

Taxpayer's name HANUMANTHA R YALAMANCHILI	Social security number 764-04-1764
Spouse's name SPANDANA YALAMANCHILI	Spouse's social security number 765-06-6867

Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Form 8879 (Rev. January 2021) Department of the Treasury Internal Revenue Service	IRS e-file Signature Authorization <small>ERO must obtain and retain completed Form 8879. Go to www.irs.gov/Form8879 for the latest information.</small>	OMB No. 1545-0074
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Submission Identification Number (SID)

Enter whole dollars only on lines 1 through 5.
 Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	2 Total tax	1	93,158.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		2	3,662.
4 Amount you want refunded to you	5 Amount you owe	3	6,396.
		4	2,734.
		5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only
 I authorize GLOBAL TAXES LLC to enter or generate my PIN as my

4	1	7	6	4
---	---	---	---	---

Enter five digits, but ERO firm name don't enter all zeros signature on the income tax return (original or amended) I am now authorizing.

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

Your signature ^a _____ Date ^a _____



04/05/2023

Spouse's PIN: check one box only
 I _____ authorize GLOBAL TAXES LLC to

6	6	8	6	7
---	---	---	---	---

 enter or generate my PIN as my

digits, but ERO firm name Enter five signature on the income tax return (original or amended) I am now authorizing. don't enter all zeros

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

Spouse's signature a

Date a

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

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

2 2 2 4 9 6 6 1 9 8 9

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature a

Date a

ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So

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

REV 03/22/23 P

Form

Form 1040

30

8879 (Rev. 01-2021)

1040

Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return 2022

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status: Single, Married filing jointly, Married filing separately (MFS), Head of household (HOH), Qualifying surviving spouse (QSS). Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Personal information fields including name, social security number, address, and city.

Digital Assets Standard Deduction Age/Blindness You Dependents (see instructions):

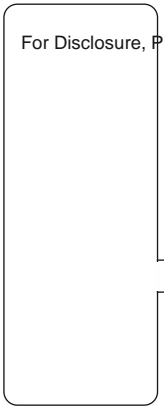
Income

1a	Total amount from Form(s) W-2, box 1 (see instructions)		1a	102,930.
b	Household employee wages not reported on Form(s) W-2		1b	
c	Tip income not reported on line 1a (see instructions)		1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)		1d	
e	Taxable dependent care benefits from Form 2441, line 26		1e	
f	Employer-provided adoption benefits from Form 8839, line 29			
	1f was withheld.			
g	Wages from Form 8919, line 6		1g	
h	Other earned income (see instructions)		1h	
i	Nontaxable combat pay election (see instructions)	1i		
z	Add lines 1a through 1h		1z	102,930.

2a	Tax-exempt interest . . . if required.		b	Taxable interest	
3a	Qualified dividends . . . 4a IRA distributions . . .		b	Ordinary dividends	
4a			b	Taxable amount	
5a	5a Pensions and annuities . . 6a Social security		b	Taxable amount	
6a			b	Taxable amount	
c	If you elect to use the lump -sum election method, check here (see instructions)	<input type="checkbox"/>	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	<input type="checkbox"/>
7			8		-9,772.
8	Other income from Schedule 1, line 10		9		93,158.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . surviving spouse,		10		
10	Adjustments to income from Schedule 1, line 26		11		93,158.
11	Subtract line 10 from line 9. This is your adjusted gross income		12		25,900.
12	Standard deduction of itemized deductions (from Schedule A)		14		25,900.
13	Qualified business income deduction from Form 8995 or Form 8995-A		15		67,258.

any box under Standard Deduction. 14 Add lines 12 and 13

15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income . see instructions.



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

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	7,662.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	7,662.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	4,000.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	4,000.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	3,662.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	3,662.
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	6,396.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	6,396.
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC) No	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	6,396.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,734.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,734.
Direct deposit? See instructions.	b	Routing number 1 2 2 1 0 0 0 2 4 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 7 8 0 2 5 2 9 9 2		
	36	Amount of line 34 you want applied to your 2023 estimated tax	36	
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

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

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation IT	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation HOME MAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (623) 275-8820 Email address YALAMANCHILI121@GMAIL.COM

Paid Preparer Use Only

Preparer's name VENKATA SAI PAVAN KUMAR DUDIPALLI	Preparer's signature VENKATA SAI PAVAN KUMAR DUDIPALLI	Date 04/05/2023	PTIN P02470833	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Phone no. (678) 965-9522		Firm's EIN 88-2145487	

Go to www.irs.gov/Form1040 for instructions and the latest information. **BAA** REV 03/22/23 PRO Form **1040** (2022)

Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816

SCHEDULE 1 Additional Income and Adjustments to Income OMB No. 1545-0074

(Form 1040) **2022**

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

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

Department of the Treasury Internal Revenue Service
Name(s) shown on Form 1040, 1040-SR, or 1040-NR
HANUMANTHA R & SPANDANA YALAMANCHILI

Attachment
Sequence No.
Your social security number
764-04-1764

Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a b	Date of original divorce or separation agreement (see instructions):
3	Business income or (loss). Attach Schedule C	3 4	Other gains
	or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		
5	-9,772.		
6	Farm income or (loss). Attach Schedule F		
7	Unemployment compensation		
7			
8	Other income: a Net operating loss	8a (
)		
b	Gambling		
8b c	Cancellation of debt		
8c			
d	Foreign earned income exclusion from Form 2555		
	8d ()		
e	Income from Form 8853	8e f	Income from Form 8889
	8f g Alaska Permanent Fund dividends	8g h	Jury duty pay
	8h i Prizes and awards	8i j	Activity not engaged in for profit income
	8j k Stock options	8k l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property
	8l m Olympic and Paralympic medals and USOC prize money (see instructions)	8m n	Section 951(a) inclusion (see instructions)
	8n o Section 951A(a) inclusion (see instructions)		
	8o p Section 461(l) excess business loss adjustment		
	8p q Taxable distributions from an ABLÉ account (see instructions)	8q r	Scholarship and fellowship grants not reported on Form W-2
	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s (	t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan
		8t	
u	Wages earned while incarcerated	8u z	Other income. List type and amount:
		8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	
	-9,772.		

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

Part II Adjustments to Income

11	Educator expenses	11		
12	Certain business expenses of reservists, performing artists, and	12		
	government officials. Attach Form 2106	13		
	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	16		
	Self-employed SEP, SIMPLE, and qualified plans	17	15	
	health insurance deduction			
18	Penalty on early withdrawal of savings		16	
19a	Alimony paid			
	b Recipient's SSN			
	c Date of original divorce or separation agreement (see		17	

instructions):			18
20	IRA deduction		19a
21	Student loan interest deduction ..		
	Reserved for future use	22	20
	. . . . . 23 Archer MSA deduction		21
			22
24	Other adjustments:	24a	23
	a Jury duty pay (see instructions)		
	b Deductible expenses related to income reported on line 8l from the rental		
	c Nontaxable amount of the value of Olympic and Paralympic medals and	24b	
	e Repayment of supplemental unemployment benefits under the Trade	24c	
	501(c)(18)(D) pension plans g Contributions by certain chaplains		
	to section 403(b) plans h Attorney fees and court costs for actions		
	involving certain unlawful discrimination claims (see instructions)	24e	
	. . . . .	24f	
	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	24g	
	violations j Housing deduction from Form 2555		
		
	k Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24h	
	amount:		
	_____	24i	
25	Total other adjustments. Add lines 24a through 24z	24j	
		24k	

of personal property engaged in for profit

USOC prize money reported on line 8m d Reforestation amortization and expenses

Act of 1974 f Contributions to section 24d

1041) z Other adjustments. List type and

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service

Supplemental Income and Loss

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

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

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

OMB No. 1545-0074

2022

Attachment Sequence

No. 13

Name(s) shown on return

HANUMANTHA R & SPANDANA YALAMANCHILI

Your social security number

764-04-1764

Part I Income or Loss From Rental Real Estate and Royalties

26 Add lines 11 through 23 and 25. These are your adjustments to income Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a .

24z		
.		25
. Enter here and on		
.		26

BAA

REV 03/22/23 PRO

Schedule 1 (Form 1040) 2022

Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions .

Yes No

B If "Yes," did you or will you file required Form(s) 1099?

Yes No

1a Physical address of each property (street, city, state, ZIP code)

A	ENIKEPADU VIJAYAWADA ANDHRA PRADESH IN 521108
B	
C	

1b	Type of Property (from list below)	2	Fair Rental Days	Personal Use Days	QJV
A	3	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	365	0	
B					
C					

Type of Property:

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe)

		Properties:			
		A	B	C	
Income:					
3	Rents received	3	510.		
				
	. 4 Royalties received	4			
				
<hr/>					
Expenses:					
5	Advertising	5			
	. . . . .	6			
	. . . . .	7	1,300.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2022

BAA REV 03/22/23 PRO

SCHEDULE 8812

Credits for Qualifying Children

OMB No. 1545-0074

(Form 1040)

and Other Dependents

2022

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

Department of the Treasury

Attachment

Internal Revenue Service

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Sequence No. 47

6	Auto and travel (see instructions)	8			
	Cleaning and maintenance	9			
Commissions	9 Insurance	10			
	Legal and other professional fees	11	1,000.		
	Management fees	12			
	Mortgage interest paid to banks, etc. (see instructions)	13			
	Other interest	14	3,120.		
	Repairs	15	2,560.		
		16			
		17	2,302.		
		18			
	Depreciation expense or depletion	19			
	Other	20	10,282.		
	Total expenses. Add lines 5 through 19.				
	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198.	21	-9,772.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(9,772.)	()	()
23a	Total of all amounts reported on line 3 for all rental property	23a	510.		
	Total of all amounts reported on line 4 for all royalty property	23b			
	Total of all amounts reported on line 12 for all properties d	23c			
	Total of all amounts reported on line 18 for all properties e	23d			
24	Income. Add positive amounts shown on line 21. Do not include any losses	23e	10,282.		
	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	24			
	Total rental real estate and royalty income or (loss). here. If Parts II, III, IV, and line 40 on page 2 do not combine lines 24 and Schedule 1 (Form 1040), line 5. Otherwise, include this amount	25	(9,772.)		
		26	-9,772.		

7

10
11
12
13

.....
15 Supplies

.

.

16 Taxes .

.

.

17 Utilities . .

.

.

18

(list)

20 .

21

25

26

HANUMANTHA R & SPANDANA YALAMANCHILI

764-04-1764

Part I Child Tax Credit and Credit for Other Dependents

1 Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR. 1 93,158.

2a Enter income from Puerto Rico that you excluded 2a b Enter the amounts from lines 45 and 50 of your Form 2555 2b 0 c Enter the amount from line 15 of your Form 4563

2c d Add lines 2a through 2c

2d 0 3

Add lines 1 and 2d

3

93 158.

4 Number of qualifying children under age 17 with the required social security number 4 2

5 Multiply line 4 by \$2,000

5 4,000.

6 Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number 6 0

Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident. Also, do not include anyone you included on line 4.

7 Multiply line 6 by \$500

7 0

8 Add lines 5 and 7

8 4,000.

9 Enter the amount shown below for your filing status.

• Married filing jointly—\$400,000 }

• All other filing statuses—\$200,000

400,000.

10 Subtract line 9 from line 3.

• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.

• If zero or less, enter -0-.

11 Multiply line 10 by 5% (0.05) 11 0.

12 Is the amount on line 8 more than the amount on line 11?

12 4,000.

No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. Yes. Subtract line 11 from line 8. Enter the result.

13 Enter the amount from the Credit Limit Worksheet A

13 7,662.

14 Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents

14 4,000.

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

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

Part II-A Additional Child Tax Credit for All Filers

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

15 Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27

16a Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27

16a 0. b Number of qualifying children under 17 with the required social security number:

x \$1,500.

Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27

TIP: The number of children you use for this line is the same as the number of children you used for line 4. 17

Enter the smaller of line 16a or line 16b

Earned income (see instructions)

18a

b Nontaxable combat pay (see instructions)

18b

19 Is the amount on line 18a more than \$2,500?

No. Leave line 19 blank and enter -0- on line 20.

Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19

20 Multiply the amount on line 19 by 15% (0.15) and enter the result

20

21 On line 16b, is the amount \$4,500 or more? 20

No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27.

Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.

Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your

21

22

spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions.

22 Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 .

23 Add lines 21 and 22

24 1040 and

and Schedule 3 (Form 1040), line 11. }

1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. **24**

25 Subtract line 24 from line 23. If zero or less, enter -0- **25**

26 Enter the **larger** of line 20 or line 25 **26**

Next, enter the **smaller** of line 17 or line 26 on line 27.

Additional Child Tax Credit

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

BAA REV 03/22/23 PRO

Schedule 8812 (Form 1040) 2022

OMB No. 1545-0074

Health Savings Accounts (HSAs)

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

2022

Form
Department of the Treasury
Internal Revenue Service

Attachment Sequence
No. 52

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

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.

HANUMANTHA R YALAMANCHILI

764-04-1764

8889

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

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

1 Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022.

See instructions

Self-only Family

2 HSA contributions you made for 2022 (or those made on your behalf), including unextended due date of your tax return that were for 2022. Do not include contributions through rollovers. See instructions

2	0.
---	----

3 If you were under age 55 at the end of 2022 and, on the first day of every year contributions, were an eligible individual with the same family coverage). All others, see the instructions for

3	7,300.
---	--------

... during 2022, you

4 Enter the amount you and your employer contributed to your Archer MSAs for 2022, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time

4	0.
---	----

include any amount contributed to your spouse's Archer MSAs **5** Subtract line 4 from line 3. If zero or less, enter -0-

5	7,300.
---	--------

6	Enter the amount from line 5. But if you and your spouse each have separate HSA family coverage under an HDHP at any time during 2022, see the instructions for t. to enter	6	7,300.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse coverage under an HDHP at any time during 2022, enter your additional contributio See instructions .	7	
8	Add lines 6 and 7	8	7,300.
9	Employer contributions made to your HSAs for 2022 10 Qualified HS distributions	9	900.
10		10	
11	Add lines 9 and 10	11	900.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	6,400.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	0.

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

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

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

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

Taxpayer name(s) shown on return HANUMANTHA R & SPANDANA YALAMANCHILI	Taxpayer identification number 764-04-1764
Preparer's name VENKATA SAI PAVAN KUMAR DUDIPALLI	Preparer tax identification number P02470833

Part I Due Diligence Requirements

For Paperwork Reduction Act Notice, see your tax return instructions. **BAA** REV 03/22/23 PRO

Form 8889 (2022) **8867**

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

- Did you complete the return based on information for the applicable tax year provided by the taxpayer Yes No N/A or reasonably obtained by you? (See instructions if relying on prior year earned income.)
- If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?
- Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.
 - Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.
 - Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)
- Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)

a Did you make reasonable inquiries to determine the correct, complete, and consistent information?

b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)
- Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List those documents provided by the taxpayer, if any, that you relied on:

6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?

7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?

(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)

a Did you complete the required recertification Form 8862?

8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?

For Paperwork Reduction Act Notice, see separate instructions.

REV 03/22/23 PRO

Form 8867 (Rev. 11-2022)

Form 8867 (Rev. 11-2022)

Page 2

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

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

c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is Yes No N/A a citizen, national, or resident of the United States?

11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?

12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?

Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.) 13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified Yes No tuition and related expenses for the claimed AOTC?

Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.) 14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year Yes No and provided more than half of the cost of keeping up a home for the year for a qualifying person?

Eligibility Certification

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

more than one person (tiebreaker rules)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

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

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

15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and Yes No complete?

REV 03/22/23 PRO

Form **8867** (Rev. 11-2022)
OMB No. 1545-1008

Passive Activity Loss Limitations

See separate instructions.
Attach to Form 1040, 1040-SR, or 1041.
Go to www.irs.gov/Form8582 for instructions and the latest information.

2022

Attachment Sequence No.
858

Form
Department of the Treasury
Internal Revenue Service

Name(s) shown on return
HANUMANTHA R & SPANDANA YALAMANCHILI

Identifying number
764-04-1764

Part I Passive Activity Loss

8582

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see *Special Allowance for Rental Real Estate Activities* in the instructions.)

1 a Activities with net income (enter the amount from Part IV, column (a)) . . .	1a	0.		
b Activities with net loss (enter the amount from Part IV, column (b)) . . .		1b (		9,772.
) c Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . .		1c (		) d
Combine lines 1a, 1b, and 1c				

9,772.

All Other Passive Activities

2a Activities with net income (enter the amount from Part V, column (a)) . . .	2a b			
Activities with net loss (enter the amount from Part V, column (b))		2b		
() c Prior years' unallowed losses (enter the amount from Part V, column (c)) . . .		2c (
d Combine lines 2a, 2b, and 2c				2d

3 Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used 3 -9,772.

- If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4	Enter the smaller of the loss on line 1d or the loss on line 3	4	9,772.
5	Enter \$150,000. If married filing separately, see instructions	5	150,000.
6	Enter modified adjusted gross income, but not less than zero. See instructions Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.	6	102,930.
7	Subtract line 6 from line 5	7	47,070.
8	Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8	23,535.
9	Enter the smaller of line 4 or line 8	9	9,772.

Part III Total Losses Allowed

10	Add the income, if any, on lines 1a and 2a and enter the total	10	0.
11	Total losses allowed from all passive activities for 2022. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	9,772.

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
ENIKEPADU	0.	9,772.			9,772.
Total. Enter on Part I, lines 1a, 1b, and 1c	0.	9,772.			

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss

Total				

REV 03/22/23 PRO

Form 8582 (2022)

E-file Signature Authorization

(Arizona Forms 140, 140A, 140EZ, 140NR and 140PY) 2022

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.

Your First Name and Initial	Last Name	Your Social Security Number*
HANUMANTHA R	YALAMANCHILI	764 04 1764

Your Spouse's First Name and Initial (if filed joint) Last Name	Spouse's Social Security No.*
SPANDANA YALAMANCHILI	765 06 6867

**Do Not Truncate*

PART 1 – PURPOSE (If you are e-filing a Small Business Income Tax Return, also complete Form AZ-8879 SBI)

- To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.
- To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

PART 2 – TAX RETURN INFORMATION

amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

Box 5 Checkbox – Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

REFUND: Enter the amount of refund
 AMOUNT YOU OWE

PART 3 – FINANCIAL INSTITUTION INFORMATION

Must be present when requesting direct debit or deposit.

If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your account. If you are due a refund, we will send you a check instead. If you owe tax, **you must mail a check to the Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.**

DIRECT DEBIT REQUEST DATE	DIRECT DEBIT PAYMENT AMOUNT
00	\$

Box 4 Checkbox – Refund: You are due a refund based on the information provided on your tax return. Your refund

Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign

PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)

1 Arizona Adjusted 16,115 00
 Gross Income 262 00
 2 Balance Of Tax 435 00
 3 Arizona
 Income Tax Withheld ...
Check box 4 or box 5: Enter the amount owed

Foreign Account Deposit/Debit: See instructions below.
 TYPE OF ACCOUNT ROUTING NUMBER
 Checking Savings 1 2 2 1 0 0 0 2 4
 ACCOUNT NUMBER
 173 7 8 0 2 5 2 9 9 2

00 .00

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2022, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax,

Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

6a I consent that my refund be directly deposited as designated in the electronic portion of my 2022 Arizona individual 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.

6b I do not want direct deposit of my refund or I am not receiving a refund.

6c I authorize the Arizona Department of Revenue (ADOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of my tax liability by April 18, 2023, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, my state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.

I authorize GLOBAL TAXES LLC
(ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2022. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return, I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

PLEASE SIGN HERE!	➔	YOUR PEN AND INK SIGNATURE	
	➔	SPOUSE'S PEN AND INK SIGNATURE	_____ DATE
			_____ DATE

DO NOT STAPLE ANY ITEMS TO THE RETURN.
Place any required federal and AZ schedules or other documents after Form 140NR.

2022

Check box 82F

82F if filing under extension OR FISCAL YEAR BEGINNING 2022 AND END 66F

Your First Name and Middle Initial Last Name Your Social Security Number

HANUMANTHA R YALAMANCHILI 764 04 1764

Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name Spouse's Social Security No.

1 SPANDANA YALAMANCHILI 765 06 6867

Current Home Address - number and street, rural route Apt. No. Daytime Phone (with area code)

2 515 TALLOWOOD RD 30 94 (623) 275-8820

City, Town or Post Office State ZIP Code Last Names Used in Last Four Prior Year(s) (if different)

3 HOUSTON TX 77024 97

4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88R

5 Head of household: Enter name of qualifying child or dependent on next line: X

6 Married filing separate return: Enter spouse's name and Social Security Number above.

7 Single Enter the number claimed. Do not put a check mark.

8 Age 65 or over (you and/or spouse) If completing lines 8 and 9, also complete lines 47 81P PM 80R RCVD and 48. For lines 10a and 10b, complete line 59. X

9 Blind (you and/or spouse) X

10a 2 Dependents: Under age of 17. 10b Dependents: Age 17 and over.

11-13 Residency Status (check one): 11 Nonresident 12 Nonresident Active Military 13 Composite Return (see instructions - page 29)

(Box 10a and 10b): Dependent Information. See instructions. For more space, check the box and complete page 4.

(a) (b) (c) (d) (e) (f) FIRST AND LAST NAME SOCIAL SECURITY NO. RELATIONSHIP NO. OF MONTHS LIVED IN YOUR HOME IN 2022

10c AVANI YALAMANCHILI 764-29-0105 Daughter 12

10d HARINI YALAMANCHILI 764-29-0106 Daughter 12

10e

10f

10g

10h

10i

10j

10k

10l

10m

10n

ADOR 10413 (22) AZ Form 140NR (2022)

2022 ARIZONA Source Amount Only

16	00			
17	Dividends	17	00	
18	Arizona income tax refunds.....	18	00	
19	Business income or (loss) from federal Schedule C	19	00	16,115 00
20	Gains or (losses) from federal Schedule D. See instructions for ARIZONA column	20	00	21 Rents, royalties, 00
	partnerships, estates, trusts, small business corporations from federal Schedule E ...	21	-9,772	00
00				00
22	Other income reported on your federal return. Include your own schedule	22	00	00
23	Total income: Add lines 15 through 22	23	93,158	0 00
00				16,115 00
24	Other federal adjustments: Include your own schedule	24	0	00 25 Federal 0 00
	adjusted gross income: Subtract line 24 from line 23 in the FEDERAL column	25	93,158	16,115 00
00				0.173
26	Arizona gross income: Subtract line 24 from line 23 in the ARIZONA column	26	27	00 16,115
	27 Arizona income ratio: Divide line 26 by line 25, and enter the result (not over 1.000)	27		00
	28 Small Business Income: 28S check the box if you are filing Arizona Form 140-SBI and enter the amount from Form 140-SBI, line 10	28		00
	29 Modified Arizona gross income. Subtract line 28 from 26.....	29		00
	30 Total depreciation included in Arizona gross income			00
	31 This box may be blank or may contain a printed barcode of data from your return. Partnership Income adjustment. See instructions	31		16,115 00
	32 Other Additions to Income. See instructions.....	32		
	33 Subtotal: Add lines 29, 30, 31 and 32	33		
	34 AZ sourced gain/loss	34	00	00
	35 Short-term gain/loss	35	00	00
	36 Long-term gain/loss	36	00	00
	37 Net L/T gain. See instr.	37	00	16,115 00
	38 Multiply line 37 by 25% (.25)	38		
	39 Net capital gain from qualified small business	39		Page 1 of 6
	40 Recalculated Arizona depreciation	40		
	41 Partnership Income. See instructions	41		
	42 Subtract lines 38 through 41 from line 33.	42		

Your Name (as shown on page 1) Your Social Security Number HANUMANTHA R & SPANDANA YALAMANCHILI 764-04-1764

43	Interest on U.S. obligations such as U.S. savings bonds and treasury bills	43	00
44	Agricultural crops contributed to Arizona charitable organizations	44	00
45	Other Subtractions from Income: Complete <i>Other Subtractions from Arizona Gross Income</i> schedule on page 6.....	45	00
46	Subtract lines 43 through 45 from line 42. Enter the difference	46	16,115 00
47	Age 65 or over: Multiply the number in box 8 by \$2,100	47	00
48	Blind: Multiply the number in box 9 by \$1,500	48	00
49	Other Exemptions: See instructions..... 49E Multiply the number in box 49E by \$2,300	49	00
50	Add lines 47, 48, and 49. Enter the total	50	00
51	Multiply line 50 by the Arizona ratio on line 27	51	00
52	Arizona adjusted gross income: Subtract line 51 from line 46. If less than zero, enter "0"	52	

16,115 00

56 Compute the tax using amount from line 55 and Tax TableS X and Y..... 56 297 00

57 Tax from recapture of credits from Arizona Form 301, Part 2, line 32 57 00

58 Subtotal of tax: Add lines 56 and 57. Enter the total 58 297 00

59 Dependent Tax Credit. See instructions..... 59 35 00

60 Nonrefundable credits from Arizona Form 301, Part 2, line 64..... 60 00

61 **Balance of tax:** Subtract lines 59 and 60 from line 58. If the sum of lines 59 and 60 is more than line 58, enter "0" 61 262 00

62 2022 AZ income tax withheld..... 62 435 00

63 2022 AZ estimated tax payments ..63a 00 Claim of Right 63b 00 Add 63a and 63b .. 63c 00

64 2022 AZ extension payment (Form 204) 64 00

65 Other refundable credits: Check the box(es) and enter the total amount 651 308-I 652 349 65 00

66 **Total payments and refundable credits:** Add lines 62 through 65. Enter the total 66 435 00

67 **TAX DUE:** If line 61 is larger than line 66, subtract line 66 from line 61. Enter amount of tax due. Skip lines 68, 69 and 70 67 00

68 **OVERPAYMENT:** If line 66 is larger than line 61, subtract line 61 from line 66. Enter amount of overpayment 68 173 00

69 Amount of line 68 to be applied to 2023 estimated tax..... 69 00

70 Balance of overpayment: Subtract line 69 from line 68. Enter the difference..... 70 173 00

71 - **81 Voluntary Gifts to:** Solutions Teams
Assigned to Schools71 00 Arizona Wildlife 72 00

Child Abuse Prevention73 00 Domestic Violence Services 74 00 Political Gift..... 75 00

Neighbors Helping Neighbors..76 00 Special Olympics77 00 Veterans' Donations Fund 78 00

I Didn't Pay Enough Fund.....79 00 Sustainable State Parks and Road Fund80 00 Spay/Neuter of Animals .. 81 00

82 Political Party (if amount is entered on line 75 - check only one): 821 Democratic 822 Libertarian 823 Republican

83 Estimated payment penalty 83 00

1 Annualized/Other 84² Farmer or Fisherman 84³ Form 221 included

84 84

85 Add lines 71 through 81 and 83. Enter the total 85 00

86 **REFUND:** Subtract line 85 from line 70. If less than zero, enter amount owed on line 87 86 173 00

A

Direct Deposit of Refund: Check box 86A if your deposit will be ultimately placed in a **foreign account**; see instructions. 86

ROUTING NUMBER ACCOUNT NUMBER

C Checking or

98 S Savings 1 2 2 1 0 0 0 2 4 7 8 0 2 5 2 9 9 2

87 **AMOUNT OWED:** Add lines 67 and 85. Make check payable to Arizona Department of Revenue; write your SSN on payment ... 87 00

Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

➔ YOUR SIGNATURE DATE IT OCCUPATION

➔ SPOUSE'S SIGNATURE DATE HOME MAKER SPOUSE'S OCCUPATION

_VENKATA SAI PAVAN KUMAR DUDIPALLI 04052023 GLOBAL TAXES LLC
PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

_245 ROONEY CT 88-2145487
PAID PREPARER'S STREET ADDRESS PAID PREPARER'S TIN

_E BRUNSWICK NJ 08816 (678) 965-9522
PAID PREPARER'S CITY STATE ZIP CODE PAID PREPARER'S PHONE NUMBER

Your Name (as shown on page 1) HANUMANTHA R & SPANDANA YALAMANCHILI	Your Social Security Number 764-04-1764
--	--

2022 Form 140NR Dependent and Other Exemption Information

Include page 4 with your return if:

- You are listing additional dependents (for box 10a and 10b) from page 1.
- You are claiming *Other Exemptions* on page 2, line 49.

Part 1: Dependents (Box 10a and 10b) continued from page 1

Information used to compute your allowable **Dependent Tax Credit** on page 2, line 59.

NOTE: If you have more than three qualifying dependents, you **must** complete Part 1 and the worksheet in the instructions to compute

(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2022	(e) Dependent included in:		(f) IF YOU DID NOT CLAIM THIS PERSON ON YOUR FEDERAL RETURN DUE TO EDUCATIONAL CREDITS
				1 (Box 10a)	2 (Box 10b)	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

your Dependent Tax Credit on line 59.

- 10g
- 10h
- 10i
- 10j
- 10k
- 10l
- 10m
- 10n
- 10o
- 10p
- 10q

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c)		(d) STILLBORN CHILD IN 2022
			AGE 65 OR OVER (see instructions)		
			C1	C2	
1			<input type="checkbox"/>		<input type="checkbox"/>
2					
3			<input type="checkbox"/>		<input type="checkbox"/>
4					
5					
6				<input type="checkbox"/>	
7					
8			<input type="checkbox"/>		<input type="checkbox"/>
9					
10				<input type="checkbox"/>	
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
				<input type="checkbox"/>	
				<input type="checkbox"/>	

Part 2: Other Exemptions
Information used to compute your allowable **Other Exemptions** on page 2, line 49.

Enter the total number of individuals listed in Part 2 in box 49E on page 2, line 49.

box