

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 ROHINI SAI CHANDRA MUNNANGI	Social security number 174-71-3526
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	61,010.
2	Total tax	2	6,194.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	8,499.
4	Amount you want refunded to you	4	2,305.
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

1	3	5	2	6
---	---	---	---	---

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

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

--	--	--	--	--

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

5	1	8	9	5	2	3	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 [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Personal information section including name, social security number, and home address.

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)? [X] 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

Table for Dependents with columns for (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, and Credit for other dependents.

Income section table with rows 1a through 1z and columns for description and amount.

Table for Attach Sch. B if required, with rows 2a through 6a and columns for description and amount.

Table for Standard Deduction for— with rows 7 through 15 and columns for description and amount.

Table with 2 columns: Line number and Amount. Rows 16-24 include Tax and Credits. Total tax is 6,194.

Table with 2 columns: Line number and Amount. Rows 25-33 include Payments. Total payments are 8,499.

Table with 2 columns: Line number and Amount. Rows 34-36 include Refund. Amount of refund is 2,305.

Table with 2 columns: Line number and Amount. Rows 37-38 include Amount You Owe. Total amount owed is 37.

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

Sign Here section with signature lines, dates, occupations, and Identity Protection PIN fields.

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

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2022
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
ROHINI SAI CHANDRA MUNNANGI

Your social security number
174-71-3526

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	-7,821.
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	-7,821.

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

ROHINI SAI CHANDRA MUNNANGI

Your social security number

174-71-3526

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 59A-17-3/8, PLOT NO -26 VIJAYAWADA, KRISHNA ANDHRA PRADESH IN 520008

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	614.	
4	Royalties received	4		
Expenses:				
5	Advertising	5		
6	Auto and travel (see instructions)	6		
7	Cleaning and maintenance	7	1,463.	
8	Commissions	8		
9	Insurance	9		
10	Legal and other professional fees	10		
11	Management fees	11	1,244.	
12	Mortgage interest paid to banks, etc. (see instructions)	12		
13	Other interest	13		
14	Repairs	14	2,298.	
15	Supplies	15	1,650.	
16	Taxes	16		
17	Utilities	17	1,780.	
18	Depreciation expense or depletion	18		
19	Other (list) _____	19		
20	Total expenses. Add lines 5 through 19	20	8,435.	
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	-7,821.	
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(7,821.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a	614.	
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	8,435.	
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	(7,821.)	
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		-7,821.

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-7,821.

Schedule E (Form 1040) 2022

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8889 for instructions and the latest information.

2022
Attachment
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.
174-71-3526

ROHINI SAI CHANDRA MUNNANGI

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions	<input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter	3,650.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	3,650.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	3,650.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions	0.
8	Add lines 6 and 7	3,650.
9	Employer contributions made to your HSAs for 2022	100.
10	Qualified HSA funding distributions	
11	Add lines 9 and 10	100.
12	Subtract line 11 from line 8. If zero or less, enter -0-	3,550.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	0.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

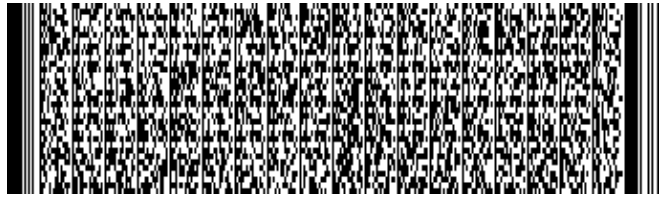
14a	Total distributions you received in 2022 from all HSAs (see instructions)	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	
c	Subtract line 14b from line 14a	
15	Qualified medical expenses paid using HSA distributions (see instructions)	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/>	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	
19	Qualified HSA funding distribution	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	



2300411514



Georgia Form **500** (Rev. 06/22/22)

Individual Income Tax Return

Georgia Department of Revenue

2022 (Approved software version)

Page **1**

Fiscal Year
Beginning

STATE NC
ISSUED

Fiscal Year
Ending

YOUR DRIVER'S
LICENSE/STATE ID

000047364415

YOUR FIRST NAME
1. ROHINI SAI CHAND

MI YOUR SOCIAL SECURITY NUMBER
174-71-3526

LAST NAME (For Name Change See IT-511 Tax Booklet)
MUNNANGI

SUFFIX

SPOUSE'S FIRST NAME

MI SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

SUFFIX

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED

2. 14713 PROVENCE LANE

CITY (Please insert a space if the city has multiple names)

3. CHARLOTTE

STATE ZIP CODE
NC 28277

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number 4. 3

Residency Status

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT TO 3. NONRESIDENT

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... 5. A

Filing Status

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Surviving Spouse

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself X 6b. Spouse 6c. 1

7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse)..... 7a.



2300411524

YOUR SOCIAL SECURITY NUMBER
 174-71-3526

7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

First Name, MI. **Last Name**

Social Security Number **Relationship to You**

First Name, MI. **Last Name**

Social Security Number **Relationship to You**

First Name, MI. **Last Name**

Social Security Number **Relationship to You**

First Name, MI. **Last Name**

Social Security Number **Relationship to You**

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

- 8. Federal adjusted gross income (From Federal Form 1040)..... 8. 61010
 (Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.
- 9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) 9.
- 10. Georgia adjusted gross income (Net total of Line 8 and Line 9)..... 10.
- 11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)..... 11a.
 (See IT-511 Tax Booklet)
 - b. Self: 65 or over? Blind? Total x 1,300=..... 11b.
 Spouse: 65 or over? Blind?
 - c. Total Standard Deduction (Line 11a + Line 11b)..... 11c.
 Use EITHER Line 11c OR Line 12c (Do not write on both lines)
- 12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A.
 - a. Federal Itemized Deductions (Schedule A- Form 1040)..... 12a.
 - b. Less adjustments: (See IT-511 Tax Booklet) 12b.
 - c. Georgia Total Itemized Deductions..... 12c.
- 13. Subtract either Line 11c or Line 12c from Line 10; enter balance..... 13.



2300411534

YOUR SOCIAL SECURITY NUMBER
 174-71-3526

Page 3

14a. Enter the number from Line 6c. Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.		
14b. Enter the number from Line 7a. Multiply by \$3,000.....	14b.		
14c. Add Lines 14a. and 14b. Enter total	14c.		
15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14).....	15a.	49692	
15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information).....	15b.		
15c. Georgia Taxable Income (Line 15a less Line 15b).....	15c.	49692	
16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet)	16.	2685	
17. Low Income Credit	17a.	17b.	17c.
18. Other State(s) Tax Credit (Include a copy of the other state(s) return)	18.		
19. Credits used from IND-CR Summary Worksheet	19.		
20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)	20.		
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.		0
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.		2685

INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11**, or for **Form G2-FL enter zero**.

(INCOME STATEMENT A)				(INCOME STATEMENT B)				(INCOME STATEMENT C)			
1. WITHHOLDING TYPE:				1. WITHHOLDING TYPE:				1. WITHHOLDING TYPE:			
<input checked="" type="checkbox"/> W-2	G2-A	G2-LP		<input type="checkbox"/> W-2	G2-A	G2-LP		<input type="checkbox"/> W-2	G2-A	G2-LP	
1099	G2-FL	G2-RP		1099	G2-FL	G2-RP		1099	G2-FL	G2-RP	
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input checked="" type="checkbox"/> SSN				2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN				2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN			
205887131											
3. EMPLOYER/PAYER STATE WITHHOLDING ID				3. EMPLOYER/PAYER STATE WITHHOLDING ID				3. EMPLOYER/PAYER STATE WITHHOLDING ID			
3298263SK											
4. GA WAGES / INCOME				4. GA WAGES / INCOME				4. GA WAGES / INCOME			
57300											
5. GA TAX WITHHELD				5. GA TAX WITHHELD				5. GA TAX WITHHELD			
2763											

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

This Page (3) is required for processing



YOUR SOCIAL SECURITY NUMBER
 174-71-3526

Page 4

(INCOME STATEMENT D)			(INCOME STATEMENT E)			(INCOME STATEMENT F)		
1. WITHHOLDING TYPE:			1. WITHHOLDING TYPE:			1. WITHHOLDING TYPE:		
W-2	G2-A	G2-LP	W-2	G2-A	G2-LP	W-2	G2-A	G2-LP
1099	G2-FL	G2-RP	1099	G2-FL	G2-RP	1099	G2-FL	G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN			2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN			2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN		
3. EMPLOYER/PAYER STATE WITHHOLDING ID			3. EMPLOYER/PAYER STATE WITHHOLDING ID			3. EMPLOYER/PAYER STATE WITHHOLDING ID		
4. GA WAGES / INCOME			4. GA WAGES / INCOME			4. GA WAGES / INCOME		
5. GA TAX WITHHELD			5. GA TAX WITHHELD			5. GA TAX WITHHELD		
23.	Georgia Income Tax Withheld on Wages and 1099s	23.						2763
	(Enter Tax Withheld Only and include W-2s and/or 1099s)							
24.	Other Georgia Income Tax Withheld	24.						
	(Must include G2-A, G2-FL, G2-LP and/or G2-RP)							
25.	Estimated Tax paid for 2022 and Form IT-560	25.						
26.	Schedule 2B Refundable Tax Credits.....	26.						
	(Cannot be claimed unless filed electronically)							
27.	Total prepayment credits (Add Lines 23, 24, 25 and 26).....	27.						2763
28.	If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due.....	28.						
29.	If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment	29.						78
30.	Amount to be credited to 2023 ESTIMATED TAX	30.						0
31.	Georgia Wildlife Conservation Fund (No gift of less than \$1.00).....	31.						
32.	Georgia Fund for Children and Elderly (No gift of less than \$1.00).....	32.						
33.	Georgia Cancer Research Fund (No gift of less than \$1.00)	33.						
34.	Georgia Land Conservation Program (No gift of less than \$1.00).....	34.						
35.	Georgia National Guard Foundation (No gift of less than \$1.00)	35.						
36.	Dog & Cat Sterilization Fund (No gift of less than \$1.00).....	36.						
37.	Saving the Cure Fund (No gift of less than \$1.00).....	37.						
38.	Realizing Educational Achievement Can Happen (REACH) Program	38.						
	(No gift of less than \$1.00)							



2300411554

YOUR SOCIAL SECURITY NUMBER
174-71-3526

Page 5

- 39. Public Safety Memorial Grant (No gift of less than \$1.00)..... 39.
- 40. Form 500 UET (Estimated tax penalty) 500 UET exception attached 40.
- 41. Penalty: Late Payment and/or Late Filing..... 41.
- 42. Interest 42.
- 43. (If you owe) Add Lines 28, 31 thru 42 43.
**MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE,
Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,
PO BOX 740399 ATLANTA, GA 30374-0399**

44. (If you are due a refund) Subtract the sum of Lines 30 thru 42 from Line 29
THIS IS YOUR REFUND..... 44. 78
**Refund Due Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,
PO BOX 740380 ATLANTA, GA 30374-0380**

If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.

44a. Direct Deposit (U.S. Accounts Only) Type: Checking Savings
Routing Number 065400137 Account Number 372065711

Mail pages 1-5 and any applicable schedules, forms, and documentation. DO NOT staple pages.

I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge.

Taxpayer's Signature (Check box if deceased) Spouse's Signature (Check box if deceased)
Taxpayer's Date of Death Spouse's Date of Death

Taxpayer's Signature Date Taxpayer's Phone Number 337-302-2902 Spouse's Signature Date

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's E-mail Address

I authorize DOR to discuss this return with the named preparer.

SYAM PRIYA RAM SAGAR GUPTA TALLAM
Signature of Preparer
Name of Preparer Other Than Taxpayer
SYAM PRIYA RAM SAGAR GUPT

Preparer's Phone Number
678-965-9522
Preparer's FEIN
84-3171965

Preparer's Firm Name
GLOBAL TAXES LLC

Preparer's SSN/PTIN/SIDN
P02082703



2307411514

YOUR SOCIAL SECURITY NUMBER

174-71-3526

DO NOT USE LINES 9 THRU 14 OF PAGES 2 AND 3 FORM 500 or 500X

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See IT-511 Tax Booklet.

FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A)	INCOME NOT TAXABLE TO GEORGIA (COLUMN B)	GEORGIA INCOME (COLUMN C)
1. WAGES, SALARIES, TIPS, etc 68831	1. WAGES, SALARIES, TIPS, etc 11531	1. WAGES, SALARIES, TIPS, etc 57300
2. INTEREST AND DIVIDENDS	2. INTEREST AND DIVIDENDS	2. INTEREST AND DIVIDENDS
3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)
4. OTHER INCOME OR (LOSS) -7821	4. OTHER INCOME OR (LOSS) -7821	4. OTHER INCOME OR (LOSS) 0
5. TOTAL INCOME: TOTAL LINES 1 THRU 4 61010	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 3710	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 57300
6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040 0	6. TOTAL ADJUSTMENTS FROM FORM 1040
7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1
8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 61010	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 3710	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 57300
9. RATIO: Divide Line 8, Column C by Line 8, Column A enter percentage or check the box for Time Ratio. Enter percentage.....	9. 93.92	% Not to exceed 100%
10a. Itemized or Standard Deduction <input checked="" type="checkbox"/> or Georgia Itemized (See IT-511 Tax Booklet)	10a.	5400
10b. Additional Standard Deduction Self: 65 or over? Blind? Spouse: 65 or over? Blind? Total X 1,300=	10b.	
11. Personal Exemptions from Form 500 or Form 500X (See IT-511 Tax Booklet)		
11a. Enter the number on Line 6c from Form 500 or Form 500X <u>1</u> multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C.....	11a.	2700
11b. Enter the number on Line 7a from Form 500 or Form 500X multiply by \$3,000 ..	11b.	
12. Total Deductions and Exemptions: Add Lines 10a, 10b, 11a, and 11b	12.	8100
13. *Multiply Line 12 by Ratio on Line 9 and enter result.....	13.	7608
14. Income before GA NOL: Subtract Line 13 from Line 8, Column C Enter here and on Line 15a, Page 3 of Form 500 or Form 500X.....	14.	49692

D-400 (50) 8-8-22 **2022 Individual Income Tax Return**

< Staple All Pages of Your Return and W-2s Here

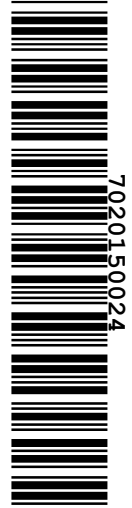
North Carolina Department of Revenue

Amended Return

DOR
Use
Only

For calendar year 2022, or fiscal year beginning <u>22</u> and ending		Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
ROHINI SAI CH MUNNANGI 14713 PROVENCE LANE CHARLOT NC 28277 MECKL		Is your spouse a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>
Your SSN: 174713526 Spouse's SSN:		Were you granted an automatic extension to file your 2022 federal income tax return, e.g., Form 1040? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Filing Status <input checked="" type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er)		
Were you a resident of N.C. for the entire year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Return for deceased taxpayer. Date of death:
Was your spouse a resident for the entire year? Yes <input type="checkbox"/> No <input type="checkbox"/>		Return for deceased spouse. Date of death:
N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> . To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.)		
<input type="checkbox"/> Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 2023, and a U.S. citizen or resident.		
<input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.		

FS	1	PP	Y	DT	N	OC	N	TPRES	N	SPRES	N	VT	N	SVT	N
MUNN	1471	28277	DS	N	EA	N	TD			SD				FDEXT	N
ROHINI SAI CH		MUNNANGI						174713526				MECKL			
												NC	28277		
14713 PROVENCE LANE								CHARLOTTE							
06		61010		16				0		26C				0	
07		0		18	Y			0		26E				0	
09		0		20A				487		EU					
10A		0		20B				0		27				0	
10B		0		21A				0		29				0	
11	S	Y	I	N				0		30				0	
11		12750		21C				0		31				0	
13		01890		21D				0		32				0	
14		9121		26A				0		34				32	
15		455		26B				0							
TN	3373022902			PN				6789659522		PP				P02082703	



Sign Return Below <input checked="" type="checkbox"/> Refund Due <u>32</u> <input type="checkbox"/> Payment Due <u>0</u>	
I declare and certify 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. <input type="checkbox"/> Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.	
Your Signature _____ Date _____	Spouse's Signature (If filing joint return, both must sign.) _____ Date _____
3373022902 Contact Phone No. (Include area code)	
PAID PREPARER USE ONLY If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.	
SYAM PRIYA RAM SAGAR GUPT <u>03 26 23</u> <u>6789659522</u>	<u>P02082703</u>
Paid Preparer's Signature _____ Date _____	Preparer's Contact Phone Number (Include area code) _____ Preparer's FEIN, SSN, or PTIN _____
If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001 If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640	

D-400 Line-by-Line Information

6.	Federal Adjusted Gross Income	6.	61010
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	61010
9.	Deductions From Federal Adjusted Gross Income	9.	0
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	0
	b. Enter the amount of the child deduction	10b.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	12750
12.	a. Add Lines 9, 10b, and 11	12a.	12750
	b. Subtract Line 12a from Line 8	12b.	48260
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.1890
14.	N.C. Taxable Income	14.	9121
15.	N.C. Income Tax	15.	455
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	455
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	455

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	487
20b.	Spouse's tax withheld	20b.	0

Other Tax Payments

21a.	2022 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Additional Payments	22.	0
23.	Add Lines 20a through 22	23.	487
24.	Previous Refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	487
26a.	Tax Due	26a.	0
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	Pay this Amount	27.	0
28.	Overpayment	28.	32

Amount of Refund to Apply to:

29.	Amount of Line 28 to be applied to 2023 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	Amount to be Refunded	34.	32

D-400TC (50)

8-8-22

2022 Individual Income Tax Credits

North Carolina Department of Revenue

DOR Use Only

If you claim a tax credit on Form D-400, Line 16, you must attach this form to the return. Otherwise, the tax credit may be disallowed.

Important: Refer to the instructions before completing this form.

Last Name (First 10 Characters) MUNNANGI Your Social Security Number 174713526

Table with 8 columns: Line number, Federal gross income, State/country code, Taxable amount, Code, Tax amount, Credit amount, and Total amount.

Part 1. Credit for Income Tax Paid to Another State or Country - N.C. Residents Only

If you claim a tax credit for taxes paid to more than one state or country, do not complete Lines 1-6. Instead, complete the "Out-of-State Tax Credit Worksheet" in the instructions to determine the amount to enter on Line 7a.

Table for Part 1 with 3 columns: Description, Line number, and Amount.

Part 2. Credits for Rehabilitating Historic Structures

On Lines 8a, 9a, 10a, and 11a, enter the amount of expenditures or expenses only if tax year 2022 is the first year the credit is taken.

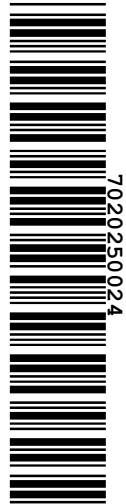
Note: For Lines 8a and 9a, the expenditures and expenses must have been incurred prior to January 1, 2015.

On Lines 8b, 9b, 10b, 11b, 12, and 13, enter the amount of the tax credit taken.

Table for Part 2 with 3 columns: Description, Line number, and Amount.

Part 3. Computation of Total Tax Credits to be Taken for Tax Year 2022

Table for Part 3 with 4 columns: Description, Line number, Amount, and Total amount.



7020250024

D-400 Sch PN (50)

8-17-22

2022 Part-Year Resident and Nonresident Schedule
 North Carolina Department of Revenue

DOR
Use
Only

If you enter a taxable percentage on Form D-400, Line 13 because you or your spouse, if married filing jointly, were not full-year residents of North Carolina during tax year 2022, you must attach this schedule to Form D-400. Importantly, you must attach both pages of this schedule to Form D-400. If you do not, the Department may be unable to process your return.

Last Name (First 10 Characters) **MUNNANGI** Your Social Security Number **174713526**

A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a **"part-year resident"** if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a **"nonresident"** if you were not a resident of N.C. at any time during the tax year.

Important: Refer to the Instructions before completing this form.

NRT	Y	PYT	N	22	11531
NRS	N	PYS	N	23	61010

Part A. Residency Status

Taxpayer is: (Select applicable box) Full-Year Resident Nonresident Part-Year Resident
 Date N.C. residency began _____ Date N.C. residency ended _____

Spouse is: (Select applicable box) Full-Year Resident Nonresident Part-Year Resident
 Date N.C. residency began _____ Date N.C. residency ended _____

If you and your spouse were both full-year residents of N.C., **stop here**; do not complete Parts B and C. Do not attach Schedule PN to Form D-400.

Part B. Allocation of Income for Part-Year Residents and Nonresidents

Total Income	COLUMN A Total Income from all sources	COLUMN B Amount of Column A subject to N.C. tax
1. Wages, Salaries, Tips, Etc.	1. 68831	11531
2. Taxable Interest	2. 0	0
3. Taxable Dividends	3. 0	0
4. Taxable Refunds, Credits, or Offsets of State and Local Income Taxes	4. 0	0
5. Alimony Received	5. 0	0
6. Business Income or (Loss)	6. 0	0
7. Capital Gain or (Loss)	7. 0	0
8. Other Gains or (Losses)	8. 0	0
9. Taxable Amount of IRA Distributions	9. 0	0
10. Taxable Amount of Pensions and Annuities	10. 0	0
11. Rental Real Estate, Royalties, Partnerships, S-Corps, Estates, Trusts, Etc.	11. -7821	0
12. Farm Income or (Loss)	12. 0	0
13. Unemployment Compensation	13. 0	0
14. Taxable Portion of Social Security and Railroad Retirement Benefits	14. 0	0
15. Other Income	15. 0	0
16. Total Income	16. 61010	11531

North Carolina Adjustments	COLUMN A Enter the amount from Form D-400 Schedule S	COLUMN B Amount of Column A subject to N.C. tax
17. Additions		
a. Interest Income From Obligations of States Other Than N.C.	17a. 0	0
b. Deferred Gains Reinvested Into an Opportunity Fund	17b. 0	0
c. Bonus Depreciation	17c. 0	0
d. IRC Section 179 Expense	17d. 0	0
e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income	17e. 0	0
18. Total Additions	18. 0	0

Last Name (First 10 Characters) MUNNANGI	Your Social Security Number	174713526
---	-----------------------------	-----------

Part B. Allocation of Income for Part-Year Residents and Nonresidents (continued)

	COLUMN A Enter the amount from Form D-400 Schedule S	COLUMN B Amount of Column A subject to N.C. tax
19. Deductions		
a. State or Local Income Tax Refund	19a. 0	0
b. Interest Income From Obligations of the United States or United States' Possessions	19b. 0	0
c. Taxable Portion of Social Security and Railroad Retirement Benefits	19c. 0	0
d. Retirement Benefits Received by Vested N.C. State Government, N.C. Local Government, or Federal Government Retirees, i.e. <i>Bailey Settlement</i>	19d. 0	0
e. Bonus Asset Basis	19e. 0	0
f. Bonus Depreciation	19f. 0	0
g. IRC Section 179 Expense	19g. 0	0
h. Other Deductions From Federal Adjusted Gross Income That Relate to Gross Income	19h. 0	0
20. Total Deductions	20. 0	0
21. Total Income Modified by N.C. Adjustments	21. 61010	11531

Part C. Part-Year Residents and Nonresidents Taxable Percentage

22. Enter the Amount From Column B, Line 21		22. 11531
23. Enter the Amount From Column A, Line 21		23. 61010
24. Part-Year Residents and Nonresident Taxable Percentage		24. 0.1890

Name Change

2022 LOUISIANA RESIDENT - 2D

Decedent Filing

ROHINI SAI CHANDRA MUNNANGI

Your SSN

174713526

Spouse Decedent

Spouse's SSN

Address Change

14713 PROVENCE LANE

Amended Return

CHARLOTTE

NC 28277

Telephone

3373022902

NOL Carryback

05201997

Your Date of Birth

Spouse's Date of Birth

FILING STATUS: Enter the appropriate number in the filing status box. It must agree with your federal return.

- 1 Enter a "1" in box if **single**.
- Enter a "2" in box if **married filing jointly**.
- Enter a "3" in box if **married filing separately**.
- Enter a "4" in box if **head of household**.
If the qualifying person is not your dependent, enter name here. _____
- Enter a "5" in box if **qualifying widow(er)**.
If the qualifying person is not your dependent, enter name here. _____

6 EXEMPTIONS:

6A	<input checked="" type="checkbox"/> Yourself	65 or older	Blind	Qualifying Widow(er)	Total of 6A & 6B	1
6B	<input type="checkbox"/> Spouse	65 or older	Blind			

6C DEPENDENTS – Enter dependent information below. If you have more than 6 dependents, attach a statement to your return with the required information. Enter the number of dependents claimed on your Federal Form 1040 or 1040-SR here.

6C 0

First Name	Last Name	Social Security Number	Relationship to you	Birth Date (mm/dd/yyyy)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IMPORTANT!

All four (4) pages of this return **MUST** be mailed in together along with your W-2s and completed schedules. Please paperclip. **Do not staple.**

6D EXEMPTIONS – Total of 6A, 6B, and 6C. 6D 1

6E DEPENDENTS FOR DEDUCTION FOR CERTAIN ADOPTIONS – Enter the number of dependents included on Line 6C for whom you are claiming the Deduction for Certain Adoptions. Enter name here. 6E 0

6F TOTAL EXEMPTIONS – Subtract Line 6E from Line 6D. 6F 1

REV 01/05/23 PRO



FOR OFFICE USE ONLY

Field Flag

62350

If you are not required to file a federal return, indicate wages here.

Mark this box and enter zero "0" on Line 12

7	FEDERAL ADJUSTED GROSS INCOME – If your Federal Adjusted Gross Income is less than zero, enter "0".	From Louisiana Schedule E, attached	7	61010
8A	FEDERAL ITEMIZED DEDUCTIONS		8A	0
8B	FEDERAL ITEMIZED DEDUCTION FOR MEDICAL AND DENTAL EXPENSES		8B	0
8C	FEDERAL STANDARD DEDUCTION		8C	0
8D	EXCESS FEDERAL ITEMIZED DEDUCTIONS – Subtract Line 8C from Line 8B.		8D	0
9	YOUR LOUISIANA TAX TABLE INCOME – Subtract Line 8D from Line 7. If less than zero, enter '0'. Use this figure to find your tax in the tax tables.		9	61010
10	YOUR LOUISIANA INCOME TAX – Enter the amount from the tax table that corresponds with your filing status.		10	1923
11	NONREFUNDABLE PRIORITY 1 CREDITS – From Schedule C, Line 6 .		11	1853
12	TAX LIABILITY AFTER NONREFUNDABLE PRIORITY 1 CREDITS – Subtract Line 11 from Line 10. If the result is less than zero, or you are not required to file a federal return, enter zero "0".	■	12	70
13	2022 LOUISIANA REFUNDABLE CHILD CARE CREDIT – Your Federal Adjusted Gross Income must be EQUAL TO OR LESS THAN \$25,000 to claim the credit on this line. See the instructions and the Refundable Child Care Credit Worksheet.		13	0
13A	Enter the qualified expense amount from the Refundable Child Care Credit Worksheet, Line 3.		13A	0
13B	Enter the amount from the Refundable Child Care Credit Worksheet, Line 6.		13B	0
14	2022 LOUISIANA REFUNDABLE SCHOOL READINESS CREDIT – Your federal Adjusted Gross Income must be EQUAL TO OR LESS THAN \$25,000 to claim the credit on this line. See the Refundable School Readiness Credit Worksheet.		14	0
	5 0 4 0 3 0 2 0			
15	EARNED INCOME CREDIT – See Louisiana Earned Income Credit (LA EIC) worksheet, Line 3.		15	0
16	OTHER REFUNDABLE PRIORITY 2 CREDITS – From Schedule F, Line 9.		16	0
17	TOTAL REFUNDABLE PRIORITY 2 CREDITS – Add lines 13, and 14 through 16. Do not include amounts on Lines 13A and 13B.		17	0
18	TAX LIABILITY AFTER REFUNDABLE PRIORITY 2 CREDITS		18	70
19	OVERPAYMENT AFTER REFUNDABLE PRIORITY 2 CREDITS		19	0
20	NONREFUNDABLE PRIORITY 3 CREDITS – From Schedule J, Line 16.		20	0



21	ADJUSTED LOUISIANA INCOME TAX- Subtract Line 20 from Line 18.		21	70
22	CONSUMER USE TAX – You must mark one of these boxes.	<input checked="" type="checkbox"/> No use tax due.	22	0
		Amount from the Consumer Use Tax Worksheet.		
23	TOTAL INCOME TAX AND CONSUMER USE TAX – Add Lines 21 and 22.		23	70
24	OVERPAYMENT OF REFUNDABLE PRIORITY 2 CREDITS – Enter the amount from Line 19.		24	0
25	REFUNDABLE PRIORITY 4 CREDITS – From Schedule I, Line 6.		25	0

PAYMENTS

26	AMOUNT OF LOUISIANA TAX WITHHELD FOR 2022 – Attach Forms W-2 and 1099.		26	0
27	AMOUNT OF CREDIT CARRIED FORWARD FROM 2021		27	0
28	AMOUNT OF ESTIMATED PAYMENTS MADE FOR 2022		28	0
29	AMOUNT OF EXTENSION PAYMENT		29	0
30	TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS – Add Lines 24 through 29.		30	0
31	OVERPAYMENT – If Line 30 is greater than Line 23, subtract Line 23 from Line 30. Your overpayment may be reduced by the Underpayment of Estimated Tax Penalty. Otherwise, go to Line 38.		31	0
32	UNDERPAYMENT PENALTY – See the instructions for Underpayment Penalty and Form R-210R. If you are a farmer, check the box.		32	0
33	ADJUSTED OVERPAYMENT – If Line 31 is greater than Line 32, subtract Line 32 from Line 31, and enter on Line 33. If Line 32 is greater than Line 31, subtract Line 31 from Line 32, and enter the balance on Line 38.		33	0
34	TOTAL DONATIONS – From Schedule D, Line 22.		34	0

REFUND DUE

35	SUBTOTAL – Subtract Line 34 from Line 33. This amount of overpayment is available for credit or refund.		35	0
36	AMOUNT OF LINE 35 TO BE CREDITED TO 2023 INCOME TAX	CREDIT	36	0
	AMOUNT TO BE REFUNDED – Subtract Line 36 from Line 35. If mailing to LDR, use the address on the bottom of page 4.			
37	Enter a "2" in box if you want to receive your refund by paper check.	REFUND	37	0
	Enter a "3" in box if you want to receive your refund by direct deposit. Complete information below. If information is unreadable, you are filing for the first time, or if you do not make a refund selection, you will receive your refund by paper check.			

DIRECT DEPOSIT INFORMATION

Type:	Checking	Savings	Will this refund be forwarded to a financial institution located outside the United States?	Yes	No
Routing Number			Account Number		



AMOUNTS DUE LOUISIANA

38	AMOUNT YOU OWE – If Line 23 is greater than Line 30, subtract Line 30 from Line 23.	38	70
39	ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND	39	0
40	ADDITIONAL DONATION TO THE COASTAL PROTECTION AND RESTORATION FUND	40	0
41	ADDITIONAL DONATION TO LOUISIANA FOOD BANK ASSOCIATION	41	0
42	INTEREST – From the Interest Calculation Worksheet, Line 5.	42	0
43	DELINQUENT FILING PENALTY – From the Delinquent Filing Penalty Calculation Worksheet, Line 3.	43	0
44	DELINQUENT PAYMENT PENALTY – From Delinquent Payment Penalty Calculation Worksheet, Line 7.	44	0
45	UNDERPAYMENT PENALTY – See the instructions from Underpayment Penalty and Form R-210R. If you are a farmer, check the box.	45	0
46	BALANCE DUE LOUISIANA – Add Lines 38 through 45. If mailing to LDR, use address below. For electronic payment options, see instructions.	PAY THIS AMOUNT. 46	70

DO NOT SEND CASH.

IMPORTANT!

All four (4) pages of this return MUST be mailed in together along with your W-2s and completed schedules. Please paperclip. **Do not staple.**



Status 001

Contribution and Donation 0000

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. If I made a contribution to a START Savings Program, I consent that my Social Security Number may be given to the Louisiana Office of Student Financial Assistance to properly identify the START Savings Program account holder. If married filing jointly, both Social Security Numbers may be submitted. I understand that by submitting this form I authorize the disbursement of individual income tax refunds through the method as described on Line 37.

Your Signature	Date (mm/dd/yyyy)	Spouse's Signature (If filing jointly, both must sign.)	Date (mm/dd/yyyy)
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PAID PREPARER USE ONLY	Print/Type Preparer's Name	Preparer's Signature	Date (mm/dd/yyyy)	Check <input type="checkbox"/> if Self-employed
	Firm's Name ▶	Firm's FEIN ▶	Telephone ▶	
	Firm's Address ▶			

Name
MUNN

Individual Income Tax Return
Calendar year return due 5/15/23
 Mail to: Department of Revenue
 PO BOX 3550
 BATON ROUGE LA 70821-3550

P02082703
 PTIN, FEIN, or LDR
 Account Number
 of Paid Preparer

For Office
 Use Only.



SCHEDULE C – 2022 NONREFUNDABLE PRIORITY 1 CREDITS

¹ CREDIT FOR TAX LIABILITIES PAID TO OTHER STATES – A copy of the return filed with the other states and Form R-10606 must be submitted with this schedule.

1A Enter the total of Net Tax Liability Paid to Other States from Form R-10606.	1A	3140
1B Enter the Credit for Taxes Paid to Other States from Form R-10606.	1B	1853

Additional Nonrefundable Priority 1 Credits

Enter credit description and associated code, along with the dollar amount of credit claimed. *See the instructions.*

	Credit Description	Credit Code	Amount of Credit Claimed
2	_____	2	0
3	_____	3	0
4	_____	4	0
5	_____	5	0
6	Add Lines 1B, and 2 through 5. Also, enter this amount on Form IT-540, Line 11.	6	1853



SCHEDULE E – 2022 ADJUSTMENTS TO INCOME

Social Security Number **174713526**

1	FEDERAL ADJUSTED GROSS INCOME – Enter the amount from your Federal Form 1040 or 1040-SR, Line 11. Check box if amount is less than zero.	1	0
2A	INTEREST AND DIVIDEND INCOME FROM OTHER STATES AND THEIR POLITICAL SUBDIVISIONS	2A	0
2B	RECAPTURE OF START CONTRIBUTIONS	2B	0
2C	RECAPTURE OF START K12 CONTRIBUTIONS	2C	0
2D	ADD BACK OF PASS-THROUGH ENTITY LOSS	2D	0
3	TOTAL – Add Lines 1, 2A, 2B, 2C, and 2D.	3	0

EXEMPT INCOME – Enter on Lines 4A through 4G the amount of exempted income included in Line 1 above. Enter description and associated code, along with the dollar amount. See the instructions.

	Exempt Income Description	Code	Amount
4A	_____	4A	0
4B	_____	4B	0
4C	_____	4C	0
4D	_____	4D	0
4E	_____	4E	0
4F	_____	4F	0
4G	_____	4G	0
4H	EXEMPT INCOME – Add Lines 4A through 4G.	4H	0
5	LOUISIANA ADJUSTED GROSS INCOME – Subtract Line 4H from Line 3 Also, enter this amount on Form IT-540, Line 7. Mark the box on Form IT-540, Line 7, indicating that Schedule E was used.	5	0

Description	Code
Interest and Dividends on US Government Obligations.....	01E
Louisiana State Employees' Retirement Benefits (Date Retired).....	02E
<i>Taxpayer</i> _____ <i>Spouse</i> _____	
Louisiana State Teachers' Retirement Benefits (Date Retired).....	03E
<i>Taxpayer</i> _____ <i>Spouse</i> _____	
Federal Retirement Benefits (Date Retired).....	04E
<i>Taxpayer</i> _____ <i>Spouse</i> _____	
Other Retirement Benefits (Date Retired).....	05E
Provide name or statute: _____	
<i>Taxpayer</i> _____ <i>Spouse</i> _____	
Annual Retirement Income Exemption for Taxpayers 65 or over	06E
Provide name of pension or annuity: _____	

Description	Code
Taxable Amount of Social Security	07E
Native American Income	08E
START Savings Program Contribution	09E
Military Pay Exclusion	10E
Road Home	11E
Recreation Volunteer	13E
Volunteer Firefighter	14E
Voluntary Retrofit Residential Structure	16E
Elementary and Secondary School Tuition	17E
Educational Expenses for Home-Schooled Children	18E
Educational Expenses for Quality Public Education	19E
Capital Gain from Sale of Louisiana Business	20E
Employment of Certain Qualified Disabled Individuals	21E
S Bank Shareholder Income Exclusion	22E
Entity Level Taxes Paid to Other States	23E
Pass-Through Entity Exclusion	24E
IRC 280C Expense Adjustment	25E
COVID-19 Relief Benefits	27E
START K12 Contributions	28E
Digital Nomads	29E
Certain Adoptions	30E
Other (Identify: _____)	49E

