

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

Taxpayer's name TEJASWI AYYADAPU	Social security number 845-52-3443
Spouse's name	Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	86,038.
2 Total tax	2	11,694.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	14,247.
4 Amount you want refunded to you	4	2,553.
5 Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

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

2	3	4	4	3
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

2	2	2	4	9	6	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

Filing Status [] Single [] Married filing jointly [X] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: ANUDEEP REDDY SURKANTI

Your first name and middle initial: TEJASWI
Last name: AYYADAPU
Your social security number: 845-52-3443
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number: 185-19-3470
Home address (number and street). If you have a P.O. box, see instructions. 24616 VERDANT DRIVE
City, town, or post office. If you have a foreign address, also complete spaces below. FARMINGTON HILLS
State: MI
ZIP code: 48335
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [] 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 [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent
[] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1958 [] Are blind Spouse: [] Was born before January 2, 1958 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes dependents section with checkboxes for child tax credit and credit for other dependents.

Income section table with columns 1a-1z and 1a-1z. 1a Total amount from Form(s) W-2, box 1 (see instructions) 96,888. 1b Household employee wages not reported on Form(s) W-2. 1c Tip income not reported on line 1a (see instructions). 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions). 1e Taxable dependent care benefits from Form 2441, line 26. 1f Employer-provided adoption benefits from Form 8839, line 29. 1g Wages from Form 8919, line 6. 1h Other earned income (see instructions) 0. 1i Nontaxable combat pay election (see instructions). 1z Add lines 1a through 1h 96,888.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. 2a Tax-exempt interest. 2b Taxable interest. 3a Qualified dividends. 3b Ordinary dividends. 4a IRA distributions. 4b Taxable amount. 5a Pensions and annuities. 5b Taxable amount. 6a Social security benefits. 6b Taxable amount.

Table with columns 7-15. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here. 8 Other income from Schedule 1, line 10. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 86,038. 10 Adjustments to income from Schedule 1, line 26. 11 Subtract line 10 from line 9. This is your adjusted gross income 86,038. 12 Standard deduction or itemized deductions (from Schedule A) 12,950. 13 Qualified business income deduction from Form 8995 or Form 8995-A. 14 Add lines 12 and 13 12,950. 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 73,088.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	11,694.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	11,694.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	11,694.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	11,694.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	14,247.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	14,247.
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	14,247.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,553.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,553.
	b	Routing number 081000032 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 355010190273		
	36	Amount of line 34 you want applied to your 2023 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (816) 482-2556	Email address TEJASWIA1996@GMAIL.COM		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/23/2023	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Phone no. (678) 965-9522
				Firm's EIN 84-3171965

**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
TEJASWI AYYADAPU

Your social security number
845-52-3443

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	-10,850.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) excess business loss adjustment	8p		
q	Taxable distributions from an ABL account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount: _____	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	-10,850.

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

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions): _____			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount: _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2022
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service

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

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

Name(s) shown on return

Your social security number

TEJASWI AYYADAPU

845-52-3443

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 BANJARA HILLS RD NO:2 HYDERABAD TELANGANA IN 500045

B
C

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days	QJV
		A	B	C	
A 3		365		0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

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

Income:	Properties:		
	A	B	C
3 Rents received	3 800.		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7 1,000.		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11 800.		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14 3,050.		
15 Supplies	15 2,800.		
16 Taxes	16		
17 Utilities	17 4,000.		
18 Depreciation expense or depletion	18		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 11,650.		
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 -10,850.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (10,850.)		
23a Total of all amounts reported on line 3 for all rental properties	23a 800.		
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 11,650.		
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 (10,850.)		
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 -10,850.		

2022 AR1000NR



P1

ARKANSAS INDIVIDUAL INCOME TAX RETURN Nonresident and Part Year Resident

CHECK BOX IF AMENDED RETURN

Software ID

Jan. 1 - Dec. 31, 2022 or fiscal year ending _____, 20__ •

PROSERIES

TAXPAYER INFORMATION	Primary's legal first name • TEJASWI		MI •	Last name • AYYADAPU		Check if Deceased • <input type="checkbox"/>		Primary's social security number • 845-52-3443		
	Spouse's legal first name •		MI •	Last name •		Check if Deceased • <input type="checkbox"/>		Spouse's social security number • 185-19-3470		
	Mailing address (number and street, P.O. box or rural route) • 24616 VERDANT DRIVE							Check if address is outside U.S. <input type="checkbox"/>		
	City • FARMINGTON HILLS		State or province • MI		ZIP • 48335		Foreign country name			
	Primary email				Secondary email					
	ATTACH PAGE 1 AND 2 OF YOUR FEDERAL RETURN				• <input checked="" type="checkbox"/> NONRESIDENT:		• <input type="checkbox"/> PART YEAR RESIDENT: Dates lived in AR:			
					List state of residence: MICHIGAN		From: _____ To: _____			
	• <input type="checkbox"/> 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.									
	• <input type="checkbox"/> Check here if you want a tax booklet mailed to you next year.					• <input type="checkbox"/> Check this box if you have filed a state extension or an automatic federal extension				
	DL# / State ID 47134419		Your state TX		Issue date (mm/dd/yyyy) 09/21/2021		Expiration date (mm/dd/yyyy) 06/28/2023			
DL# / State ID _____		Spouse state _____		Issue date (mm/dd/yyyy) _____		Expiration date (mm/dd/yyyy) _____				
FILING STATUS	1. • <input type="checkbox"/> Single (Or widowed before 2022 or divorced at end of 2022)				4. • <input type="checkbox"/> Married filing separately on the same return					
	2. • <input type="checkbox"/> Married filing joint (Even if only one had income)				5. • <input checked="" type="checkbox"/> Married filing separately on different returns Enter spouse's name here and SSN above ANUDEEP REDDY SURKANTI					
3. • <input type="checkbox"/> Head of household (See instructions) If the qualifying person was your child, but not your dependent, enter child's name here: _____				6. • <input type="checkbox"/> Surviving spouse with dependent child Year spouse died: (See instructions) _____						
PERSONAL TAX CREDITS	7A. <input checked="" type="checkbox"/> Yourself • <input type="checkbox"/> 65 or over • <input type="checkbox"/> 65 Special • <input type="checkbox"/> Blind • <input type="checkbox"/> Deaf • <input type="checkbox"/> Head of household/surviving spouse (Filing status 3 only) (Filing status 6 only)									
	<input type="checkbox"/> Spouse • <input type="checkbox"/> 65 or over • <input type="checkbox"/> 65 Special • <input type="checkbox"/> Blind • <input type="checkbox"/> Deaf									
	Multiply number of boxes checked 7A <input type="checkbox"/> X \$29 = 29 . 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 • <input type="checkbox"/> X \$29 = 00										
7C. Multiply number of qualifying individuals from AR1000RC5 (See instructions) 7C • <input type="checkbox"/> X \$500 = 00										
7D. TOTAL PERSONAL TAX CREDITS: (Add lines 7A, 7B, and 7C. Enter total here and on line 34) 7D 29 . 00										



Primary SSN 845-52-3443

		(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only	(C) Arkansas Income Only	
ROUND ALL AMOUNTS TO WHOLE DOLLARS					
INCOME	8. Wages, salaries, tips, etc: (Attach W-2s)	8	● 96,888.00	● 96,888.00	
	9. Military pay: Primary ● [] 00 Spouse ● [] 00				
	10. Interest income: (If over \$1,500, attach AR4)	10	● [] 00	● [] 00	
	11. Dividend income: (If over \$1,500, attach AR4)	11	● [] 00	● [] 00	
	12. Alimony and separate maintenance received:	12	● [] 00	● [] 00	
	13. Business or professional income: (Attach federal Sch. C)	13	● [] 00	● [] 00	
	14. Capital gains/(losses) from stocks, bonds, etc: (Attach federal Sch. D) ..	14	● [] 00	● [] 00	
	15. Other gains or (losses): (See instructions)	15	● [] 00	● [] 00	
	16. Non-qualified IRA distributions and taxable annuities: (Attach all 1099Rs) ...	16	● [] 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	
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Sch. E)	19	● -10,850.00	● 0.00	
	20. Farm income: (Attach federal Sch. F)	20	● [] 00	● [] 00	
	21. Unemployment:	21	● [] 00	● [] 00	
	22. Other income/depreciation differences: (Attach Form AR-OI)	22	● [] 00	● [] 00	
	23. TOTAL INCOME: (Add lines 8 through 22)	23	● 86,038.00	● 96,888.00	
	24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	24	● [] 00	● [] 00	
	25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	25	● 86,038.00	● 96,888.00	
	TAX COMPUTATION	26. Select tax table: (Select only one)	26		
		27. ● <input type="checkbox"/> Low income table (\$0), See line 26 instructions ● <input checked="" type="checkbox"/> Standard deduction (See instructions) ● <input type="checkbox"/> Itemized deductions (Attach AR3)	27	● 2,270.00	● [] 00
		28. NET TAXABLE INCOME: (Subtract line 27 from line 25)	28	● 83,768.00	● [] 00
		29. TAX: (Enter tax from tax table)	29	● 3,476.00	● [] 00
		30. Combined tax: (Add amounts from line 29, columns A and B)	30		● 3,476.00
		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		● 3,476.00		
TAX CREDITS	34. Personal tax credit(s): (Enter total from line 7D)	34		● 29.00	
	35. Child care credit: (Attach AR2441)	35		● [] 00	
	36. Other credits: (Attach AR1000TC)	36		● [] 00	
	37. TOTAL CREDITS: (Add lines 34 through 36)	37		● 29.00	
	38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0)	38		● 3,447.00	
APPORTIONMENT	38A. Enter the amount from line 25, Column C:	38A		● 96,888.00	
	38B. Enter the total amount from line 25, Columns A and B:	38B		● 86,038.00	
	38C. Divide line 38A by 38B: (See instructions)	38C	1.000000		
	38D. APPORTIONED TAX LIABILITY: (Multiply line 38 by line 38C)	38D		● 3,447.00	



Primary SSN 845-52-3443

PAYMENTS	39. Arkansas income tax withheld: (Attach copies of W-2, 1099R, W2-G,1099-PT, and/or AR-K1) 39	●	4,581.	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	●	4,581.	00																				
REFUND OR TAX DUE	45. AMENDED RETURNS ONLY - Previous refund: (See instructions) 45	●		00																				
	46. Adjusted total payments: (Subtract line 45 from line 44) 46	●	4,581.	00																				
	47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38D, enter difference) 47	●	1,134.	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	●	☺	1,134.	00																			
DIRECT DEPOSIT	51. AMOUNT DUE: (If line 46 is less than line 38D, enter difference; if over \$1,000, continue to 52A) TAX DUE 51	●	☹		00																			
	52A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A	●			00																			
	Penalty 52B	●			00																			
	52C. Add lines 51 and 52B: (See instructions) TOTAL DUE 52C	●			00																			
Direct deposit allowed to U.S. banks only. Check if either deposit(s) will ultimately be placed in a foreign account. ● <input type="checkbox"/>																								
<table style="width:100%; border: none;"> <tr> <td style="width:30%;">Routing number 1</td> <td style="width:30%;">Account number 1</td> <td style="width:10%;"><input checked="" type="checkbox"/> Checking or</td> <td style="width:10%;"><input type="checkbox"/> Savings</td> <td style="width:10%;">Direct deposit 1 amt.</td> </tr> <tr> <td>● 0 8 1 0 0 0 0 3 2</td> <td>● 3 5 5 0 1 0 1 9 0 2 7 3</td> <td></td> <td></td> <td>● 1,134.</td> </tr> <tr> <td>Routing number 2</td> <td>Account number 2</td> <td><input type="checkbox"/> Checking or</td> <td><input type="checkbox"/> Savings</td> <td>Direct deposit 2 amt.</td> </tr> <tr> <td>●</td> <td>●</td> <td></td> <td></td> <td>●</td> </tr> </table>					Routing number 1	Account number 1	<input checked="" type="checkbox"/> Checking or	<input type="checkbox"/> Savings	Direct deposit 1 amt.	● 0 8 1 0 0 0 0 3 2	● 3 5 5 0 1 0 1 9 0 2 7 3			● 1,134.	Routing number 2	Account number 2	<input type="checkbox"/> Checking or	<input type="checkbox"/> Savings	Direct deposit 2 amt.	●	●			●
Routing number 1	Account number 1	<input checked="" type="checkbox"/> Checking or	<input type="checkbox"/> Savings	Direct deposit 1 amt.																				
● 0 8 1 0 0 0 0 3 2	● 3 5 5 0 1 0 1 9 0 2 7 3			● 1,134.																				
Routing number 2	Account number 2	<input type="checkbox"/> Checking or	<input type="checkbox"/> Savings	Direct deposit 2 amt.																				
●	●			●																				
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	May the Arkansas Revenue Division discuss this return with the preparer?																				
Spouse's signature		Date	Telephone																					
Paid preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/23/2023		PTIN/ID number ● 843171965		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																				
Preparer's name GLOBAL TAXES LLC		Telephone (678)965-9522		For Department Use Only																				
A ●																								
Address 245 ROONEY CT																								
City E BRUNSWICK		State NJ	ZIP 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.			Refund: Arkansas State Income Tax P.O. Box 1000 Little Rock, AR 72203-1000																					
PAY BY MAIL: (See instructions)			Tax Due/No Tax: Arkansas State Income Tax P.O. Box 2144 Little Rock, AR 72203-2144																					
PAY BY CREDIT CARD: (See instructions)																								



**ARKANSAS INDIVIDUAL INCOME TAX
DECLARATION FOR ELECTRONIC FILING**

Primary's Legal First Name and Middle Initial ● TEJASWI		Last Name ● AYYADAPU		Primary's Social Security Number ● 845-52-3443	
Spouse's Legal First Name and Middle Initial		Last Name		Spouse's Social Security Number ● 185-19-3470	
Mailing Address (Number and Street, P.O. Box or Rural Route) 24616 VERDANT DRIVE				Telephone ● (816) 482-2556	
City FARMINGTON HILLS	State or Province MI	ZIP 48335	<input type="checkbox"/> Check if address is outside U.S. Foreign Country		

PART I - TAX RETURN INFORMATION (Whole Dollars Only)

1. Total Income (Form AR1000F or AR1000NR, Line 23)	1	86,038.	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	1,134.	00
5. Tax Due (Form AR1000F or AR1000NR, Line 51)	5		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
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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	02/23/2023 Date	Check if paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	_____ Your SSN or PTIN
GLOBAL TAXES LLC 245 ROONEY CT Firm's name and address		E BRUNSWICK NJ 08816		88-2145487 FEIN

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	02/23/2023 Date	Check if self-employed <input type="checkbox"/>	_____ Preparer's SSN or PTIN
SYAM PRIYA RAM SAGAR GUPTA TALLAM 245 ROONEY CT Firm's name and address		E BRUNSWICK NJ 08816 84-3171965 FEIN	

Instructions for Form MI-1040-V

2022 Michigan Individual Income Tax Payment Voucher

Important Information

Use this voucher only if making your payment after you file your MI-1040 return.

Do not use this voucher to do any of the following:

- Make any other payments to the State of Michigan
- Make estimated income tax payments. Estimated income tax payments should be made using the MI-1040ES
- Pay tax owed on your City of Detroit return. The City of Detroit tax due should be paid using the CITY-V.

Failure to provide a complete Social Security number on Form MI-1040-V will result in processing delays.

Enter on Form MI-1040-V below the tax due as shown on your *Individual Income Tax Return* (MI-1040), line 34.

Your payment and MI-1040-V are due April 18, 2023. If your payment is late, you will owe interest and penalty in addition to the tax due. The annual interest rate is 1 percent above the current prime rate. Penalty is 5 percent of the tax due for the first two months, then 5 percent for each month thereafter until the full payment is received, up to a maximum penalty of 25 percent. If you pay late, you may calculate and add interest and penalty to your payment or Treasury will send you a bill for any additional amount due. Interest rates are adjusted on July 1 and January 1. For current interest rates visit www.michigan.gov/taxes.

If you do not owe any tax on your MI-1040, do not file this form.

Electronic Payments

You may choose to make your Individual Income Tax payment electronically. Paying electronically is easy, fast and secure. Payment options include direct debit (eCheck) from your checking or savings account, or payment by credit or debit card.

You can also make your Individual Income Tax payment using direct debit when supported by your e-file software provider.

If you choose to make your payment electronically, you do not need to mail the MI-1040-V to Treasury. Visit www.michigan.gov/iit for more information.

Mailing Instructions

- Make your check payable to the **“State of Michigan.”** Print **“2022 MI-1040-V”** and the last four digits of your **Social Security number** on the check. If paying on behalf of another filer, write the filer’s name and the last four digits of the filer’s Social Security number on the check.
- Detach Form MI-1040-V along the dotted line.
- Do not attach your payment to Form MI-1040-V. Instead, place both items loose in the envelope and mail to:
Michigan Department of Treasury
P.O. Box 30774
Lansing, MI 48909
- Do not attach a copy of your return to the MI-1040-V. Attaching a copy of your return will delay the application of payment to your account.
- Do not write notes on the MI-1040-V or submit the voucher without payment.
- If you mail your payment with your paper filed return, you do not need to mail the MI-1040-V to Treasury.

If you have questions, you may call 517-636-4486. Assistance is available using TTY through the Michigan Relay Service by calling 711.

Visit www.michigan.gov/taxes for additional information.

Mail this form with payment for your MI-1040 return. Do not file with your paper return.

Detach here and mail with your payment. Do not fold or staple the voucher.

Michigan Department of Treasury (Rev. 03-22)

2022 MICHIGAN Individual Income Tax Payment Voucher

MI-1040-V

Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.

Mail Form MI-1040-V with your payment after you file your MI-1040 return.

Do not use this form to make any other payments to the State of Michigan.

REV 02/09/23 PRO

Filer's Name(s) (First, Middle Initial, Last) and Home Address (Street, City, State, ZIP Code) TEJASWI AYYADAPU 24616 VERDANT DRIVE FARMINGTON HILLS MI 48335	Filer's Full Social Security Number 845-52-3443	Spouse's Full Social Security Number 91 .00
	WRITE PAYMENT AMOUNT HERE ➡ \$	
	MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909	Make check payable to “State of Michigan.” Write the last four digits of filer's Social Security number and “2022 MI-1040-V” on the check. Do not fold or staple.

DO NOT WRITE IN THIS SPACE

1555

65898965 02 2022 00000000 845523443 4

2022 MICHIGAN Individual Income Tax Return MI-1040

Amended Return
(Include Schedule AMD)

Return is due April 18, 2023. Type or print in blue or black ink.

1. Filer's First Name TEJASWI		M.I.	Last Name AYYADAPU		2. Filer's Full Social Security No. (Example: 123-45-6789) 845 — 52 — 3443	
If a Joint Return, Spouse's First Name		M.I.	Last Name		3. Spouse's Full Social Security No. (Example: 123-45-6789) 185 — 19 — 3470	
Home Address (Number, Street, or P.O. Box) 24616 VERDANT DRIVE					4. School District Code (5 digits – see page 60) 63200	
City or Town FARMINGTON HILLS			State MI	ZIP Code 48335		
5. STATE CAMPAIGN FUND Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund. a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse				6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.		
7. 2022 FILING STATUS. Check one. a. <input type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input checked="" type="checkbox"/> Married filing separately* <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">ANUDEEP REDDY SUR</div> <small>* If you check box "c," complete line 3 and enter spouse's full name below:</small>				8. 2022 RESIDENCY STATUS. Check all that apply. a. <input checked="" type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident * c. <input type="checkbox"/> Part-Year Resident * <small>* If you check box "b" or "c," you must complete and include Schedule NR.</small>		

9. **EXEMPTIONS. NOTE:** If someone else can claim you as a dependent, check box 9e, enter 0 on line 9a and enter \$1,500 on line 9e (see instr.).

a. Number of exemptions (see instructions).....	9a.	1	x	\$5,000	9a.	5000	00
b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled	9b.		x	\$2,900	9b.		00
c. Number of qualified disabled veterans	9c.		x	\$400	9c.		00
d. Number of Certificates of Stillbirth from MDHHS (see instructions)	9d.		x	\$5,000	9d.		00
e. Claimed as dependent, see line 9 NOTE above	9e.	<input type="checkbox"/>			9e.		00
f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15	9f.				9f.	5000	00

10. Adjusted Gross Income from your U.S. Form 1040 (see instructions)	10.	86038	00
11. Additions from Schedule 1, line 9. Include Schedule 1	11.		00
12. Total. Add lines 10 and 11	12.	86038	00
13. Subtractions from Schedule 1, line 30. Include Schedule 1	13.		00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0"	14.	86038	00
15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19	15.	5000	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"	16.	81038	00
17. Tax. Multiply line 16 by 4.25% (0.0425)	17.	3444	00

NON-REFUNDABLE CREDITS

		AMOUNT		CREDIT		
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions)	18a.	3447	00	18b.	3353	00
19. Michigan Historic Preservation Tax Credit (see instructions)	19a.		00	19b.		00
20. Income Tax. Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0"	20.			20.	91	00

Filer's Full Social Security Number

845 — 52 — 3443

21. Enter amount of Income Tax from line 20.....	21.	91	00
22. Voluntary Contributions from Form 4642, line 6. Include Form 4642	22.		00
23. USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions).....	23.	0	00
24. Total Tax Liability. Add lines 21, 22 and 23	24.	91	00

REFUNDABLE CREDITS AND PAYMENTS

25. Property Tax Credit. Include MI-1040CR or MI-1040CR-2	25.		00
26. Farmland Preservation Tax Credit. Include MI-1040CR-5	26.		00
27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b.	27a.		00
28. Michigan Historic Preservation Tax Credit (refundable). Include Form 3581	28.		00
29. Credit for allocated share of tax paid by an electing flow-through entity (see instructions).....	29.		00
30. Michigan tax withheld from Schedule W, line 6. Include Schedule W (do not submit W-2s)	30.		00
31. Estimated tax, extension payments and 2021 credit forward.....	31.		00
32. 2022 AMENDED RETURNS ONLY. Taxpayers completing an original 2022 return should skip to line 33. Amended returns must include Schedule AMD (see instructions) .			
32a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 32a and enter this amount as a negative number on line 32c.			
32b. <input type="checkbox"/> If you paid with the original return, check box 32b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 32c. Do not include interest or penalty.	32c.		00
33. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30, 31 and 32c	33.		00

REFUND OR TAX DUE

34. If line 33 is less than line 24, subtract line 33 from line 24. If applicable, see instructions.			
Include interest <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> and penalty <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YOU OWE	34.	91 00
35. Overpayment. If line 33 is greater than line 24, subtract line 24 from line 33	35.		00
36. Credit Forward. Amount of line 35 to be credited to your 2023 estimated tax for your 2023 tax return ...	36.		00
37. Subtract line 36 from line 35.....	REFUND	37.	00

DIRECT DEPOSIT

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

a. Routing Transit Number	b. Account Number	c. Type of Account	
		1. <input type="checkbox"/> Checking	2. <input type="checkbox"/> Savings

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2021, enter dates below. **ENTER DATE OF DEATH ONLY.** Example: 04-15-2022 (MM-DD-YYYY)

Filer	— —	Spouse	— —
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Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN
P02082703

Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

Filer's Signature	Date
Spouse's Signature	Date

Preparer's Name (print or type)
SYAM PRIYA RAM SAGAR GUPTA TA
Preparer's Signature
SYAM PRIYA RAM SAGAR GUPTA TA
Preparer's Business Name, Address and Telephone Number
GLOBAL TAXES LLC
245 ROONEY CT
E BRUNSWICK NJ 08816
678-965-9522

By checking this box, I authorize Treasury to discuss my return with my preparer.

Refund, credit, or zero returns. Mail your return to: **Michigan Department of Treasury, Lansing, MI 48956**
Pay amount on line 34 (see instructions). Mail your check and return to: **Michigan Department of Treasury, Lansing, MI 48929**

Name as Shown on Return TEJASWI AYYADAPU	Social Security Number 845-52-3443
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- **QuickZoom** to another copy of this worksheet ➔
- **Part-year residents:** You can claim this credit only when your income from another state was earned while you were a Michigan resident.
- Jurisdiction code ▶ AR
Jurisdiction name Arkansas

1	Income earned in another state or locality subject to Michigan tax	1	<u>83,768.</u>
2	Enter the amount from Form MI-1040, line 14.	2	<u>86,038.</u>
3	Divide line 1 by line 2	3	<u>0.9736</u>
4	Enter the amount from Form MI-1040, line 17.	4	<u>3,444.</u>
5	Multiply line 4 by line 3	5	<u>3,353.</u>
6	Enter the amount of tax imposed by another state or locality	6	<u>3,447.</u>
7	Credit. Enter line 6 or the smaller of line 5 or line 6	7	<u>3,353.</u>