| Please print. Make check payable to Missouri Department MO-1040V and payment to the Missouri Department | MO-1040V) | Social Security 098 43 4374 Name Control TUMM Spouse's Social |
|---|---------------------------------|---|
| Jefferson City, MO 65105-0371. | | |
| APUROOP REDDY TUMMALA Spouse's Name | | Spouse's Name Control |
| Street Address 304 SE RANGER BLVD #301 | | U.S. funds only) |
| City BENTONVILLE | State ZIP Code A R 7 2 7 1 2 | |
| Full payment of taxes must be submitted by April 1 additions to tax for failure to pay. If you pay by check, of Revenue to process the check electronically. Any re | you authorize the Department | Department Use Only |

055 555 000000 0984343744 202113130 000000000 22 000000700 3

| _L, | Form 10-1040 For Calendar Year January 1 - December 31, 2022 | | | |
|---------------|---|-------------------------|------------------------------------|---|
| Prin | t in BLACK ink only and DO NOT STAPLE. Amended Return (For use by S corporations or Partnerships) Federal Extension - Select this box if you have an approved federal extension | ension. Attach a cc | pov Federal Extension (Form | n 4868). |
| | ng a fiscal year return enter the beginning and ending dates here. al Year Beginning (MM/DD/YY) Fiscal Year Ending (MM/DD/YY) | Vendor Code | Department Use C | |
| Filing Status | • | rried Filing | Head of Qualify Household Widow | - |
| | Age 62 through 64 Age 65 or Older Blind urself Spouse Yourself Spouse Yourself Spouse | 100% D | | spouse |
| Name | Social Security Number Deceased 098 - 43 - 4374 | e's Social Security Nur | mber | Deceased in 2022 Suffix Suffix Suffix |
| Address | Present Address (Include Apartment Number or Rural Route) 304 SE RANGER BLVD APT 301 City, Town, or Post Office BENTONVILLE County of Residence NONR | State AR | ZIP Code 72712 - | |

You may contribute to any one or all of the trust funds on Line 50. See pages 11-12 of the instructions for more trust fund information.



22322011555

MO-1040 Page 1

| | | | | Yourself (Y) | Spouse (S) |
|------------|-----|--|---------------------|------------------------------------|-------------|
| | 1. | Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions) | 1Y | 81021 00 | 1S .00 |
| | 2. | Total additions (from Form MO-A , Part 1, Line 7) | 2Y | . 00 | 25 |
| e | 3. | Total income - Add Lines 1 and 2 | 3Y | 81021 .00 | 35 |
| Income | 4. | Total subtractions (from Form MO-A, Part 1, Line 18) | 4Y | . 00 | 4S . 00 |
| | 5. | Missouri adjusted gross income - Subtract Line 4 from Line 3 | 5Y | 81021 .00 | 55 . 00 |
| | 6. | Total Missouri adjusted gross income - Add columns 5Y and 58 | S | 6 8 | 31021.00 |
| | 7. | Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%) | 7Y | 100 % | 7S % |
| | 8. | Pension, Social Security and Social Security Disability exemption Section D) | | | . 8 . 00 |
| | 9. | Tax from federal return | | 9 10594. | 00 |
| | 10. | Other tax from federal return. | | 10 | 00 |
| Deductions | 11. | Total tax from federal return. Do not enter federal income tax with | neld. | 11 10594 | 00 |
| | 12. | Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage | | 12 15.00 | % |
| | | Missouri Adjusted Gross Income Range, Line 6: Federal Ta \$25,000 or less 33 \$25,001 to \$50,000 24 \$50,001 to \$100,000 16 \$100,001 to \$125,000 5 \$125,001 or more 0 | 5% 5% 5% % | centage: | |
| and | 13. | Federal income tax deduction – Multiply Line 11 by the percent amount not to exceed \$5,000 for an individual or \$10,000 for co | 0 | | 13 1589 00 |
| Exemptions | 14. | | g, Se sehold | e Form MO-A, Part 2) I-\$19,400 | 14 12950 00 |
| | 15. | Additional Exemption for Head of Household and Qualified Wid | ow(er |) | 15 |
| | 16. | Long-term care insurance deduction | | | 16 |
| | 17. | Health care sharing ministry deduction | | | . 00 |
| | 18. | Active Duty Military income deduction | | | 18 |
| | 19. | Inactive Duty Military income deduction | | | 19 |
| | 20. | Bring jobs home deduction | | | 20 |
| | 21. | Transportation facilities deduction | | | 21 . 00 |
| | | A. Port Cargo Expansion B. International Trade Fa | cility | C. Qualified Trade A | ctivities |



| | 22. | First time home buyers deduction. A. | В. | | | 22 | | | 00 |
|-----------------------------|-----|---|---------|-------------------|------|------|-------|-----|----|
| | 23. | Long term dignity savings account deduction | | | | 23 | | | 00 |
| inued | 24. | Foster parent tax deduction | | | | 24 | | | 00 |
| s Cont | 25. | Total deductions - Add Lines 8 and 13 through 24 | | | | 25 | 14539 | | 00 |
| Deductions Continued | 26. | Subtotal - Subtract Line 25 from Line 6 | | | | 26 | 66482 | | 00 |
| Ded | 27. | Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S | 27Y | 66482 | . 00 | 27S | |].[| 00 |
| | 28. | Enterprise zone or rural empowerment zone income modification | 28Y | | . 00 | 285 | |].[| 00 |
| | 29. | Taxable income - Subtract Line 28 from Line 27 | 29Y | 66482 | . 00 | 29S | |].[| 00 |
| | 30. | Tax (see tax chart on page 26 of the instructions) | 30Y | 3339 | . 00 | 30S | | | 00 |
| | 31. | Resident credit - Attach Form MO-CR and other states' income tax return(s) | 31Y | | . 00 | 31S | |].[| 00 |
| ý | 32. | Missouri income percentage - Enter 100% unless you are completing Form MO-NRI . Attach Form MO-NRI and a copy of your federal return if less than 100% | 32Y | 0.21 |]% | 32S | |] 0 | % |
| Тах | 33. | Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32 | 33Y | 7 | . 00 | 33S | |][| 00 |
| | 34. | Other taxes - Select box and attach federal form indicated. | | | | | | | |
| | | Lump sum distribution (Form 4972) | | | | | | | |
| | | Recapture of low income housing credit (Form 8611) | 34Y | | . 00 | 34S | | | 00 |
| | 35. | Subtotal - Add Lines 33 and 34 | 35Y | 7 | . 00 | 35S | | | 00 |
| | 36. | Total Tax - Add Lines 35Y and 35S | | | | 36 | 7 | | 00 |
| | 37. | MISSOURI tax withheld - Attach Forms W-2 and 1099 | 37 | 0 |].[| 00 | | | |
| | 38. | 2022 Missouri estimated tax payments - Include overpayment fro | om 2021 | applied to 2022 . | | . 38 | | | 00 |
| Payments and Credits | 39. | Missouri tax payments for nonresident partners or S corporation MO-2NR and MO-NRP | 39 | |][| 00 | | | |
| s and | 40. | Missouri tax payments for nonresident entertainers - Attach Fo | 40 | | | 00 | | | |
| yment | 41. | Amount paid with Missouri extension of time to file (Form MO- | 41 | |].[| 00 | | | |
| Ра | 42. | Miscellaneous tax credits (from Form MO-TC, Line 13) - Attac | 42 | | | 00 | | | |
| | 43. | Property tax credit - Attach Form MO-PTS | | | | 43 | | | 00 |
| | 44. | Total payments and credits - Add Lines 37 through 43 | | | | 44 | 0 | | 00 |



| | Sk | ip Lines 45 through 47 if you are not filing an amended return. | | |
|----------------|-----|---|-----------------------------|---------|
| | 45. | Amount paid on original return. | 45 | . 00 |
| | 46. | Overpayment as shown (or adjusted) on original return | 46 | . 00 |
| | | Indicate Reason for Amending | | |
| | | Enter date of IRS report (MM/DD/YY) | | |
| keturn | | A. Federal audit | | |
| Amended Return | | Enter year of loss (YY) | | |
| Amen | | B. Net Operating Loss carryback Enter year of credit (YY) | | |
| | | | | |
| | | C. Investment tax credit carryback Enter date of federal amended return, if filed | . (MM/DD/YY) | |
| | | D. Correction other than A, B, or C | | |
| | 47. | Amended return total payments and credits - Add Lines 44 and 45; subtract Line 46. | | |
| | | Enter on Line 47. | 47 | . 00 |
| | 48 | If Line 44, or if amended return, Line 47, is larger than Line 36, enter the difference. | | |
| | 10. | Amount of OVERPAYMENT | . 48 | 00 |
| | 49. | Amount of Line 48 to be applied to your 2023 estimated tax | 49 | . 00 |
| | 50. | Enter the amount of your donation in the trust fund boxes below. See instructions for additional | trust fund codes. | |
| | | Children's OO co, Veterans OO co Elderly Home Delivered Meals OO co | Missouri National Guard | |
| | 50 | a. Trust Fund . 00 50b. Trust Fund . 00 50c. Trust Fund . 00 50c. | 50d. Trust Fund | . 00 |
| | 50 | Workers' Childhood Lead 50f. Testing Fund . 00 Soft. Relief Fund . 00 Soft. Relief Fund | General 50h. Revenue Fund | . 00 |
| | | Kansas City Soldiers Regional Law Military Military | Missouri | |
| Refund | 50 | i. Program Fund . 00 50j. Memorial Foundation Fund . 00 50k. St. Louis Fund . 00 50k. | Medal of 501. Honor Fund | . 00 |
| Ř | 50 | Additional Additional Additional Fund Fund Fund Amount . 00 50n. Code . 00 | | |
| | | Total Donation - Add amounts from Boxes 50a through 50n and enter here | 50 | . 00 |
| | 51 | Amount of Line 48 to be deposited into a Missouri 529 Education Plan (MOST) | | |
| | 51. | account. Enter the total deposit amount from Form 5632 | 51 | . 00 |
| | 52. | REFUND - Subtract Lines 49, 50, and 51 from Line 48 and enter here | 52 | . 00 |
| | | | | |
| | | a. Routing Number c. | Checking | Savings |
| | | b. Account Number | | |



| | 53. | If Line 36 is larger than Line 44 or Line Amount of UNDERPAYMENT | | nce. | | 53 | | 7 | 00 | |
|----------------|--|---|--|---|--|---|--|--|---|--|
| it Due | 54. | Underpayment of estimated tax penalt | y - Attach <u>Form MO</u> | •2210. Enter penal | ty amount he | re 54 | | | . 00 | |
| Amount Due | | Select this box if you are a farm | estimated tax | penalty. | | | | | | |
| 4 | 55. | AMOUNT DUE - Add Lines 53 and 54 If you pay by check, you authorize the electronically. Any returned check may | Department of Reve | | | 55 | | 7 | 00 | |
| | of r the bas imp una alie | der penalties of perjury, I declare that I ha ny knowledge and belief it is true, correct, Department of Revenue with my signatur red on all information of which he or sh posed on any individual who files a f nuthorized aliens as defined under federa ns. I am aware of any applicable reportin <u>Mo</u> . | and complete. By sign re as required under <u>S</u> e has knowledge. As rivolous return. I al al law and that I am n | ning or entering my section 143.561, RS s provided in <u>Char</u> so declare under ot eligible for any ta | name in the "S <u>SMo.</u> Declarat pter 143, RSM penalties of ax exemption, | Signature" fiel- ion of prepare Mo., a penal ^a perjury that credit, or aba | d(s) below, I a er (other than ty of up to \$5 t I employ r atement if I e | am prov taxpay 500 sha o illega employ | viding er) is all be al or such | |
| | Sig | nature | | | | Date (MM/DD | /YY) | | | |
| | | | | | | | | | | |
| | Spo | ouse's Signature (If filing combined, BOTH mi | ust sign) | | | Date (MM/DD | /YY) | | | |
| | | | | | | | | | | |
| e | E-n | nail Address | Daytime Telephone | | | | | | | |
| Signature | S | AM@GTAXFILE.COM | 816405 | 1526 | | | | | | |
| Sigr | Pre | parer's Signature | Date (MM/DD | /YY) | | | | | | |
| | VI | NKATA SAI PAVAN KUMAR | 04 | 04 | 23 | | | | | |
| | Pre | parer's FEIN, SSN, or PTIN | | Preparer's Telephone | | | | | | |
| | 88 | 3-2145487 | | | | 6789659522 | | | | |
| | Pre | parer's Address | | | | State ZIP Code | | | | |
| | 24 | 15 ROONEY CT E BRUNSWI | | NJ | 08816 | | | | | |
| | or Dic an | uthorize the Director of Revenue or dele any member of the preparer's firm you pay a tax return preparer to comple Internal Revenue Service preparer tax is parer's name, address, and phone num | ete your return, but th dentification number? | e preparer failed to | o sign the returns, please inse | rn or provide rt the | . 🗌 Yes | × | No | |
| | | | | | | | | | | |
| | | | 223220 Departmen | 151555 It Use Only | | | | | | |
| | А | 🗌 FA 🗌 E10 | DE | F | | | | | | |
| | il to: | Balance Due: Missouri Department of Revenue P.O. Box 329 Jefferson City, MO 65105-0329 Phone: (573) 751-7200 | Refund or No Am Missouri Departme P.O. Box 500 Jefferson City, MO Phone: (573) 751 | 65105-0500 -3505 | Submission Email: inco | ometaxproc | | r.mo.ge | <u>ov</u> | |
| lf ye indiv | s, vis vidual | erved on active duty in the United t dor.mo.gov/military/ to see the services a s. A list of all state agency resources and be enefits.mo.gov/state-benefits/. | nd benefits we offer to a | | | | | N REV 02/24/23 | PRO | |

Visit dor.mo.gov/taxation/individual/tax-types/income/ for additional information.

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| Spouse's Social Security Number |
|--|
| |
| |
| Spouse's Name |
| |
| Address |
| |
| City, State, ZIP Code |
| |
| 1. Nonresident of Missouri State of residence during 2022 Remote Work (See instructions on Form MO-NRI, page 3) 2. Part-Year Missouri Resident |
| Remote Work (See instructions on Form MO-NRI, page 3) |
| |
| Indicate the dates you were a Missouri Resident in 2022. |
| A. Date From: Date To: |
| B. Indicate the other state of residence and dates you resided there |
| Date From: Date To: |
| e spouse of a military servicemember residing outside of Missouri solely state of residence, any income you earn is taxable to Missouri. Do not D-1040. 3. Military/Nonresident Tax Status - Indicate your tax status |
| below and complete Part C - Missouri Income Percentage. Missouri Home of Record I did not at any time during the tax year 2022 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a permanent place of abode in the state of Non-Missouri Home of Record I resided in Missouri during 2022 solely because my spouse or I was stationed at on military orders. My home of record is in the state of |
| |

Part A

For Privacy Notice, see Instructions.

| | Wor | ksheet for Missouri Source Income | | | | | | | |
|----------|------|--|---------------------------------|------------------|------------------------|-------|------------------|-------------|----|
| | | | Federal Form |] | Yourself or | | Spous | e (On A | |
| | | Adjusted Gross | 1040 or Federal Form 1040-SR | One Income Filer | | | Combined Return) | | |
| | | - | Line No. | | Missouri Sources | | | i Sources | |
| | | Income Computations | | | Wissouri Sources | | IVIISSOUI | I Sources | |
| | | Wages solarios tins etc. | | Α | 170 | 00 | A | | 00 |
| | A. | Wages, salaries, tips, etc. | 1z 2b | В | | 00 | В | | 00 |
| | В. | Taxable interest income | 2b 3b | C | | 00 | C | | 00 |
| | C. | Dividend income | | | | | | | |
| | D. | State and local income tax refunds (from schedule 1, part 1) | 1 | D | · · | 00 | D | | 00 |
| | Ε. | Alimony received (from schedule 1, part 1) | 2a | E | · · | 00 | E | | 00 |
| | F. | Business income or (loss) (from schedule 1, part 1) | 3 | F | | 00 | F | | 00 |
| | G. | Capital gain or (loss) | 7 | G | | 00 | G | | 00 |
| | Η. | Other gains or (losses) (from schedule 1, part 1) | 4 | Н | | 00 | Н | . (| 00 |
| 8 T | ١. | Taxable IRA distributions | 4b | Ι | | 00 | 1 | . (| 00 |
| | J. | Taxable pensions and annuities | 5b | J | | 00 | J | (| 00 |
| Part | K. | Rents, royalties, partnerships, S corporations, etc. (from schedule 1, part 1) | 5 | K | 0. | 00 | K | (| 00 |
| | L. | Farm income or (loss) (from schedule 1, part 1). | 6 | L | | 00 | L | . (| 00 |
| | M. | Unemployment compensation (from schedule 1, part 1) | 7 | Μ | | 00 | Μ | . (| 00 |
| | N. | Taxable social security benefits | 6b | Ν | | 00 | N | | 00 |
| | О. | Other income (from schedule 1, part 1) | 9 | 0 | | 00 | 0 | | 00 |
| | P. | Total - Add Lines A through O | | Ρ | 170 | 00 | P | | 00 |
| | Q. | Minus: federal adjustments to income | 10 | Q | | 00 | Q | | 00 |
| | R. | SUBTOTAL (Line P - Line Q) If no modifications to income, | | | | | | | |
| | | enter this amount on Part C, Line 1 | 11 | R | 170 | 00 | R | . (| 00 |
| | S. | Missouri modifications - additions to federal adjusted gross income | | | • _ | | | | |
| | | (Missouri source from Form MO-1040, Line 2) | | S | | 00 | S | | 00 |
| | т | Missouri modifications - subtractions from federal adjusted gross income | 2 | | | | | | |
| | | (Missouri source from Form MO-1040, Line 4) | | Т | | 00 | Т | (| 00 |
| | U | MISSOURI INCOME (Missouri sources) Line R plus Line S, minus | | | • • | | | | |
| | 0. | Line T. Enter this amount on Part C, Line 1 | | U | | 00 | U | (| 00 |
| | | | | | • _ | | | | |
| | Miss | ouri Income Percentage | | | | | | | |
| | | | | Y | ourself or | | Spou | Ise | |
| | | | | One | Income Filer | | (On A Combin | ned Return) | |
| | 1. | Missouri Income - Enter wages, salaries, etc. from Missouri. (You must | t 🖂 | | | | | | |
| | | file a Missouri return if the amount on this line is more than \$600) | 1Y | | 170_00 | 1S | ; | | 00 |
| | | | | | | | | | |
| ပ | 2. | Taxpayer's total adjusted gross income (from Form MO-1040, Lines 5Y | | | | | | | |
| Part | | and 5S or from your federal form if you are a military nonresident and you | bu 🗌 | | | | | | |
| - | | are not required to file a Missouri return) | 2Y | | 81021 00 | 2S | ; | . (| 00 |
| | | | | | | | | | |
| | 3. | $\label{eq:missouri} \textbf{Missouri Income Percentage} \ \text{-} \ \text{Divide Line 1 by Line 2. If greater than}$ | | | | | | | |
| | | 100%, enter 100%. (Round to a whole percent such as 91% instead of | | | | | | | |
| | | 90.5% and 90% instead of 90.4%. However, if percentage is less than | | | | | | | |
| | | 0.5%, use the exact percentage.) Enter percentage here and on Form | | | 0/ | | | 0 | , |
| | | MO-1040, Lines 32Y and 32S | 3Y | | 0.21 % | 3S | ; | 9 | 0 |
| | | | 41 | | and data and the Paris | | | | |
| | | der penalties of perjury, I declare that I have examined this form and to | | | - | | | | |
| | | claration of preparer (other than taxpayer) is based on all information o | | e has | any knowledge. As p | orovi | ded in Chapte | r 143, RSMo | Э, |
| e | ар | enalty of up to \$500 shall be imposed on any individual who files a frive | olous return. | | | | | | |
| atur | Sig | nature | Date (N | /M/D | D/YY) | | | | |
| ignature | | | | | | | | | |
| S | | | | | | | | | |
| | Spo | ouse's Signature (if filing combined, BOTH must sign) | | | Date (N | 1M/D |)U/YY) | | |
| | | | | | | | | | |
| | | | | | | | | J [| |

1555 REV 02/24/23 PRO

Ever served on active duty in the United States Armed Forces?

If yes, visit <u>dor.mo.gov/military/</u> to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at <u>veteranbenefits.mo.gov/state-benefits/</u>.

| Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, assets Standard Standard Someone can claim: You is a dependent You is pouse as a dependent Standard Services Someone can claim: You as a dependent You spouse as a dependent Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Dependents (see instructions): (1) First name Last name (2) Social security (8) Relationship (4) Check the box if qualifies for idees instructions Income 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 86, 585 Household employee wages not reported on Form(s) W-2, box 1 (see instructions) 1a 86, 585 Household employee wages not reported on Form(s) W-2. 1d 1d Wer2 are allow 1g 1d Wer2 are allow 1g 1d 1d Wer2 are allow 1g 1d 1d Wer2 are allow 1g 1d 1d 1d Wer2 are allow 1g 1d 1d 1d 1d | 1040 | | Internat of the Treasury-Internal Revenue Servi | | 202 | 2 | OMB No. 1545 | -0074 | IRS Use O | nly—Do r | not writ | e or staple in this space. |
|--|--------------------|---------------|---|---------------------|----------------------------|-------|------------------|--------------|---------------|----------|----------|----------------------------|
| Cone Dox. 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 provide and middle initial Vour social security number APUROOP REDDY TURMALA 098-43-4374 If joint turns, socials is find name and middle initial Last name Spouse's social security number 10 of US, town, or part office, introduced the initial Last name Apt. no. 1304 SE RANCER BLVD 301 Check here if you, nor your spouse instructions. 1304 SE RANCER BLVD 301 Check here if you, nor your spouse instructions. 1304 SE RANCER BLVD 301 Check here if you, nor your spouse instructions. 1304 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 financial interest in a digital asset)? (See instructions.) Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent (d) Check here it qualify in dire entrodiced there of the sell quality asset in a digital asset)? (see instructions.) Yes No Standard Someone can claim: You as a dependent. Your spouse as a dependent. (d) Check here it quality in dire dire dire dire dire dire dire dire | - | s 🗙 s | Single Married filing jointly |] Married fi | ling separately (N | /IFS) | Head of | house | hold (HOH) | | | |
| APUROOP REDDY TUMNLA 098-43-4374 Hight rdum, spose's first name and middle initial Last name Spose's social security numt Home address (number and street). Hyou have a foreign address, also complete spaces below. Apt. no. Presidential Election Campaly approximation of the space below. Apt. no. Presidential Election Campaly approximation of the space below. Apt. no. Presidential Election Campaly approximation of the space below. Apt. no. Presidential Election Campaly approximation of the space below. Apt. no. Presidential Election Campaly approximation of the space below. Apt. no. Presidential Election Campaly approximation of the space below. Apr. 72712 Do the space below. Approximation of the space below. Apr. 72712 Do the space below. Approximation of the space below. Apr. 72712 Do the space below. Approximation of the space below. Apr. 72712 Do the space below. Do the space below. Apr. 72712 Do the space below. Do the space b | | | , | , | spouse. If you ch | neck | ed the HOH or | QSS | box, enter | | • | () |
| If jent return, sposse's first name and middle initial Last name Spouse's social security numt Home address (number and street), if you have a P.O. box, see instructions. Apt. no. 301 4 52 FANCER BLVD City, town, or poor tifbics. If you have a foreign address, also complete spaces below. State 2P code PENTORVITLLE AR 72712 Foreign province/state/county Foreign province/state/county Foreign province/state/county Foreign province/state/county Digital 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.) \fversion reported (See instructions); \fversion reported on line 1a (see instructions); \fversion reported on form(s) W-2; exchange, gift, or form form form(s) W-2; exchange, gift, or form form form(s) W-2; exchange, gift, or form form form (See instructions); \fversion reported on form(s) W-2; exchange, gift, or otherwise dispose on a separate return or you were a dual-status alien Age/Bindness Yes born before January 2; 1958 Are bind Dependents See instructions; (g) social sec | Your first name | and mi | ddle initial | Last name | | | | | | You | r soci | ial security number |
| Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campain Check for if you, ary our spouse filing jointly, ward 5 groups of the filing jointly, ward 5 g | APUROOP | REDI | Y | TUMMAL | A | | | | | 09 | 8-4 | 3-4374 |
| 301 SE RANGER BLVD 301 Check here if you, or you City, tow, or pool office. If you have a foreign address, also complete spaces below. AR ZIP code by code office (100), want 5 ENTRONVITLE AR 72712 by code office (100), want 5 by code office (100), want 5 Foreign country name Foreign province/state/county Foreign postal code your tax or refund. 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). Ves No Standard Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You Object (100) No Dependents, see instructions: (10 First name Last name (2) Social security (3) Pelationship (4) Check the box if qualifies of regeneristication of hereins and check here 1a 86, 585 here 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 86, 585 b Household employee wages not reported on Form(s) W-2 (see instructions) 1d V-2 tawee, hire Tay old exponder of the structions) 1d West abrom Total amount from Form 6919, line 6 1g et a form West abrom form 9919, line 6 1a </td <td>lf joint return, s</td> <td>pouse's</td> <td>first name and middle initial</td> <td>Last name</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Spo</td> <td>use's</td> <td>social security number</td> | lf joint return, s | pouse's | first name and middle initial | Last name | | | | | | Spo | use's | social security number |
| Color Journey and office. If you have a foreign address, also complete spaces below. State ZIP code Journey address, also complete spaces below. State ZIP code to go to this fund. Checking, box below will not change by our tax or refund. Environment Foreign province/state/county Foreig | Home address | (numbe | r and street). If you have a P.O. box, see | instructions. | | | | | | | | |
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| Foreign province/state/county Foreign postal code your tax or refund. your says Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, Assets You Spous Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent Age/Blindness You: Ware born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Dependents (see instructions): (1) First name Last name (a) Polationship (d) Check the box f qualifies for (see instructions) Income 1a Total amount from Form(s) W-2, box 1 (see instructions) (a) Polationship (b) Child tax credit Dependents W-23 and check 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 86, 585 b Household employee wages not reported on Form 3829, line 29 1f 1g W-23 and check f Famployer-provided adoption benefits from Form 8241, line 26 1a 86, 585 W-23 and check f may be instructions) 1a 86, 585 1g 1d W-23 and check f | | | ce. If you have a foreign address, also co | mplete space | es below. | | | | | | | |
| Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, Assets You Spous Assets Someone can claim: You as a dependent You reproves a dual-status alien Age/Blindness You: Was born before January 2, 1958 Is blind Dependents Gese instructions); (2) Social security in none (3) Relationship (4) Check the box if quillies for (see instructions); If more dependents, see instructions; (1) First name Last name (2) Social security (3) Relationship (4) Check the box if quillies for (see instructions); If more dependents, see instructions; (1) First name Last name (2) Social security (3) Relationship (4) Check the box if quillies for (see instructions); If more dependents, see instructions; (1) First name Last name (2) Social security (3) Relationship (4) Check the box if quillies for (see instructions); If more dependents, see instructions; (1) Total amount from Form(s) W-2, box 1 (see instructions); 1a 86, 585 Attach Form(s) (1) Total amount from Form(s) W-2, box 1 (see instructions); 1d 1d W-28 and dependent care benefits from Form 2841, line 26 1b 1d 1d | - | | | | | | | | | | | • |
| Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No Standard Someore can claim: You as a dependent Your source a dual-status allen Age/Blindness You: Were born before January 2, 1953 Are blind Spouse: Was born before January 2, 1953 Is blind Dependents (see instructions): (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions) If more than four dependents, see instructions (1) First name Last name (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions) Income 11 Total amount from Form(s) W-2, box 1 (see instructions) 1 | Foreign country | / name | | Forei | gn province/state/c | count | :y | Foreig | in postal cod | le you | rtax (| |
| Deduction 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 Dependents (see instructions): (1) First name Last name (2) Social security (3) Relationship (4) Check the box if qualifies for (see instruction dependents, are instructions ese instructions (1) First name Last name (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions dependents, see instructions ese instructions (1) First name Last name (1) First name (2) First name (2) First name (2) First name (2) Fir | | | | | | | | | | | | 🗌 Yes 🛛 No |
| Dependents (see instructions): (2) Social security number (3) Relationship to you (4) Check the box if qualifies for (see instruction Child tax credit If more than four dependents, see instructions and check (1) First name Last name (2) Social security number (3) Relationship to you (4) Check the box if qualifies for (see instruction Child tax credit Credit for other depende to you and check (2) Social security number (3) Relationship to you (4) Check the box if qualifies for (see instruction Child tax credit Credit for other depende (child tax credit Income 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 86 , 585 Household employee wages not reported on Form(s) W-2. 1b 1c 1c Medicaid waiver payments not reported on Form (S) W-2 (see instructions) 1d 1c 1c W-20 and 1099-Fir that was withined. f Employer-provided adoption benefits from Form 8839, line 29 1d 1c W-22 see instructions. z Add lines 1a through 1h 1z 86 , 585 Attach Sch. B get a form W-2, see instructions. za Gualified dividends 3a 3. b Tax-exempt interest 2b Standard Deduction fore satisfore structions. f < | | _ | | • | · | | · | | | | | |
| Dependents (b) First name (b) Personal problems (b) Personal problems (c) First name | Age/Blindness | You: | Were born before January 2, 1 | 958 🗌 A | re blind Spo | ouse | : 🗌 Was bor | n befo | ore Januar | y 2, 19 | 58 | Is blind |
| If more Unit Nation Link and our Image: Construction of the output | Dependents | s (see | instructions): | | ., , | | | ip (4 |) Check the | box if c | lualifie | es for (see instructions): |
| dependents, and check here Image: see instructions Image: see instructions Image: see instructions Income 1a Total amount from Form(s) W-2, box 1 (see instructions) Image: see instructions Image: see instructions Image: see instructions Attach Form(s) total amount from Form(s) W-2, box 1 (see instructions) Image: see instructions Image: | | (1) Fi | rst name Last name | | number | | to you | | Child tax | credit | С | redit for other dependents |
| see instructions Image: See instructions Image: See instructions Image: See instructions here Image: See instructions Image: See instructions Image: See instructions Image: See instructions Attach Form(s) C Tip income not reported on Form(s) W-2, box 1 (see instructions) Image: See instructions Imag | | | | | | | | | |] | | |
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| Itechnic b Household employee wages not reported on Form(s) W-2 1b Attach Forms c Tip income not reported on line 1a (see instructions) 1c W-2 here.Also d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-26 and e Taxable dependent care benefits from Form 2441, line 26 1d Wages from Form 8919, line 6 1g 1g get a Form Montaxable combat pay election (see instructions) 11 W-2, see i Nontaxable combat pay election (see instructions) 1i z Add lines 1a through 1h 1z 86 , 585 Attach Sch. B 2a b Daxable amount 2b if required. 3a 3. b Datable interest 2b attach Sch. B 2a b Datable interest 2b attach Sch. B a IRA distributions 4a b Datable amount 4b Standard Deduction for 6a Social security benefits 6a Social security benefits 6a Social security benefits 6b Married fling separately, 512,950 r <td></td> <td>10</td> <td>Total amount from Form(a) W/ 2 h</td> <td></td> <td>atructiona)</td> <td></td> <td></td> <td></td> <td></td> <td>]</td> <td>10</td> <td></td> | | 10 | Total amount from Form(a) W/ 2 h | | atructiona) | | | | |] | 10 | |
| Attach Form(s) c Tip income not reported on line 1a (see instructions) 1c W-2 here. Also dtatch Form(s) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-26 and 1099-R if tax was withheld. f Employer-provided adoption benefits from Form 2441, line 26 1e 1099-R if tax was withheld. f Employer-provided adoption benefits from Form 2843, line 29 1f get a Form Modicaid waiver payments not reported on (see instructions) 1f 1g w2.9 see instructions. Add lines 1a through 1h 1z 86, 585 Attach Sch. B 2a Tax-exempt interest 2a 2b 4a Jaa b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 6b 6b Standard Fore Schedule D if required. If not required, check here 7 7 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 9 81, 021 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 | Income | | | ` | , | | | • • | | • | - | 80,585. |
| W-2 refer. Also attach Forms Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-26 and 1099-R if tax e Taxable dependent care benefits from Form 2441, line 26 1e Wages from Form 8919, line 6 . 1f was withheld. f Employer-provided adoption benefits from Form 8839, line 29 1f get a Form h Other earned income (see instructions) 1i W-2, see instructions. i Nontaxable combat pay election (see instructions) 1i Add lines 1a through 1h . . 1z 86, 585 Attach Sch. B 2a b b Tax-exempt interest 2b Attach Sch. B 2a b Dordinary dividends 3b 3 4a IRA distributions 4a b Dordinary dividends 5b Deduction for- Single or Maried filing separately, 512,950 C If you elect to use the lump-sum election method, check here (see instructions) . 1d Via ded lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . 9 81, 021 Via via ded ling birthy or Qualifying 9 Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total in | Attach Form(s) | | | | | | | | | | - | |
| W-26 and 1099-Rit tax was withheld. e Taxable dependent care benefits from Form 2441, line 26 1e 1099-Rit fax was withheld. f Employer-provided adoption benefits from Form 8839, line 29 1f was withheld. g Wages from Form 8919, line 6 1g get a Form W-2, see instructions. h Other earned income (see instructions) 1h 0 V-2, see instructions. z Add lines 1 a through 1h 1t 0 Attach Sch. B 2a b Taxable interest 2b Attach Sch. B 2a b Taxable amount 4b Standard Deduction for- Bargearatily, st2, 950 5a Qualified dividends 3a 3. 4a IRA distributions 5a b Taxable amount 4b 5a Social security benefits 6a b Taxable amount 6b 5ingle or Married filing pointly or Qualifying Other income from Schedule 1, line 10 7 7 7 7 Capital gain or (loss). Attach Schedule D if required. Income 9 81,021 9 Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 12 | | | | | | | | | | | | |
| 1099-R if tax was withheld. f Employer-provided adoption benefits from Form 8839, line 29 1f if you did not get a Form g Wages from Form 8919, line 6 1g W-2, see instructions. i Nontaxable combat pay election (see instructions) 1i w-2, see instructions. i Nontaxable combat pay election (see instructions) 1i w-2, see instructions. z Add lines 1a through 1h 1z 86, 585 2 Add lines 1a through 1h 2a b b Taxable interest 2b Attach Sch. B 2a Qualified dividends 3a 3. b Ordinary dividends 3b 3 4a IRA distributions 4a b Taxable amount 4b 5b Standard Sa Pensions and annuities 5a b Taxable amount 5b 5b Peduction for- 6a Social security benefits 6a b Taxable amount 5b Standard c If you elect to use the lump-sum election method, check here (see instructions) 1 7 -7 *Silge or Maried filing poinity or Qualifying 9 Add l | | | | | | | | | | . | - | |
| was withined. yages from Form 8919, line 6 1g if you did not g Wages from Form 8919, line 6 1h w-2, see i Nontaxable combat pay election (see instructions) 1i w-2, see i Nontaxable combat pay election (see instructions) 1i w-2, see i Nontaxable combat pay election (see instructions) 1i Attach Sch. B 2a Add lines 1 a through 1h 2b Attach Sch. B 2a b Tax-exempt interest 2b attach Sch. B 2a b Ordinary dividends 3b 3 4a IRA distributions 4a b Taxable amount 4b 5b Standard Social security benefits 6a b Taxable amount 6b 6b Single or frequired. | | f | • | | | | | | | . † | 1f | |
| In you do not Image: a Form Image: a Form< | | g | | | - | | | | | . † | 1g | |
| Instructions. Image: Comparison of the set instruction (see instructions) Image: Comparison of the set instruction (see instructions) Image: Comparison of the set instruction (see instructions) Attach Sch. B Image: Comparison of the set instruction (see instructions) Image: Comparison of the set instruction (see instruction (see instructions)) Image: Comparison of the set instruction (see instructions) Image: Comparison of the set instruction (see instructions)) Image: Comparison of the set | | h | Other earned income (see instructi | ions) | | | | | | . [| | 0. |
| z Add lines 1a through 1h 1z 86,585 Attach Sch. B 2a Tax-exempt interest 2a 2b if required. 3a 3. b Taxable interest 3b 3b 4a IRA distributions 4a b Dordinary dividends 3b 3b 3b 5a Pensions and annuities 5a b Taxable amount 5b 5b Standard Deduction for- 6a Social security benefits 6a b Taxable amount 5b Single or Married filing separately, \$12,950 F Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 7 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 9 81,021 8urviving spouse, \$26,900 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 81,021 10 Subtract line 10 from line 9. This is your adjusted gross income 10 11 81,021 11 81,021 Subtract line 10 from line 9. This is your adjusted gross income 11 12 12,950 14 Add lines 12 and 13 | | i | Nontaxable combat pay election (s | see instructi | ons) | | 1i | | | | | |
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| 4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 5b • Single or Married filing separately, \$12,950 6a b Taxable amount 5b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 -7 8 Other income from Schedule 1, line 10 8 -5,560 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 81,021 surviving spouse, \$25,900 10 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income 10 11 81,021 9 81,021 Subtract line 10 from line 9. This is your adjusted gross income 11 81,021 10 Subtract line 10 from line 9. This is your adjusted gross income 11 81,021 11 81,021 12,950 12 12,950 16 Oualified business income deduction from Form 8995 or Form 8995-A 13 14 12,950 15 Subtract line 14 from line 11 if zero or le | Attach Sch. B | 2a | Tax-exempt interest | 2a | | bТ | axable interest | | | | 2b | |
| Standard Deduction for- 5a 5a b Taxable amount | if required. | 3a | Qualified dividends | 3a | 3. | b C | ordinary divider | nds . | | . [| 3b | 3. |
| Deduction for- 6a Social security benefits 6a b Taxable amount 6b • Single or Married filing separately, \$12,950 • If you elect to use the lump-sum election method, check here (see instructions) • | | 4a | IRA distributions | 4a | | bТ | axable amoun | t | | . [| 4b | |
| Single or Married filing separately, \$12,950 Married filing jointly or Qualifying spouse, \$25,900 Married filing jointly or Qualifying spouse, \$25,900 Married filing 10 Adjustments to income from Schedule 1, line 10 | | 5a | Pensions and annuities | 5a | | bТ | axable amount | t | | | 5b | |
| Married filing separately, \$12,950 c If you elect to use the lump-sum election method, check here (see instructions) . | | 6a | Social security benefits | 6a | | bΤ | axable amoun | t | | | 6b | |
| \$12,950 7 Capital gain of (loss). Attach Schedule D in required, theore is the construction of the provided of th | Married filing | с | If you elect to use the lump-sum e | lection meth | nod, check here (| (see | instructions) | | | | | |
| jointly or Qualifying surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 81,021 10 10 10 • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 81,021 • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 12,950 • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12,950 14 12,950 5 Subtract line 14 from line 11. If zero or less, enter -0- This is your taxable income 15 68,071 | | 7 | Capital gain or (loss). Attach Schee | dule D if req | juired. If not requ | ired | , check here | | | | 7 | -7. |
| Qualifying surviving spouse, \$25,900 9 Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 81,021 10 Adjustments to income from Schedule 1, line 26 10 10 Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 81,021 I1 81,021 11 81,021 12 12,950 If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12,950 14 12,950 14 12,950 Deduction, 15 Subtract line 14 from line 11. If zero or less, enter -0- This is your taxable income 15 68,071 | | 8 | Other income from Schedule 1, lin | e10 | | • | | | | | 8 | -5,560. |
| \$25,900 10 Adjustments to income nom obledule 1, ine 20 11 10 • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 81,021 • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 12,950 • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 • Id d lines 12 and 13 14 12,950 • Deduction, 15 68 0.71 | Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, | , and 8. This | s is your total inc | ome | э | | | | 9 | 81,021. |
| • Head of household, \$19,400 12 Subtract line 10 from line 9. This is your adjusted gross income 1 11 81,021 • Household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 12 12,950 • If you checked any box under Standard Deduction, Deduction, Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12,950 • If you checked any box under Standard Deduction, 14 12,950 14 12,950 • If you checked any box under Standard 14 5 14 12,950 • Deduction, 15 Subtract line 14 from line 11 14 12,950 | | 10 | | | | | | | | · | 10 | |
| \$19,400 12 Standard deduction or itemized deductions (irom schedule A) 12 12 12 12,950 • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 14 Add lines 12 and 13 13 14 12,950 Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 68 | | 11 | Subtract line 10 from line 9. This is | s your adjus | ted gross incon | ne | | | | • | 11 | 81,021. |
| any box under Standard14Add lines 12 and 1312,950Deduction,15Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income15 | | | | | | | | | | • | 12 | 12,950. |
| Standard 14 Add lines 12 and 13 12,950 Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 68 071 | | | | | rm 8995 or Form | 899 | 5-A | | | • | | |
| | Standard | | | | | | | | | • | | 12,950. |
| | | 15 | Subtract line 14 from line 11. If zer | o or less, er | nter -0 This is y | ourt | taxable incom | е. | | • | 15 | 68,071. |

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

Form **1040** (2022)

| Form 1040 (2022 | 2) | | | | | | | | Page 2 |
|---|-----------|---|---------------------------|---------------------|------------------|------------------------|---------------------------|------------|--|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 🗌 881 | 4 2 4972 | 3 | | 16 | 10,594. |
| Credits | 17 | Amount from Schedule 2, lin | ne3 | | | | | 17 | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 10,594. |
| | 19 | Child tax credit or credit for | other dependen | ts from Sched | ule 8812 | | | 19 | |
| | 20 | Amount from Schedule 3, lin | ne8 | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | |
| | 22 | Subtract line 21 from line 18 | 3. If zero or less, | enter -0 | | | | 22 | 10,594. |
| | 23 | Other taxes, including self-e | employment tax, | from Schedule | e 2, line 21 . | | | 23 | 0. |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | | 24 | 10,594. |
| Payments | 25 | Federal income tax withheld | | | | | | | |
| | а | Form(s) W-2 | | | | 25a 1 | 4,350 | | |
| | b | Form(s) 1099 | | | | 25b | | | |
| | с | Other forms (see instruction | s) | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 14,350. |
| If you have a | 26 | 2022 estimated tax payment | ts and amount a | pplied from 20 | 21 return | | | 26 | |
| If you have a ^l qualifying child, | 27 | Earned income credit (EIC) | | | No . | 27 | | | |
| attach Sch. EIC. | 28 | Additional child tax credit fro | | | | 28 | | | |
| | 29 | American opportunity credit | from Form 8863 | 3, line 8 | | 29 | | | |
| | 30 | Reserved for future use . | | | | 30 | | | |
| | 31 | Amount from Schedule 3, li | ne 15 | | | 31 | | | |
| | 32 | Add lines 27, 28, 29, and 31 | . These are your | total other pa | ayments and refu | undable credits | | 32 | |
| | 33 | Add lines 25d, 26, and 32. 1 | hese are your to | tal payments | | | | 33 | 14,350. |
| Refund | 34 | If line 33 is more than line 2 | 4, subtract line 2 | 4 from line 33. | This is the amou | nt you overpaic | Ι | 34 | 3,756. |
| neiuliu | 35a | Amount of line 34 you want | refunded to you | J. If Form 8888 | is attached, che | ck here | 🗆 | 35a | 3,756. |
| Direct deposit? | b | Routing number 0 8 1 | 0 0 0 0 | 3 2 | c Type: 🛛 🗙 | Checking |] Savings | | |
| See instructions. | d | Account number 3 5 5 | 0 1 1 3 | 6 4 3 2 | 2 5 | | | | |
| | 36 | Amount of line 34 you want | applied to your | 2023 estimate | edtax | 36 | | | |
| Amount | 37 | Subtract line 33 from line 24 | 4. This is the amo | ount you owe. | | | | | |
| You Owe | | For details on how to pay, g | o to <i>www.irs.go</i> u | //Payments or | see instructions | | | 37 | |
| | 38 | Estimated tax penalty (see i | nstructions) . | | | 38 | | | |
| Third Party | Do | you want to allow anothe | r person to disc | cuss this retu | rn with the IRS? | See | | | _ |
| Designee | ins | structions | | | | Yes. | Complete | below. | X No |
| | De nai | signee's | | Phone no. | | | rsonal iden mber (PIN) | tification | |
| | | | | | | | . , | | |
| Sign | | der penalties of perjury, I declare ief, they are true, correct, and con | | | | | | | |
| Here | | ur signature | | Date | Your occupation | | 1 | | nt you an Identity |
| | | | | Duto | | | Pro | tection P | IN, enter it here |
| Joint return? | | | | | SOFTWARE I | ENGINEER | (se | e inst.) | |
| See instructions. Keep a copy for | Sp | ouse's signature. If a joint return, | both must sign. | Date | Spouse's occupat | ion | | | nt your spouse an ection PIN, enter it here |
| your records. | | | | | | | | e inst.) | |
| | Ph | one no. (816)405-152 | 6 | Email address | | | MON | , | |
| | | one no. (816)405-152 eparer's name | Preparer's signat | | APPUROOP1RE | | | | Check if: |
| Paid | | ATA SAI PAVAN KUMAR DUDIPALLI | | | AR DUDIPALLI | 04/04/2023 | | 70823 | Self-employed |
| Preparer | | m's name GLOBAL TA | | . FAVAN KUM | WY DODIENTI | 101/01/2023 | _ | | 678)965-9522 |
| Use Only | | | Y CT E BRU | NSWICK N. | J 08816 | | | n's EIN | 88-2145487 |
| Go to www.im.a | | n1040 for instructions and the late | | TIONTON IN | | | | | Eorm 1040 (2022) |

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

BAA REV 03/22/23 PRO

Form **1040** (2022)

| SCHEDULE | 1 |
|-------------|---|
| (Form 1040) | |

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 2

| Department of the Treasury Internal Revenue Service | Go to www.irs.gov/Form1040 for instructions and the latest information. | | Attachment Sequence No. 01 |
|--|---|----------|--------------------------------------|
| Name(s) shown on Fo | orm 1040, 1040-SR, or 1040-NR | Your soc | ial security number |
| APUROOP REDDY | TUMMALA | 098-43 | -4374 |
| | | | |

| Par | t Additional Income | | | |
|-----|---|-----------------------|----|---------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | |
| 2a | Alimony received | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): | | | |
| 3 | Business income or (loss). Attach Schedule C | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att | ach Schedule E . | 5 | -5,560. |
| 6 | Farm income or (loss). Attach Schedule F. | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| а | Net operating loss | 8a (|) | |
| b | Gambling | 8b | | |
| С | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d (|) | |
| е | Income from Form 8853 | 8e | | |
| f | Income from Form 8889 | 8f | | |
| g | Alaska Permanent Fund dividends | 8g | | |
| h | Jury duty pay | 8h | | |
| i | Prizes and awards | 8i | | |
| j | Activity not engaged in for profit income | 8j | | |
| k | Stock options | 8k | | |
| I | 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 | 81 | | |
| m | Olympic and Paralympic medals and USOC prize money (see | | | |
| | instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| 0 | Section 951A(a) inclusion (see instructions) | 80 | | |
| р | Section 461(I) excess business loss adjustment | 8p | | |
| q | Taxable distributions from an ABLE account (see instructions) | 8q | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | _ | |
| S | Nontaxable amount of Medicaid waiver payments included on Form | | | |
| | 1040, line 1a or 1d | 8s (|) | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or | | | |
| | a nongovernmental section 457 plan | 8t | _ | |
| u | Wages earned while incarcerated | 8u | _ | |
| Z | Other income. List type and amount: | | | |
| _ | | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF | R, or 1040-NR, line 8 | 10 | -5,560. |

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

Schedule 1 (Form 1040) 2022

| Par | t II Adjustments to Income | | |
|-----|---|------------------------|--------|
| 11 | Educator expenses | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government | | |
| | officials. Attach Form 2106 | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | 16 | |
| 17 | Self-employed health insurance deduction | 17 | |
| 18 | Penalty on early withdrawal of savings | 18 | |
| 19a | Alimony paid | 19a | |
| b | Recipient's SSN | | |
| С | Date of original divorce or separation agreement (see instructions): | | |
| 20 | IRA deduction | 20 | |
| 21 | Student loan interest deduction | 21 | |
| 22 | Reserved for future use | 22 | |
| 23 | Archer MSA deduction | 23 | |
| 24 | Other adjustments: | | |
| а | Jury duty pay (see instructions) | | |
| b | | | |
| | rental of personal property engaged in for profit | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | |
| | and USOC prize money reported on line 8m | | |
| d | Reforestation amortization and expenses | | |
| е | Repayment of supplemental unemployment benefits under the Trade | | |
| | Act of 1974 | _ | |
| f | Contributions to section 501(c)(18)(D) pension plans | _ | |
| g | Contributions by certain chaplains to section 403(b) plans 24g | _ | |
| h | Attorney fees and court costs for actions involving certain unlawful | | |
| | discrimination claims (see instructions) | _ | |
| i | Attorney fees and court costs you paid in connection with an award | | |
| | from the IRS for information you provided that helped the IRS detect | | |
| - | tax law violations | _ | |
| j | Housing deduction from Form 2555 | _ | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | |
| | 1041) | _ | |
| Z | Other adjustments. List type and amount: | | |
| 05 | Tatal ather adjustments Add lines 04s through 04s | 05 | |
| 25 | Total other adjustments. Add lines 24a through 24z | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on | | |
| | Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | 26 | |
| | BAA REV 03/22/23 PRO | Schedule 1 (Form 1040) |) 2022 |

2022 AR1000F ARKANSAS INDIVIDUAL INCOME TAX RETURN Full Year Resident



| | CHECK BOX IF | | | | | | | | | | |
|----------------------|---|--------------|--------------------|--|---|---|--|--|--|--|--|
| | | | | AMEND | ED RETURN | Software ID | | | | | |
| Jan | . 1 - Dec. 31, 2022 or fiscal year ending | | , 20 • | • | | • PROSERIES | | | | | |
| | Primary's legal first name | MI | Last name | Check i | Primary's social sec | curity number | | | | | |
| | • APUROOP REDDY | • | • TUMMALA | • Decease | | 4 | | | | | |
| | Spouse's legal first name | MI | Last name | Check i | Spouse's social sec | urity number | | | | | |
| | • | • | • | • Decease | | | | | | | |
| | Mailing address (number and street, P.O. box or rur | al route) | | | Check if address i | s outside U.S. | | | | | |
| | 304 SE RANGER BLVD, APT. | | | 1 | | | | | | | |
| No | | or provin | ce | ZIP | Foreign country nar | ne | | | | | |
| MAT | BENTONVILLE A Primary email | R | | 72712 Secondary email | | | | | | | |
| For | | | | Secondary email | | | | | | | |
| N N | | | | | | | | | | | |
| TAXPAYER INFORMATION | We will no longer automaticall (www.atap.arkansas.gov). C | | | | | | | | | | |
| TAX | (www.atap.arkansas.gov). C | neck in | e box ii you stii | i want us to man you a | | 9-6 next year. | | | | | |
| | • Check here if you want a tax b next year. | ooklet n | nailed to you | | f you have filed a s federal extension | state extension | | | | | |
| | DL# / State ID 946163737 Yo | ur state | AR Issue (mm/c | date dd/yyyy) 01/20/2023 | Expiration date (mm/dd/yyyy) | 01/30/2025 | | | | | |
| | DL# / State ID Sp | oouse state | lssue (mm/o | date dd/yyyy) | Expiration date (mm/dd/yyyy) | | | | | | |
| s | 1.• X Single (Or widowed before 2022 or di | ivorced at (| end of 2022) | 4.• Married filing sep | arately on the same re | eturn | | | | | |
| FILING STATUS | 2.• Married filing joint (Even if only one | had incom | e) | 5.• Married filing sep | arately on different ref | urns | | | | | |
| NG S | 3.• Head of household (See instructions | s) | | Enter spouse's n | ame here and SSN ab | ove | | | | | |
| | If the qualifying person was your ch | | ot your dependent, | | with dependent child | | | | | | |
| | enter child's name here: | | | Year spouse died | : (See instructions) | | | | | | |
| | 7A. X Yourself • 65 or over | • 65 | Special | Blind • Deaf | Head of househo (Filing status 3 only) | ld/surviving spouse (Filing status 6 only) | | | | | |
| | Spouse • 65 or over | • 65 | Special • | Blind • Deaf | | | | | | | |
| | Multiply number of boxes checked | | | | | 29.00 | | | | | |
| | | | | | | 23.00 | | | | | |
| l " | Dependents (Do not list yourself or s | | | | | | | | | | |
| CREDITS | First name L | ast name | Depende | ent's social security number | Dependents re | elationship to you | | | | | |
| CR | 1. | | | | | | | | | | |
| I A | 2. | | | | | | | | | | |
| ONAI | 3. | | | | | | | | | | |
| PERSONAL TAX | 4. | | | | | | | | | | |
| | 5. | | | | | | | | | | |
| | 7B. Multiply number of DEPENDENTS from | n above | ! | | 7B • X \$29 = | 00 | | | | | |
| | 7C. Multiply number of qualifying individuals f | | | | | | | | | | |
| | 7D. TOTAL PERSONAL TAX CREDITS | | | | | | | | | | |
| | - | • | | , | | | | | | | |

REV 02/17/23 PRO



Primary SSN ______098-43-4374

_

| | | ROUND ALL AMOUNTS TO WHOLE DOLLARS | | (A) | Primary/Joint Income | | (B) Spouse's Incom Status 4 Only | e |
|-------------|-----|--|------|-----|-------------------------|----|-------------------------------------|----|
| | 8. | Wages, salaries, tips, etc: (Attach W-2s) | 3 | • | 86,585. | 00 | • | 00 |
| | 9. | Military pay: Primary • 00 Spouse • 00 | | | | | | |
| | 10. | Interest income: (If over \$1,500, attach AR4)10 | р | • | | 00 | • | 00 |
| | 11. | Dividend income: (If over \$1,500, attach AR4)11 | 1 | • | 3. | 00 | • | 00 |
| | 12. | Alimony and separate maintenance received:12 | 2 | • | | 00 | • | 00 |
| | 13. | Business or professional income: (Attach federal Sch. C) | 3 | • | | 00 | • | 00 |
| | 14. | Capital gains/(losses) from stocks, bonds, etc: (Attach federal Sch. D) | 4 | • | -7. | 00 | • | 00 |
| | 15. | Other gains or (losses): (See Instructions) | 5 | • | | 00 | • | 00 |
| ш | 16. | Non-qualified IRA distributions and taxable annuities: (Attach All 1099Rs)16 | 6 | • | | 00 | • | 00 |
| INCOME | 17. | Military retirement: Primary O0 Spouse 00 | | | | | | |
| 4 | 18A | | 3A | • | | 00 | | |
| | 18B | Spouse employer pension plan(s)/qualified IRA(s): (See inst., attach 1099Rs) | | | | | | |
| | | | 3B | • | | 00 | | 00 |
| | 19. | Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Sch. E)19 | 9 | • | -5,560. | 00 | • | 00 |
| | | Farm income: (Attach federal Sch. F) | | • | | 00 | • | 00 |
| | | Unemployment: | | • | | 00 | | 00 |
| | | Other income/depreciation differences: (Attach Form AR-OI) | | • | | 00 | - | 00 |
| | 23. | TOTAL INCOME: (Add lines 8 through 22) | 3 | • | 81,021. | 00 | • | 00 |
| | 24. | TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)24 | 4 | • | | 00 | • | 00 |
| | 25. | ADJUSTED GROSS INCOME: (Subtract line 24 from line 23) | 5 | • | 81,021. | 00 | • | 00 |
| | | Select tax table: (Select only one) 20 ● □ Low income table (\$0), See line 26 instructions 20 | 6 | | | | | |
| | | X Standard deduction (See instructions) | | | | | | |
| NO | | • Itemized deductions (Attach AR3) 2 | 7 | • | 2,270. | 00 | • | 00 |
| PUTATION | 28. | NET TAXABLE INCOME: (Subtract line 27 from line 25) | 8 | • | 78,751. | | | 00 |
| OMPL | 29. | TAX: (Enter tax from tax table) | 9 | | 3,231. | 00 | | 00 |
| TAX COM | 30. | Combined tax: (Add amounts from line 29, columns A and B) | | | 3 | 30 | 3,231. | 00 |
| | 31. | Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD) | | | 3 | 31 | • | 00 |
| | 32. | Additional tax on IRA and qualified plan withdrawal and overpayment: (See instruction | s) . | | | 32 | • | 00 |
| | 33. | TOTAL TAX: (Add lines 30 through 32) | | | | 33 | • 3,231. | 00 |
| | 34. | Personal tax credit(s): (Enter total from line 7D) | 4 | • | 29. | 00 | | |
| TAX CREDITS | 35. | Child care credit: (Attach AR2441) | 5 | • | | 00 | | |
| X CRI | | Other credits: (Attach AR1000TC) | | | 156. | | | |
| TA | 37. | TOTAL CREDITS: (Add lines 34 through 36) | | | | 37 | • 185. | 00 |
| | 38. | NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0) | | | | 38 | • 3,046. | 00 |

REV 02/17/23 PRO



Primary SSN _____098-43-4374

| | 1 | | | | | | | | | | | | | | | _ |
|-----------------------|---|--|--------------------|---------------|------------------|----------------|------------|------------|-------------|-----------|------------|------|-------------|----------------------|----------|-------|
| | 39. Arkar | nsas income tax w | ithheld: (At | tach copi | es of W-2, 1 | 099R | , W2-0 | G,1099-F | PT, and/o | r AR-l | K1) | | 39 | • 4 | ,258. | 00 |
| | 40. Estim | nated tax paid or cr | redit brough | nt forward | from 2021: | | | | | | | | 40 | • | | 00 |
| | 41. Paym | nent made with ext | tension: (Se | e instruc | tions) | | | | | | | | 41 | • | | 00 |
| TS | 42. AME | ENDED RETURN | IS ONLY - | Previous | payments: (| See ir | nstruc | tions) | | | | | 42 | • | | 00 |
| PAYMENTS | 43. Early | childhood program | m: Certificat | ion numb | er: | | | - | | | | | | | | Π |
| A | (Attac | ch AR1000EC and A | AR2441) | | | | | | | | | | | | | 00 |
| | 44. TOT | AL PAYMENTS: | : (Add lines | 39 throu | igh 43) | | | | | | | | 44 | • 4 | ,258. | . 00 |
| | 45. AME | ENDED RETURN | IS ONLY - | Previous | refund: (See | e instr | uctio | ns) | | | | | 45 | • | | 00 |
| | 46. Adjus | sted total payments | s: (Subtrac | t line 45 f | from line 44 |) | | | | | | | 46 | • 4 | ,258. | . 00 |
| | 47. AMC | OUNT OF OVER | PAYMENT | /REFUN | D: (If line 4 | 6 is gr | reater | than lin | ne 38, ent | ter dif | ference |) | 47 | • 1 | ,212. | 00 |
| DUE | 48. Amou | unt to be applied to | o 2023 estin | nated tax: | | | | | | 3 | | 00 |] | | | |
| TAX DI | 49. Amou | unt of Check-Off co | ontributions | : (Attach | Form AR10 | 00CO) |) | | | | | 00 | | | | |
| ORT | 50. AMC | DUNT TO BE RE | FUNDED | το γου | : (Subtract | lines 4 | 48 an | d 49 froi | m line 47 | ') | REF | UND | 50 • | © 1 | 1,212 | . 00 |
| REFUND OR | 51. AMO | OUNT DUE: (If line 4 | 46 is less tha | n line 38, e | nter differenc | e; lf ov | er \$1,0 | 00, conti | nue to 524 | A) | TAX | DUE | 51• | $\overline{\otimes}$ | | 00 |
| REF | 52A.UEP: | Attach Form AR221 | 10 or AR2210 |)A. If requi | red, enter exc | eption i | n box | 52A 💿 | Penal | ty 52B | • | | 00 |] | | |
| | 52C. Add | lines 51 and 52B: | (See instru | ictions) | | | | | | Т | | DUE | 52C | • | | 00 |
| ⊢ | Direct der | posit allowed to U.S. | banks only | Chock if a | ither deposit | e) will | ultima | toly bo pl | acod in a f | foreign | account | | | | | |
| | | | banks only. | Oneekine | | | | | | | | . •L | | | | |
| OSIT | Routi | ing number 1 | | Acco | unt number | 1 | | Checkin | g or • | Savi | ngs | — | Di | rect dep | osit 1 a | mt. |
| DIRECT DEPOSIT | • 0 8 | 3 1 0 0 0 | 0 3 2 | • 3 5 | 5 0 1 | 1 | 3 6 | 4 3 | 2 5 | | | | • | 1 | ,212. | 00 |
| IREC. | | | | _ | | _ | - – | Checkin | | Savi | nge | | | | | |
| [°] | Routi | ing number 2 | | Acco | unt numbei | 2 | • | | | | | | Di | rect dep | osit 2 a | |
| | ●∟∟ | | | | | | | | | | | | | | | 00 |
| | | SIGN HERE: Under best of my knowled | | | | | | | | | | - | | | | · · I |
| ËRE | | on of which prepare | r has any kn | owledge. | | | Date | | Telepho | 0ne | • | | | | | |
| LEASE SN HER | T finding S | signature | | | | – – – – | Jaio | | | | 5-1526 | | Rev | / the Aı /enue D | Division | า |
| SIG | Spouse's | signature | | | | | Date | | Telepho | | | | | uss thi 1 the pr | | |
| | Deidense | | | | | | | | | | | | | v 5 | 7 | |
| | | parer's signature | | | 04/04/2 | 023 | | | | | | | | | < No | |
| | Preparer' | A SAI PAVAN KU 's name | MAR DUDI | PALLI | 01/01/2 | | ohone | 14340 | 1 | | | ÷ | | epartmen | t Use On | ly |
| <u>#</u> | GLOBAL | TAXES LLC | | | | (67 | 8)96 | 5-9522 | 2 | | | | A | | • | |
| PAID | Address | | | | | | | | | | | | | | | |
| L a | City | ONEY CT | | | State | | | | | ZIP | | | | | | |
| | E BRUNS | SWICK | | | NJ | | | | | 088 | 16 | | | | | |
| | E-mail | | | | - | | | | | | | | | | | |
| | | TAXFILE.COM | | | | | | | | | | | | | | |
| | AY ONLINE: ease visit our se | ecure website ATAP (Arka | ansas Taxpaver / | Access Point) | at www.atap.arka | insas.go | V. ATAP | allows | Refund: | | | | | ie/No T | | |
| tax | taxpayers or their representatives to log on, make payments and manage their account online. ATAP is availableArkansas State Income TaxArkansas State Income Tax24 hours.P.O. Box 1000P.O. Box 2144 | | | | | | | | | | | | | | | |
| | | | | | | | | | | | 0000 100 | 00 1 | D | | | |
| | | BY MAIL: (See instru | uctions) | PAY BY C | REDIT CARD | : (See i | instru | ctions) | Little Rocl | k, AR 7 | 2203-100 | JU L | ittle Ro | ock, AR 7 | 2203-21 | 144 |

REV 02/17/23 PRO





ARKANSAS INDIVIDUAL INCOME TAX TAX CREDITS

| Primary's legal name | Primary's social security number |
|-----------------------|----------------------------------|
| APUROOP REDDY TUMMALA | 098-43-4374 |

IMPORTANT: SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM

| 1. | State political contribution credit: (See instructions) | • | | 00 |
|----|---|----|------|----|
| 2. | Other state tax credit: [Attach copy of other state tax return(s)] See OtherStatesCredit 2 | •[| б. | 00 |
| 3. | Credit for adoption expenses: (Attach federal Form 8839) | • | | 00 |
| 4. | Phenylketonuria disorder credit: (See instructions. Attach AR1113) | • | | 00 |
| 5. | Stillborn child tax credit "Paisley's Law": (Attach certificate of birth resulting in stillbirth) | • | | 00 |
| 6. | Additional tax credit for qualified individuals: (See instructions) | • | | 00 |
| 7. | Inflationary relief income tax credit: (See Instructions) | • | 150. | 00 |

If certificate is issued to an individual, leave FEIN box below blank.

_

| Prim | ary: | 8A. | Code | • | FEIN | • | Amount | • | 00 | | |
|--|--------|--------|----------|--------------------------|----------------|--------------------------|-------------------|-------------|----|------|----|
| | | 8B. | Code | • | FEIN | • | Amount | • | 00 | | |
| | | 8C. | Code | • | FEIN | • | Amount | • | 00 | | |
| | | | | | | | | | | | |
| Spoι | ise: | 8D. | Code | • | FEIN | • | Amount | • | 00 | | |
| | | 8E. | Code | • | FEIN | • | Amount | • | 00 | | |
| | | 8F. | Code | • | FEIN | • | Amount | • | 00 | | |
| | | | | | | | - | | | | |
| 8. Tax credit(s): (Add amounts from 8A-8F above) | | | | | | | | | | | 00 |
| | А сору | or the | tax cred | lit certificate(s) or ap | propriate docu | mentation of the credit(| s) claimed must b | e attached. | | | |
| 9. 1 | OTAL | CRE | DITS: | | | | | r | | | |
| | | | | . Enter total on line | 36, Form AR | 1000F/AR1000NR | | 9 • | | 156. | 00 |





ARKANSAS INDIVIDUAL INCOME TAX CAPITAL GAINS

Primary's legal name APUROOP REDDY TUMMALA Primary's social security number 098-43-4374

In Arkansas, only 50% of the net capital gain is taxed. 100% of the short term capital gain is taxed.

Per Act 1488 of 2013, the amount of net capital gain in excess of ten million dollars (\$10,000,000) from a gain realized on or after January 1, 2014, is exempt from state tax.

Complete the AR1000D if you have a CAPITAL GAIN OR LOSS reported on federal Schedule D, or if Schedule D is not required, a gain reported on federal Form 1040, line 7. The amount of capital loss that can be deducted after offsetting capital gains is limited to \$3,000 (\$1,500 per taxpayer for filing status 4 or 5). See instructions for line 14, Form AR1000F/AR1000NR.

Adjust your gains and losses for depreciation differences, if any, in the federal and Arkansas amounts using lines 2, 5 and 10. *

Note. Arkansas did not adopt the federal "bonus depreciation" provision from previous years. Therefore, there may be a difference in federal and Arkansas amounts of depreciation allowed.

Full Year Resident Filers - Complete columns (A) and (B) only.

Nonresident or Part Year Resident Filers - Complete columns (A), (B), and (C).

| | | Federal Schedule D | | | (A) Primary | | (B) Spouse | | (C) Arkansas Only | У |
|-----|---|---|----|---|----------------|----|---------------|----|----------------------|----|
| 1. | Enter federal long-term capital gain or loss reported on line 15, federal Schedule D or Form 1040, line 71 | -2.(| 00 | | -2. | 00 | | 00 | | 00 |
| 2. | Enter adjustment, if any , for depreciation different state amounts | | 2 | | | 00 |) | 00 | | 00 |
| 3. | Arkansas long-term capital gain or loss. Add (or sline 2 | - | .3 | • | -2. | 00 | • | 00 | • | 00 |
| 4. | Enter federal net short-term capital loss, if any , reported on line 7, federal Schedule D4 | -5.0 | 00 | | -5. | 00 |) | 00 | | 00 |
| 5. | | nces in federal and | 5 | | | 00 | | 00 | | 00 |
| 6. | Arkansas net short-term capital loss. Add (or sut line 5 | | .6 | • | -5. | 00 | • | 00 | • | 00 |
| 7a. | Arkansas net capital gain or loss. (If gain, subtr loss, add lines 6 and 3.) | | | • | -7. | 00 | • | 00 | • | 00 |
| 7b. | If the amount on line 7a is over \$10,000,000, only If less than \$10,000,000, enter the total amount. | | | | -7. | 00 |) | 00 | | 00 |
| 8. | Arkansas taxable amount. If a gain multiply line 7 50 percent (.50), otherwise enter loss | | .8 | | -7. | 00 |) | 00 | | 00 |
| 9. | Enter federal short-term capital gain, if any , reported on line 7, federal Schedule D9 | c | 00 | | | 00 |) | 00 | | 00 |
| 10. | Enter adjustment, if any , for depreciation different state amounts | | 10 | | | 00 | | 00 | | 00 |
| 11. | Arkansas short-term capital gain. Add (or subtra line 10 | | 11 | • | | 00 | • | 00 | • | 00 |
| 12. | Total taxable Arkansas capital gain or loss. Add li (Loss limited to \$3,000, for filing status \$1,500 per taxpayer if filing status 4 or Filing status 1,2,3,5 and 6: Add line 12, column on AR1000F/AR1000NR, line 14. Filing status 4: Enter line 12, column A on AR1000F/AR1000NR Enter line 12, column B on AR1000F/AR1000NR | 5 1, 2, 3, and 6, 5.) Enter here. Is A and B and enter R, line 14, column A. | | | -7. | 00 | | 00 | | 00 |





ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC ELLING

| APUROOP REDDY TUMMALA Spouse's Legal First Name and Middle Initial Mailing Address (Number and Street, RO. Box or Rural Route) 304 SE RANGER BLVD, APT. 301 City BENTONVILLE AR 72712 Check (F address is outside U.S. Foreign Country PART I - TAX RETURN INFORMATION (Whole Dollars Only) 1. Total Income (Form AR1000F or AR1000NR, Line 23) 2. Net Tax (Form AR1000F or AR1000NR, Line 38) 3. State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39) 4. Refund (Form AR1000F or AR1000NR, Line 47) 5. Tax Due (Form AR1000F or AR1000NR, Line 51) 5. Tax Due (Form AR1000F or AR1000NR, Line 51) 6a. X I consent that my refund be direct deposited as designated in the electronic portion of my 2022 Arkansas income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. The refund will be direct deposited to the bank account(s) shown on page 1 of the Form AR1000F/AR1000NR. 6b. I I do not want direct deposit of my refund or I am not receiving a refund. 6c. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT). | Primary's Le | gal First Name and Middle | Initial | Last Na | me | | Prima | rv's Socia | al Security Numbe | ər | | | | |
|---|--|---|---|--|--|--|---|---|--|--|--|--|--|--|
| Spouse Legal First Name and Middle Initial Last Name Spouse Scalal Security Number Adding Address Reserve as the set of the set memory Image: Spouse Scalal Security Number Image: Spouse Scalal Security Number 304 SE RANGER BLVD, APT, 301 Image: Spouse Scalal Security Number Image: Spouse Scalal Security Number PART I - TAX RETURN INCOMATION (Whole Dolars Only) Image: Spouse Scalal Security Number Image: Spouse Scalal Security Number 1 Total Income (Form AR1000F or AR1000NR, Line 23) Image: Spouse Scalal Security Number Image: Spouse Scalal Security Number 2 Not Tax (Form AR1000F or AR1000NR, Line 23) Image: Spouse Scalal Security Number Image: Spouse Scalal Security Number 3 Image: Spouse Scalal Security Number Image: Spouse Scalal Security Number Image: Spouse Scalal Security Number 5 Total Income (Form AR1000F or AR1000NR, Line 23) Image: Spouse Scalal Security Number Image: Spouse Scalal Security Number 6 Tax Long (Form AR1000F or AR1000NR, Line 23) Image: Spouse Scalal Security Number Image: Spouse Scalal Security Number 6 Image: Spouse Scalal Security Number Image: Spouse Scalal Security Number Image: Spouse Scalal Security Number 6 Image: Spouse Scalal Security N | 1 - | - | | | | | | | | | | | | |
| Nalling Address Reware as served, so are stress weeks Image: Construct Stress Stres Stress Stres Stress Stress Stress Stress Stress Stress | | | Initial | | | | Spou | Spouse's Social Security Number | | | | | | |
| 304 SE RANGER BLVD, APT. 301 <pre></pre> | | | | | | | • | | | | | | | |
| City Site or Province ZP | Mailing Addr | CSS (Number and Street, P.O. Box | or Rural Route) | | | | Telep | hone | | | | | | |
| Description AR 72712 Paregin County PART I - TAX RETURN INFORMATION (Whole Dolars Only) 1 Total Income Tax Withheld (Form AR1000F or AR1000NR, Line 32) 1 1 81, 0.21 00 2 Net Tax (Form AR1000F or AR1000NR, Line 32) 3 4, 2.25.3 00 3 A, 2.25.1 00 3 4, 2.25.1 00 5 Tax Due (Form AR1000F or AR1000NR, Line 37) 5 1 1, 2.21.2 00 5 Tax Due (Form AR1000F or AR1000NR, Line 37) 5 1 1, 2.21.2 00 5 Tax Due (Form AR1000F or AR1000NR, Line 37) 5 1 1, 2.21.2 00 5 Tax Due (Form AR1000F or AR1000NR, Line 37) 5 1 1, 2.21.2 00 Farst Ti - DECLARATION OF TAXPAYER Tax Due (Form AR1000F or AR1000NR, Line 37) 1 1, 2.21.2 00 6a | 304 SE | RANGER BLVD, API | r. 301 | | | | •(8 | 16)405 | -1526 | | | | | |
| PART I - TAX RETURN INFORMATION (Whole Dolars Only) 1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 2 1 1 1 1 2 2 2 2 2 2 2 1 1 1 2 2 1 <td>City</td> <td></td> <td>State or Province</td> <td></td> <td>ZIP</td> <td></td> <td></td> <td></td> <td>e U.S.</td> <td></td> | City | | State or Province | | ZIP | | | | e U.S. | | | | | |
| 1. Total Income (Form AR1000F or AR1000R, Line 33) 1 81, 021, 00 2. Net Tax (Form AR1000F or AR1000R, Line 39) 3 4, 258, 00 3. State Income Tax Withheld (Form AR1000R, Line 37) 4 1, 212, 00 5. Tax Due (Form AR1000F or AR1000R, Line 31) 5 0 9ART II - DECLARATION OF TAXPORYER 5 00 6a. I concent that my refund be direct deposited as designated in the electronic portion of my 2022 Arkansas income tax eturn. If I have filed opinit return, this is an inevocable appointment of the other spouse as an agent to receive the refund. The refund will be direct deposited to the bank account(s) shown on page 1 of the Form AR1000F/AR1000NR. 6. I concent that my refund be direct deposited my refund or I am not receiving a refund. 6. I do not want direct deposited my refund or I am not receiving a refund. 6. I duathorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT). 11 have filed a balance due or turn, Linderstand that If the State of Arkansas does not receive full and timely payment of my tax liability. I will remain liable for the tax liability and al applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rue, correct, and complete. I consent to my EXD and the amounts in Part labove agree with the amounts on the coresponding inse | | | | | 72712 | | Foreign Country | | | | | | | |
| 2. Net Tax (Form AR1000F or AR1000R, Line 39) 3. 4, 258, 00 3. State income Tax Withheld (Form AR1000F or AR1000R, Line 39) 4. Refund (Form AR1000F or AR1000R, Line 47) 5. Tax Due (Form AR1000F or AR1000R, Line 51) 5. Tax Due (Form AR1000F or AR1000R, Line 51) 5. Tax Due (Form AR1000F or AR1000R, Line 51) 5. Tax Due (Form AR1000F or AR1000R, Line 51) 6. Tax Due (Form AR1000F or AR1000R, Line 51) 6. Tax Due (Form AR1000F or AR1000R, Line 51) 6. Tax Due (Form AR1000F or AR1000R, Line 51) 6. Tax Due (Form AR1000F or AR1000R, Line 51) 6. Tax Due (Form AR1000F or AR1000R, Line 51) 6. Tax Due (Form AR100F or AR1000R, Line 51) 6. Tax Due (Form AR100F or AR1000R, Line 51) 6. Tax Due (Form AR100F or AR1000R, Line 51) 6. Tax Due (Form AR100F or AR1000F, Line 51) 6. Tax Due (Form AR100F or AR100F, Line 51) 6. Tax Due (Form AR100F or AR100F, Line 51) 6. Tax Due (Form AR100F or AR100F, Line 51) 6. Tax Due (Form AR100F, Line 51) 6. Tax Due (Line 51) 6. Tax Due (| PART I - | TAX RETURN INFORM | ATION (Whole Dollars (| Only) | | | | | | | | | | |
| State Income Tax Withheld (Form AR1000F or AR1000R, Line 39) A Refund (Form AR1000F or AR1000R, Line 47) Refund (Form AR1000F or AR1000R, Line 51) Tax Duc (Form AR1000F or AR1000R, Line 51) Dot Tax Duc (Form AR1000F or AR1000R, Line 51) Dot PART II - DECLARATION OF TAXPAYER Ga. I consent that my refund be direct deposited as designated in the electronic portion of my 2022 Arkansas income tax return. If I have filed a joint return, this is an invocable appointment of the other spouse as an agent to receive the refund. The refund will be direct deposited to the bank accountly shown on page 1 of the Form AR1000F/R 1000F/R. Go. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT). Gd. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT). Have filed a balance due return. I understand that if the State of Arkansas de a device and taxe return will be rejected also. Under panalties of porjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2022 Arkansas income tax returm. To the bast of my return is true, correct, and complete. I consent to my ERO and/or transmitter an acknowledgement of receipt of transmission and an indicated on the Arkansas. Late consent to the State of Arkansas de accound and the electronic portion of my 2022 Arkansas income many federal return is true, correct, and complete. I consent to my term electronically. Consent to the State of Arkansas de all or more than a software by prevent form (AR EXTPMT). Hard Fielded also. Under panalties of porjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of m | 1. Total | Income (Form AR1000F o | or AR1000NR, Line 23) | | | | | 1 | 81,021. | 00 | | | | |
| 3. State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39) 3 • 4,258,00 4. Refund (Form AR1000F or AR1000NR, Line 37) 4 5. Tax Duc (Form AR1000F or AR1000NR, Line 37) 5 6a. Image: Comparison of TaxPayers 6a. Image: Comparison of TaxPayers 6a. Image: Comparison of the derived deposited as designated in the electronic portion of my 2022 Arkansas income tax return. If I have filed a plain return, this is an increasible appointment of the other spouse as an agent to receive the return. The return will be direct deposited to the bank accountly also shown on page 1 of the Form AR1000FRA1000NR. 6b. Image: Comparison of the | 2. Net 1 | Tax (Form AR1000F or AR | 1000NR, Line 38) | | | | | 2 | 3,046. | 00 | | | | |
| 4. Refund (Form AR1000F or AR1000NR, Line 47) | 3. State | e Income Tax Withheld (For | m AR1000F or AR1000N | R, Line 3 | ə) | | | 3 • | 4,258. | 00 | | | | |
| 5 Tax Due (Form AR1000F or AR1000NF, Line 51) 5 00 PART II - DECLARATION OF TAXPAYER 6a. 2 I consent that my refund be direct deposited as designated in the electronic portion of my 2022 Arkansas income tax returm. If I have filed a join teturn, this is an irrevocable appointment of the other spouse as an agent to receive the refund. The refund will be direct deposited to the bank account(s) shown on page 1 of the Form AR1000F/AR1000NR. 6b. I do not want direct deposit of my refund or I am not receiving a refund. 6c. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT). 6d. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT). If I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability. I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state returm and my federal return is rejected, I understand my state return will be rejected also. Under penalties of prijury, I declare that the information I have given my ERO and the amounts in Par1 labove agree with the amounts on the corresponding lines of the electronic portion of my 2022 Arkansas income manying schedules and statements to the State of Arkansas. Lalso consent to the State of Arkansas to the State of Arkansas anot to the conseant to the state of arkansas | 4. Refu | nd (Form AR1000F or AR | 1000NR, Line 47) | | | | | 4 | | 00 | | | | |
| PART II - DECLARATION OF TAXPAYER 6a. Image: I consent that my refund be direct deposited as designated in the electronic portion of my 2022 Arkansas income tax returm. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. The refund will be direct deposited to the bank accountify shown on page 1 of the Form ARR100D/RR1000NR. 6b. Image: I do not want direct deposit of my refund or I am not receiving a refund. 6c. Imauhorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT). 6d. Imauhorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT). 1f I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability. I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas and and indication of whether or not my return is accepted, and for the smitter an acknowledgement of receive for transmission and an indication of whether or not my return is accepted. and if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, authorize the State of Arkansas. I also consent to the State of Arkansas and and and and indicating on whether or not my terum is accepted. | 1 | - | | | | | | | | 00 | | | | |
| a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. The refund will be direct deposited to the bank account(s) shown on page 1 of the Form AR10000R. 6b. I do not want direct deposit of my refund or I am not receiving a refund. 6c. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TXX PMT). 6d. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Estension Payment form (AR EST PMT). H I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability. I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected, I understand my state return will be rejected also. Under penalties of perjury. I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2022 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO and/or transmitter an acknowledgement of receipt of transmission and an indicate of Arkansas. I also consent to the State of Arkansas as to declaration, and accompanying schedules and statements to the State of Arkansas. Sign Paxt multi- be ECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PALD PREPARE Here Primary's Signature Da | | | | | | | | | | | | | | |
| Sign Here Primary's Signature Date Spouse's Signature Date PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxpayer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge. ERO'S Use Only <u>GLOBAL TAXES LLC 245 ROONEY CT</u> Firm's name and address Check if paid preparer Check if paid preparer Your SSN or PTIN Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge. Paid Preparer's <u>Preparer's Signature</u> Preparer's Signature <u>O4/04/2023</u> Date Check if self- employed P02470833 Preparer's SSN or PTIN | 6c. 6d. 6d. 1f I have filed for the tax lia state return Under penal lines of the expension of Arkansas and if rejecte and/or transfer return electric for the expension of the expension | the bank account(s) shown I do not want direct deposit I authorize the State of Ark form (AR TAX PMT). I authorize the State of A Payment form (AR EST PM d a balance due return, I un- ability and all applicable inter- will be rejected also. ties of perjury, I declare that electronic portion of my 202 my ERO sending my return, sending my ERO and/or tra- ed, the reason(s) for the rej- mitter the reason(s) for the rej- mitter the reason(s) for the do- onically, I consent to the d | n on page 1 of the Form A it of my refund or I am not kansas Income Tax Section rkansas Income Tax Sect MT) or Arkansas Extension derstand that if the State of erest and penalties. If I have the information I have give 22 Arkansas income tax re this declaration, and accord ansmitter an acknowledge ection. If the processing of delay, or when the refund w lisclosure to the State of A | R1000F/A receiving n to initiate tion to init n Payment of Arkansa we filed a j en my ER(turn. To the mpanying ment of re of my return vas sent. In | R1000NR. a refund. debit entries to m ate debit entries to form (AR EXT PN s does not receive oint federal and st D and the amounts he best of my know schedules and sta ceipt of transmission or refund is delay addition, by using | y account as to my accou AT). full and time ate return an in Part I abo vledge and b tements to th on and an ind yed, I authori g a computer | indicated on the nt as indicated by payment of ad my federal more ve agree with the lief, my return the State of Arka dication of whe ize the State of system and so | ne Arkans I on the A my tax liak eturn is rej he amoun n is true, c ansas. I a ther or no Arkansas ftware to p | as Income Tax Pa Arkansas Estimat bility, I will remain jected, I understa ts on the correspo orrect, and comp lso consent to the t my return is acc s to disclose to my orepare and transi | ayment ed Tax h liable ind my bidete. I estate epted, y ERO mit my | | | | |
| PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxpayer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge. ERO'S 04/04/2023 if paid Check Check Check Your SSN or PTIN Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanyer's return and accompanying schedules and accompanying schedules and statements, and to the best of my knowledge. FEIN Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules. This declaration of which I have any knowledge. FEIN Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge. <tr< td=""><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr<> | 1 | | | | | | | | | | | | | |
| I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxpayer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge. ERO'S 04/04/2023 Use 04/04/2023 GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816 BRUNSWICK NJ 08816 88-2145487 Firm's name and address FEIN Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules. This declaration is based on all information is based on all information of which I have any knowledge. Paid 04/04/2023 Firm's name and address FEIN Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge. Paid 04/04/2023 Preparer's Signature 04/04/2023< | Here | Primary's Signature | Dat | te | Spou | use's Signatu | ure | | Date | | | | | |
| am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxpayer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge. ERO'S Use 04/04/2023 Date Check if paid preparer employed Your SSN or PTIN GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816 88–2145487 Firm's name and address FEIN Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules. This declaration of which the preparer's Signature 04/04/2023 Date Preparer's Signature Date Preparer's Signature Date Date Preparer's Signature Date Date Preparer's Signature FEIN | PART III | - DECLARATION OF E | LECTRONIC RETURN | ORIGIN | ATOR (ERO) AN | ND PAID PI | REPARER | | | | | | | |
| Only GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816 88-2145487 Firm's name and address FEIN Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge. Paid 04/04/2023 Check if self-employed P02470833 Preparer's Signature Date Preparer's SN or PTIN | am only a c the return. I with a copy examined th and comple | ollector, I understand that I have obtained the taxpayer of all forms and information ne above taxpayer's return te. This declaration of Paid | am not responsible for rev r's signature on Form AR84 to be filed with the State of and accompanying sched Preparer is based on all in 04/04 | viewing the 453 before of Arkansa lules and s nformatior <u>4 / 2023</u> | e taxpayer's return submitting this ret s. If I am also the F statements, and to of which the prep Check if paid | ; I declare th urn to the Sta Paid Prepare the best of r arer has kno Check if self- | at Form AR84 ate of Arkansas r, under penalt ny knowledge | 53 accura s, and hav ies of perj and belief | tely reflects the d e provided the tax ury I declare that f, they are true, co | ata on kpayer I have | | | | |
| Firm's name and address FEIN Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge. Paid 04/04/2023 Preparer's Signature Date Preparer's SN or PTIN | 1 | | | 10 | | | 016 | | | | | | | |
| my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge. Paid 04/04/2023 Check P02470833 Preparer's Signature Date Preparer's SIN or PTIN | Only | | | | E BRUNSWIC | <u>:k Nj 08</u> | 810 83 | | | | | | | |
| Paid 04/04/2023 if self- employed Date P02470833 Preparer's Signature Date employed Preparer's SSN or PTIN | | | | | ation is based on a | | | | | est of | | | | |
| Preparer's Signature Date employed Preparer's SSN or PTIN | Paid | | | | | - | | | | | | | | |
| USE ONLY VENKATA SAI PAVAN KUMAR DUDIPALLI 245 ROONEY CT E BRUNSWICK NJ 08816 88-2145487 | | | | | employed | | | | | | | | | |
| | Use Onl | | | Т | E BRUNSW | ICK NJ | 08816 | | | | | | | |
| Firm's name and address FEIN AR8453 (R 5/25/2022) REV 02/17/23 PRO | | | ress | | | | | FE | | | | | | |

Additional Information From 2022 Arkansas Tax Return

Form AR1000TC: Tax Credits OtherStatesCredit

| OtherStatesCredit Continuation State | | | | | | | | | | | |
|--------------------------------------|----------------|--------------|--------------------|-----------------|--|--|--|--|--|--|--|
| Other State | Oth. State AGI | Oth. Tax Due | Allowable Tax Crd. | Withholding Amt | | | | | | | |
| МО | 140. | 7. | б. | 0. | | | | | | | |

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

Go to www.irs.gov/ScheduleD for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

20Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service Name(s) shown on return

APUROOP REDDY TUMMALA

Your social security number 098-43-4374

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes × No If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

| lines This | instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustment to gain or loss Form(s) 8949, F line 2, columr | from Part I, | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---------------|---|---|--|--|-----------------|---|
| 1a | Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. | | | | | |
| 1b | Totals for all transactions reported on Form(s) 8949 with Box A checked | 16. | 21. | | | -5. |
| 2 | Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | | |
| 3 | Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | | |
| 4 | Short-term gain from Form 6252 and short-term gain or (| oss) from Forms 4 | 684, 6781, and 88 | 324 | 4 | |
| 5 | Net short-term gain or (loss) from partnerships, Schedule(s) K-1 | | | | 5 | |
| 6 | Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions | y, from line 8 of y | our Capital Loss | Carryover | 6 | () |
| 7 | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise | | | | 7 | -5. |

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

| lines This | instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustmer to gain or loss Form(s) 8949, line 2, colum | s from Part II, | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---------------|--|---|--|---|--------------------|---|
| 8a | Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. | | | | | |
| 8b | Totals for all transactions reported on Form(s) 8949 with Box D checked | 2. | 4. | | | -2. |
| 9 | Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | | |
| 10 | Totals for all transactions reported on Form(s) 8949 with Box F checked. | | | | | |
| 11 | Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824 | | • • | . , | 11 | |
| 12 13 | Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions | | 12 13 | | | |
| 14 | Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions | 14 | () | | | |
| 15 | Net long-term capital gain or (loss). Combine lines 8a on the back . | • | | | 15 | -2. |
| For F | Paperwork Reduction Act Notice, see your tax return instruction | | | | Schedu | ile D (Form 1040) 2022 |

Part III

| Part | III Summary | | |
|------|--|-------|------------------------|
| 16 | Combine lines 7 and 15 and enter the result | 16 | -7. |
| | If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. | | |
| | • If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. | | |
| | • If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. | | |
| 17 | Are lines 15 and 16 both gains? | | |
| | No. Skip lines 18 through 21, and go to line 22. | | |
| 18 | If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet | 18 | |
| 19 | If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet | 19 | |
| 20 | Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. | | |
| | □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. | | |
| 21 | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: | | |
| | The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) | 21 (| 7.) |
| | Note: When figuring which amount is smaller, treat both amounts as positive numbers. | | |
| 22 | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? | | |
| | Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. | | |
| | □ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | | |
| | REV 03/22/23 PRO | Sched | ule D (Form 1040) 2022 |

Form **8949**

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



| Name(s) shown on return | Social security number or taxpayer identification number |
|-------------------------|--|
| APUROOP REDDY TUMMALA | 098-43-4374 |
| | |

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

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

| 1 (a) Description of property | (b) Date acquired | (c) Date sold or | Proceeds See | (e) Cost or other basis See the Note below | If you enter an enter a c | tment, if any, to gain or loss enter an amount in column (g), anter a code in column (f). the separate instructions. Subtract | |
|---|--|--------------------------------|-------------------------------------|--|---|---|---|
| (Example: 100 sh. XYZ Co.) | (Mo., day, yr.) | disposed of (Mo., day, yr.) | (sales price) (see instructions) | and see Column (e) in the separate instructions. | (f) (g) Code(s) from instructions Amount of adjustment | | from column (d) and combine the result with column (g). |
| ROBINHOD CRYPTO LLC | 01/01/22 | 12/31/22 | 16. | 21. | | | -5. |
| | | | | | | | |
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| | | | | | | | |
| 2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box A | al here and inc is checked), lir | lude on your 1e 2 (if Box B | 16. | 21. | | | -5. |

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

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

| Form 8949 (2022) | | Attachment Sequence No. 12A | Page 2 |
|------------------|--|-----------------------------|---------------|
| | | | |

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side APUROOP REDDY TUMMALA

Social security number or taxpayer identification number 098-43-4374

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

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

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

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

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

| 1 (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis See the Note below and see <i>Column</i> (e) in the separate instructions. | If you enter an enter a c | f any, to gain or loss amount in column (g), ode in column (f). parate instructions. (g) Amount of adjustment | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g). |
|--|--|--|--|--|---------------------------|---|---|
| ROBINHOOD SECURITIES LLC | 01/01/21 | 12/31/22 | 1. | 3. | | | -2. |
| ROBINHOD CRYPTO LLC | 01/01/21 | 12/31/22 | 1. | 1. | | | 0. |
| | | | | | | | |
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| | | | | | | | |
| 2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box | I here and inc is checked), lir | lude on your 1e 9 (if Box E | 2. | 4. | | | -2. |

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

REV 03/22/23 PRO

| SCHEDULE | Ε |
|-------------|---|
| (Form 1040) | |

Supplemental Income and Loss

OMB No. 1545-0074

Attachment Sequence No. 13

20

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

Department of the Treasury Internal Revenue Service

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

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

| . , | shown on return | | | | | | | | social security | | ؛r |
|----------|---------------------------------------|--|---------|-----------|----------|----------|------------------|---------|-----------------|----------|-----------|
| - | OOP REDDY TU | | | | | | | 098 | -43-4374 | : | |
| Part | Note: If you a | Loss From Rental Real Estate an re in the business of renting personal proper or loss from Form 4835 on page 2, line 40. | | | C. See | instrue | ctions. If you a | re an i | individual, rep | ort fari | m |
| A C |) Did you make any p | ayments in 2022 that would require you | to file | Form(s) 1 | 099? S | See ins | tructions . | | 🗌 Ye | es X | No |
| | | | | . , | | | | | | | No |
| 1a | | of each property (street, city, state, ZI | | | | | | | | | |
| _ | - | | | | | | | | | | |
| <u>A</u> | JEEDIMETLA F | HYDERABAD TELANAGANA IN 500 | 0015 | | | | | | | | |
| B | | | | | | | | | | | |
| C | | | | | | | | | | 1 | |
| 1b | Type of Property (from list below) | 2 For each rental real estate prope | | | | Fa | ir Rental | Per | sonal Use | Q | λſ |
| • | , , , | above, report the number of fair personal use days. Check the Q | | | | | Days | | Days | r | |
| <u>A</u> | 3 | if you meet the requirements to t | | | <u>A</u> | | 365 | | 0 | | <u></u> |
| B | | qualified joint venture. See instru | | | B | | | | | | |
| С | | | | | С | | | | | | |
| | of Property: | | | | | _ | | | | | |
| | Single Family Resid | | ital | 5 Land | | | Self-Rental | | | | |
| 2 | Multi-Family Resid | ence 4 Commercial | | 6 Roya | lties | 8 | Other (descri | ibe) | | | |
| | | | | | | | Propertie | es: | | | |
| ncom | ie: | | | | Α | | В | | | С | |
| 3 | Rents received . | | 3 | | 4 | 10. | | | | - | |
| 4 | Royalties received | | 4 | | | | | | | | |
| xpen | | | | | | | | | | | |
| 5 | | | 5 | | | | | | | | |
| 6 | | ee instructions) | 6 | | | | | | | | |
| 7 | | ntenance | 7 | | 1,2 | 00. | | | | | |
| 8 | | | 8 | | | | | | | | |
| 9 | | | 9 | | | | | | | | |
| 10 | | rofessional fees | 10 | | | | | | | | |
| 11 | | · · · · · · · · · · · · · · · · · · · | 11 | | 9 | 50. | | | | | |
| 12 | • | paid to banks, etc. (see instructions) | 12 | | | | | | | | |
| 13 | | | 13 | | | | | | | | |
| 14 | | | 14 | | 1,5 | 20. | | | | | |
| 15 | | | 15 | | 1,2 | | | | | | |
| 16 | | | 16 | | , | | | | | | |
| 17 | | | 17 | | 1,0 | 50. | | | | | |
| 18 | | ense or depletion | 18 | | , - | | | | | | |
| 19 | | | 10 | | | | | | | | |
| 20 | Total expenses. A | dd lines 5 through 19 | 20 | | 5,9 | 70. | | | | | |
| 21 | | rom line 3 (rents) and/or 4 (royalties). If | | | - 1 - | | | | | | |
| | | see instructions to find out if you must | | | | | | | | | |
| | | | 21 | | -5,5 | 60. | | | | | |
| 22 | | real estate loss after limitation, if any, e instructions) | | (| 5,56 | 50.) | (| |)(| | |
| 23a | | ts reported on line 3 for all rental prope | | | | 23a | <u>.</u> | 410 |). | | |
| b | | its reported on line 4 for all royalty prop | | | | 23b | | | | | |
| С | | its reported on line 12 for all properties | | | | 23c | | | | | |
| d | | ts reported on line 18 for all properties | | | | 23d | | | | | |
| е | | ts reported on line 20 for all properties | | | | 23e | 5 | ,970 |). | | |
| 24 | | sitive amounts shown on line 21. Do no | | | | | | | 24 | | |
| 25 | | Ity losses from line 21 and rental real esta | | | | Inter to | tal losses her | | 25 (| 5,5 | 60. |
| 26 | • | estate and royalty income or (loss). | | | | | | | | | |
| | here. If Parts II, I | III, IV, and line 40 on page 2 do not 1040), line 5. Otherwise, include this a | apply | to you, a | also er | nter th | is amount o | n | 26 | -5. | 560 |

| _L, | Form 10-1040 For Calendar Year January 1 - December 31, 2022 t in BLACK ink only and DO NOT STAPLE. | | | |
|---------------|---|------------------------|--|---|
| | Amended Return Composite Return (For use by S corporations or Partnerships) Federal Extension - Select this box if you have an approved federal of | extension. Attach a co | py Federal Extension (Form 4 | 368). |
| | Image: All Year Beginning (MM/DD/YY) Fiscal Year Ending (MM/DD/YY) Image: All Year Beginning (MM/DD/YY) Image: All Year Ending (MM/DD/YY) | Vendor Code | Department Use Only | |
| Filing Status | | 0 | Head of Qualifying Household Widow(er | |
| | Age 62 through 64 Age 65 or Older Blind urself Spouse Yourself Spouse | e Yourself | | Spouse |
| Name | Social Security Number in 2022 Spot 098 - 43 - 4374 | ne | | Deceased in 2022 Suffix Suffix Suffix |
| Address | Present Address (Include Apartment Number or Rural Route) 304 SE RANGER BLVD APT 301 City, Town, or Post Office BENTONVILLE County of Residence NONR | State AR | ZIP Code 72712 - | |

You may contribute to any one or all of the trust funds on Line 50. See pages 11-12 of the instructions for more trust fund information.





| | | | | Yourself (Y) | Spouse (S) | | | | | | | |
|------------|-----|--|---------------------|------------------------------------|-------------|--|--|--|--|--|--|--|
| | 1. | Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions) | 1Y | 81021 00 | 1S .00 | | | | | | | |
| | 2. | Total additions (from Form MO-A , Part 1, Line 7) | 2Y | . 00 | 25 | | | | | | | |
| e | 3. | Total income - Add Lines 1 and 2 | 3Y | 81021 .00 | 35 .00 | | | | | | | |
| Income | 4. | Total subtractions (from Form MO-A, Part 1, Line 18) | 4Y | . 00 | 4S . 00 | | | | | | | |
| | 5. | Missouri adjusted gross income - Subtract Line 4 from Line 3 | 5Y | 81021 .00 | 55 . 00 | | | | | | | |
| | 6. | Total Missouri adjusted gross income - Add columns 5Y and 58 | S | 6 8 | 31021.00 | | | | | | | |
| | 7. | Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%) | 7Y | 100 % | 7S % | | | | | | | |
| | 8. | Pension, Social Security and Social Security Disability exemption Section D) | | | . 8 . 00 | | | | | | | |
| | 9. | Tax from federal return | | 9 10594. | 00 | | | | | | | |
| | 10. | Other tax from federal return. | | 10 | 00 | | | | | | | |
| | 11. | Total tax from federal return. Do not enter federal income tax with | neld. | 11 10594 | 00 | | | | | | | |
| | 12. | Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage | | | | | | | | | | |
| Deductions | | Missouri Adjusted Gross Income Range, Line 6: Federal Ta \$25,000 or less 33 \$25,001 to \$50,000 24 \$50,001 to \$100,000 16 \$100,001 to \$125,000 5 \$125,001 or more 0 | 5% 5% 5% % | centage: | | | | | | | | |
| and | 13. | Federal income tax deduction – Multiply Line 11 by the percent amount not to exceed \$5,000 for an individual or \$10,000 for co | 0 | | 13 1589 00 | | | | | | | |
| Exemptions | 14. | | g, Se sehold | e Form MO-A, Part 2) I-\$19,400 | 14 12950 00 | | | | | | | |
| | 15. | Additional Exemption for Head of Household and Qualified Wid | ow(er |) | 15 | | | | | | | |
| | 16. | Long-term care insurance deduction | | | 16 | | | | | | | |
| | 17. | Health care sharing ministry deduction | | | . 00 | | | | | | | |
| | 18. | Active Duty Military income deduction | | | 18 | | | | | | | |
| | 19. | Inactive Duty Military income deduction | | | 19 | | | | | | | |
| | 20. | Bring jobs home deduction | | | 20 | | | | | | | |
| | 21. | Transportation facilities deduction | | | 21 . 00 | | | | | | | |
| | | A. Port Cargo Expansion B. International Trade Fa | cility | C. Qualified Trade A | ctivities | | | | | | | |



| | 22. | First time home buyers deduction. A. | В. | | | 22 | | | 00 |
|-----------------------------|-----|---|--------|-------|------|-----|-------|-----|----|
| | 23. | Long term dignity savings account deduction | | | | 23 | | | 00 |
| inued | 24. | Foster parent tax deduction | | | | 24 | | | 00 |
| s Cont | 25. | Total deductions - Add Lines 8 and 13 through 24 | | | | 25 | 14539 | | 00 |
| Deductions Continued | 26. | Subtotal - Subtract Line 25 from Line 6 | | | | 26 | 66482 | | 00 |
| Ded | 27. | Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S | 27Y | 66482 | . 00 | 27S | |].[| 00 |
| | 28. | Enterprise zone or rural empowerment zone income modification | 28Y | | . 00 | 285 | |].[| 00 |
| | 29. | Taxable income - Subtract Line 28 from Line 27 | 29Y | 66482 | . 00 | 29S | |].[| 00 |
| | 30. | Tax (see tax chart on page 26 of the instructions) | 30Y | 3339 | . 00 | 30S | | | 00 |
| | 31. | Resident credit - Attach Form MO-CR and other states' income tax return(s) | 31Y | | . 00 | 31S | |].[| 00 |
| × | 32. | Missouri income percentage - Enter 100% unless you are completing Form MO-NRI . Attach Form MO-NRI and a copy of your federal return if less than 100% | 32Y | 0.21 |]% | 32S | |] 0 | % |
| Тах | 33. | Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32 | 33Y | 7 | . 00 | 33S | |][| 00 |
| | 34. | Other taxes - Select box and attach federal form indicated. | | | | | | | |
| | | Lump sum distribution (Form 4972) | | | | | | | |
| | | Recapture of low income housing credit (Form 8611) | 34Y | | . 00 | 34S | | | 00 |
| | 35. | Subtotal - Add Lines 33 and 34 | 35Y | 7 | . 00 | 35S | | | 00 |
| | 36. | Total Tax - Add Lines 35Y and 35S | | | | 36 | 7 | | 00 |
| | 37. | MISSOURI tax withheld - Attach Forms W-2 and 1099 | | | | 37 | 0 |].[| 00 |
| | 38. | 2022 Missouri estimated tax payments - Include overpayment fro | | . 38 | | | 00 | | |
| Payments and Credits | 39. | Missouri tax payments for nonresident partners or S corporation MO-2NR and MO-NRP | 39 | |][| 00 | | | |
| s and | 40. | Missouri tax payments for nonresident entertainers - Attach Fo | 40 | | | 00 | | | |
| yment | 41. | Amount paid with Missouri extension of time to file (Form MO- | 41 | |].[| 00 | | | |
| Ра | 42. | Miscellaneous tax credits (from Form MO-TC, Line 13) - Attac | h Form | мо-тс | | 42 | | | 00 |
| | 43. | Property tax credit - Attach Form MO-PTS | | | | 43 | | | 00 |
| | 44. | Total payments and credits - Add Lines 37 through 43 | | | | 44 | 0 | | 00 |



| | Sk | ip Lines 45 through 47 if you are not filing an amended return. | | |
|----------------|-----|--|-----------------------------|---------|
| | 45. | Amount paid on original return. | 45 | . 00 |
| | 46. | Overpayment as shown (or adjusted) on original return | 46 | . 00 |
| | | Indicate Reason for Amending | | |
| | | Enter date of IRS report (MM/DD/YY) | | |
| keturn | | A. Federal audit | | |
| Amended Return | | Enter year of loss (YY) | | |
| Amen | | B. Net Operating Loss carryback Enter year of credit (YY) | | |
| | | | | |
| | | C. Investment tax credit carryback Enter date of federal amended return, if filed | . (MM/DD/YY) | |
| | | D. Correction other than A, B, or C | | |
| | 47. | Amended return total payments and credits - Add Lines 44 and 45; subtract Line 46. | | |
| | | Enter on Line 47. | 47 | . 00 |
| | 48 | If Line 44, or if amended return, Line 47, is larger than Line 36, enter the difference. | | |
| | 10. | Amount of OVERPAYMENT | . 48 | 00 |
| | 49. | Amount of Line 48 to be applied to your 2023 estimated tax | 49 | . 00 |
| | 50. | Enter the amount of your donation in the trust fund boxes below. See instructions for additional | trust fund codes. | |
| | | Children's OO co. Veterans OO co. Elderly Home Delivered Meals OO co. | Missouri National Guard | |
| | 50 | a. Trust Fund . 00 50b. Trust Fund . 00 50c. Trust Fund . 00 50c. | 50d. Trust Fund | . 00 |
| | 50 | Workers' Childhood Lead 50f. Testing Fund . 00 Sof. Testing Fund . 00 Sof. Relief Fund . | General 50h. Revenue Fund | . 00 |
| | | Kansas City Soldiers Regional Law Military Military | Missouri | |
| Refund | 50 | i. Program Fund . 00 50j. Memorial Foundation Fund . 00 50k. St. Louis Fund . 00 50k. | Medal of 501. Honor Fund | . 00 |
| Ř | 50 | Additional Additional Additional Fund Fund Fund Amount . 00 50n. Code . 00 | | |
| | | Total Donation - Add amounts from Boxes 50a through 50n and enter here | 50 | . 00 |
| | 51 | Amount of Line 48 to be deposited into a Missouri 529 Education Plan (MOST) | | |
| | 51. | account. Enter the total deposit amount from Form 5632 | 51 | . 00 |
| | 52. | REFUND - Subtract Lines 49, 50, and 51 from Line 48 and enter here | 52 | . 00 |
| | | | | |
| | | a. Routing c | Checking | Savings |
| | | b. Account Number | | |



| Amount Due | 53. | If Line 36 is larger than Line 44 or Line Amount of UNDERPAYMENT | | nce. | | 53 | | 7 | 00 | |
|---|--|---|---|------|---|----------------------|----------|------|-----|--|
| | 54. Underpayment of estimated tax penalty - Attach Form MO-2210. Enter penalty amount he | | | | re 54 | | | . 00 | | |
| | Select this box if you are a farmer exempt from the underpayment of estimated tax | | | | | penalty. | | | | |
| 4 | 55. | AMOUNT DUE - Add Lines 53 and 54. If you pay by check, you authorize the electronically. Any returned check may | | | | 55 | | 7 | 00 | |
| | of r the bas imp una alie | 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. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under <u>Section 143.561, RSMo</u> . Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in <u>Chapter 143, RSMo</u> ., a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens. I am aware of any applicable reporting requirements of <u>Section 135.805, RSMo</u> , and the penalty provisions of <u>Section 135.810</u> , <u>RSMo</u> . | | | | | | | | |
| | Signature | | | | | Date (MM/DD | /YY) | | | |
| | | | | | | | | | | |
| | Spouse's Signature (If filing combined, BOTH must sign) | | | | | Date (MM/DD | /YY) | | | |
| | | | | | | | | | | |
| O | E-mail Address | | | | Daytime Telep | phone | | | | |
| Signature | SYAM@GTAXFILE.COM | | | | | 8164051526 | | | | |
| Sigr | Pre | parer's Signature | | | | Date (MM/DD | /YY) | | | |
| | VENKATA SAI PAVAN KUMAR DUDIPALLI | | | | | 04 | 04 | 23 | | |
| | Preparer's FEIN, SSN, or PTIN | | | | | Preparer's Telephone | | | | |
| | 88-2145487 | | | | | 6789659522 | | | | |
| | Pre | parer's Address | | | | State | ZIP Code | | | |
| | 245 ROONEY CT E BRUNSWICK | | | | | NJ | 08816 | | | |
| | I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm | | | | | | | | | |
| | | | | | | | | | | |
| | | | 223220 Departmen | | | | | | | |
| | | | | | | | | | | |
| | А | FA E10 | DE | L F | | | | | | |
| | il to: | Balance Due: Missouri Department of Revenue P.O. Box 329 Jefferson City, MO 65105-0329 Phone: (573) 751-7200 | Missouri Department of Revenue P.O. Box 500 Jefferson City, MO 65105-0500 Phone: (573) 751-3505 | | Form MO-1040 (Revised 12-2022 Fax: (573) 522-1762 Email: incometaxprocessing@dor.mo.gov Submission of Individual Income Tax Return Email: income@dor.mo.gov Inquiry and correspondence | | | | | |
| Ever served on active duty in the United States Armed Forces? If yes, visit <u>dor.mo.gov/military/</u> to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at <u>veteranbenefits.mo.gov/state-benefits/</u> . | | | | | | | | | PRO | |

Visit dor.mo.gov/taxation/individual/tax-types/income/ for additional information.

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| Resident/Nonresident Status - Select your status in the approp | priate box below. | | | | | | |
|---|---|--|--|--|--|--|--|
| Social Security Number | Spouse's Social Security Number | | | | | | |
| 098 - 43 - 4374 | | | | | | | |
| Name | Spouse's Name | | | | | | |
| TUMMALA, APUROOP REDDY | | | | | | | |
| Address | Address | | | | | | |
| 304 SE RANGER BLVD APT 301 | | | | | | | |
| City, State, ZIP Code | City, State, ZIP Code | | | | | | |
| BENTONVILLE AR 72712 | | | | | | | |
| 1. Nonresident of Missouri State of residence during 2022 <u>ARKANSAS</u> Remote Work (See instructions on Form MO-NRI, page 3) | 1. Nonresident of Missouri State of residence during 2022 Remote Work (See instructions on Form MO-NRI, page 3) | | | | | | |
| 2. Part-Year Missouri Resident | 2. Part-Year Missouri Resident | | | | | | |
| Remote Work (See instructions on Form MO-NRI, page 3) | Remote Work (See instructions on Form MO-NRI, page 3) | | | | | | |
| Indicate the dates you were a Missouri Resident in 2022. | Indicate the dates you were a Missouri Resident in 2022. | | | | | | |
| A. Date From: Date To: | A. Date From: Date To: | | | | | | |
| B. Indicate the other state of residence and dates you resided there | B. Indicate the other state of residence and dates you resided there | | | | | | |
| | | | | | | | |
| Date From: Date To: | Date From: Date To: | | | | | | |
| because your spouse is there on military orders, and Missouri is your complete Form MO-NRI. You must report 100% on Line 32 of Form MO 3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage. Missouri Home of Record I did not at any time during the tax year 2022 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a | 3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage. Missouri Home of Record I did not at any time during the tax year 2022 maintain a permanent place of abode in Missouri, nor did I spend more than 30 days in Missouri during the year. I did maintain a | | | | | | |
| permanent place of abode in the state of Non-Missouri Home of Record I resided in Missouri during 2022 solely because my spouse or I was stationed at on military orders. My home of record is in the state of | permanent place of abode in the state of Non-Missouri Home of Record I resided in Missouri during 2022 solely because my spouse or I was stationed at | | | | | | |

Part A

For Privacy Notice, see Instructions.

| | Wor | ksheet for Missouri Source Income | | | | | | | | |
|----------|--------------------|--|---------------------------------|---|------------------|----------|-----------------|-------------|----|--|
| | | | Federal Form | | Yourself or | | Spous | e (On A | | |
| | | Adjusted Gross | 1040 or Federal Form 1040-SR | | One Income Filer | ne Filer | | ed Return) | | |
| | | - | | | Missouri Sources | | | i Sources | _ | |
| | | Income Computations | | | Missouri Sources | | IVIISSOUI | I Sources | | |
| | | Manage and the sta | 1z | A | 170 0 | 00 | A | 0 |)0 | |
| | A. | Wages, salaries, tips, etc. | 2b | В | | 00 | В | | 00 | |
| | В. | Taxable interest income | 2b 3b | C | | 00 | C | | 00 | |
| | C. | Dividend income | | | | | | | | |
| | D. | State and local income tax refunds (from schedule 1, part 1) | 1 | D | | 00 | D | | 00 | |
| | Ε. | Alimony received (from schedule 1, part 1) | 2a | E | | 00 | E | | 00 | |
| | F. | Business income or (loss) (from schedule 1, part 1) | 3 | F | | 00 | F | | 00 | |
| | G. | Capital gain or (loss) | 7 | G | | 00 | G | | 00 | |
| | Η. | Other gains or (losses) (from schedule 1, part 1) | 4 | Н | 0 | 00 | Н | . 0 | 00 | |
| ~ | ١. | Taxable IRA distributions | 4b | Ι | 0 | 00 | 1 | . 0 |)0 | |
| В Т | J. | Taxable pensions and annuities | 5b | J | | 00 | J | . 0 | 00 | |
| Part | K. | Rents, royalties, partnerships, S corporations, etc. (from schedule 1, part 1) | 5 | Κ | 0.0 | 00 | K | . 0 | 00 | |
| | L. | Farm income or (loss) (from schedule 1, part 1). | 6 | L | | 00 | L | . 0 | 00 | |
| | M. | Unemployment compensation (from schedule 1, part 1) | 7 | Μ | | 00 | Μ | . 0 | 00 | |
| | N. | Taxable social security benefits | 6b | Ν | | 00 | N | . 0 | 00 | |
| | О. | Other income (from schedule 1, part 1) | 9 | 0 | | 00 | 0 | . 0 | 00 | |
| | P. | Total - Add Lines A through O | | Ρ | 170 0 | 00 | P | . 0 | 00 | |
| | Q. | Minus: federal adjustments to income | 10 | Q | . (| 00 | Q | | 00 | |
| | R. | SUBTOTAL (Line P - Line Q) If no modifications to income, | | | | | | | | |
| | | enter this amount on Part C, Line 1 | 11 | R | 170 (| 00 | R | . 0 | 00 | |
| | S. | Missouri modifications - additions to federal adjusted gross income | | | | | | | | |
| | | (Missouri source from Form MO-1040, Line 2) | | S | | 00 | S | | 00 | |
| | т | Missouri modifications - subtractions from federal adjusted gross income | <u>_</u> | | | | | | | |
| | | (Missouri source from Form MO-1040, Line 4) | | Т | 0 | 00 | Т | C | 00 | |
| | U | MISSOURI INCOME (Missouri sources) Line R plus Line S, minus | | | | | | | | |
| | 0. | Line T. Enter this amount on Part C, Line 1 | | U | 0 | 00 | U | C | 00 | |
| | | | | | | | | | | |
| | Miss | souri Income Percentage | | | | | | | | |
| | Yourself or Spouse | | | | | | | Ise | | |
| | | | One Income Filer (On A Con | | | | | ned Return) | | |
| | 1. | Missouri Income - Enter wages, salaries, etc. from Missouri. (You must | t 🕅 | | | | | | | |
| | | file a Missouri return if the amount on this line is more than \$600) | 1Y | | 170_00 | 1S | ; | | 00 | |
| | | | | | | | | | | |
| ပ | 2. | Taxpayer's total adjusted gross income (from Form MO-1040, Lines 5Y | | | | | | | | |
| Part | | and 5S or from your federal form if you are a military nonresident and you | bu 🗌 | | | | | | | |
| - | | are not required to file a Missouri return) | 2Y | | 81021 00 | 2S | ; | . 0 |)0 | |
| | | | | | | | | | | |
| | 3. | $\label{eq:missouri} \textbf{Missouri Income Percentage} \ \textbf{-} \ \textbf{Divide Line 1 by Line 2. If greater than}$ | | | | | | | | |
| | | 100%, enter 100%. (Round to a whole percent such as 91% instead of | | | | | | | | |
| | | 90.5% and 90% instead of 90.4%. However, if percentage is less than | | | | | | | | |
| | | 0.5%, use the exact percentage.) Enter percentage here and on Form | | | 0/ | | | 0/ | , | |
| | | MO-1040, Lines 32Y and 32S | 3Y | | 0.21 % | 3S | ; | % | 0 | |
| | | | 41 | | | | | | | |
| | | der penalties of perjury, I declare that I have examined this form and to | | | - | | | | | |
| | | Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, | | | | | | | | |
| e | ар | a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. | | | | | | | | |
| atur | Sig | Signature | | | | | D/YY) | | | |
| ignature | | | | | | | | | | |
| S | | | | | | | | | | |
| | Spo | Spouse's Signature (if filing combined, BOTH must sign) | | | | | Date (MM/DD/YY) | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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Ever served on active duty in the United States Armed Forces?

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