings **Direct deposit 1 amt.** 00

Routing numbe ____ **Account number 2** ____ ☐ Checking or ☐ Savings **Direct deposit 2 amt.** 00

PLEASE 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.

Primary's signature	Date	Telephone (929)274-3737
Spouse's signature	Date	Telephone

May the Arkansas Revenue Division discuss this return with the preparer? ☐ **Yes** ☒ **No**

PAID PREPARER

Paid preparer's signature: SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/18/2023	PTIN/ID number: 843171965
Preparer's name: GLOBAL TAXES LLC	Telephon: (678)965-9522

For Department Use Only A

Address: 245 ROONEY CT

City	State	ZIP
E BRUNSWICK	NJ	08816

E-mail: SYAM@GTAXFILE.COM

PAY ONLINE:

Please visit our secure website ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gov. ATAP allows taxpayers or their representatives to log on, make payments and manage their account online. ATAP is available 24 hours.

PAY BY MAIL: (See instructions) **PAY BY CREDIT CARD: (See instructions)**

Refund
Arkansas State Income Tax
P.O. Box 1000
Little Rock, AR 72203-1000

Tax Due/No Tax:
Arkansas State Income Tax
P.O. Box 2144
Little Rock, AR 72203-2144

PROSERIES

AR1000D

2022

ARKANSAS INDIVIDUAL INCOME TAX
CAPITAL GAINS

Primary's legal name	Primary's social security number
DEEPAK SANEM & SINDU KURAPATI	699-69-0730

In Arkansas, only 50% of the net capital gain is taxed. 100% of the short term capital gain is taxed.

Per Act 1488 of 2013, the amount of net capital gain in excess of ten million dollars ($10,000,000) from a gain realized on or after January 1, 2014, is exempt from state tax.

Complete the AR1000D if you have a CAPITAL GAIN OR LOSS reported on federal Schedule D, or if Schedule D is not required, a gain reported on federal Form 1040, line 7. The amount of capital loss that can be deducted after offsetting capital gains is limited to $3,000 ($1,500 per taxpayer for filing status 4 or 5). See instructions for line 14, Form AR1000F/AR1000NR.

Adjust your gains and losses for depreciation differences, **if any**, in the federal and Arkansas amounts using lines 2, 5 and 10. *

Note. Arkansas did not adopt the federal "bonus depreciation" provision from previous years. Therefore, there may be a difference in federal and Arkansas amounts of depreciation allowed.

Full Year Resident Filers - Complete columns **(A) and (B) only**.

Nonresident or Part Year Resident Filers - Complete columns **(A), (B), and (C)**.

	Federal Schedule D	(A) Primary	(B) Spouse	(C) Arkansas Only
1. Enter federal long-term capital gain or loss reported on line 15, federal Schedule D or Form 1040, line 7 1	-293. 00	-293. 00	00	0. 00
2. Enter adjustment, **if any**, for depreciation differences in federal and state amounts 2		00	00	00
3. Arkansas long-term capital gain or loss. Add **(or subtract)** line 1 and line 2 3		● -293. 00	● 00	● 0. 00
4. Enter federal net short-term capital loss, **if any**, reported on line 7, federal Schedule D 4	00	00	00	00
5. Enter adjustment, **if any**, for depreciation differences in federal and state amounts 5		00	00	00
6. Arkansas net short-term capital loss. Add **(or subtract)** line 4 and line 5 6		● 00	● 00	● 00
7a. Arkansas net capital gain or loss. **(If gain, subtract line 6 from 3. If loss, add lines 6 and 3.)** 7a		● -293. 00	● 00	● 0. 00
7b. If the amount on line 7a is over $10,000,000, only enter $10,000,000. If less than $10,000,000, enter the total amount 7b		-293. 00	00	0. 00
8. Arkansas taxable amount. If a gain multiply line 7b by 50 percent (.50), otherwise enter loss 8		-293. 00	00	0. 00
9. Enter federal short-term capital gain, **if any**, reported on line 7, federal Schedule D 9	00	00	00	00
10. Enter adjustment, **if any**, for depreciation differences in federal and state amounts 10		00	00	00
11. Arkansas short-term capital gain. Add **(or subtract)** line 9 and line 10 11		● 00	● 00	● 00
12. Total taxable Arkansas capital gain or loss. Add lines 8 and 11. **(Loss limited to $3,000, for filing status 1, 2, 3, and 6, $1,500 per taxpayer if filing status 4 or 5.)** Enter here. **Filing status 1,2,3,5 and 6:** Add line 12, columns A and B and enter on AR1000F/AR1000NR, line 14. **Filing status 4:** Enter line 12, column A on AR1000F/AR1000NR, line 14, column A. Enter line 12, column B on AR1000F/AR1000NR, line 14, column B.		-293. 00	0. 00	0. 00

PROSERIES
AR3

2022

ARKANSAS INDIVIDUAL INCOME TAX
ITEMIZED DEDUCTIONS

Primary's legal name	Primary's social security number
DEEPAK SANEM & SINDU KURAPATI	699-69-0730

MEDICAL AND DENTAL EXPENSES: [Do not include expense(s) paid by others]. (See instructions)

1	Medical and dental expenses:		0. 00	
2	Enter amount from Form AR1000F/AR1000NR, line 25A and 25B:	286,165. 00		
3	Multiply line 2 by 10% (.10), otherwise enter 0:		28,617. 00	
4	TOTAL MEDICAL EXPENSES: **(Subtract line 3 from line 1; if more than line 1, enter 0)**			0. 00

TAXES: (See instructions)

5	Real estate tax:	3,238. 00	
6	Personal property tax or other taxes: **(List type and amount)** See Line 6 - Other Taxes 2,875.	2,875. 00	
7	TOTAL TAXES: **(Add lines 5 and 6)**		6,113. 00

INTEREST EXPENSES: (See instructions)

8	Home mortgage interest paid to financial institutions:	15,220. 00	
9	Home mortgage interest paid to an individual: Name: ______ Address: ______	00	
10	Deductible points:	4,018. 00	
11	Investment interest: **(Attach federal Form 4952)**	00	
12	TOTAL INTEREST EXPENSE: **(Add lines 8 through 11)**		19,238. 00

CONTRIBUTIONS: (See instructions)

13	Cash contributions:	300. 00	
14	Art and literary contributions:	00	
15	Other:	00	
16	Carryover contributions: **(List type and amount)** ______	00	
17	TOTAL CONTRIBUTIONS: **(Add lines 13 through 16)**		300. 00

CASUALTY AND THEFT LOSSES: (See instructions)

18	TOTAL CASUALTY AND THEFT LOSSES: **(Attach Form AR4684)** ______	00

POST-SECONDARY EDUCATION TUITION DEDUCTION(S): (See instructions)

19	TOTAL POST-SECONDARY EDUCATION TUITION DEDUCTION(S): **[Attach AR1075(s)]**	00

MISCELLANEOUS DEDUCTIONS SUBJECT TO 2% AGI LIMIT: (See instructions)

20	Unreimbursed employee business expenses: **(Attach Form AR2106)**		00	
21	Other expenses: **(List type and amount)** ______		00	
22	Add the amounts on lines 20 and 21. Enter the total:		00	
23	Enter amount from Form AR1000F/AR1000NR, line 25A and 25B:	00		
24	Multiply line 23 above by 2% **(.02)**:		00	
25	TOTAL MISCELLANEOUS DEDUCTIONS: **(Subtract line 24 from line 22; If line 24 is more than line 22, enter 0)**			00

OTHER MISCELLANEOUS DEDUCTIONS: (See instructions)

26	Volunteer firefighter expenses:	00	
27	Gambling Losses:	00	
28	Other miscellaneous deductions: **(List type and amount)**	00	
29	TOTAL MISCELLANEOUS DEDUCTIONS NOT SUBJECT TO THE 2% AGI LIMITATION: **(Add lines 26 through 28)**		00

TOTAL ITEMIZED DEDUCTIONS:

30	Add amounts on lines 4, 7, 12, 17, 18,19, 25, and 29 and enter the total here:	25,651. 00

Complete lines 31 - 35 ONLY if Filing Status 4 or 5.

		PRIMARY Adjusted Gross Income	SPOUSE'S Adjusted Gross Income
31	Enter adjusted gross income from Form AR1000F/AR1000NR, line 25A and 25B:	31A 159,835. 00	31B 126,330. 00
32	Total Arkansas adjusted gross income: **(Add columns 31A and 31B from above)**		286,165. 00
33	Divide the amount on line 31A above by the amount on line 32. Enter the percentage here:		56 %
34	Multiply line 30 by the percentage on line 33. Enter here and on Form AR1000F/AR1000NR, line 27, col. (A): **(Primary)**		14,365. 00
35	Subtract line 34 from line 30. Enter here and on Form AR1000F/AR1000NR, line 27, column (B). If you and your spouse are using Filing Status 5, enter on line 27, col. (A) of your spouse's return: **(Spouse)**		11,286. 00

AR8453 2022

ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial	Last Name	Primary's Social Security Number
• DEEPAK	• SANEM	• 699-69-0730
Spouse's Legal First Name and Middle Initial	**Last Name**	**Spouse's Social Security Number**
SINDU	KURAPATI	• 742-65-3021
Mailing Address (Number and Street, P.O. Box or Rural Route)		**Telephone**
15897 WOODGREEN CT		• (929)274-3737

City	State or Province	ZIP	☐ Check if address is outside U.S. Foreign Country
LATHROP	CA	95330	

PART I - TAX RETURN INFORMATION (Whole Dollars Only)

1.	Total Income **(Form AR1000F or AR1000NR, Line 23)**	1	286,165.	00
2.	Net Tax **(Form AR1000F or AR1000NR, Line 38)**	2		00
3.	State Income Tax Withheld **(Form AR1000F or AR1000NR, Line 39)**	3	•	00
4.	Refund **(Form AR1000F or AR1000NR, Line 47)**	4		00
5.	Tax Due **(Form AR1000F or AR1000NR, Line 51)**	5	20.	00

PART II - DECLARATION OF TAXPAYER

6a. ☐ I consent that my refund be direct deposited as designated in the electronic portion of my 2022 Arkansas income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. The refund will be direct deposited to the bank account(s) shown on page 1 of the Form AR1000F/AR1000NR.

6b. ☒ I do not want direct deposit of my refund or I am not receiving a refund.

6c. ☐ I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT).

6d. ☐ I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).

If I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected, I understand my state return will be rejected also.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2022 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the State of Arkansas to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here

Primary's Signature Date Spouse's Signature Date

PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxpayer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge.

ERO'S Use Only

ERO'S Signature — Date: 03/18/2023 — Check if paid preparer ☐ — Check if self-employed ☐ — Your SSN or PTIN

Firm's name and address: GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816 — FEIN: 88-2145487

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only

Preparer's Signature — Date: 03/18/2023 — Check if self-employed ☐ — Preparer's SSN or PTIN: P02082703

Firm's name and address: SYAM PRIYA RAM SAGAR GUPTA TALLAM 245 ROONEY CT E BRUNSWICK NJ 08816 — FEIN: 84-3171965

Additional Information From 2022 Arkansas Tax Return

Form AR3: Itemized Deductions

Line 6 - Other Taxes

Continuation Statement

Type	Amount
CASDI	1,602.
CASDI	1,273.
Total	2,875.

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2022**

California e-file Signature Authorization for Individuals

FORM **8879**

Your name	Your SSN or ITIN
DEEPAK SANEM	699-69-0730
Spouse's/RDP's name	Spouse's/RDP's SSN or ITIN
SINDU KURAPATI	742-65-3021

Part I Tax Return Information (whole dollars only)

1	California adjusted gross income (AGI). See instructions	1	286165
2	Amount You Owe. See instructions	2	415
3	Refund or No Amount Due. See instructions	3	

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2022, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent.** If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize GLOBAL TAXES LLC (ERO firm name) to enter my PIN 9 0 7 3 0 (**Do not enter all zeros**) as my signature on my 2022 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2022 e-filed California individual income tax return. 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/RDP's PIN: check one box only

☒ I authorize GLOBAL TAXES LLC (ERO firm name) to enter my PIN 5 3 0 2 1 (**Do not enter all zeros**) as my signature on my 2022 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2022 e-filed California individual income tax return. 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/RDP's signature ▶ ______________________ Date ▶ ______________________

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (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

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2022 California individual income tax return 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 FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers.

ERO's signature ▶ ______________________ Date ▶ 03/18/2023

TAXABLE YEAR

2022 California Resident Income Tax Return

FORM

540

APE ATTACH FEDERAL RETURN

699-69-0730 SANE 742-65-3021 22
DEEPAK SANEM
SINDU KURAPATI

15897 WOODGREEN CT
LATHROP CA 95330

10-02-1992 01-08-1993

Principal Residence

Enter your county at time of filing (see instructions)

SAN JOAQUIN

If your address above is the same as your principal/physical residence address at the time of filing, check this box . . . [X]

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.) | Apt. no/ste. no.

City | State | ZIP code

Filing Status

If your California filing status is different from your federal filing status, check the box here . . . . [ ]

1 [ ] Single

4 [ ] Head of household (with qualifying person). See instructions.

2 [X] Married/RDP filing jointly. See instr.

5 [ ] Qualifying surviving spouse/RDP. Enter year spouse/RDP died. See instructions.

3 [ ] Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr. . . . . . . 6 [ ]

Exemptions

▶ For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 [2] X $140 = $ 280

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. . . . . 8 [ ] X $140 = $

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. . . . . 9 [ ] X $140 = $

REV 03/10/23 PRO

Your name: SANEM Your SSN or ITIN: 699-69-0730

10 Dependents: Do not include yourself or your spouse/RDP.

Exemptions

	Dependent 1	Dependent 2	Dependent 3
First Name			
Last Name			
SSN. See instructions.			
Dependent's relationship to you			

Total dependent exemptions . . . . 10 [ ] X $433 = $ [ ]

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 . . . . . 11 $ 280

Taxable Income

12 State wages from your federal Form(s) W-2, box 16 . . . . . . 12 299922 .00

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 . . . . 13 286165 .00

14 California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B . . . . . 14 .00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions . . . . . 15 286165 .00

16 California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C . . . . . 16 .00

17 California adjusted gross income. Combine line 15 and line 16 . . . . . 17 286165 .00

18 Enter the **larger** of
- Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR**
- Your California **standard deduction** shown below for your filing status:
- • Single or Married/RDP filing separately. $5,202
- • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP. $10,404

If Married/RDP filing separately or the box on line 6 is checked, **STOP**. See instructions 18 24378 .00

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- . . . . . 19 261787 .00

Tax

31 Tax. Check the box if from: [ ] Tax Table [X] Tax Rate Schedule [ ] FTB 3800 [ ] FTB 3803 . . . . . 31 17853 .00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than $229,908, see instructions. . . . . . 32 280 .00

33 Subtract line 32 from line 31. If less than zero, enter -0- . . . . . 33 17573 .00

34 Tax. See instructions. Check the box if from: [ ] Schedule G-1 [ ] FTB 5870A . . 34 .00

35 Add line 33 and line 34. . . . . . 35 17573 .00

Special Credits

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. . . . . 40 .00

43 Enter credit name OTHER STATE code 187 and amount. . . 43 659 .00

44 Enter credit name code and amount. . . 44 .00

REV 03/10/23 PRO

Your name: SANEM Your SSN or ITIN: 699-69-0730

Special Credits

45	To claim more than two credits. See instructions. Attach Schedule P (540)	45		.00
46	Nonrefundable Renter's Credit. See instructions	46		.00
47	Add line 40 through line 46. These are your total credits	47	659	.00
48	Subtract line 47 from line 35. If less than zero, enter -0-	48	16914	.00

Other Taxes

61	Alternative Minimum Tax. Attach Schedule P (540)	61		.00
62	Mental Health Services Tax. See instructions	62		.00
63	Other taxes and credit recapture. See instructions	63		.00
64	Add line 48, line 61, line 62, and line 63. This is your total tax.	64	16914	.00

Payments

71	California income tax withheld. See instructions	71	16499	.00
72	2022 California estimated tax and other payments. See instructions	72		.00
73	Withholding (Form 592-B and/or Form 593). See instructions.	73		.00
74	Excess SDI (or VPDI) withheld. See instructions	74		.00
75	Earned Income Tax Credit (EITC). See instructions	75		.00
76	Young Child Tax Credit (YCTC). See instructions	76		.00
77	Foster Youth Tax Credit (FYTC). See instructions	77		.00
78	Add line 71 through line 77. These are your total payments. See instructions	78	16499	.00

Use Tax

91 **Use Tax.** Do not leave blank. See instructions 91 0 .00

If line 91 is zero, check if: ☒ No use tax is owed. ☐ You paid your use tax obligation directly to CDTFA.

ISR Penalty

92 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. ☒
If you did not check the box, see instructions.

Individual Shared Responsibility (ISR) Penalty. See instructions 92 .00

Overpaid Tax/Tax Due

93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	93	16499	.00
94	**Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91	94		.00
95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93.	95	16499	.00
96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92.	96		.00
97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95.	97		.00

REV 03/10/23 PRO

Your name: SANEM Your SSN or ITIN: 699-69-0730

Overpaid Tax/Tax Due

			Code	Amount	
98	Amount of line 97 you want applied to your **2023** estimated tax	●	98		.00
99	Overpaid tax available this year. Subtract line 98 from line 97	●	99		.00
100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	◉	100	415	.00

Contributions

			Code	**Amount**	
	California Seniors Special Fund. See instructions	●	400		.00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	●	401		.00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	●	403		.00
	California Breast Cancer Research Voluntary Tax Contribution Fund	●	405		.00
	California Firefighters' Memorial Voluntary Tax Contribution Fund	●	406		.00
	Emergency Food for Families Voluntary Tax Contribution Fund	●	407		.00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	●	408		.00
	California Sea Otter Voluntary Tax Contribution Fund	●	410		.00
	California Cancer Research Voluntary Tax Contribution Fund	●	413		.00
	School Supplies for Homeless Children Voluntary Tax Contribution Fund	●	422		.00
	State Parks Protection Fund/Parks Pass Purchase	●	423		.00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	●	424		.00
	Keep Arts in Schools Voluntary Tax Contribution Fund	●	425		.00
	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	●	431		.00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	●	438		.00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	●	439		.00
	Rape Kit Backlog Voluntary Tax Contribution Fund	●	440		.00
	Suicide Prevention Voluntary Tax Contribution Fund	●	444		.00
	Mental Health Crisis Prevention Voluntary Tax Contribution Fund	●	445		.00
	California Community and Neighborhood Tree Voluntary Tax Contribution Fund	●	446		.00
110	Add amounts in code 400 through code 446. This is your total contribution	●	110		.00

Amount You Owe

111 **AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● 111 415 .00
Pay Online – Go to **ftb.ca.gov/pay** for more information.

REV 03/10/23 PRO

Your name: SANEM Your SSN or ITIN: 699-69-0730

Interest and Penalties

112 Interest, late return penalties, and late payment penalties . . . . 112 .00

113 Underpayment of estimated tax.

Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** . . . . ● 113 .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment . . . . 114 415 .00

Refund and Direct Deposit

115 **REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001**. . . . . . ● 115 .00

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number ● Type ☐ Checking ☐ Savings ● Account number ● **116** Direct deposit amount .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number ● Type ☐ Checking ☐ Savings ● Account number ● **117** Direct deposit amount .00

Voter Info.

For voter registration information, check the box and go to **sos.ca.gov/elections**. See instructions . . . . ☐

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature Date Spouse's/RDP's signature (if a joint tax return, both must sign)

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? See instructions.

Your email address. Enter only one email address.

Preferred phone number: 9292743737

Paid preparer's signature **(declaration of preparer is based on all information of which preparer has any knowledge)**

SYAM PRIYA RAM SAGAR GUPTA TALLAM

Firm's name (or yours, if self-employed): GLOBAL TAXES LLC

● PTIN: P02082703

Firm's address: 245 ROONEY CT E BRUNSWICK NJ 08816

● Firm's FEIN: 843171965

Do you want to allow another person to discuss this tax return with us? See instructions. . . . . . . ● ☐ Yes ☒ No

Print Third Party Designee's Name Telephone Number

REV 03/10/23 PRO

TAXABLE YEAR

2022 California Adjustments — Residents

SCHEDULE **CA (540)**

Important: Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

Name(s) as shown on tax return: DEEPAK SANEM & SINDU KURAPATI

SSN or ITIN: 699690730

Part I Income Adjustment Schedule **Section A – Income** from federal Form 1040 or 1040-SR	**A** Federal Amounts (taxable amounts from your federal tax return)	**B** Subtractions See instructions	**C** Additions See instructions
1 a Total amount from federal Form(s) W-2, box 1. See instructions 1a	299922		
b Household employee wages not reported on federal Form(s) W-2 . . . . 1b			
c Tip income not reported on line 1a 1c			
d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d			
e Taxable dependent care benefits from federal Form 2441, line 26 . . . . 1e			
f Employer-provided adoption benefits from federal Form 8839, line 29 . . . . 1f			
g Wages from federal Form 8919, line 6. . . . . . . 1g			
h Other earned income. See instructions 1h	0		
i Nontaxable combat pay election. See instructions 1i			
z Add line 1a through line 1i. 1z	299922		
2 Taxable interest. a ______ 2b	243		
3 Ordinary dividends. See instructions. a ______ 3b			
4 IRA distributions. See instructions. a ______ 4b			
5 Pensions and annuities. See instructions. a ______ 5b			
6 Social security benefits. a ______ 6b			
7 Capital gain or (loss). See instructions 7	-293		
Section B – Additional Income from federal Schedule 1 (Form 1040)			
1 Taxable refunds, credits, or offsets of state and local income taxes 1			
2 a Alimony received. See instructions. 2a			
3 Business income or (loss). See instructions. 3			
4 Other gains or (losses) 4			
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 5	-13707		
6 Farm income or (loss) 6			
7 Unemployment compensation 7			

REV 03/10/23 PRO

Section B – Additional Income Continued		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8 Other income:				
a Federal net operating loss	8a	( )		
b Gambling	8b			
c Cancellation of debt	8c			
d Foreign earned income exclusion from federal Form 2555	8d	( )		
e Income from federal Form 8853	8e			
f Income from federal 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	8m			
n IRC Section 951(a) inclusion	8n			
o IRC Section 951A(a) inclusion	8o			
p IRC Section 461(l) excess business loss adjustment	8p			
q Taxable distributions from an ABLE account . .	8q			
r Scholarship and fellowship grants not reported on federal Form(s) W-2	8r			
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d . .	8s	( )		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan	8t			
u Wages earned while incarcerated.	8u			
z Other income. List type and amount.	8z			

REV 03/10/23 PRO

Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
9 a Total other income. Add lines 8a through 8z. 9a			
b1 Disaster loss deduction from form FTB 3805V. . 9b1			
b2 NOL deduction from form FTB 3805V 9b2			
b3 NOL from form FTB 3805Z, 3807, or 3809 . . 9b3			
10 **Total.** Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions. 10	286165		

Section C – Adjustments to Income from federal Schedule 1 (Form 1040)	A	B	C
11 Educator expenses 11			
12 Certain business expenses of reservists, performing artists, and fee-basis government officials. 12			
13 Health savings account deduction 13			
14 Moving expenses. Attach form FTB 3913. See instructions 14			
15 Deductible part of self-employment tax. See instructions. 15			
16 Self-employed SEP, SIMPLE, and qualified plans. . 16			
17 Self-employed health insurance deduction. See instructions. 17			
18 Penalty on early withdrawal of savings 18			
19 a Alimony paid. 19a			
b Recipient's: SSN ________ Last Name ________			
20 IRA deduction 20			
21 Student loan interest deduction 21			
22 Reserved for future use 22			
23 Archer MSA deduction. 23			

REV 03/10/23 PRO

Section C – Adjustments to Income Continued		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
24 Other adjustments: a Jury duty pay	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 federal Trade Act of 1974	24e			
f Contributions to IRC Section 501(c)(18)(D) pension plans	24f			
g Contributions by certain chaplains to IRC Section 403(b) plans	24g			
h Attorney fees and court costs for actions involving certain unlawful discrimination claims	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 federal Form 2555	24j			
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)	24k			
z Other adjustments. List type and amount.	24z			
25 Total other adjustments. Add line 24a through line 24z	25			
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions	26			
27 **Total.** Subtract line 26 from line 10 in columns A, B, and C. See instructions	27	286165		

REV 03/10/23 PRO

Part II Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California . . . . ☐

	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.			
1 Medical and dental expenses . . . . ____ 1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11. . 286165 2			
3 Multiply line 2 by 7.5% (0.075) 21462 3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 4			
Taxes You Paid			
5 a State and local income tax or general sales taxes. . 5a	20013	20013	
b State and local real estate taxes 5b	3238		
c State and local personal property taxes 5c			
d Add line 5a through line 5c. 5d	23251		
e Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C 5e	10000	20013	13251
6 Other taxes. List type OTHER TAXES 6	2875	1273	
7 Add line 5e and line 6. 7	12875	21286	13251
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 1098 . . . . 8a	19238		
b Home mortgage interest not reported to you on federal Form 1098. . . . . 8b			
c Points not reported to you on federal Form 1098. . 8c			
d Reserved for future use 8d			
e Add line 8a through line 8c. 8e	19238		
9 Investment interest. 9			
10 Add line 8e and line 9. 10	19238		

REV 03/10/23 PRO

Part II Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Gifts to Charity			
11 Gifts by cash or check 11	300		
12 Other than by cash or check 12			
13 Carryover from prior year 13			
14 Add line 11 through line 13 14	300		
Casualty and Theft Losses			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . 15			
Other Itemized Deductions			
16 Other—from list in federal instructions. 16			
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C 17	32413	21286	13251

18 **Total.** Combine line 17 column A less column B plus column C 18 24378

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions 19

20 Tax preparation fees 20

21 Other expenses: investment, safe deposit box, etc. List type 21 0

22 Add line 19 through line 21 . . . . 22 0

23 Enter amount from federal Form 1040 or 1040-SR, line 11 286165

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0 . . . . 24 5723

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0 . . . . 25 0

26 **Total Itemized Deductions.** Add line 18 and line 25 . . . . 26 24378

27 Other adjustments. See instructions. Specify. 27

28 Combine line 26 and line 27 . . . . 28 24378

29 **Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?**

Single or married/RDP filing separately **$229,908**
Head of household **$344,867**
Married/RDP filing jointly or qualifying surviving spouse/RDP **$459,821**

No. Transfer the amount on line 28 to line 29.
Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29 . . . . 29 24378

30 **Enter the larger of the amount on line 29 or your standard deduction listed below:**

Single or married/RDP filing separately. See instructions **$5,202**
Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP . . **$10,404**

Transfer the amount on line 30 to Form 540, line 18 . . . . 30 24378

TAXABLE YEAR

CALIFORNIA SCHEDULE

2022 Other State Tax Credit

S

Attach to Form 540, Form 540NR, or Form 541.

Name(s) as shown on your California tax return	SSN, ITIN, or FEIN
DEEPAK SANEM & SINDU KURAPATI	699690730

Part I Double-Taxed Income (Read specific line instructions for Part I before completing.)

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
WAGES, SALARIES, TIPS	15240	15240
1 Total double-taxed income	15240	15240

Part II Figure Your Other State Tax Credit (Read specific line instructions for Part II before completing.)

2	California tax liability. See instructions	2	17573 00
3	Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	3	15240 00
4	California adjusted gross income. See instructions	4	286165 00
5	Divide line 3 by line 4. Do not enter more than 1.0000	5	0.0533
6	Multiply line 2 by line 5	6	937 00
7	Income tax liability paid to other state (use state's abbreviation) AR See instructions	7	659 00
8	Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	8	15240 00
9	Adjusted gross income taxable by other state. See instructions	9	15240 00
10	Divide line 8 by line 9. Do not enter more than 1.0000	10	1.0000
11	Multiply line 7 by line 10	11	659 00
12	Other state tax credit. Enter the smaller of line 6 or line 11. Use credit code **187**. See instructions	12	659 00

REV 03/10/23 PRO