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 <b>Form MO-A</b> , 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
<b>Deductions Continued</b>	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 <b>Form MO-NRI</b> . 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 <b>Form 5632</b>	51	. 00
	52.	<b>REFUND</b> - 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.	<b>AMOUNT DUE</b> - 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 <sup>a</sup> 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. <b>Do not</b> D-1040. 3. Military/Nonresident Tax Status - Indicate your tax status
<ul> <li>below and complete Part C - Missouri Income Percentage.</li> <li>Missouri Home of Record         <ul> <li>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</li> </ul> </li> <li>Non-Missouri Home of Record         <ul> <li>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</li> </ul> </li> </ul>

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	<b>1040</b>		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.								
Cuty, toring, to plan times, in your have a indegin adulties, and compares spaces above.       Search       Image: Cutobac       Image: Cutobac <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>												
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 <b>(4</b>	) 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:		<b>(1)</b> 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										]		
here       Image: standard Decket and image: standard production for form (s)       Image: standard production form (s)       Image: standard production (see instructions)       Image: standard production (see	•	s ——							L	]		
Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       86,585         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2       1b         Attach Form(s)       c       Tip income not reported on line 1a (see instructions)       1c         W-28 nor. Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-28 nor. Also       d       Medicaid waiver payments not reported on Form (26) W-2 (see instructions)       1d         W-28 nor. Also       f       Employer-provided adoption benefits from Form 2441, line 26       1e         19 ould not       get a form       h       Other earned income (see instructions)       11         get a form       h       Other earned income (see instructions)       11       1z       86,585         Attach Sch. B       2a       Tax-exempt interest       2a       b       b       Taxable interest       2b         Standard       Deduction for       Fensions and annuities       5a       b       Taxable amount       6b         Standard       Deduction for       6a       social security benefits       6a       b       Taxable amount       6b         Standard       Ouelect to use the lump-sum election method, check here (see instruct										]		
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					
if required.       3a       3a       3.       b       Ordinary dividends       3b       3         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         5a       Social security benefits       6a       b       Taxable amount       5b         • Single or Married filing separately, \$12,950       Capital gain or (loss). Attach Schedule D if required. If not required, check here       5       7       -7         • Married filing jointly or Qualifying surviving spouse, \$25,900       8       Other income from Schedule 1, line 10       7       -7         • Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       81,021         • Head of household, \$19,400       10       Adjustments to income from Schedule 1, line 26       10       11       81,021         • If you checked ary box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       11       81,021         • 14       12,950       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       12,950		z	Add lines 1a through 1h								1z	86,585.
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	
<ul> <li>Single or Married filing separately, \$12,950</li> <li>Married filing jointly or Qualifying spouse, \$25,900</li> <li>Married filing jointly or Qualifying spouse, \$25,900</li> <li>Married filing 10 Adjustments to income from Schedule 1, line 10</li></ul>		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 <b>total inc</b>	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 <b>adjus</b>	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 <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 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				<b>25a</b> 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 <sup>l</sup> 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 <b>to</b>	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 <b>overpaic</b>	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 <b>amo</b>	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,	<b>both</b> 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 <b>1040</b> (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. <b>01</b>
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 <b>adjustments to income</b> . 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		<ul> <li>72712</li> <li>Secondary email</li> </ul>							
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 <b>DEPENDENTS</b> from	n above	<b>!</b>		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

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		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					
		<ul> <li>X Standard deduction (See instructions)</li> </ul>						
NO		• Itemized deductions (Attach AR3) 2	7	•	2,270.	00	•	00
PUTATION	28.	<b>NET TAXABLE INCOME: (Subtract line 27 from line 25)</b>	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. <b>AME</b>	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. <b>TOT</b>	AL PAYMENTS:	: (Add lines	39 throu	igh 43)								44	• 4	,258.	. 00
	45. <b>AME</b>	ENDED RETURN	IS ONLY -	Previous	refund: (See	e instr	uctio	ns)					45	•		00
	46. Adjus	sted total payments	s: <b>(Subtrac</b>	t line 45 f	from line 44	)							46	• 4	,258.	. 00
	47. <b>AMC</b>	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. <b>AMC</b>	DUNT TO BE RE	FUNDED	το γου	: (Subtract	lines 4	48 an	d 49 froi	m line 47	')	REF	UND	50 <b>•</b>	© 1	1,212	. 00
REFUND OR	51. <b>AMO</b>	<b>OUNT DUE:</b> (If line 4	46 is less tha	n line 38, e	nter differenc	e; lf ov	er \$1,0	00, conti	nue to 524	<b>A)</b>	<b>TAX</b>	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.				_		_	- <b>–</b>	Checkin		Savi	nge					
<b> </b> <sup>°</sup>	Routi	ing number 2		Acco	unt numbei	2	•						Di	rect dep	osit 2 a	
	<b> </b> ●∟∟															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				<b>– – – –</b>	Jaio				5-1526		Rev	/ the Aı /enue D	Division	า
SIG	Spouse's	signature					Date		Telepho					uss thi 1 the pr		
	Deidense													<b>v</b> 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. <b>1</b>	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, <b>if any</b> , for depreciation different state amounts		2			00	)	00		00
3.	Arkansas long-term capital gain or loss. Add <b>(or</b> sline 2	-	.3	•	-2.	00	•	00	•	00
4.	Enter federal net short-term capital loss, <b>if any</b> , 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 <b>(or sut</b> 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, <b>if any</b> , reported on line 7, federal Schedule D9	c	00			00	)	00		00
10.	Enter adjustment, <b>if any</b> , for depreciation different state amounts		10			00		00		00
11.	Arkansas short-term capital gain. Add <b>(or subtra</b> 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	<b>5 1, 2, 3, and 6,</b> <b>5.)</b> 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	<b>CSS (Number and Street, P.O. Box</b>	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	<b>ATION</b> (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.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	<b>(g)</b> 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 <b>Box A</b> checked	16.	21.			-5.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> 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 <b>Worksheet</b> 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.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> 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 <b>Box D</b> checked	2.	4.			-2.
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> 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 <b>Worksheet</b> 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.
	<ul> <li>If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7.</li> <li>Then, go to line 17 below.</li> </ul>		
	• If line 16 is a <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is <b>zero</b> , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 <b>both</b> gains?		
	<b>No.</b> Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	<ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>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.</li> </ul>		
	□ 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:		
	<ul> <li>The loss on line 16; or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>	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

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or	Proceeds See	<b>(e)</b> Cost or other basis See the <b>Note</b> 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.
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), <b>lir</b>	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 <b>2</b>

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

<b>1</b> (a) Description of property (Example: 100 sh. XYZ Co.)	<b>(b)</b> Date acquired (Mo., day, yr.)	<b>(c)</b> Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column</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.
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), <b>lir</b>	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		<b>؛r</b>
-	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		<b></b>								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 <b>Form MO-A</b> , 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
<b>Deductions Continued</b>	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 <b>Form MO-NRI</b> . 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 <b>Form 5632</b>	51	. 00
	52.	<b>REFUND</b> - 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.	<b>AMOUNT DUE</b> - 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 <b>Phone:</b> (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					
<b>Ever served on active duty in the United States Armed Forces?</b> 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.

REV 02/24/23 PRO MO-1040 Page 5



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							
<ul> <li>1. Nonresident of Missouri State of residence during 2022 <u>ARKANSAS</u></li> <li>Remote Work (See instructions on Form MO-NRI, page 3)</li> </ul>	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:						
<ul> <li>B. Indicate the other state of residence and dates you resided there</li> </ul>	<ul> <li>B. Indicate the other state of residence and dates you resided there</li> </ul>						
Date From: Date To:	Date From: Date To:						
<ul> <li>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</li> <li>3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.</li> <li>Missouri Home of Record         <ul> <li>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</li> </ul> </li> </ul>	<ul> <li>3. Military/Nonresident Tax Status - Indicate your tax status below and complete Part C - Missouri Income Percentage.</li> <li>Missouri Home of Record         <ul> <li>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</li> </ul> </li> </ul>						
<ul> <li>permanent place of abode in the state of</li> <li>Non-Missouri Home of Record         <ul> <li>I resided in Missouri during 2022 solely because my spouse or I was stationed at</li> <li>on military orders. My home of record is in the state of</li> </ul> </li> </ul>	<ul> <li>permanent place of abode in the state of</li> <li>Non-Missouri Home of Record         <ul> <li>I resided in Missouri during 2022 solely because my spouse or I was stationed at</li></ul></li></ul>						

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)			

# 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>.