

▼ 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<br>you are paying by check<br>or money order.....▶ | 2,349. |
|--|--------|

REV 03/22/23 PRO 1555

755-76-5649  
VENU M KANCHIBHOTLA  
SARITHA YADAVALLI  
4845 RAILWAY CIR  
MONROVIA MD 21770

318-47-8436

INTERNAL REVENUE SERVICE  
PO BOX 931100  
LOUISVILLE KY 40293-1100

755765649 DJ KANC 30 0 202312 430

▼ Detach Here and Mail With Your Payment ▼

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<br>you are paying by check<br>or money order.....▶ | 2,349. |
|--|--------|

REV 03/22/23 PRO 1555

755-76-5649  
VENU M KANCHIBHOTLA  
SARITHA YADAVALLI  
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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<br>you are paying by check<br>or money order.....▶ | <b>2,349.</b> |
|--|---------------|

REV 03/22/23 PRO 1555

755-76-5649  
VENU M KANCHIBHOTLA  
SARITHA YADAVALLI  
4845 RAILWAY CIR  
MONROVIA MD 21770

318-47-8436

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PO BOX 931100  
LOUISVILLE KY 40293-1100

755765649 DJ KANC 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<br>you are paying by check<br>or money order.....▶ | <b>2,349.</b> |
|--|---------------|

REV 03/22/23 PRO 1555

755-76-5649  
VENU M KANCHIBHOTLA  
SARITHA YADAVALLI  
4845 RAILWAY CIR  
MONROVIA MD 21770

318-47-8436

INTERNAL REVENUE SERVICE  
PO BOX 931100  
LOUISVILLE KY 40293-1100

755765649 DJ KANC 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<br>VENU M KANCHIBHOTLA | Social security number<br>755-76-5649          |
| Spouse's name<br>SARITHA YADAVALLI     | Spouse's social security number<br>318-47-8436 |

## 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 | 177,118. |
| 2 | Total tax . . . . .   | 2 | 23,502.  |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | 3 | 16,456.  |
| 4 | Amount you want refunded to you . . . . .                               | 4 |          |
| 5 | Amount you owe . . . . .  | 5 | 7,234.   |

## 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 

|   |   |   |   |   |
|---|---|---|---|---|
| 6 | 5 | 6 | 4 | 9 |
|---|---|---|---|---|

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

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

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

|   |   |   |   |   |
|---|---|---|---|---|
| 7 | 8 | 4 | 3 | 6 |
|---|---|---|---|---|

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

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication – Practitioner PIN Method Only

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

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 2 | 2 | 4 | 9 | 6 | 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**

| IF you live in...  | THEN use this address to send in your payment...                         |
|--|--|
| Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas  | Internal Revenue Service<br>P.O. Box 1214<br>Charlotte, NC 28201-1214    |
| Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin              | Internal Revenue Service<br>P.O. Box 931000<br>Louisville, KY 40293-1000 |
| Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming   | Internal Revenue Service<br>P.O. Box 802501<br>Cincinnati, OH 45280-2501 |
| A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands | Internal Revenue Service<br>P.O. Box 1303<br>Charlotte, NC 28201-1303    |

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury  
Internal Revenue Service

**2022**

**Form 1040-V Payment Voucher**

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your social security number (SSN) on your check or money order.

|  |               |
|--|---------------|
| Enter the amount of your payment . . . . . ▶ | <b>7,234.</b> |
|--|---------------|

REV 03/22/23 PRO 1555

VENU M KANCHIBHOTLA  
SARITHA YADAVALLI  
4845 RAILWAY CIR  
MONROVIA MD 21770

INTERNAL REVENUE SERVICE  
P.O. BOX 931000  
LOUISVILLE, KY 40293-1000

755765649 DJ KANC 30 0 202212 610

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:

Form fields for personal information: Your first name and middle initial (VENU M), Last name (KANCHIBHOTLA), Your social security number (755-76-5649), Spouse's social security number (318-47-8436), Home address (4845 RAILWAY CIR, MONROVIA, MD, 21770), and Presidential Election Campaign checkboxes.

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 (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, and Credit for other dependents. Includes entries for NAGA CHAITANYA Y KANCHIBHOTLA (Son) and TRIPURA M KANCHIBHOTLA (Daughter).

Main income table with columns for description, amount, and total. Rows include Total amount from Form(s) W-2 (190,618), Tax-exempt interest (2a), Taxable interest (2b), Qualified dividends (3a), Ordinary dividends (3b), IRA distributions (4a), Taxable amount (4b), Pensions and annuities (5a), Taxable amount (5b), Social security benefits (6a), Taxable amount (6b), Capital gain or (loss) (7), Other income from Schedule 1 (8), Total income (9, 177,118), Adjustments to income (10), Adjusted gross income (11, 177,118), Standard deduction (12, 25,900), Adjusted gross income after deduction (14, 151,218), and Taxable income (15, 151,218).





**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  
VENU M KANCHIBHOTLA & SARITHA YADAVALLI

Your social security number  
755-76-5649

**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>  |          |
| <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>  | -13,500. |
| <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 ABL 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> | -13,500. |

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 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](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

venu m kanchibhotla & saritha yadavalli

Your social security number

755-76-5649

**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** 16-2-751/55/12 SBH-COLONY GADDIANARAM, HYDERABAD TELANGANA IN 500060

**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                 |                          |
| <b>A</b> 3                            |  | 365              |   | 0                 | <input type="checkbox"/> |
| <b>B</b>                              |  |                  |   |                   | <input type="checkbox"/> |
| <b>C</b>                              |  |                  |   |                   | <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        |
| <b>3</b>         | Rents received . . . . .  | 3           | 650.        |          |
| <b>4</b>         | Royalties received . . . . .  | 4           |             |          |
| <b>Expenses:</b> |   |             |             |          |
| <b>5</b>         | Advertising . . . . .   | 5           |             |          |
| <b>6</b>         | Auto and travel (see instructions) . . . . .  | 6           |             |          |
| <b>7</b>         | Cleaning and maintenance . . . . .  | 7           | 1,250.      |          |
| <b>8</b>         | Commissions . . . . .   | 8           |             |          |
| <b>9</b>         | Insurance . . . . .   | 9           |             |          |
| <b>10</b>        | Legal and other professional fees . . . . .   | 10          |             |          |
| <b>11</b>        | Management fees . . . . .   | 11          | 1,950.      |          |
| <b>12</b>        | Mortgage interest paid to banks, etc. (see instructions)  | 12          |             |          |
| <b>13</b>        | Other interest . . . . .  | 13          |             |          |
| <b>14</b>        | Repairs . . . . .   | 14          | 4,850.      |          |
| <b>15</b>        | Supplies . . . . .  | 15          | 3,650.      |          |
| <b>16</b>        | Taxes . . . . .   | 16          |             |          |
| <b>17</b>        | Utilities . . . . .   | 17          | 2,450.      |          |
| <b>18</b>        | Depreciation expense or depletion . . . . .   | 18          |             |          |
| <b>19</b>        | Other (list) _____  | 19          |             |          |
| <b>20</b>        | Total expenses. Add lines 5 through 19 . . . . .  | 20          | 14,150.     |          |
| <b>21</b>        | 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 <b>Form 6198</b> . . . . .  | 21          | -13,500.    |          |
| <b>22</b>        | Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | 22          | ( 13,500. ) | ( )      |
| <b>23a</b>       | Total of all amounts reported on line 3 for all rental properties . . . . .   | 23a         | 650.        |          |
| <b>b</b>         | Total of all amounts reported on line 4 for all royalty properties . . . . .  | 23b         |             |          |
| <b>c</b>         | Total of all amounts reported on line 12 for all properties . . . . .   | 23c         |             |          |
| <b>d</b>         | Total of all amounts reported on line 18 for all properties . . . . .   | 23d         |             |          |
| <b>e</b>         | Total of all amounts reported on line 20 for all properties . . . . .   | 23e         | 14,150.     |          |
| <b>24</b>        | <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .  | 24          |             |          |
| <b>25</b>        | <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .  | 25          | ( 13,500. ) |          |
| <b>26</b>        | <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . | 26          |             | -13,500. |

For Paperwork Reduction Act Notice, see the separate instructions.

NPA -13,500.

Schedule E (Form 1040) 2022

**SCHEDULE 8812  
(Form 1040)**

**Credits for Qualifying Children  
and Other Dependents**

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **47**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.

Name(s) shown on return

Your social security number

venu m kanchibhotla & saritha yadavalli

755-76-5649

**Part I Child Tax Credit and Credit for Other Dependents**

|  |   |           |          |          |
|--|---|-----------|----------|----------|
| <b>1</b>   | Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . . . . .  |           | <b>1</b> | 177,118. |
| <b>2a</b>  | Enter income from Puerto Rico that you excluded . . . . .   | <b>2a</b> |          |          |
| <b>b</b>   | Enter the amounts from lines 45 and 50 of your Form 2555 . . . . .  | <b>2b</b> | 0.       |          |
| <b>c</b>   | Enter the amount from line 15 of your Form 4563 . . . . .   | <b>2c</b> |          |          |
| <b>d</b>   | Add lines 2a through 2c . . . . .   | <b>2d</b> | 0.       |          |
| <b>3</b>   | Add lines 1 and 2d . . . . .  | <b>3</b>  | 177,118. |          |
| <b>4</b>   | Number of qualifying children under age 17 with the required social security number . . . . .   | <b>4</b>  | 0        |          |
| <b>5</b>   | Multiply line 4 by \$2,000 . . . . .  | <b>5</b>  |          |          |
| <b>6</b>   | Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number . . . . .   | <b>6</b>  | 2        |          |
| <b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.                |   |           |          |          |
| <b>7</b>   | Multiply line 6 by \$500 . . . . .  | <b>7</b>  | 1,000.   |          |
| <b>8</b>   | Add lines 5 and 7 . . . . .   | <b>8</b>  | 1,000.   |          |
| <b>9</b>   | Enter the amount shown below for your filing status.<br>• Married filing jointly—\$400,000 }<br>• All other filing statuses—\$200,000 }   | <b>9</b>  | 400,000. |          |
| <b>10</b>  | Subtract line 9 from line 3.<br>• If zero or less, enter -0-.<br>• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. } | <b>10</b> | 0.       |          |
| <b>11</b>  | Multiply line 10 by 5% (0.05) . . . . .   | <b>11</b> | 0.       |          |
| <b>12</b>  | Is the amount on line 8 more than the amount on line 11? . . . . .  | <b>12</b> | 1,000.   |          |
| <input type="checkbox"/> <b>No. STOP.</b> You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. |   |           |          |          |
| <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 11 from line 8. Enter the result.  |   |           |          |          |
| <b>13</b>  | Enter the amount from the <b>Credit Limit Worksheet A</b> . . . . .   | <b>13</b> | 24,502.  |          |
| <b>14</b>  | Enter the smaller of line 12 or 13. <b>This is your child tax credit and credit for other dependents</b> . . . . .  | <b>14</b> | 1,000.   |          |

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

**Part II-A Additional Child Tax Credit for All Filers**

**Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

|   |  |            |    |
|---|--|------------|----|
| <b>15</b>   | Check this box if you <b>do not</b> want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . <input type="checkbox"/>   |            |    |
| <b>16a</b>  | Subtract line 14 from line 12. If zero, <b>stop here</b> ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .   | <b>16a</b> | 0. |
| <b>b</b>  | Number of qualifying children under 17 with the required social security number: _____ x \$1,500.<br>Enter the result. If zero, <b>stop here</b> ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .  | <b>16b</b> |    |
| <b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4. |  |            |    |
| <b>17</b>   | Enter the <b>smaller</b> of line 16a or line 16b . . . . .   | <b>17</b>  |    |
| <b>18a</b>  | Earned income (see instructions) . . . . .   | <b>18a</b> |    |
| <b>b</b>  | Nontaxable combat pay (see instructions) . . . . .   | <b>18b</b> |    |
| <b>19</b>   | Is the amount on line 18a more than \$2,500?<br><input type="checkbox"/> <b>No.</b> Leave line 19 blank and enter -0- on line 20.<br><input type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 18a. Enter the result . . . . .   | <b>19</b>  |    |
| <b>20</b>   | Multiply the amount on line 19 by 15% (0.15) and enter the result . . . . .<br><b>Next.</b> On line 16b, is the amount \$4,500 or more?<br><input type="checkbox"/> <b>No.</b> If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the <b>smaller</b> of line 17 or line 20 on line 27.<br><input type="checkbox"/> <b>Yes.</b> If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21. | <b>20</b>  |    |

**Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico**

|           |   |           |  |
|-----------|---|-----------|--|
| <b>21</b> | Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions. . . . . |           |  |
| <b>22</b> | Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . . . . .  | <b>22</b> |  |
| <b>23</b> | Add lines 21 and 22 . . . . .   | <b>23</b> |  |
| <b>24</b> | <b>1040 and 1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. }<br><b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11. }  | <b>24</b> |  |
| <b>25</b> | Subtract line 24 from line 23. If zero or less, enter -0- . . . . .   | <b>25</b> |  |
| <b>26</b> | Enter the <b>larger</b> of line 20 or line 25 . . . . .<br><b>Next,</b> enter the <b>smaller</b> of line 17 or line 26 on line 27.  | <b>26</b> |  |

**Part II-C Additional Child Tax Credit**

|           |  |  |  |
|-----------|--|--|--|
| <b>27</b> | This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 . . . . . |  |  |
|-----------|--|--|--|

**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](http://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.  
755-76-5649

venu m kanchibhotla

**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.

|           |  |   |
|-----------|--|---|
| <b>1</b>  | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions . . . . .   | <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family |
| <b>2</b>  | 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. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .                        | 2 0.  |
| <b>3</b>  | If you were under age 55 at the end of 2022 and, on the first day of <b>every</b> month during 2022, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,650 (\$7,300 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . . | 3 7,300.  |
| <b>4</b>  | 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 . . . . .                                       | 4 0.  |
| <b>5</b>  | Subtract line 4 from line 3. If zero or less, enter -0- . . . . .  | 5 7,300.  |
| <b>6</b>  | 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 . . . . .   | 6 7,300.  |
| <b>7</b>  | 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 . . . . .   | 7   |
| <b>8</b>  | Add lines 6 and 7 . . . . .  | 8 7,300.  |
| <b>9</b>  | Employer contributions made to your HSAs for 2022 . . . . .  | 9 3,935.  |
| <b>10</b> | Qualified HSA funding distributions . . . . .  | 10  |
| <b>11</b> | Add lines 9 and 10 . . . . .   | 11 3,935.   |
| <b>12</b> | Subtract line 11 from line 8. If zero or less, enter -0- . . . . .   | 12 3,365.   |
| <b>13</b> | <b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.  | 13 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.

|            |  |            |
|------------|--|------------|
| <b>14a</b> | Total distributions you received in 2022 from all HSAs (see instructions) . . . . .  | 14a 1,439. |
| <b>b</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 . . . . . | 14b        |
| <b>c</b>   | Subtract line 14b from line 14a . . . . .  | 14c 1,439. |
| <b>15</b>  | Qualified medical expenses paid using HSA distributions (see instructions) . . . . .   | 15 1,439.  |
| <b>16</b>  | <b>Taxable HSA distributions.</b> 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 . . . . .  | 16 0.      |
| <b>17a</b> | If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . <input type="checkbox"/>  |            |
| <b>b</b>   | <b>Additional 20% tax</b> (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 . . . . .                  | 17b        |

**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.

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

**Paid Preparer's Due Diligence Checklist**

*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),  
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and  
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*

**To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.  
Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.**

OMB No. 1545-0074

For tax year  
20 \_\_\_\_\_

Attachment  
Sequence No. **70**

|   |   |
|---|---|
| Taxpayer name(s) shown on return<br>VENU M KANCHIBHOTLA & SARITHA YADAVALLI | Taxpayer identification number<br>755-76-5649   |
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM                        | Preparer tax identification number<br>P02082703 |

**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply).  EIC  CTC/ACTC/ODC  AOTC  HOH

|   | Yes                                 | No                                  | N/A                      |
|---|-------------------------------------|-------------------------------------|--------------------------|
| <b>1</b> Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.) . . . . .  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| <b>2</b> If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>3</b> Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.<br>• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.<br>• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| <b>4</b> Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) . . . . .   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                          |
| <b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |
| <b>b</b> Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |
| <b>5</b> Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) . . . . .<br>List those documents provided by the taxpayer, if any, that you relied on:<br>_____<br>_____<br>_____ | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| <b>6</b> Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| <b>7</b> Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . .<br><b>(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)</b>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>a</b> Did you complete the required recertification Form 8862? . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>8</b> If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |

**Part II Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

|   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| <b>9a</b> Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? <b>(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)</b> . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>b</b> Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>c</b> Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

|   | Yes                                 | No                       | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|
| <b>10</b> Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States? . . . . .  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>11</b> Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? . . . . . | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>12</b> Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Part IV Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| <b>13</b> Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |

**Part V Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| <b>14</b> Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |

**Part VI Eligibility Certification**

**You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
  - 1. A copy of this Form 8867.
  - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
  - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
  - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
  - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

**If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).**

|   | Yes                                 | No                       |
|---|-------------------------------------|--------------------------|
| <b>15</b> Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? . . . . . | <input checked="" type="checkbox"/> | <input type="checkbox"/> |





VENU M KANCHIBHOTLA 2026796515 KANC 755765649  
 SARITHA YADAVALLI  
 4845 RAILWAY CIR YADA 318478436  
 MONROVIA MD 21770

Name or address has changed? Taxpayer or (spouse if filing joint) died during this tax year Taxpayer was engaged in commercial farming/fishing in 2022

**Amended Return:** Amended affects Kansas only Amended Federal tax return Adjustment by the IRS

**Filing Status:** Single  Married Filing Joint (Even if only one had income) Married Filing Separate Head of Household (Do not check if filing joint return)

**Residency Status:** Resident  NonResident (Complete Sch S, Part B) MD State of Legal Residence  
Part-Year Resident (Complete Sch S, Part B) From To

**Exemptions:** 4 Enter the total exemptions for you, your spouse (if applicable), and each person you claim as a dependent. If filing status above is Head of Household, add one exemption. 4 **Total Kansas exemptions**

In the following spaces, provide the requested information for all persons you claimed as dependents. **DO NOT include you or your spouse.** If additional space is needed, enclose a separate sheet, only after completing all nine lines below.

| Dependent Name - First, Middle and Last | Date of Birth - MMDDYYYY | Relationship | SSN       |
|---|--------------------------|--------------|-----------|
| NAGA CHA Y KANCHIBHOTLA                 | 03212011                 | SON          | 942989084 |
| TRIPURA M KANCHIBHOTLA                  | 03212011                 | DAUGHTER     | 942989132 |

**Food Sales Tax Credit:** You must have been a Kansas resident for ALL of 2022. Complete this section to determine your qualifications and credit.

- A.** Had a dependent child who lived with you all year and was under the age of 18 all of 2022?
- B.** Were you (or spouse) 55 years of age or older all of 2022 (born prior to January 1, 1967)?
- C.** Were you (or spouse) totally and permanently disabled or blind all of 2022, regardless of age? If you answered NO to A, B, and C, **STOP HERE**, you do not qualify for this credit.
- D.** If you answered YES to A, B, or C, enter your FAGI from line 1 of this return. 0  
If Line D is more than \$30,615 **STOP HERE**, you do not qualify for this credit.
- E.** Number of exemptions claimed
- F.** Number of dependents that are 18 years of age or older (born on or before January 1, 2005)
- G.** Total qualifying exemptions (subtract line F from line E)
- H.** Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form. 0



VENU M KANCHIBHOTLA KANC 755765649

|  |         |  |      |
|--|---------|--|------|
| 1. Federal adjusted gross income   | 177118  | 23. Refundable portion of earned income tax credit                     | 0    |
| 2. Modifications   | 0       | 24. Refundable portion of tax credits                                  | 0    |
| 3. Kansas adjusted gross income  | 177118  | 25. Payments remitted with original return                             | 0    |
| 4. Standard or itemized deductions.<br>(If itemizing, complete KS Sch A) | 13556   | 26. Credit for tax paid on the K-120S                                  | 0    |
| 5. Exemption allowance   | 9000    | 27. Overpayment from original return.<br>This figure is a subtraction. | 0    |
| 6. Total deductions  | 22556   | 28. Total refundable credits   | 2381 |
| 7. Taxable income  | 154562  | 29. Underpayment   | 0    |
| 8. Tax   | 7895    | 30. Interest   | 0    |
| 9. Nonresident percentage  | 26.8443 | 31. Penalty  | 0    |
| 10. Nonresident tax  | 2119    | 32. Estimated tax penalty  | 0    |
| 11. KS tax on lump sum distributions                                     | 0       | 33. AMOUNT YOU OWE   | 0    |
| 12. TOTAL INCOME TAX   | 2119    | 34. Overpayment  | 262  |
| 13. Credit for taxes paid to other states                                | 0       | 35. CREDIT FORWARD   | 0    |
| 14. Credit for child and dependent care expenses                         | 0       | 36. Chickadee Checkoff   | 0    |
| 15. Other credits  | 0       | 37. Senior Citizens Meals On Wheels Contribution Program               | 0    |
| 16. Subtotal   | 2119    | 38. Breast Cancer Research Fund  | 0    |
| 17. Earned Income Credit   | 0       | 39. Military Emergency Relief Fund                                     | 0    |
| 18. Food Sales Tax Credit  | 0       | 40. Kansas Hometown Heroes Fund  | 0    |
| 19. Total Tax Balance  | 2119    | 41. Kansas Creative Arts Industry Fund                                 | 0    |
| 20. KS income tax withheld from W-2,<br>1099 or K-19                     | 2381    | 42. Local School District Contribution Fund. School District Number    | 0    |
| 21. Estimated tax paid   | 0       | 43. REFUND   | 262  |
| 22. Amount paid with Kansas extension                                    | 0       |  |      |

I authorize the Director of Taxation or the Director's designee to discuss my K-40 and any enclosures with my preparer.  
I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

Taxpayer Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_ Spouse Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

Preparer Signature (Required) SYAM PRIYA RAM SAGAR GUPT Preparer Phone Number 6789659522 Preparer PTIN, EIN or SSN (Required) P02082703

|         |                |      |           |
|---------|----------------|------|-----------|
| venu    | M KANCHIBHOTLA | KANC | 755765649 |
| SARITHA | YADAVALLI      | YADA | 318478436 |

**PART A - MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME**

**ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME:**

- |  |  |
|--|--|
| A1. State and municipal bond interest not specifically exempt from KS income tax (reduced by related expenses) | A5. Business interest expense carryforward deduction (I.R.C. § 163(J)) |
| <b>A2. Contributions to all KPERS (Kansas Public Employee's Retirement Systems)</b>                            | A6. Unqualified withdrawals from First Time Home Buyer Savings Account |
| A3. Kansas Expensing Recapture (enclose applicable schedules)  | A7. Other additions to FAGI (enclose list)                             |
| A4. Low income student scholarship contribution (enclose Sch K-70)   | A8. Total additions to FAGI (add lines A1 - A7)                        |

**SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME:**

- |   |   |
|---|---|
| A9. Social Security benefits  | A17. Global Intangible Low-Taxed Income (GILTI) (I.R.C. § 951A)         |
| A10. KPERS lump sum distributions exempt from income tax                        | A18. Disallowed business interest deduction (I.R.C. § 163(J))           |
| A11. Interest on U.S. Government obligations (reduced by related expenses)      | A19. Disallowed business meal expenses (I.R.C. § 274)                   |
| A12. State or local income tax refund (if included in line 1 of Form K-40)      | A20. Contributions to an ABLÉ savings account                           |
| A13. Retirement benefits specifically exempt from Kansas Income Tax             | A21. Kansas Expensing Deduction (Enclose K-120EX)                       |
| A14. Military compensation of a nonresident servicemember (Non-Residents only)  | A22. Qualified Contributions from First Time Home Buyer Savings Account |
| A15. Contributions to Learning Quest or other states' qualified tuition program | A23. Other subtractions from FAGI (enclose list)                        |
| A16. Armed forces recruitment, sign-up, or retention bonus                      | A24. Total subtractions from FAGI (add lines A9 - A23)                  |

**NET MODIFICATIONS:**

A25. Net modifications to FAGI (subtract line A24 from line A8). Enter total here and on line 2, Form K-40.

|         |                |      |           |
|---------|----------------|------|-----------|
| venu    | M KANCHIBHOTLA | KANC | 755765649 |
| SARITHA | YADAVALLI      | YADA | 318478436 |

**PART B - PART-YEAR RESIDENT/NONRESIDENT ALLOCATION**

| INCOME:   | Total From Federal Return: | Amount From Kansas Sources: |
|---|----------------------------|-----------------------------|
| B1. Wages, salaries, tips, etc  | 190618                     | 47546                       |
| B2. Interest and dividend income  |                            |                             |
| B3. Pensions, IRA distributions and annuities   |                            |                             |
| <b>Additional Income:</b><br><b>(Lines B4 - B12)</b>                                      |                            |                             |
| B4. Refunds of state and local income taxes   |                            |                             |
| B5. Alimony received  |                            |                             |
| B6. Business income or loss   |                            |                             |
| B7. Capital gain or loss  |                            |                             |
| B8. Other gains or losses   |                            |                             |
| B9. Rental real estate, royalties, partnerships,<br>S corps, trusts, estates, REMICS, etc | -13500                     | 0                           |
| B10. Farm income or loss  |                            |                             |
| B11. Unemployment compensation, taxable<br>social security benefits and other income      |                            |                             |
| B12. Total income from Kansas sources (Add lines B1 - B11)                                |                            | 47546                       |

| ADJUSTMENTS AND MODIFICATIONS TO KANSAS SOURCE INCOME:  | Total From Federal Return: | Amount From Kansas Sources: |
|---|----------------------------|-----------------------------|
| B13. IRA Retirement Deductions  |                            |                             |
| B14. Penalty on early withdrawal of savings   |                            |                             |
| B15. Alimony paid   |                            |                             |
| B16. Moving expenses for members of the armed forces  |                            |                             |
| B17. Other federal adjustments  |                            | 0                           |
| B18. Total federal adjustments to Kansas source income (Add lines B13 through B17)  |                            | 0                           |
| B19. Kansas source income after federal adjustments (Subtract line B18 from line B12)   |                            | 47546                       |
| B20. Net modifications from Part A that are applicable to Kansas source income  |                            |                             |
| B21. Modified Kansas source income (Line B19 plus or minus line B20)  |                            | 47546                       |
| B22. Kansas adjusted gross income (From line 3, Form K-40)  |                            | 177118                      |
| B23. Nonresident allocation percentage (Divide line B21 by line B22 and round to the fourth decimal place: not to exceed 100.0000). Enter result here and on line 9 of Form K-40. |                            | 26.8443                     |



VENU M KANCHIBHOTLA KANC 755765649  
SARITHA YADAVALLI YADA 318478436

Check this field if you claimed itemized deductions on your federal return.

**Medical and  
Dental Expenses**  
(I.R.C. § 213)

- 1. Medical and dental expenses. (See instructions)
- 2. Enter your adjusted gross income amount from Form 1040 or 1040-SR, line 11. 177118
- 3. Multiply line 2 by 7.5% (0.075). 13284
- 4. **Total medical and dental expenses allowed.** (Subtract line 3 from line 1. If line 3 is more than line 1, enter 0.) 0

**Taxes You Paid**  
(I.R.C. § 164(a))

- 5. State and local real estate taxes. (See instructions) 0
- 6. State and local personal property taxes.
- 7. **Total taxes you paid.** (Add lines 5 and 6.) 0

**Interest You Paid**  
(I.R.C. § 163(h))

- 8. Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this field.
- 8a. Home mortgage interest and points reported to you on Form 1098. 13556
- 8b. Home mortgage interest NOT reported to you on Form 1098. If paid to the person from whom you bought the home, show that person's name, identifying no., and address.
- 8c. Points NOT reported to you on Form 1098. (See instructions for special rules.)
- 8d. RESERVED
- 9. **Total interest you paid.** (Add lines 8a. - 8d.) 13556

**Gifts to Charity**  
(I.R.C. § 170)

- 10. Gifts by cash or check. (See instructions if you made any gift of \$250 or more.)
- 11. Gifts made other than by cash or check. (See instructions, if you made any gift of \$250 or more.)
- 12. Carryover from prior year.
- 13. **Total gifts to charity.** (Add lines 10 - 12.)

**Total Kansas  
Itemized Deductions**

- 14. **Total Kansas Itemized Deductions.** (Add lines 4, 7, 9, and 13. Enter result here and on line 4, form K-40.) 13556





**PERSONAL TAX PAYMENT  
VOUCHER FOR FORM  
502/505, ESTIMATED TAX  
AND EXTENSIONS**



22PTPV013

**Print Using Blue or Black Ink Only. Use only one PV per payment type.**

**755765649**

Your Social Security Number

**318478436**

If Joint Return, Spouse's Social Security Number

**VENU**

Your First Name

**M**

MI

**KANCHIBHOTLA**

Your Last name

**SARITHA**

If Joint Return, Spouse's First Name

**YADAVALLI**

Spouse's Last Name

**4845 RAILWAY CIR**

Current Mailing Address - Line 1 (Street No. and Street Name or PO Box)

Current Mailing Address - Line 2 (Apt. No., Suite No., Floor No.)

**MONROVIA**

City or Town

**MD**

State

**21770**

ZIP Code +4

**PAYMENT TYPE**

Check **ONLY** one box (1,2,3, or 4) for type of payment. If Box 1 is checked, also check box 1a., if **first time** estimated filer or if **filing status** has changed.

- 1.  Estimated Payment/Quarterly (502D) Tax Year: **2023**
- 1a.  First time filer or change in filing status
- 2.  Extension Payment (502E) Tax Year:
- 3.  Payment with resident return (502) Tax Year:
- 4.  Payment with nonresident return (505) Tax Year:

**PAYMENT AMOUNT**

Amount you are paying by check or money order.

Dollars **296** Cents **00**

Make your check or money order payable to  
**"Comptroller of Maryland"** and mail to:

Comptroller of Maryland  
Payment Processing  
PO Box 8888  
Annapolis, MD 21401-8888

ATTACH CHECK OR MONEY ORDER HERE WITH ONE STAPLE.



**PERSONAL TAX PAYMENT  
VOUCHER FOR FORM  
502/505, ESTIMATED TAX  
AND EXTENSIONS**



22PTPV013

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**755765649**

Your Social Security Number

**318478436**

If Joint Return, Spouse's Social Security Number

**VENU**

Your First Name

**M**

MI

**KANCHIBHOTLA**

Your Last name

**SARITHA**

If Joint Return, Spouse's First Name

**YADAVALLI**

Spouse's Last Name

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502/505, ESTIMATED TAX  
AND EXTENSIONS**



22PTPV013

**Print Using Blue or Black Ink Only. Use only one PV per payment type.**

**755765649**

Your Social Security Number

**318478436**

If Joint Return, Spouse's Social Security Number

**VENU**

Your First Name

**M**

MI

**KANCHIBHOTLA**

Your Last name

**SARITHA**

If Joint Return, Spouse's First Name

**YADAVALLI**

Spouse's Last Name

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**MONROVIA**

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**MD**

State

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ZIP Code +4

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- 4.  Payment with nonresident return (505) Tax Year:

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296 00  
Dollars Cents

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Annapolis, MD 21401-8888

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**PERSONAL TAX PAYMENT  
VOUCHER FOR FORM  
502/505, ESTIMATED TAX  
AND EXTENSIONS**



22PTPV013

**Print Using Blue or Black Ink Only. Use only one PV per payment type.**

**755765649**

Your Social Security Number

**318478436**

If Joint Return, Spouse's Social Security Number

**VENU**

Your First Name

**M**

MI

**KANCHIBHOTLA**

Your Last name

**SARITHA**

If Joint Return, Spouse's First Name

**YADAVALLI**

Spouse's Last Name

**4845 RAILWAY CIR**

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Current Mailing Address - Line 2 (Apt. No., Suite No., Floor No.)

**MONROVIA**

City or Town

**MD**

State

**21770**

ZIP Code +4

**PAYMENT TYPE**

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- 1.  Estimated Payment/Quarterly (502D) Tax Year: **2023**
- 1a.  First time filer or change in filing status
- 2.  Extension Payment (502E) Tax Year:
- 3.  Payment with resident return (502) Tax Year:
- 4.  Payment with nonresident return (505) Tax Year:

**PAYMENT AMOUNT**

Amount you are paying by check or money order.

Dollars **296** Cents **00**

Make your check or money order payable to "**Comptroller of Maryland**" and mail to:  
 Comptroller of Maryland  
 Payment Processing  
 PO Box 8888  
 Annapolis, MD 21401-8888

ATTACH CHECK OR MONEY ORDER HERE WITH ONE STAPLE.



221010013

Keep this form for your records. Do not send this form to the State of Maryland unless specifically requested to do so. See Instructions.

Print Using Blue or Black Ink Only.

VENU M KANCHIBHOTLA 755765649
First Name MI Last Name SSN/Taxpayer Identification Number
SARITHA MI YADAVALLI 318478436
Spouse's First Name MI Spouse's Last Name SSN/Taxpayer Identification Number

Part I Tax Return Information (whole dollars only)

- 1. Amount of overpayment to be applied to 2023 estimated tax . . . . . 1. .00
2. Amount of overpayment to be refunded to you . . . . . REFUND 2. .00
3. Total amount due (Pay in full by April 15, 2023. See instructions.) . . . . . 3. 100 .00

Part II Taxpayer Declaration and Signature Authorization

Under penalties of perjury, I declare that I have compared the information contained on my electronic return with the information that I provided to my Electronic Return Originator (ERO) or entered on-line and that the name(s) and amounts described above agree with the amounts shown on the corresponding lines of my 2022 Maryland electronic income tax return.

Your PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 65649 as my signature on my tax year 2022 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Your signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 78436 as my signature on my tax year 2022 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Spouse's signature \_\_\_\_\_ Date \_\_\_\_\_

Practitioner PIN Method Returns Only

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. 22249631989

I certify this numeric entry is my PIN, which is my signature for the tax year 2022 electronically filed income tax return for the taxpayer(s). I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-file Providers.

ERO's signature \_\_\_\_\_ Date 04112023

DO NOT MAIL



225020013

\$

OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2022, ENDING \_\_\_\_\_

755765649 Your Social Security Number 318478436 Spouse's Social Security Number

VENU Your First Name M MI

KANCHIBHOTLA Your Last Name Does your name match the name on your social security card? If not, to ensure you get credit for your personal exemptions, contact SSA at 1-800-772-1213 or visit www.ssa.gov. SARITHA Spouse's First Name MI

YADAVALLI Spouse's Last Name

4845 RAILWAY CIR Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

MONROVIA MD 21770 Current Mailing Address Line 2 (Apt No., Suite No., Floor No.) City or Town State ZIP Code + 4

Foreign Country Name Foreign Province/State/County

Foreign Postal Code

REQUIRED: Maryland Physical address of taxing area as of December 31, 2022 or last day of the taxable year for fiscal year taxpayers. See Instruction 6. Part-year residents see Instruction 26.

1100 FREDERICK 4 Digit Political Subdivision Code (See Instruction 6) Maryland Political Subdivision (See Instruction 6)

4845 RAILWAY CIR Maryland Physical Address Line 1 (Street No. and Street Name) (No PO Box)

Maryland Physical Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box)

MONROVIA MD 21770 FREDERICK City State ZIP Code + 4 Maryland County

FILING STATUS

CHECK ONE BOX

See Instruction 1 if you are required to file.

- 1. Single (If you can be claimed on another person's tax return, use Filing Status 6.)
2. Married filing joint return or spouse had no income
3. Married filing separately, Spouse SSN
4. Head of household
5. Qualifying widow(er) with dependent child
6. Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7.)

PART-YEAR RESIDENT

See Instruction 26.

Dates of Maryland Residence (MM DD YYYY) FROM TO

Other state of residence:

If you began or ended legal residence in Maryland in 2022 place a P in the box. MILITARY: If you or your spouse has non-Maryland military income, place an M in the box.

Enter Military Income amount here:

Print Using Blue or Black Ink Only
Place your W-2 wage and tax statements and ATTACH HERE with one staple. Do not attach check or money order to Form 502. Attach check or money order to Form PV.



225020113

NAME venu m kanchibhotla & saritha yadaivali SSN 755765649

**EXEMPTIONS**

See Instruction 10. Check appropriate box(es). **NOTE:** If you are claiming dependents, you **must attach the Dependents' Information Form 502B** to this form to receive the applicable exemption amount.

|           |  |  |   |                    |                                  |      |     |
|-----------|--|--|---|--------------------|----------------------------------|------|-----|
| <b>A.</b> | <input checked="" type="checkbox"/> Yourself                                   | <input checked="" type="checkbox"/> Spouse | Enter number checked <input type="text" value="2"/> | See Instruction 10 | <b>A. \$</b>                     | 1600 | .00 |
| <b>B.</b> | <input type="checkbox"/> 65 or over  | <input type="checkbox"/> 65 or over        |   |                    |                                  |      |     |
|           | <input type="checkbox"/> Blind   | <input type="checkbox"/> Blind             | Enter number checked <input type="text"/>           | X \$1,000          | <b>B. \$</b>                     |      | .00 |
| <b>C.</b> | Enter number from line 3 of Dependent Form 502B <input type="text" value="2"/> |  |   | See Instruction 10 | <b>C. \$</b>                     | 1600 | .00 |
| <b>D.</b> | Enter Total Exemptions (Add A, B and C.) <input type="text" value="4"/>        |  |   |                    | <b>Total Amount. . . . D. \$</b> | 3200 | .00 |

**MARYLAND HEALTH CARE COVERAGE**

See Instruction 3.

|                                     |  |                                       |
|-------------------------------------|--|---------------------------------------|
| Check here <input type="checkbox"/> | If you do not have health care coverage  | DOB (mm/dd/yyyy) <input type="text"/> |
| Check here <input type="checkbox"/> | If your spouse does not have health care coverage  | DOB (mm/dd/yyyy) <input type="text"/> |
| Check here <input type="checkbox"/> | I authorize the Comptroller of Maryland to share information from this tax return with the Maryland Health Benefit Exchange for the purpose of determining pre-eligibility for no-cost or low-cost health care coverage. |                                       |
| E-mail address <input type="text"/> |  |                                       |

**INCOME**

See Instruction 11.

|            |  |            |        |     |
|------------|--|------------|--------|-----|
| <b>1.</b>  | Adjusted gross income from your federal return   | <b>1.</b>  | 177118 | .00 |
| <b>1a.</b> | Wages, salaries and/or tips  | <b>1a.</b> | 190618 | .00 |
| <b>1b.</b> | Earned income  | <b>1b.</b> |        | .00 |
| <b>1c.</b> | Capital Gain or (loss)   | <b>1c.</b> |        | .00 |
| <b>1d.</b> | Taxable Pensions, IRAs, Annuities (Attach Form 502R.)  | <b>1d.</b> |        | .00 |
| <b>1e.</b> | Place a "Y" in this box if the amount of your investment income is more than \$10,300 <input type="checkbox"/> |            |        |     |

**ADDITIONS TO MARYLAND INCOME**

See Instruction 12.

|           |   |           |        |     |
|-----------|---|-----------|--------|-----|
| <b>2.</b> | Tax-exempt interest on state and local obligations (bonds) other than Maryland  | <b>2.</b> |        | .00 |
| <b>3.</b> | State retirement pickup   | <b>3.</b> |        | .00 |
| <b>4.</b> | Lump sum distributions (from worksheet in Instruction 12.)                      | <b>4.</b> |        | .00 |
| <b>5.</b> | Other additions (Enter code letter(s) from Instruction 12.)                     | <b>5.</b> |        | .00 |
| <b>6.</b> | Total additions (Add lines 2 through 5. See instructions.)                      | <b>6.</b> |        | .00 |
| <b>7.</b> | Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.) | <b>7.</b> | 177118 | .00 |

**SUBTRACTIONS FROM MARYLAND INCOME**

See Instruction 13.

|             |  |             |        |     |
|-------------|--|-------------|--------|-----|
| <b>8.</b>   | Taxable refunds, credits or offsets of state and local income taxes included in line 1                   | <b>8.</b>   |        | .00 |
| <b>9.</b>   | Child and dependent care expenses  | <b>9.</b>   |        | .00 |
| <b>10a.</b> | Pension exclusion from worksheet (13A) Yourself <input type="checkbox"/> Spouse <input type="checkbox"/> | <b>10a.</b> |        | .00 |
| <b>10b.</b> | Pension exclusion from worksheet (13E) Yourself <input type="checkbox"/> Spouse <input type="checkbox"/> | <b>10b.</b> |        | .00 |
| <b>11.</b>  | Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1                 | <b>11.</b>  |        | .00 |
| <b>12.</b>  | Income received during period of nonresidence (See Instruction 26.)                                      | <b>12.</b>  |        | .00 |
| <b>13.</b>  | Subtractions from attached Form 502SU  | <b>13.</b>  |        | .00 |
| <b>14.</b>  | Two-income subtraction from worksheet in Instruction 13  | <b>14.</b>  | 1200   | .00 |
| <b>15.</b>  | Total subtractions (Add lines 8 through 14. See instructions.)   | <b>15.</b>  | 1200   | .00 |
| <b>16.</b>  | Maryland adjusted gross income (Subtract line 15 from line 7.)   | <b>16.</b>  | 175918 | .00 |

**DEDUCTION METHOD**

See Instruction 16.

**All taxpayers must select one method and check the appropriate box.**

|  |  |
|--|--|
| <input checked="" type="checkbox"/>                          | <b>STANDARD DEDUCTION METHOD</b> (Enter amount on line 17.)                              |
| <input type="checkbox"/>                                     | <b>ITEMIZED DEDUCTION METHOD</b> (Complete lines 17a and 17b.)                           |
| <b>17a.</b>  | Total federal itemized deductions (from line 17, federal Schedule A) <b>17a.</b> .00     |
| <b>17b.</b>  | State and local income taxes (See Instruction 14.) <b>17b.</b> .00                       |
| Subtract line 17b from line 17a and enter amount on line 17. |  |
| <b>17.</b>   | Deduction amount (Part-year residents see Instruction 26 (l and m).) <b>17.</b> 4850 .00 |
| <b>18.</b>   | Net income (Subtract line 17 from line 16.) <b>18.</b> 171068 .00                        |
| <b>19.</b>   | Exemption amount from Exemptions area (See Instruction 10.) <b>19.</b> 3200 .00          |
| <b>20.</b>   | Taxable net income (Subtract line 19 from line 18.) <b>20.</b> 167868 .00                |



225020213

NAME venu m kanchibhotla & saritha yadavalli SSN 755765649

|   |   |       |       |     |
|---|---|-------|-------|-----|
| <b>MARYLAND<br/>TAX<br/>COMPUTATION</b>   | <b>21. Maryland tax</b> (from Tax Table or Computation Worksheet Schedules I or II) . . . . .   | 21.   | 7966  | .00 |
|   | <b>22. Earned income credit (EIC)</b> (See Instruction 18.) . . . . .   | 22.   |       | .00 |
|   | <input type="checkbox"/> Check this box if you are claiming the Maryland Earned Income Credit, but do not qualify for the federal Earned Income Credit.                                   |       |       |     |
|   | <input type="checkbox"/> Check this box if you are claiming the Maryland Earned Income Credit with a qualifying child.  |       |       |     |
|   | <b>23. Poverty level credit</b> (See Instruction 18.) . . . . .   | 23.   |       | .00 |
|   | <b>24. Other income tax credits for individuals</b> from Part AA, line 14 of Form 502CR ( <b>Attach Form 502CR.</b> )   | 24.   | 2016  | .00 |
|   | <b>25. Business tax credits</b> . . . . . <b>You must file this form electronically to claim business tax credits on Form 500CR.</b>  |       |       |     |
|   | <b>26. Total credits</b> (Add lines 22 through 25.) . . . . .   | 26.   | 2016  | .00 |
| <b>27. Maryland tax after credits</b> (Subtract line 26 from line 21.) If less than 0, enter 0. . . . .       | 27.   | 5950  | .00   |     |
| <b>LOCAL TAX<br/>COMPUTATION</b>  | <b>28. Local tax</b> (See Instruction 19 for tax rates and worksheet.) <b>Multiply line 20 by your local tax rate .0 0296</b> or use the Local Tax Worksheet . . . . .                    | 28.   | 4969  | .00 |
|   | <b>29. Local earned income credit</b> (from Local Earned Income Credit Worksheet in Instruction 19.) . . . . .  | 29.   |       | .00 |
|   | <b>30. Local poverty level credit</b> (from Local Poverty Level Credit Worksheet in Instruction 19.) . . . . .  | 30.   |       | .00 |
|   | <b>31. Local tax credit</b> from Part BB, line 1 of Form 502CR ( <b>Attach Form 502CR.</b> ) . . . . .  | 31.   | 103   | .00 |
|   | <b>32. Total credits</b> (Add lines 29 through 31.) . . . . .   | 32.   | 103   | .00 |
|   | <b>33. Local tax after credits</b> (Subtract line 32 from line 28.) If less than 0, enter 0. . . . .  | 33.   | 4866  | .00 |
|   | <b>34. Total Maryland and local tax</b> (Add lines 27 and 33.) . . . . .  | 34.   | 10816 | .00 |
| <b>CONTRIBUTIONS</b><br>See Instruction 20.   | <b>35. Contribution to Chesapeake Bay and Endangered Species Fund</b> . . . . .   | 35.   |       | .00 |
|   | <b>36. Contribution to Developmental Disabilities Services and Support Fund</b> . . . . .   | 36.   |       | .00 |
|   | <b>37. Contribution to Maryland Cancer Fund.</b> . . . . .  | 37.   |       | .00 |
|   | <b>38. Contribution to Fair Campaign Financing Fund</b> . . . . .   | 38.   |       | .00 |
| <b>39. Total Maryland income tax, local income tax and contributions</b> (Add lines 34 through 38.) . . . . . | 39.   | 10816 | .00   |     |
|   | <b>40. Total Maryland and local tax withheld</b> (Enter total from your W-2 and 1099 forms and attach if MD tax is withheld.) . . . . .   | 40.   | 10716 |     |
|   | <b>41. 2022 estimated tax payments</b> , amount applied from 2021 return, payment made with an extension request, and <b>Form MW506NRS</b> . . . . .                                      | 41.   |       |     |
|   | <b>42. Refundable earned income credit</b> (from worksheet in Instruction 21) . . . . .   | 42.   |       |     |
|   | <b>43. Refundable income tax credits</b> from Part CC, line 10 of Form 502CR (Attach Form 502CR and/or Schedule K-1 (Forms 510/511), if applicable. See Instruction 21.)                  | 43.   |       |     |
|   | <b>44. Total payments and credits</b> (Add lines 40 through 43.) . . . . .  | 44.   | 10716 |     |
|   | <b>45. Balance due</b> (If line 39 is more than line 44, subtract line 44 from line 39. See Instruction 22.) . . . . .  | 45.   | 100   |     |
|   | <b>46. Overpayment</b> (If line 39 is less than line 44, subtract line 39 from line 44.) . . . . .  | 46.   |       |     |
| <b>REFUND</b>   | <b>47. Amount of overpayment TO BE APPLIED TO 2023 ESTIMATED TAX.</b> . . . . .   | 47.   |       |     |
|   | <b>48. Amount of overpayment TO BE REFUNDED TO YOU</b> (Subtract line 47 from line 46.) See line 51 . . . . . <b>REFUND</b>   | 48.   |       |     |
|   | <b>49. Check here</b> <input type="checkbox"/> if you are attaching Form 502UP. Enter interest charges from line 18, _____ or for late filing _____ or homebuyer withdrawal penalty _____ | 49.   |       |     |
| <b>AMOUNT DUE</b>   | <b>50. TOTAL AMOUNT DUE</b> (Add lines 45 and 49.) <b>IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV.</b> . . . . .  | 50.   | 100   |     |



225020313

NAME venu m kanchibhotla & saritha yadavalli SSN 755765649

**DIRECT DEPOSIT OF REFUND** (See Instruction 22.) **Verify that all account information is correct and clearly legible.** If you are requesting direct deposit of your refund, complete the following. **For Splitting Direct Deposit**, use Form 588.

▶  Check here if you authorize the State of Maryland to issue your refund by direct deposit.

▶  Check here if this refund will go to an account outside of the United States.

**51a.** Type of account: ▶  Checking  Savings **51b.** Routing Number (9-digits) ▶ \_\_\_\_\_

**51c.** Account Number ▶ \_\_\_\_\_

**51d.** Name(s) as it appears on the bank account \_\_\_\_\_

▶ 2026796515 \_\_\_\_\_ ▶ \_\_\_\_\_  
Daytime telephone no. Home telephone no. CODE NUMBERS (3 digits per line)

Check here  if you authorize your preparer to discuss this return with us. Check here ▶  if you authorize your paid preparer not to file electronically. Check here ▶  if you agree to receive your 1099G Income Tax Refund statement electronically (See Instruction 24.)

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

\_\_\_\_\_  
Your signature Date

GLOBAL TAXES LLC  
Printed name of the Preparer / or Firm's name

SYAM PRIYA RAM SAGAR GUPTA TALLAM  
Signature of preparer other than taxpayer **(Required by Law)**

\_\_\_\_\_  
Spouse's signature Date

245 ROONEY CT  
Street address of preparer or Firm's address

E BRUNSWICK NJ 08816  
City, State, ZIP Code + 4

6789659522 ▶ P02082703  
Telephone number of preparer Preparer's PTIN **(Required by Law)**

**For returns filed without payments, mail your completed return to:**

**To make an online payment, scan the QR code below and follow instructions.**

Comptroller of Maryland  
Revenue Administration Division  
110 Carroll Street  
Annapolis, MD 21411-0001

**For returns filed with payments, attach check or money order to Form PV. Make checks payable to Comptroller of Maryland. Do not attach Form PV or check/money order to Form 502. Place Form PV with attached check/money order on TOP of Form 502 and mail to:**

Comptroller of Maryland  
Payment Processing  
PO Box 8888  
Annapolis, MD 21401-8888



22502B013

755765649

Your Social Security Number

318478436

Spouse's Social Security Number

VENU

Your First Name

M

MI

KANCHIBHOTLA

Your Last Name

SARITHA

Spouse's First Name

MI

YADAVALLI

Spouse's Last Name

Print Using Blue or Black Ink Only

**Summary**

1. Enter the total number checked below for Regular dependents (4) . . . . . 1. \_\_\_\_\_ 2
2. Enter the total number checked below for dependents 65 or over (5) . . . . . 2. \_\_\_\_\_
3. Total dependent exemptions (Add lines 1 and 2 and enter the total here and on line (C) of the Exemptions area of Form 502, 505 or 515.) . . . . . 3. \_\_\_\_\_ 2

**Dependents** (If a dependent listed below is age 65 or over, check both 4 and 5.)

|    |                                     |                        |   |   |  |  |
|----|-------------------------------------|------------------------|---|---|--|--|
| 1. | First Name<br>NAGA CHAITANYA        | MI<br>Y                | Last Name<br>KANCHIBHOTLA                         | Check here <input type="checkbox"/>       | if this dependent does not have health care coverage |  |
| 2. | Social Security Number<br>942989084 | Relationship<br>3. SON | Regular<br>4. <input checked="" type="checkbox"/> | 65 or over<br>5. <input type="checkbox"/> | DOB (MM/DD/YYYY) <input type="text"/>                |  |

|    |                                     |                             |   |   |  |  |
|----|-------------------------------------|-----------------------------|---|---|--|--|
| 1. | First Name<br>TRIPURA               | MI<br>M                     | Last Name<br>KANCHIBHOTLA                         | Check here <input type="checkbox"/>       | if this dependent does not have health care coverage |  |
| 2. | Social Security Number<br>942989132 | Relationship<br>3. DAUGHTER | Regular<br>4. <input checked="" type="checkbox"/> | 65 or over<br>5. <input type="checkbox"/> | DOB (MM/DD/YYYY) <input type="text"/>                |  |

|    |                                 |                          |  |   |  |  |
|----|---------------------------------|--------------------------|--|---|--|--|
| 1. | First Name<br>_____             | MI<br>__                 | Last Name<br>_____                     | Check here <input type="checkbox"/>       | if this dependent does not have health care coverage |  |
| 2. | Social Security Number<br>_____ | Relationship<br>3. _____ | Regular<br>4. <input type="checkbox"/> | 65 or over<br>5. <input type="checkbox"/> | DOB (MM/DD/YYYY) <input type="text"/>                |  |

|    |                                 |                          |  |   |  |  |
|----|---------------------------------|--------------------------|--|---|--|--|
| 1. | First Name<br>_____             | MI<br>__                 | Last Name<br>_____                     | Check here <input type="checkbox"/>       | if this dependent does not have health care coverage |  |
| 2. | Social Security Number<br>_____ | Relationship<br>3. _____ | Regular<br>4. <input type="checkbox"/> | 65 or over<br>5. <input type="checkbox"/> | DOB (MM/DD/YYYY) <input type="text"/>                |  |

|    |                                 |                          |  |   |  |  |
|----|---------------------------------|--------------------------|--|---|--|--|
| 1. | First Name<br>_____             | MI<br>__                 | Last Name<br>_____                     | Check here <input type="checkbox"/>       | if this dependent does not have health care coverage |  |
| 2. | Social Security Number<br>_____ | Relationship<br>3. _____ | Regular<br>4. <input type="checkbox"/> | 65 or over<br>5. <input type="checkbox"/> | DOB (MM/DD/YYYY) <input type="text"/>                |  |

|    |                                 |                          |  |   |  |  |
|----|---------------------------------|--------------------------|--|---|--|--|
| 1. | First Name<br>_____             | MI<br>__                 | Last Name<br>_____                     | Check here <input type="checkbox"/>       | if this dependent does not have health care coverage |  |
| 2. | Social Security Number<br>_____ | Relationship<br>3. _____ | Regular<br>4. <input type="checkbox"/> | 65 or over<br>5. <input type="checkbox"/> | DOB (MM/DD/YYYY) <input type="text"/>                |  |



Print Using Blue or Black Ink Only

755765649 Your Social Security Number

318478436 Spouse's Social Security Number

VENU M Your First Name MI

KANCHIBHOTLA Your Last Name

SARITHA Spouse's First Name MI

YADAVALLI Spouse's Last Name

Read Instructions for Form 502CR. Note: You must complete and submit pages 1 through 4 of this form to receive credit for the items listed.

PART A - TAX CREDITS FOR INCOME TAXES PAID TO OTHER STATES AND LOCALITIES

If you were a part-year resident, do not claim a credit for tax paid on nonresident income you included on line 12 of the Form 502.

If you are claiming a credit for taxes paid to multiple states and/or localities, see instructions.

- 1. Enter your taxable net income from line 20, Form 502 (or line 10, Form 504). 167868 .00
2. Taxable net income in other state. Write on this line only the net income which is taxable in both the other state and Maryland. 41491 .00
3. Revised taxable net income (Subtract line 2 from line 1.) If less than zero, enter zero. 126377 .00
4. Enter the Maryland tax from line 21, Form 502 (or line 11, Form 504). This is the Maryland tax based on your total income for the year. 7966 .00
5. Tax on amount on line 3. Compute the Maryland tax that would be due on the revised taxable net income by using the Maryland Tax Table or Computation Worksheet contained in the instructions for Forms 502 or 504. Do not include the local income tax. 5950 .00
6. Tentative State tax credit (Subtract line 5 from line 4.) If less than zero, enter zero. 2016 .00
7. Enter the Local tax from line 28, Form 502 (or line 18, Form 504). This is the Local tax based on your total income for the year. 4969 .00
8. Local tax on amount on line 3. Compute the Local tax that would be due on the revised taxable net income by multiplying line 3 by your Local tax rate .0296. 3741 .00
9. Tentative Local tax credit (Subtract line 8 from line 7.) If less than zero, enter zero. 1228 .00
10. Tentative Total tax credit (Add line 6 and line 9.) 3244 .00
11. Total state and local tax shown on tax return(s) filed with the state of (Enter 2-letter state code, code must be entered for credit to be allowed) KS Enter the amount of your 2022 income tax liability (after deducting any credits for personal exemptions) to the other state and locality in the other state (where applicable). Do not enter state or locality tax withheld from your W-2 forms. It is important that a copy of the tax return that was filed with the other state and/or locality be attached to your Maryland return. 2119 .00
12. Credit for income tax paid to other state and/or locality. Your credit for taxes paid to another state and/or locality is the smaller of the tax actually paid (line 11) or the reduction in Maryland tax resulting from the exclusion of income in the other state and/or locality (line 10). Write the lesser of line 11 or line 10. 2119 .00

State and Local Credits Allowed

- 13. State Credit for Income Tax Paid to other state (Lesser of line 6 or line 12). Enter on line 1, Part AA. 2016 .00
14. Local Credit for Income Tax Paid to other state (Subtract line 13 from line 12.) Enter on line 1, Part BB. 103 .00





22502C113

NAME VENU M KANCHIBHOTLA & SARITHA YADAVALLI SSN 755765649

PART B - CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES

- 1. Enter your federal adjusted gross income from line 1 of Form 502 or line 17, column 1 of Form 505 or Form 515.
2. Enter your federal Child and Dependent Care Credit from federal Form 2441
3. Enter the decimal amount from the chart in the instructions that applies to the amount on line 1
4. Multiply line 2 by line 3. Enter here and on Part AA, line 2.

PART C - QUALITY TEACHER INCENTIVE CREDIT

Table with 7 rows and 3 columns: Description, Taxpayer A, Taxpayer B. Includes instructions for entering tuition paid and reimbursement, and a total calculation.

PART D - CREDIT FOR AQUACULTURE OYSTER FLOATS

- 1. Enter the amount paid to purchase an aquaculture oyster float(s) Enter here and on Part AA, line 4. This credit is limited. See Instructions.

PART E - LONG-TERM CARE INSURANCE CREDIT: (THIS IS A ONE-TIME CREDIT.)

Answer the questions and see instructions below before completing Columns A through E for each person for whom you paid long-term care insurance premiums.

- Question 1 - Did the insured individual have long-term care insurance prior to July 1, 2000?
Question 2 - Is the credit being claimed for the insured individual in this year by any other taxpayer?
Question 3 - Has credit been claimed by anyone for the insured individual in any other tax year?
Question 4 - Is the insured individual for whom the credit is being claimed a nonresident of Maryland?

If you answered YES to any of the above questions, that insured person does NOT qualify for the credit.

Complete Columns A through D only for insured individuals who qualify for credit. Enter in Column E the lesser of the amount of premium paid for each insured person or:

- \$450 for those insured who are 40 or less, as of 12/31/22
\$500 for those insured who are over age 40, as of 12/31/22

Add the amounts in Column E and enter the total on line 5 (total) and on Part AA, line 5.

Table with 5 columns: Column A (Name of Qualifying Insured Individual), Column B (Age), Column C (Social Security No. of Insured), Column D (Relationship to Taxpayer), Column E (Amount of Premium Paid), and Column F (Credit Amount).

PART F - CREDIT FOR PRESERVATION AND CONSERVATION EASEMENTS

PTE members may not use the Form 502CR to claim this credit.

Table with 7 rows and 3 columns: Description, Taxpayer A, Taxpayer B. Includes instructions for entering conveyance amount, easement payment, and total calculation.



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NAME VENU M KANCHIBHOTLA & SARITHA YADAVALLI SSN 755765649

PART G - VENISON DONATION - FEED THE HUNGRY ORGANIZATIONS TAX CREDIT

1. Enter the amount up to \$50 per deer of qualified expenses to butcher and process an antlerless deer for human consumption. Enter here and on Part AA, line 7. This credit is limited. See Instructions.
Number of antlerless deer donated 1. .00

PART H - COMMUNITY INVESTMENT TAX CREDIT \*\* must attach required certification

This credit is limited to individual taxpayers who have elected not to claim this credit on Form 500CR. If you have an Excess Carryover on Form 500CR attributable to any credit other than the Community Investment Tax Credit (CITC), you are not eligible to claim the CITC on Form 502CR. You must use Form 500CR. Also, PTE members may not elect to use Form 502CR to claim the CITC.

1. Enter the amount of Excess CITC Carryover from 2021. 1. .00
2. Amount of approved contributions. 2. .00
3. Enter 50% of line 2. 3. .00
4. Enter the amount from line 3 or \$250,000, whichever is less. 4. .00
5. Add line 1 and line 4. Enter the result here and on Part AA, line 8. 5. .00

PART I - ENDOW MARYLAND TAX CREDIT \*\*must attach required certification

This credit is limited to individual taxpayers who have elected not to claim this credit on Form 500CR.

1. Enter the amount of Excess Endow Maryland Tax Credit Carryover from 2021. 1. .00
2. Amount of approved donation to a qualified permanent endowment fund. 2. .00
3. Enter 25% of line 2. 3. .00
4. Enter the amount from line 3 or \$50,000, whichever is less. 4. .00
5. Add line 1 and line 4. Enter the result here and on Part AA, line 9. 5. .00

Note: Line 2 of Part I requires an addition to income. See Instruction 12.

PART J - PRECEPTORS IN AREAS WITH HEALTH CARE WORKFORCE SHORTAGES TAX CREDIT \*\* must attach required certification

1. Physician Preceptorship Tax Credit: Enter amount certified by Maryland Department of Health (See Instructions for specific requirements.) 1. .00
2. Nurse Practitioner Preceptorship Tax Credit: Enter amount certified by Maryland Department of Health (See Instructions for specific requirements.) 2. .00
3. Physician Assistant Preceptorship Tax Credit: Enter amount certified by Maryland Department of Health (See Instructions for specific requirements.) 3. .00
4. Add line 1, 2, and 3. Enter the result here and on Part AA, line 10. 4. .00

PART K - INDEPENDENT LIVING TAX CREDIT \*\* must attach required certification

1. Credit (Certified by the Maryland Department of Housing and Community Development) Enter here and on Part AA, line 11. 1. .00

PART L - ENDOWMENTS OF MARYLAND HISTORICALLY BLACK COLLEGES AND UNIVERSITIES TAX CREDIT \*\* must attach required certification

1. Credit (Certified by the Office of The Comptroller). Enter here and on Part AA line 12. 1. .00

PART M - SENIOR TAX CREDIT

1. Enter the credit claimed here and on Part AA, line 13 (See Instructions) 1. .00

PART AA - INCOME TAX CREDIT SUMMARY

1. Enter the amount from Part A, line 13 (If more than one state, see Instructions.) 1. 2016 .00
2. Enter the amount from Part B, line 4. 2. .00
3. Enter the amount from Part C, line 7. 3. .00
4. Enter the amount from Part D, line 1. 4. .00
5. Enter the amount from Part E, line 5. 5. .00
6. Enter the amount from Part F, line 6. 6. .00
7. Enter the amount from Part G, line 1. 7. .00
8. Enter the amount from Part H, line 5. 8. .00
9. Enter the amount from Part I, line 5. 9. .00
10. Enter the amount from Part J, line 4. 10. .00
11. Enter the amount from Part K, line 1. 11. .00
12. Enter the amount from Part L, line 1. 12. .00



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NAME VENU M KANCHIBHOTLA & SARITHA YADAVALLI SSN 755765649

- 13. Enter the amount from Part M, line 1. .00
14. Total (Add lines 1 through 13.) Enter this amount on line 24 of Form 502; line 14 of Form 504; line 34 of Form 505 or line 35 of Form 515 2016 .00

PART BB - LOCAL INCOME TAX CREDIT SUMMARY

- 1. Enter the amount from Part A, line 14 (If more than one state, see Instructions.) Enter this amount on line 31 of Form 502; line 19 of Form 504. 103 .00

PART CC- REFUNDABLE INCOME TAX CREDITS

- 1. Student Loan Debt Relief Tax Credit (See Instructions.) Enter the amount and attach certification. 1. .00
2. Heritage Structure Rehabilitation Tax Credit (See Instructions for Form 502S). Attach certification(s). 2. .00
3. Refundable Business Income Tax Credit (See Instructions for Form 500CR.) You must file your return electronically to claim a business income tax credit.
4. IRC Section 1341 Repayment Credit. (See Instructions and Administrative Release 40.) Attach documentation 4. .00
5. Catalytic Revitalization Projects and Historic Revitalization Tax Credit (See Instructions for required attachments) 5. .00
6. Flow-through Nonresident PTE tax (See Instructions for required attachments.) 6. .00
7. Refundable credit for Child and Dependent Care Expenses. (See Instructions.) 7. .00
8. Refundable credit for Child with disability (See worksheet 21C Instructions). 8. .00
9. PTE Tax paid on members' distributive or pro rata shares of income 9. .00
10. Total. (Add lines 1 through 9.) Enter this amount on line 43 of Form 502, line 46 of Form 505 or line 51 of Form 515. 10. .00



**PERSONAL TAX PAYMENT  
VOUCHER FOR FORM  
502/505, ESTIMATED TAX  
AND EXTENSIONS**



22PTPV013

**Print Using Blue or Black Ink Only. Use only one PV per payment type.**

**755765649**

Your Social Security Number

**318478436**

If Joint Return, Spouse's Social Security Number

**VENU**

Your First Name

**M**

MI

**KANCHIBHOTLA**

Your Last name

**SARITHA**

If Joint Return, Spouse's First Name

**YADAVALLI**

Spouse's Last Name

**4845 RAILWAY CIR**

Current Mailing Address - Line 1 (Street No. and Street Name or PO Box)

Current Mailing Address - Line 2 (Apt. No., Suite No., Floor No.)

**MONROVIA**

City or Town

**MD**

State

**21770**

ZIP Code +4

**PAYMENT TYPE**

Check **ONLY** one box (1,2,3, or 4) for type of payment. If Box 1 is checked, also check box 1a., if **first time** estimated filer or if **filing status** has changed.

- 1.  Estimated Payment/Quarterly (502D) Tax Year:
- 1a.  First time filer or change in filing status
- 2.  Extension Payment (502E) Tax Year:
- 3.  Payment with resident return (502) Tax Year: **2022**
- 4.  Payment with nonresident return (505) Tax Year:

**PAYMENT AMOUNT**

Amount you are paying by check or money order.

Dollars **100** Cents **00**

Make your check or money order payable to  
**"Comptroller of Maryland"** and mail to:

Comptroller of Maryland  
Payment Processing  
PO Box 8888  
Annapolis, MD 21401-8888

ATTACH CHECK OR MONEY ORDER HERE WITH ONE STAPLE.