

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **04/18/2023**

# 2023 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax  
you are paying by check  
or money order.....▶

1,321.

REV 03/18/23 PRO 1555

774-94-8644                      750-81-8585  
SRI HARSHA JILLUDUMUDI  
SIRISHA VICHARAPU  
4030 233RD ST SE  
BOTHELL WA 98021

INTERNAL REVENUE SERVICE  
PO BOX 802502  
CINCINNATI OH 45280-2502

774948644 PQ JILL 30 0 202312 430

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Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **06/15/2023**

## 2023 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax  
you are paying by check  
or money order.....▶

1,321.

REV 03/18/23 PRO 1555

774-94-8644                      750-81-8585  
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Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **09/15/2023**

# 2023 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	<b>1,321.</b>
--	---------------

REV 03/18/23 PRO 1555

774-94-8644                      750-81-8585  
SRI HARSHA JILLUDUMUDI  
SIRISHA VICHARAPU  
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774948644 PQ JILL 30 0 202312 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **01/16/2024**

# 2023 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax  
you are paying by check  
or money order.....▶

1,321.

REV 03/18/23 PRO 1555

774-94-8644                      750-81-8585  
SRI HARSHA JILLUDUMUDI  
SIRISHA VICHARAPU  
4030 233RD ST SE  
BOTHELL WA 98021

INTERNAL REVENUE SERVICE  
PO BOX 802502  
CINCINNATI OH 45280-2502

774948644 PQ JILL 30 0 202312 430

# IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name SRI HARSHA JILLUDUMUDI	Social security number 774-94-8644
Spouse's name SIRISHA VICHARAPU	Spouse's social security number 750-81-8585

## 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	352,800.
2 Total tax . . . . .	2	67,524.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	68,994.
4 Amount you want refunded to you . . . . .	4	1,470.
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 

4	8	6	4	4
---	---	---	---	---

 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 GLOBAL TAXES LLC to enter or generate my PIN 

1	8	5	8	5
---	---	---	---	---

 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. 

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 [ ] Single [X] 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 numbers, home address, and state/zip code.

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 for Dependents with columns for name, social security number, relationship, and tax credit options.

Main income tax calculation table with rows 1a through 15, including sub-rows for interest, dividends, and deductions.

Table with 2 columns: Line number and Amount. Rows 16-24 include Tax and Credits. Total tax is 67,524.

Table with 2 columns: Line number and Amount. Rows 25-33 include Payments. Total payments are 68,994.

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

Table with 2 columns: Line number and Amount. Rows 34-36 include Refund. Amount of refund is 1,470.

Table with 2 columns: Line number and Amount. Rows 37-38 include Amount You Owe. Total amount owed is 67,524.

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

Sign Here section with signature lines for taxpayer and spouse, including occupation and date 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](http://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  
SRI HARSHA JILLUDUMUDI & SIRISHA VICHARAPU

Your social security number  
774-94-8644

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .		<b>1</b>	
<b>2a</b>	Alimony received . . . . .		<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions): _____			
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .		<b>3</b>	-37,263.
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .		<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .		<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .		<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .		<b>7</b>	
<b>8</b>	Other income:			
<b>a</b>	Net operating loss . . . . .	<b>8a</b> ( )		
<b>b</b>	Gambling . . . . .	<b>8b</b>		
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>		
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b> ( )		
<b>e</b>	Income from Form 8853 . . . . .	<b>8e</b>		
<b>f</b>	Income from Form 8889 . . . . .	<b>8f</b>		
<b>g</b>	Alaska Permanent Fund dividends . . . . .	<b>8g</b>		
<b>h</b>	Jury duty pay . . . . .	<b>8h</b>		
<b>i</b>	Prizes and awards . . . . .	<b>8i</b>		
<b>j</b>	Activity not engaged in for profit income . . . . .	<b>8j</b>		
<b>k</b>	Stock options . . . . .	<b>8k</b>		
<b>l</b>	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 . . . . .	<b>8l</b>		
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8m</b>		
<b>n</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8n</b>		
<b>o</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8o</b>		
<b>p</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8p</b>		
<b>q</b>	Taxable distributions from an ABLE account (see instructions) . . . . .	<b>8q</b>		
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 . . . . .	<b>8r</b>		
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .	<b>8s</b> ( )		
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .	<b>8t</b>		
<b>u</b>	Wages earned while incarcerated . . . . .	<b>8u</b>		
<b>z</b>	Other income. List type and amount: _____	<b>8z</b>		
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .		<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .		<b>10</b>	-37,263.

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

Schedule 1 (Form 1040) 2022



**Part II Adjustments to Income**

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

**SCHEDULE 2  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
SRI HARSHA JILLUDUMUDI & SIRISHA VICHARAPU

Your social security number  
774-94-8644

**Part I Tax**

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

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>4</b>	
<b>5</b>	Social security and Medicare tax on unreported tip income. Attach Form 4137 . . . . .	<b>5</b>	
<b>6</b>	Uncollected social security and Medicare tax on wages. Attach Form 8919 . . . . .	<b>6</b>	
<b>7</b>	Total additional social security and Medicare tax. Add lines 5 and 6 . . . . .	<b>7</b>	
<b>8</b>	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/> . . . . .	<b>8</b>	
<b>9</b>	Household employment taxes. Attach Schedule H . . . . .	<b>9</b>	
<b>10</b>	Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . .	<b>10</b>	
<b>11</b>	Additional Medicare Tax. Attach Form 8959 . . . . .	<b>11</b>	1,406.
<b>12</b>	Net investment income tax. Attach Form 8960 . . . . .	<b>12</b>	7.
<b>13</b>	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 . . . . .	<b>13</b>	
<b>14</b>	Interest on tax due on installment income from the sale of certain residential lots and timeshares . . . . .	<b>14</b>	
<b>15</b>	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 . . . . .	<b>15</b>	
<b>16</b>	Recapture of low-income housing credit. Attach Form 8611 . . . . .	<b>16</b>	

(continued on page 2)

**Part II Other Taxes** *(continued)*

<b>17</b>	Other additional taxes:		
<b>a</b>	Recapture of other credits. List type, form number, and amount: _____	<b>17a</b>	
<b>b</b>	Recapture of federal mortgage subsidy, if you sold your home see instructions . . . . .	<b>17b</b>	
<b>c</b>	Additional tax on HSA distributions. Attach Form 8889 . . . . .	<b>17c</b>	
<b>d</b>	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 . . . . .	<b>17d</b>	
<b>e</b>	Additional tax on Archer MSA distributions. Attach Form 8853 . . . . .	<b>17e</b>	
<b>f</b>	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 . . . . .	<b>17f</b>	
<b>g</b>	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property . . . . .	<b>17g</b>	
<b>h</b>	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A . . . . .	<b>17h</b>	
<b>i</b>	Compensation you received from a nonqualified deferred compensation plan described in section 457A . . . . .	<b>17i</b>	
<b>j</b>	Section 72(m)(5) excess benefits tax . . . . .	<b>17j</b>	
<b>k</b>	Golden parachute payments . . . . .	<b>17k</b>	
<b>l</b>	Tax on accumulation distribution of trusts . . . . .	<b>17l</b>	
<b>m</b>	Excise tax on insider stock compensation from an expatriated corporation . . . . .	<b>17m</b>	
<b>n</b>	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 . . . . .	<b>17n</b>	
<b>o</b>	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR . . . . .	<b>17o</b>	
<b>p</b>	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund . . . . .	<b>17p</b>	
<b>q</b>	Any interest from Form 8621, line 24 . . . . .	<b>17q</b>	
<b>z</b>	Any other taxes. List type and amount: _____ _____	<b>17z</b>	
<b>18</b>	Total additional taxes. Add lines 17a through 17z . . . . .		<b>18</b>
<b>19</b>	Reserved for future use . . . . .		<b>19</b>
<b>20</b>	Section 965 net tax liability installment from Form 965-A . . . . .	<b>20</b>	
<b>21</b>	Add lines 4, 7 through 16, and 18. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . . . .		<b>21</b>
			1,413.

**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business  
(Sole Proprietorship)**

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.  
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

Name of proprietor <b>SRI HARSHA JILLUDUMUDI</b>		Social security number (SSN) 774-94-8644
<b>A</b> Principal business or profession, including product or service (see instructions)	<b>B</b> Enter code from instructions 5 1 9 2 0 0	
<b>C</b> Business name. If no separate business name, leave blank.	<b>D</b> Employer ID number (EIN) (see instr.)	
<b>E</b> Business address (including suite or room no.) <u>4030 233RD ST SE</u> City, town or post office, state, and ZIP code <u>BOTHELL, WA 98021</u>		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____		
<b>G</b> Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>H</b> If you started or acquired this business during 2022, check here <input type="checkbox"/>		
<b>I</b> Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>J</b> If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part I Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	<b>1</b>	
<b>2</b> Returns and allowances	<b>2</b>	
<b>3</b> Subtract line 2 from line 1	<b>3</b>	
<b>4</b> Cost of goods sold (from line 42)	<b>4</b>	
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3	<b>5</b>	
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6	<b>7</b>	

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

<b>8</b> Advertising	<b>8</b>		<b>18</b> Office expense (see instructions)	<b>18</b>	
<b>9</b> Car and truck expenses (see instructions)	<b>9</b>	6,063.	<b>19</b> Pension and profit-sharing plans	<b>19</b>	
<b>10</b> Commissions and fees	<b>10</b>		<b>20</b> Rent or lease (see instructions):	<b>20a</b>	
<b>11</b> Contract labor (see instructions)	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20b</b>	26,400.
<b>12</b> Depletion	<b>12</b>		<b>b</b> Other business property	<b>21</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>		<b>21</b> Repairs and maintenance	<b>22</b>	
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>		<b>22</b> Supplies (not included in Part III)	<b>23</b>	
<b>15</b> Insurance (other than health)	<b>15</b>		<b>23</b> Taxes and licenses	<b>24</b>	
<b>16</b> Interest (see instructions):	<b>16a</b>		<b>24</b> Travel and meals:	<b>24a</b>	
<b>a</b> Mortgage (paid to banks, etc.)	<b>16b</b>		<b>a</b> Travel	<b>24b</b>	2,400.
<b>b</b> Other	<b>17</b>		<b>b</b> Deductible meals (see instructions)	<b>25</b>	2,400.
<b>17</b> Legal and professional services	<b>17</b>		<b>25</b> Utilities	<b>26</b>	
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a	<b>28</b>	37,263.	<b>26</b> Wages (less employment credits)	<b>27a</b>	
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7	<b>29</b>	-37,263.	<b>27a</b> Other expenses (from line 48)	<b>27b</b>	
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. <b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	<b>30</b>		<b>27b</b> <b>Reserved for future use</b>	<b>31</b>	-37,263.
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	<b>31</b>			<b>32a</b>	<input checked="" type="checkbox"/> All investment is at risk.
<b>32</b> If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.	<b>32</b>			<b>32b</b>	<input type="checkbox"/> Some investment is not at risk.



**SCHEDULE D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service

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

Name(s) shown on return

SRI HARSHA JILLUDUMUDI & SIRISHA VICHARAPU

Your social security number

774-94-8644

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .	21,698.	21,719.		-21.
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> -21.

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .	907.	707.		200.
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b> 200.

**Part III Summary**

<b>16</b>	Combine lines 7 and 15 and enter the result . . . . .	<b>16</b>	179.
	<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>		
<b>17</b>	Are lines 15 and 16 <b>both</b> gains? <input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
<b>18</b>	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . .	<b>18</b>	
<b>19</b>	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . .	<b>19</b>	
<b>20</b>	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.		
<b>21</b>	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of: <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>	<b>21</b>	( )
<b>22</b>	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?  <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.  <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		







Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side  
**SRI HARSHA JILLUDUMUDI & SIRISHA VICHARAPU**

**Social security number or taxpayer identification number**  
**774-94-8644**

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss)</b> Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD SECURITIES LLC	01/01/21	12/31/22	907.	707.			200.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) . . .				907.	707.			200.

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

### Additional Medicare Tax

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

Name(s) shown on return

SRI HARSHA JILLUDUMUDI & SIRISHA VICHARAPU

Your social security number

774-94-8644

#### Part I Additional Medicare Tax on Medicare Wages

1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 . . . . .	<b>1</b>	406,218.		
2 Unreported tips from Form 4137, line 6 . . . . .	<b>2</b>			
3 Wages from Form 8919, line 6 . . . . .	<b>3</b>			
4 Add lines 1 through 3 . . . . .	<b>4</b>	406,218.		
5 Enter the following amount for your filing status:				
Married filing jointly . . . . . \$250,000				
Married filing separately . . . . . \$125,000				
Single, Head of household, or Qualifying surviving spouse . . . \$200,000	<b>5</b>	250,000.		
6 Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	<b>6</b>			156,218.
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II . . . . .	<b>7</b>			1,406.

#### Part II Additional Medicare Tax on Self-Employment Income

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

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

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

#### Part IV Total Additional Medicare Tax

18 Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V . . . . .	<b>18</b>			1,406.
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#### Part V Withholding Reconciliation

19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 . . . . .	<b>19</b>	6,544.		
20 Enter the amount from line 1 . . . . .	<b>20</b>	406,218.		
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages . . . . .	<b>21</b>	5,890.		
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages . . . . .	<b>22</b>			654.
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) . . . . .	<b>23</b>			
24 <b>Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions) . . . . .	<b>24</b>			654.

# Net Investment Income Tax— Individuals, Estates, and Trusts

Attach to your tax return.

Go to [www.irs.gov/Form8960](http://www.irs.gov/Form8960) for instructions and the latest information.

Name(s) shown on your tax return

SRI HARSHA JILLUDUMUDI & SIRISHA VICHARAPU

Your social security number or EIN

774-94-8644

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

<b>1</b>	Taxable interest (see instructions) . . . . .		<b>1</b>	
<b>2</b>	Ordinary dividends (see instructions) . . . . .		<b>2</b>	5.
<b>3</b>	Annuities (see instructions) . . . . .		<b>3</b>	
<b>4a</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions) . . . . .	-37,263.		
<b>b</b>	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) . . . . .	37,263.		
<b>c</b>	Combine lines 4a and 4b . . . . .		<b>4c</b>	0.
<b>5a</b>	Net gain or loss from disposition of property (see instructions) . . . . .	179.		
<b>b</b>	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) . . . . .		<b>5b</b>	
<b>c</b>	Adjustment from disposition of partnership interest or S corporation stock (see instructions) . . . . .		<b>5c</b>	
<b>d</b>	Combine lines 5a through 5c . . . . .		<b>5d</b>	179.
<b>6</b>	Adjustments to investment income for certain CFCs and PFICs (see instructions) . . . . .		<b>6</b>	
<b>7</b>	Other modifications to investment income (see instructions) . . . . .		<b>7</b>	
<b>8</b>	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 . . . . .		<b>8</b>	184.

**Part II Investment Expenses Allocable to Investment Income and Modifications**

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

**Part III Tax Computation**

<b>12</b>	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0- . . . . .		<b>12</b>	184.
<b>Individuals:</b>				
<b>13</b>	Modified adjusted gross income (see instructions) . . . . .	352,800.		
<b>14</b>	Threshold based on filing status (see instructions) . . . . .	250,000.		
<b>15</b>	Subtract line 14 from line 13. If zero or less, enter -0- . . . . .	102,800.		
<b>16</b>	Enter the smaller of line 12 or line 15 . . . . .		<b>16</b>	184.
<b>17</b>	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions) . . . . .		<b>17</b>	7.
<b>Estates and Trusts:</b>				
<b>18a</b>	Net investment income (line 12 above) . . . . .		<b>18a</b>	
<b>b</b>	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions) . . . . .		<b>18b</b>	
<b>c</b>	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0- . . . . .		<b>18c</b>	
<b>19a</b>	Adjusted gross income (see instructions) . . . . .		<b>19a</b>	
<b>b</b>	Highest tax bracket for estates and trusts for the year (see instructions) . . . . .		<b>19b</b>	
<b>c</b>	Subtract line 19b from line 19a. If zero or less, enter -0- . . . . .		<b>19c</b>	
<b>20</b>	Enter the smaller of line 18c or line 19c . . . . .		<b>20</b>	
<b>21</b>	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions) . . . . .		<b>21</b>	

## Additional Information From 2022 Federal Tax Return

### Schedule C : Profit or Loss from Business

#### Line 20b

#### Itemization Statement

Description	Amount
RENT(12M*\$2200P.M)	26,400.
<b>Total</b>	<b>26,400.</b>

### Schedule C : Profit or Loss from Business

#### Line 25

#### Itemization Statement

Description	Amount
INTERNET(12M*\$10000P.M)	1,200.
CELLPHONE(12M*\$100P.M)	1,200.
<b>Total</b>	<b>2,400.</b>

### Schedule C : Profit or Loss from Business

#### Additional Vehicle Info

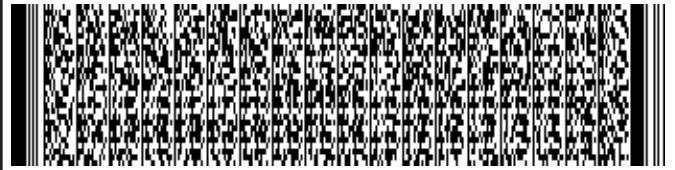
#### Continuation Statement

Date Placed in Service	Business Miles	Other Miles	Available for Off Duty Hours?	Other Vehicle Available?	Evidence to Support Dedn?
02/17/2017	6,700	1,300	No	Yes	No
04/17/2017	3,300	1,700	No	Yes	No



Check if deceased:  Spouse  Taxpayer For calendar year or other taxable year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

<b>A. Spouse's Social Security Number</b>  750-81-8585	<b>B. Your Social Security Number</b>  774-94-8644
Name—Last, First, Middle Initial (Joint return, give both names and initials.)  JILLUDUMUDI SRI HARSHA VICHARAPU SIRISHA	
Mailing Address (Number and Street including Apartment Number or P.O. Box)  4030 233RD ST SE	
City, Town or Post Office  BOTHELL WA 98021	State ZIP Code



**FILING STATUS** (see instructions)

1  Single

2  *Married*, filing joint return.

3  *Married*, filing separate returns. Enter spouse's Social Security number above and full name here. \_\_\_\_\_

**Check if applicable:**

**Amended**  
(Enclose copy of 1040X, if applicable.)

**Military Spouse**

**POLITICAL PARTY FUND**  
*Designating \$2 will not change your refund or tax due.*

	A. Spouse	B. Yourself
<b>Democratic</b>	(1) <input type="checkbox"/>	(4) <input type="checkbox"/>
<b>Republican</b>	(2) <input type="checkbox"/>	(5) <input type="checkbox"/>
<b>No Designation</b>	(3) <input checked="" type="checkbox"/>	(6) <input checked="" type="checkbox"/>

**RESIDENCY STATUS** (check one box)

4  Full-year nonresident. I did not live in Kentucky during the year. Enter state of residence as of December 31, 2022 WA.

5  Part-year resident. Complete appropriate line(s) below.  
 Moved into Kentucky \_\_\_\_\_ State moved from \_\_\_\_\_  
 Moved out of Kentucky \_\_\_\_\_ State moved to \_\_\_\_\_

6 You must file a 740-NP-R if you are a full-year resident of a **reciprocal state (IL, IN, MI, OH, VA, WV or WI)** with Kentucky income of wages and salaries only.

**COMPLETE SECTION B ON PAGE 4 BEFORE COMPLETING SECTION A.**

SECTION A		7	16.2 %
7	Enter percentage from Section B, line 34.....	7	16.2 %
8	Enter amount from Section B, line 33, Column A. This is your <b>Federal Adjusted Gross Income</b> .....	8	352,800.00
9	Enter amount from Section B, line 33, Column B. This is your <b>Kentucky Adjusted Gross Income</b> .....	9	57,120.00
10	<b>Nonitemizers:</b> Enter \$2,770 (do not prorate). Skip lines 11 and 12 .....	10	2,770.00
11	<b>Itemizers:</b> Enter itemized deductions from Kentucky Schedule A, Form 740-NP .....	11	00
12	Multiply line 11 by the percentage on line 7 .....	12	00
13	Subtract line 10 or 12 from line 9. This is your <b>Taxable Income</b> .....	13	54,350.00
14	<b>Tax Computation:</b> Multiply line 13 by 5% (.05) enter tax.....	14	2,718.00
15	Enter amount from Schedule ITC, Section A, line 25.....	15	00
16	Subtract line 15 from line 14.....	16	2,718.00
17	Enter personal tax credit amounts from Schedule ITC, Section B .....	17	00
18	Multiply line 17 by the percentage on line 7 .....	18	00
19	Subtract line 18 from line 16 and enter here, continue to page 2.....	19	2,718.00



20 Check the box that represents your total family size (see instructions for lines 20 and 21).....

21 Multiply line 19 by **Family Size Tax Credit** decimal amount 0.00 (0%) from Schedule ITC.....

22 Subtract line 21 from line 19.....

23 Enter the **Education Tuition Tax Credit** from Form 8863-K, line 17.....

24 Enter **Child and Dependent Care Credit** from worksheet (see instructions).....

25 RESERVED.....

26 **Income Tax Liability.** Subtract lines 23 through 25 from line 22. If zero or less, enter zero.....

27 Enter **KENTUCKY USE TAX** due on Internet, mail order, or other out-of-state purchases (see instructions).....

28 Add lines 26 and 27. This is your **TOTAL TAX LIABILITY**.....

29 For amended return; overpayment, if any, shown on original return.....

30 Add lines 28 and 29, enter here.....

20	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
21	0.00
22	2,718.00
23	00
24	00
25	00
26	2,718.00
27	00
28	2,718.00
29	00
30	2,718.00

31 a Enter **Kentucky income tax withheld** as shown on enclosed Schedule KW-2.....

b Enter 2022 Kentucky estimated tax/extension payments.....

c Enter 2022 refundable certified rehabilitation credit.....

d Enter 2022 refundable film industry tax credit.....

e Enter 2022 refundable development area tax credit.....

f Enter 2022 refundable decontamination tax credit.....

g Enter **Nonresident Withholding** from Form PTE-WH, line 9.....

h For amended return; enter amount paid with original return plus additional payment(s) made after it was filed.....

31a	2,781.00
31b	00
31c	00
31d	00
31e	00
31f	00
31g	00
31h	00

32 Add lines 31(a) through 31(h).....

33 If line 30 is larger than line 32, subtract line 32 from line 30, enter **ADDITIONAL TAX DUE**.....

34 a Estimated tax penalty  **Check if Form 2210-K attached**.....

b Interest.....

c Late payment penalty.....

d Late filing penalty.....

34a	00
34b	00
34c	00
34d	00

35 Add lines 34(a) through 34(d). Enter here.....

36 If the total of lines 30 and 35 is more than line 32, subtract line 32 from the total of lines 30 and 35.  
This is the **AMOUNT YOU OWE**, continue to page 3..... **OWE**

37 If line 32 is more than line 30, subtract lines 30 and 35 from line 32. This is the **AMOUNT YOU OVERPAID**, continue to page 3.....

32	2,781.00
33	00
35	00
36	00
37	63.00



38 FUND CONTRIBUTIONS; see instructions.

a	Nature and Wildlife Fund .....	38a		00
b	Child Victims' Trust Fund .....	38b		00
c	Veterans' Program Trust Fund .....	38c		00
d	Breast Cancer Research/Education Trust Fund .....	38d		00
e	Farms to Food Banks Trust Fund .....	38e		00
f	Local History Trust Fund .....	38f		00
g	Special Olympics Kentucky.....	38g		00
h	Pediatric Cancer Research Trust Fund.....	38h		00
i	Rape Crisis Center Trust Fund .....	38i		00
j	Court Appointed Special Advocate Trust Fund .....	38j		00
k	YMCA Youth Association Fund .....	38k		00
39	Add lines 38(a) through 38(k) .....	39		00
40	Amount of line 37 to be <b>CREDITED TO YOUR 2023 ESTIMATED TAX</b> .....	40	<b>CREDIT FORWARD</b>	00
<b>(Credit forwards not available for amended returns)</b>				
41	Subtract lines 39 and 40 from line 37. Amount to be <b>REFUNDED TO YOU</b> .....	41	<b>REFUND</b>	63.00

I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

<b>Sign Here</b>	Signature of Taxpayer	Driver's License/State Issued ID No. WDL7P5B6413B	Date	Telephone Number (daytime) (513) 501-9173
	Signature of Spouse	Driver's License/State Issued ID No. WDL2NBSCC73B	Date	
<b>Paid Preparer Use</b>	Signature of Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM		Date 03/29/2023	
	Name of Preparer or Firm GLOBAL TAXES LLC		ID Number P02082703	
	Email info@gtaxfile.com	Telephone No. (678) 965-9522	May the DOR discuss this return with this preparer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Enclose</b>	Include a complete copy of federal Form 1040, if you received farm, business, or rental income or loss. If not required, check here. <input type="checkbox"/>		<b>Refund or No Payment</b>	<b>Kentucky Department of Revenue</b> Frankfort, KY 40618-0006
<b>Payment</b>	Check Payable: <b>Kentucky State Treasurer</b> E-Pay Options: <b>revenue.ky.gov</b> Include: Your Social Security number and "KY Income Tax—2022"		<b>With Payment</b>	<b>Kentucky Department of Revenue</b> Frankfort, KY 40619-0008



**SECTION B  
INCOME**

	A. Total from Enclosed Federal Return		B. Kentucky	
1 Enter all wages, salaries, tips, etc. ( <i>enclose Kentucky Schedule KW-2</i> ) Do not include moving expense reimbursements.....	1	389,879.00	57,120.00	00
2 Moving expense reimbursement.....	2	00		00
3 Interest.....	3	00		00
4 Dividends.....	4	5.00	0.00	00
5 Taxable refunds, credits or offsets of state and local income taxes.....	5	00		00
6 Alimony received.....	6	00		00
7 Business income or loss ( <i>enclose federal Schedule C or C-EZ</i> ).....	7	-37,263.00	0.00	00
8 Capital gain or loss ( <i>enclose federal Schedule D</i> ).....	8	179.00	0.00	00
9 Other gains or losses ( <i>enclose federal Form 4797</i> ).....	9	00		00
10 a Federally taxable IRA distributions, pensions and annuities.....	10a	00		00
b Pension income exclusion ( <i>enclose Schedule P if more than \$31,110 per taxpayer</i> ).....	10b		(	00
11 Rents, royalties, partnerships, estates, trusts, etc. ( <i>enclose federal Schedule E</i> ).....	11	00		00
12 Farm income or loss ( <i>enclose federal Schedule F</i> ).....	12	00		00
13 Unemployment compensation (see instructions).....	13	00		00
14 Taxable Social Security benefits.....	14	00		
15 Gambling winnings.....	15	00		00
16 Other income (list type and amount) _____	16	00		00
17 Combine lines 1 through 16. This is your <b>Total Income</b>	17	352,800.00	57,120.00	00
<b>ADJUSTMENTS TO INCOME</b>				
18 Educator expenses.....	18	00		00
19 Certain business expenses of reservists, performing artists and fee-basis government officials ( <i>enclose federal Form 2106 or 2106-EZ</i> ).....	19	00		00
20 Health savings account deduction ( <i>enclose federal Form 8889</i> ).....	20	00		00
21 Moving expenses for members of the armed forces.....	21	00		
22 Deductible part of self-employment tax.....	22	00		00
23 Self-employed SEP, SIMPLE, and qualified plans deduction.....	23	00		00
24 Self-employed health insurance deduction.....	24	00		00
25 Penalty on early withdrawal of savings.....	25	00		00
26 Alimony paid (enter recipient's name and Social Security number) _____	26	00		00
27 IRA deduction.....	27	00		00
28 Student loan interest deduction.....	28	00		00
29 RESERVED.....	29	00		00
30 Archer MSA deduction.....	30	00		00
31 Other deductions (list type and amount) _____	31	00		00
32 Add lines 18 through 31. <b>Total Adjustments to Income</b>	32	00		00
33 Subtract line 32 from line 17. This is your <b>Adjusted Gross Income</b>	33	352,800.00	57,120.00	00
34 Divide line 33, Column B, by line 33, Column A. If amount is equal to or greater than 100%, enter 100%. This is your <b>Percentage of Kentucky Adjusted Gross Income to Federal Adjusted Gross Income</b> .....	34	1 6 . 2 %		





2 2 0 3 4 9 1 5 5 5

**KENTUCKY INDIVIDUAL  
TAX CREDIT SCHEDULE**

**2022**

➤ **Enclose with Form 740 or 740-NP**

Enter name(s) as shown on tax return.

Your Social Security Number

JILLUDUMUDI, SRI HARSHA & VICHARAPU, SIRISHA

774-94-8644

**SECTION A—BUSINESS INCENTIVES AND OTHER TAX CREDITS**

A	B Preapproval Required	C Credit Name	D Required Attachment	E		F	
				Spouse		Yourself	
1	No	Nonrefundable Limited Liability Entity	Kentucky Limited Liability Entity Tax Credit Worksheet C/Schedule K-1		00		00
2	Yes	Kentucky Small Business	Schedule K-1		00		00
3	Yes	Kentucky Selling Farmers	Schedule K-1		00		00
4	Yes	Skills Training Investment	Schedule K-1		00		00
5	Yes	Certified Rehabilitation	Certification Copies		00		00
6	No	Tax Paid to Another State	Copy(ies) of Other State(s) return or Worksheet A		00		00
7	No	Unemployment	Schedule UTC		00		00
8	Yes	Recycling/Composting Equipment	Schedule RC		00		00
9	Yes	Kentucky Investment Fund	KEDFA notification		00		00
10	No	Qualified Research Facility	Schedule QR		00		00
11	No	GED Incentive	Form DAEL-31		00		00
12	Yes	Voluntary Environmental Remediation	Schedule VERB		00		00
13	Yes	Biodiesel	Schedule BIO		00		00
14	Yes	Clean Coal Incentive	Schedule CCI		00		00
15	Yes	Ethanol	Schedule ETH		00		00
16	Yes	Cellulosic Ethanol	Schedule CELL		00		00
17	No	Railroad Maintenance & Improvement	Schedule RR-I		00		00
18	Yes	Endow Kentucky	Schedule ENDOW		00		00
19	Yes	New Markets Development Program	Form 8874(K)-A		00		00
20	No	Distilled Spirits	Schedule DS		00		00
21	Yes	Angel Investor	Certification Letter		00		00
22	Yes	Film Industry	Film Office Certification		00		00
23	No	Inventory	Schedule INV		00		00
24	Yes	Renewable Chemical Production	Schedule CHEM		00		00
25	Total of Other Tax Credits (add lines 1 through 24). Enter here and on Form 740, page 1, line 15, Columns A and B, or enter combined totals of Columns E and F on Form 740-NP, page 1, line 15.....				00		00



**SECTION B—PERSONAL TAX CREDITS**

**Taxpayer**

**Spouse**

Complete only if filing joint or married,  
filing separately on a combined return

Enter your date of birth (MM/DD/YYYY)	09/23/1993	Enter your date of birth (MM/DD/YYYY)	06/01/1994
1 If you were 65 on or before 12/31/2022, enter 40.....	1	5 If you were 65 on or before 12/31/2022, enter 40.....	5
2 If you were legally blind on 12/31/2022, enter 40.....	2	6 If you were legally blind on 12/31/2022, enter 40.....	6
3 If you were a member of the Kentucky National Guard on 12/31/2022, enter 20.....	3	7 If you were a member of the Kentucky National Guard on 12/31/2022, enter 20.....	7
4 Allowable Taxpayer Credit—Add lines 1 through 3.....	4	8 Allowable Spouse Credit—Add lines 5 through 7.....	8

**Assignment of Personal Tax Credits**

9 For filing status <b>Single or Married, filing separate returns</b> , enter the amount from line 4 here and in Column B of Form 740, line 17 or Form 740-NP, line 17 (Not to exceed 100).....	9
10 For filing status <b>Married, filing separately on this combined return</b> , enter the amount from line 4 here and in column B of Form 740, line 17 (Not to exceed 100).....	10
11 For filing status <b>Married, filing separately on this combined return</b> , enter the amount from line 8 here and in column A of Form 740, line 17. (Not to exceed 100).....	11
12 For filing status <b>Married, filing jointly</b> , add line 4 and line 8 and enter here and in Column B of Form 740, line 17 or Form 740-NP, line 17. (Not to exceed 200).....	12

**SECTION C—FAMILY SIZE TAX CREDIT**

Enter dependents qualifying for family size credit. See instructions to determine family size and your qualifying dependents. Your family size will be used to determine your family size tax credit percentage.

First and Last Name	Dependent's Social Security number	Dependent's relationship to you	Check if qualifying child for family size tax credit
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Use this **Family Size Tax Credit Table** to determine the percentage of family size credit. You will need to know your family size and your modified gross income (a worksheet is located within the instructions). You will enter the percentage for the family size tax credit on Form 740 or 740-NP, line 21.

Family Size	One		Two		Three		Four or More		Credit Percentage is
	is over	is not over	is over	is not over	is over	is not over	is over	is not over	
<b>Tax Year 2022</b>	\$ ---	\$ 13,590	\$ ---	\$ 18,310	\$ ---	\$ 23,030	\$ ---	\$ 27,750	100
	13,590	14,134	18,310	19,042	23,030	23,951	27,750	28,860	90
	14,134	14,677	19,042	19,775	23,951	24,872	28,860	29,970	80
	14,677	15,221	19,775	20,507	24,872	25,794	29,970	31,080	70
	15,221	15,764	20,507	21,240	25,794	26,715	31,080	32,190	60
	15,764	16,308	21,240	21,972	26,715	27,636	32,190	33,300	50
	16,308	16,852	21,972	22,704	27,636	28,557	33,300	34,410	40
	16,852	17,259	22,704	23,254	28,557	29,248	34,410	35,243	30
	17,259	17,667	23,254	23,803	29,248	29,939	35,243	36,075	20
	17,667	18,075	23,803	24,352	29,939	30,630	36,075	36,908	10
18,075	---	24,352	---	30,630	---	36,908	---	0	

Multiply tax from Form 740 or 740-NP, line 19, by the applicable family size tax credit percentage and enter on Form 740 or 740-NP line 21. This is your **Family Size Tax Credit**.



2 2 0 0 1 0 1 5 5 5

Complete this Schedule KW-2 to determine the total Kentucky income tax withholding to be entered on Kentucky Form 740, 740-NP, or 740-NP-R. This schedule must be fully completed in order to receive proper credit for Kentucky income tax withheld. Include multiple Schedule KW-2(s) as needed to report all Kentucky income tax withholdings. Do not send in your W-2, 1099, or W2-G forms; keep them with your tax records.

NAME(S) AS SHOWN ON THE TAX RETURN

SPOUSE'S SOCIAL SECURITY NUMBER

YOUR SOCIAL SECURITY NUMBER

JILLUDUMUDI, SRI HARSHA & VICHARAPU, SIRISHA

750-81-8585

774-94-8644

**Part I-Form W-2** Enter all W-2s with Kentucky income tax withheld (round to the nearest whole dollar). Do not include other state withholding or local income tax.

A Employee's Social Security Number	B Employer's Identification Number (EIN)	C State	D Employer's State I.D. Number (Box 15 of Form W-2)	E KY State Wages (Box 16 of Form W-2)		F KY Income Tax Withheld (Box 17 of Form W-2)	
1 750-81-8585	26-3078734	KY	991834	57,120.	00	2,781.	00
2					00		00
3					00		00
4					00		00
5					00		00
6					00		00
7					00		00
8					00		00
9					00		00
10					00		00
11 <b>TOTAL FROM ALL W-2s</b>				57,120.	00	2,781.	00

**Part II-Form 1099 and W-2G** Enter all 1099s and W-2Gs with Kentucky income tax withheld (round to the nearest whole dollar).

A Recipient's Social Security Number	B Payer's Identification Number (EIN)	C State	D Payer's State I.D. Number	E KY Income Amount		F KY Income Tax Withheld	
12					00		00
13					00		00
14					00		00
15					00		00
16					00		00
17 <b>AND W2-Gs</b>					00		00

**Part III-Totals** Enter total Kentucky income tax withheld (round to the nearest whole dollar) from line 18, Column F on your Kentucky income tax return (Form 740 and 740-NP, line 31(a) or 740-NP-R, line 1).

		F Total Kentucky Income Tax Withheld
18	Enter combined totals from Column F, lines 11 and 17.	2,781.00