Internal Revenue Service

IRS e-file Signature Authorization

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

T.....

Тахрау	er's name	Social security number					
HAR	IKA LAKKARAM	679-64	-1722	2			
Spouse	's name	Spouse's so	cial secu	rity number			
D							
Par	Tax Return Information — Tax Year Ending December 31, 2022 (Ente	r year you a	are aut	norizing.)			
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	121,093.			
2	Total tax		2	19,790.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	24,269.			
4	Amount you want refunded to you		4	4,479.			
5	Amount you owe		5				
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cor	ov of v	our return)			

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

Taxpayer's PIN: check one box only

X lauthorize GLOBAL TAXES LLC to	o enter or generate my PIN
----------------------------------	----------------------------

4	1	7	2	2	as				
Enter five digits, but don't enter all zeros									

my

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

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

Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

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

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

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

Spouse's signature >		ate 🕨								
	Practitioner PIN Method Returns Only—continue	bel	ow							
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		 6 all ze	 9	8	9	

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

ERO's signature >		
	<i>I</i> lust Retain This Form — See Instructions This Form to the IRS Unless Requested To I	Do So
For Denemoral's Deduction Act Nation and vous to		Earm 8870 (Boy, 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/09/23 PRO

E 1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn 202	22	OMB No. 1545	5-0074	IRS Us	e Only	–Do not v	write or stapl	le in this space.
Filing Status Check only one box.	lf yo	Single Married filing jointly	ame of y	ed filing separately vour spouse. If you	,				,	spo	alifying su Juse (QSS s name if	6)
Your first name		, ,	Last na	me						Your so	ocial secu	rity number
HARIKA				ARAM							64-172	•
-	oouse's	s first name and middle initial	Last na									ecurity number
												-
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				Apt. no.		Preside	ential Elec	tion Campaign
1950 ALA	MAN	DINE AVENUE									here if you	
		ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP	code				bintly, want \$3
AUBREY					T	ζ	76	227		Ŭ		d. Checking a ot change
Foreign country	/ name		F	oreign province/state	e/count	ty	Fore	ign postal	code	1	x or refun	•
				0.1		-					🗌 You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec nange, gift, or otherwise dispose of a									_	s 🛛 No
Standard		neone can claim: You as a de	-									
Deduction	_	Spouse itemizes on a separate retur	•	— .		•						
Age/Blindness	You	: 🗌 Were born before January 2, 1	958 🗌	Are blind SI	oouse	: 🗌 Was boi	rn bet	fore Jan	uary 2	2, 1958	🗌 Is I	blind
Dependents	s (see	instructions):		(2) Social secur	ty	(3) Relationsh	nip 🛛	4) Check	the b	ox if qual	ifies for (se	e instructions):
If more	(1) F	irst name Last name		number		to you		Child	tax c	redit	Credit for o	other dependents
than four												
dependents, see instructions												
and check	, 											
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions) .						. 1 a	a 1	121,093.
	b	Household employee wages not re	eported	on Form(s) W-2 .						. 1k	b	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	structions)						. 10	>	
attach Forms	d	Medicaid waiver payments not rep	orted o	n Form(s) W-2 (see	instru	ictions)				. 10	1	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom For	m 2441, line 26						. 16	e	
was withheld.	f	Employer-provided adoption bene	fits from	n Form 8839, line 2	9.					. 11	f	
lf you did not	g	Wages from Form 8919, line 6 .								. 1ç	9	
get a Form	h	Other earned income (see instruct	ions) .				- ·			. <u>1</u> ł	1	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		1 i	i					
	Z	Add lines 1a through 1h	• • •							. 12		121,093.
Attach Sch. B	2a	' -	2a			axable interes				. 2k		
if required.	<u>3a</u>		3a			ordinary divide			·	. 3k		
	4a		4a			axable amoun			•	. 4k		
Standard Deduction for—	5a		5a			axable amoun			•	. 5k		
Single or	6a	,	6a			axable amoun	nt.		• -	. 6k)	
Married filing separately,	С	If you elect to use the lump-sum e		-	•	,	•		. L	_		
\$12,950	7	Capital gain or (loss). Attach Sche					-		. L			
 Married filing jointly or 	8	Other income from Schedule 1, lin					•		•	. 8		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7					-		•	. 9		121,093.
surviving spouse, \$25,900	10	Adjustments to income from Sche					-		•	. 10		
 Head of household, 	11	Subtract line 10 from line 9. This is					•		•	. 11		121,093.
\$19,400	12	Standard deduction or itemized		,	,		•		·	. 12		12,950.
 If you checked any box under 	13	Qualified business income deduct					•		·	. 13		10 055
Standard Deduction,	14								•	. 14		12,950.
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -U This is	your	laxable incom	ne		•	. 15	<u> </u>]	108,143.

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

Form **1040** (2022)

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	19,	790.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	19,	790.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ie8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	19,	790.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your total tax					24	19,	790.
Payments	25	Federal income tax withheld								
2	а	Form(s) W-2				25a 24	1,269.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	24,	269.
If you have a	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			26		
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit fror				28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use .				30		1		
	31	Amount from Schedule 3, lin	ie 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	24,	269.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	4,	479.
neruna	35a	Amount of line 34 you want	refunded to you	. If Form 8888	3 is attached, che	ck here	. 🗆	35a	4,	479.
Direct deposit?	b	Routing number 0 7 4	0 0 0 0	1 0	c Type: 🛛 🗙	Checking	Savings			
See instructions.	d	Account number 5 9 1	1 6 1 5	7 2						
	36	Amount of line 34 you want a	applied to your	2023 estimate	edtax	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe						
You Owe		For details on how to pay, ge	o to <i>www.ir</i> s.gov	//Payments or	see instructions			37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See				
Designee	ins	structions				Yes. C	omplete l	below.	X No	
	De: nar	signee's		Phone no.			onal identi ber (PIN)	fication		
<u>o:</u>			hat I have averaine				. ,	the hee		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation		If the	e IRS se	nt you an Ider	ntitv
							Prot	ection P	IN, enter it he	
Joint return?					SOFTWARE :	DEV ENGINE	IR ^{(see}	inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupation	tion			nt your spous ection PIN, en	
your records.								inst.)		
	Ph	one no. (219)455-561	<u>ົ</u> ງ	Email address	ΗΛΡΤΚΑΙ.ΑΚΚΙ	ARAM@GMAIL.CO	<u>ו</u> אר			
		eparer's name $(219)455-561$	Z Preparer's signat		IIANINALIANNA	Date			Check if:	
Paid		ATA SAI PAVAN KUMAR DUDIPALLI			IAR DUDIPALLI			0823	Self-em	ploved
Preparer		n's name GLOBAL TAX			TIL DODIENT	05/10/2025	· · · ·		678)965-	
Use Only			Y CT E BRU	NSWICK N	J 08816			's EIN	88-214	
		1040 for instructions and the late		TIONICIC IN	BAA	REV 03/09/23 PRO				1940 (2022)

Cut on line before mailing

	POST	FILING	COUPON	PFC	0912	1030	REV 02/17/23 PRO
*SSN 1 679 6 *SSN 2	64 1722			"Electronic calculation liabilities serve as a c The taxpayer remain and remains liable fo	convenience for li s responsible for	ndiana taxpaye providing accu	urate information
	12 31 2022 18 2023	2	INI P.C	and make check paya DIANA DEPARTM . BOX 1674 DIANAPOLIS, II	ENT OF REV		
HARIKA LAKKA	RAM			A		[
1950 ALAMAND	DINE AVENUE			Amount Du	e:		659.00
AUBREY TX 76	227			כ וסטט וט	זבחבבק ווו זפ	ייוחיחטו	

00000001077537505000070777537505504

	Form IT-40	2022	Indiana F Individual I				Due Ap	ril 18, 2023	
	State Form 154 (R21 / 9-22)	If filing for a fis	cal year, enter th	e dates (see	e instructions	s) (MM/DD/YY	YY):		
		from		to:				Place "X" in box if amending	<
	Your Social Security Number	679 64	1722	Spouse's Security			in box if apply		
`	Your first name			name			п рох п арріу	Suffi	х
	HARIKA			LAKKARA	М				
		spouse's first name		name				Suffi	x
I	Present address (nu	mber and street or ru	ral route)]
	-	1950 ALAMAND	INE AVENUI	E				" in box if you ar ïling separately.	
(City				State	ZI	P/Postal code	• • •	
	AUBRI	EY			TX		76227		
F		aracter code (see ins	tructions)						
(vorked on Jan. 1, 20 County where you lived	County where	45		unty where buse lived		ounty where oouse worked		
1.	Enter your federal	adjusted gross incom	e from your fede	ral			Rou	nd all entries	
		Form 1040 or Form 1				_ Federal AC	SI _ 1	121093	3.00
2.	Enter amount from	Schedule 1, line 7, a	nd enclose Sche	dule 1	India	na Add-Back	s 2		.00
3.	Add line 1 and line	2					3	121093	3.00
4.	Enter amount from	Schedule 2, line 12,	and enclose Sch	edule 2	Indiar	na Deduction	s 4		.00
5.	Subtract line 4 fror	n line 3					5	121093	3.00
6.		e 3. Enter amount fro dule 3			Indian	a Exemption	s 6	1000	0.00
7	Subtract line 6 from	n line 5		Indian	a Adjusted (Gross Incom	e 7	120093	3 00
	State adjusted gro	ss income tax: multip nan zero, leave blank	ly line 7 by 3.23%	6 (.0323)	8	3879			
9.	•	county tax due from S nan zero, leave blank			9	1801	.00		
10.	Other taxes. Enter	amount from Schedu	lle 4, line 4 (enclos	se schedule)	0		.00		_
11.	Add lines 8, 9 and	10. Enter total here a	nd on line 15 on	the back		Indiana Taxe	s 11	5680).00



12.	Enter credits from Schedule 5, line 12 (enclose schedule)	12 5021.00		
13.	Enter offset credits from Schedule 6, line 8 (enclose schedule)	13 .00		
14.	Add lines 12 and 13	Indiana Credits	14	5021.00
15.	Enter amount from line 11	Indiana Taxes	15	5680.00
16.	If line 14 is equal to or more than line 15, subtract line 15 from lin	ne 14 (if smaller, skip to line 23)	16	.00
17.	Enter donations from Schedule IN-DONATE (enclose schedule);	cannot be greater than line16	17	.00
18.	Subtract line 17 from line 16	Overpayment	18	.00
19.	Amount from line 18 to be applied to your 2023 estimated tax act	count (see instructions).		
	Enter your county code county tax to be applied _\$	a .00		
	Spouse's county code county tax to be applied _\$	b .00		
	Indiana adjusted gross income tax to be applied\$	c .00		
	Total to be applied to your estimated tax account (a + b + c; cann	not be more than line 18)	19d	.00
20.	Penalty for underpayment of estimated tax from Schedule IT-221	0 or IT-2210A	20	.00
21.	Refund: Line 18 minus lines 19d and 20. Note: If less than zero,	see line 23 Your Refund	21	.00
22.	Direct Deposit (see instructions) a. Routing Number b. Account Number c. Type: Checking Savings Hoosier Works Model d. Place an "X" in the box if refund will go to an account outside			
23.	If line 15 is more than line 14, subtract line 14 from line 15. Add a (see instructions)	any amount to this on line 20	23	659.00
24.			24	.00
25.	Interest if filed after due date (see instructions)		25	.00
	Amount Due: Add lines 23, 24 and 25 Do not send cash. Make your check or money order payable to: Indiana Department of Revenue. See instructions if paying with a mand date this return after reading the Authorization statemer		26 D enclose Sch	659.00 edule 7.
Sign	ature Date	Spouse's Signature		Date
• Ma	ail payments to: Indiana Department of Revenue, P.O. Box 7224, I	ndianapolis, IN 46207-7224.		

• Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.

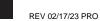




Schedule 3: Exemptions

2022

Name(s) shown on Form IT-40	Your Social	Security I	Number
HARIKA LAKKARAM	679	64	1722
Complete and enclose Schedule IN-DEP: Dependent Information and Additional E dependents on lines 2 and/or 3 below. Complete and enclose Schedule IN-DEP-A			
claiming dependents on line 6 below.		F	Round all entries
1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000		1	1000.00
2. Enter the number of dependents listed on Schedule IN-DEP, Box 6 x \$' You MUST enclose Schedule IN-DEP.	1000	2	.00
 3. You may claim an additional exemption for each qualifying dependent child: who is a son, stepson, daughter, stepdaughter, foster child and/or child for w legal guardian; who was under the age of 19 by Dec. 31, 2022; or who is a full-time student who was under the age of 24 by Dec. 31, 2022; an who you are eligible to claim as a dependent on line 2 above. 	-		
Enter the number of additional dependents listed on Schedule IN-DEP, Box 7. x \$1500		3	.00
 4. Place "X" in box(es) below if, by Dec. 31, 2022 You were age 65 or older and/or blind Spouse was 65 or older and/or blind Total number of boxes with Xs x \$1000 5. If age 65 or older, enter amount from Form IT-40, line 1. 		4	.00
 If filing as married filing separately and this amount is less than \$20,000, place the "You were age 65 or older" box below. For all other filers age 65 or older, if this amount is less than \$40,000, place appropriate box(es) below. You were age 65 or older Spouse was 65 or older 			
Total number of boxes with Xs x \$500		5	.00
6. Enter the number of additional adopted child exemptions listed on Schedule IN-DEP-A, Box 6 x \$3000 You MUST enclose Schedule IN-DEP-A.		6	.00
7. Add lines 1, 2, 3, 4, 5 and 6. Enter here and on Form IT-40, line 6T	otal Exemptions	7	1000.00





Schedule 5: Credits

2022

Enclosure Sequence No. **04**

Name(s) shown on Form IT-40	Your Social Security Number		
HARIKA LAKKARAM	679 64 1722		

		Round all entries
1. Indiana state tax withheld: See instructions	1	3909.00
2. Indiana county tax withheld: See instructions	2	1112.00
3. Estimated tax paid for 2022: include any extension payment made with Form IT-9	3	.00
4. Unified tax credit for the elderly	4	.00
5. Earned income credit: enclose Schedule IN-EIC and enter amount from line A-3	5	.00
6. Lake County residential income tax credit	6	.00
 Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, line 19 (enclose schedule) 	7	.00
8. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule)	8	.00
9. Headquarters relocation credit (refundable portion - see instructions)	9	.00
10. Adoption Credit	10	.00
11. 2022 Additional Automatic Taxpayer Refund: See instructions	11	.00
12. Add lines 1 through 11. Enter total here and on Form IT-40, line 12 Total Credits	12	5021.00

Schedule IN-DONATE

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

1. Donations: List fund name.	3-digit code and amount to be donated (see instructions)
T. Bornadorio: Elocitaria marito,	o aight bodo and ambant to bo donatod (

a. Enter fund name		code no.		1a	.00
b. Enter fund name		code no.		1b	.00
c. Enter fund name		code no.		1c	.00
2. Add lines 1a through 1c. E	inter total here and on Form IT-40/IT-40PNR, lir	ne 17 Tot a	al Donations	2	.00



Schedule 7								
Form IT-40, State Form 54000								
(R13 / 9-22)								

Schedule 7: Additional Required Information 2022

Name(s) shown on Form IT-40	Your Social Security Number							
HARIKA LAKKARAM	679 64 1722							
1. Federal filing information Are you filing a federal income tax return for 2022? Place "X" in appropr								
2. Out-of-state income: Complete if you and/or your spouse (if filing a income from Illinois, Kentucky, Michigan, Ohio, Pennsylvania or Wiscons for state where you and/or your spouse worked.								
State where you worked Your income S \$.00	tate where spouse worked Spouse's income \$							
3. Extension of time to file a. Place "X" in box if you have filed a federal extension of time to file,	Form 4868, or made an online extension payment.							
b. Place "X" in box if you have filed an Indiana extension of time to file	, Form IT-9, or made an Indiana extension payment online.							
4. Farm/Fishing income Place "X" in box if at least two-thirds of your gross income was made fro Important: If you placed an "X" in the box, you MUST attach Schedule IT								
5. Schedule IN-40PA filers. If you are eligible to file federal Form 8857, I Indiana Schedule IN-40PA, enclose Schedule IN-40PA and check the be								
6. Date of death If any individual listed at the top of the IT-40 died <i>during</i> 2022, enter da	ate of death (MM/DD).							
Taxpayer's date of death 2022 Spouse's	date of death							
Authorization: Sign Form IT-40 after reading the following statement. Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, com- plete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue (DOR) to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I grant permission to DOR to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.								
7. Your daytime Your telephone number 2194555612 email addre	ss HARIKALAKKARAM@GMAIL.C							
I authorize the Department to discuss my return with my personal representative.	Paid Preparer: Firm's Name (or yours if self-employed)							
Yes No If yes, complete the information below.	GLOBAL TAXES LLC							
Personal Representative's Name (please print)	IN-OPT on file with paid preparer if not filing electronically							
	PTIN P02470833							
Telephone	Address 245 ROONEY CT							
Address	City E BRUNSWICK							
City	State NJ ZIP Code 08816							
State ZIP Code	Preparer's signature <u>VENKATA SAI PAVAN KUMAR DU</u>							





County Tax Schedule for Full-Year Indiana Residents

Enclosure Sequence No. **07**

2022

Name(s) shown on Form IT-40	Your Sc	Your Social Security Number				
HARIKA LAKKARAM	679	64	1722			
 Enter the amount from IT-40, line 7. Note: If both you and your spouse lived in the same county on January 1, enter the entire amount from Form IT-40, line 7 on line 1A (do not complete Column P). See instructions 	Column A - Yourself		n B - Spouse's			
 (do not complete Column B). See instructions 2. Enter the county tax rate from the chart on the back of this schedule for the county where you lived on Jan. 1, 2022 	2A . 0150000	2B.	00			
3. Multiply line 1 by the rate on line 2 (leave blank if less than zero)	3A 1801.	00 3B	.00			
 Add lines 3A and 3B. Enter the total here. Perry County resider County and worked in the Kentucky counties of Breckinridg complete lines 5 and 6. Otherwise, enter the total here and on line 	e, Hancock or Meade, you m	ust	1801.00			
5. Enter the amount of income that was taxed by certain Kentucky		5	.00			
6. Multiply line 5 by .0181 and enter total here		6	.00			
7. Enter total of line 4 minus line 6. Enter this amount on line 9 of F	orm IT-40	7	1801.00			





Form IT-8879 State Form 53399 (R18 / 9-22)	Income		Indiana Individual In RATION OF ELEC the Tax Year Januar	TRONIC				Do Not This Fo To DC	orm
First Name and Middle Initia			Last Name				Your Social Se	curity Number	
HARIKA Spouse's First Name and Mi	iddlo Initial		LAKKARAM				679 64 Spouse's Socia	1722	bor
			Spouse's Last Name						
Street Address 1950 ALAMANDINE	AVENUE	City AUBI	REY	State TX		ZIP Code 76227		e Telephone Nu 455 5612	Imber
	Part I. T	ax Reti	urn Information (See	e instruction	s on	next pag	je)		
1. Federal Adjusted Gro	ss Income				1.			121	093.
2. Indiana Adjusted Gros	ss Income				2.			120	093.
3. Total Indiana Tax					3.			5	680.
					4.	3909.			
-					5.	1112.			
					6.			5	021.
7. Refund					7.				650
8. Amount You Owe					8.				659.
9. Type of settlement:	Direct Depos	sit of Ref		Settlement		Date	e of Withdrawa	1	
10. Routing number:			Note: The	first two digi	ts of t	he routing	g number must	be 01 - 12 or 2	21 - 32.
11. Account number:					\frown			Do Not	Mail
12. Type of account:	Checking	Savings	Hoosier Works MC	;				This Fo	orm
13. Place an "X" in the bo	ox if refund will g	o to an a	account outside the Unit	ed States.				To DC	DR
My request for direct deposite to furnish my financial instite payment is properly process	tution with my rou								
Under penalties of perjury, I corresponding lines of the e complete. I consent to my E using a computer system ar pertaining to my use of the s and/or transmitter an ackno reason(s) for the rejection. I reason(s) for the delay of w	lectronic portion of ERO sending my nd software to pre- system and softw wledgement of re- f the processing of	of my inc return, th pare and are and t ceipt of t of my retu	ome tax return. To the be nis declaration, and acco d transmit my return elec to the transmission of my ransmission and an indic) and the amo st of my know ompanying sc tronically, I co return electro cation of whet	/ledge hedule nsent onicall her or	and belie and state to the disc y. I also co not my re	f, my 2022 retu atements to the closure to the D onsent to the D turn is accepted	rn is true, corr DOR. In addi OR of all infor OR sending m d, and, if reject	ect and tion, by mation by ERO ted, the
Your PIN: Check one box o	nly								
I authorize GLOBAL filed income tax return.	TAXES LLC	to enter	my PIN 4 1 7 2 Do not enter all ze	2 as my s	signat	ure on my	y tax year 2022	2 electronicall	
I will enter my PIN as r entering your own PIN	my signature on and your return	my tax y is filed u	ear 2022 electronically using the Practitioner Pl	filed income N method. Tl	tax re ne ER	turn. Che O must c	ck this box on complete part l	ly if you are √ below.	N
Your signature ►					Date _				D
Spouse's PIN: Check one	box only								
I authorize filed income tax return.		to enter	my PIN Do not enter all ze		signat	ure on my	y tax year 2022	2 electronicall	^y A
•••	and your return	is filed u	ising the Practitioner PI	N method. TI	ne ER	O must c	omplete part l	V below.	Ν
Your signature ►					Date _				Α
Part IV.	Practitioner	Certific	cation and Authentic	cation - Pra	ctitio	one <u>r PIN</u>	Method ON	LY	
ERO's EFIN/PIN. Enter yo	-					2 2	Do not ent	er all zeros	89
I certify that the above num taxpayer(s) indicated above									
ERO's signature ►					Date _				