

# IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

Taxpayer's name BHARATH KUMAR REDDY BHUMIREDDYGARI	Social security number 022-77-4887
Spouse's name RENUKA MUNAGALA	Spouse's social security number 812-99-5367

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

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

<b>1</b> Adjusted gross income . . . . .	<b>1</b>	312,337.
<b>2</b> Total tax . . . . .	<b>2</b>	57,522.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	53,339.
<b>4</b> Amount you want refunded to you . . . . .	<b>4</b>	1,814.
<b>5</b> Amount you owe . . . . .	<b>5</b>	

**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 

7	4	8	8	7
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

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

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

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

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

9	5	3	6	7
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 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

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

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

**Practitioner PIN Method Returns Only—continue below**

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

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

5	1	8	9	5	2	3	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

  
Don't enter all zeros

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

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

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

Personal information section including name, social security numbers, and address for both taxpayer and spouse.

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [ ] Yes [X] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent [ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1958 [ ] Are blind Spouse: [ ] Was born before January 2, 1958 [ ] Is blind

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

Main income table with rows 1a through 15, including sub-rows for interest, dividends, and deductions, leading to total taxable income of 286,437.

Table with 2 columns: Line number and Amount. Rows 16-24 include Tax and Credits. Total tax is 57,522.

Table with 2 columns: Line number and Amount. Rows 25-33 include Payments. Total payments are 59,336.

Table with 2 columns: Line number and Amount. Rows 34-36 include Refund. Amount of refund is 1,814.

Table with 2 columns: Line number and Amount. Rows 37-38 include Amount You Owe. Total amount owed is 57,522.

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

Sign Here section with signature lines for taxpayer and spouse, including occupation and date fields.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, firm name, address, and phone number.

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **01**

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

B BHUMIREDDYGARI & R MUNAGALA

Your social security number

022-77-4887

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions): _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	-49,620.
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income:		
<b>a</b>	Net operating loss . . . . .	<b>8a</b>	( )
<b>b</b>	Gambling . . . . .	<b>8b</b>	
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>	
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b>	( )
<b>e</b>	Income from Form 8853 . . . . .	<b>8e</b>	
<b>f</b>	Income from Form 8889 . . . . .	<b>8f</b>	
<b>g</b>	Alaska Permanent Fund dividends . . . . .	<b>8g</b>	
<b>h</b>	Jury duty pay . . . . .	<b>8h</b>	
<b>i</b>	Prizes and awards . . . . .	<b>8i</b>	
<b>j</b>	Activity not engaged in for profit income . . . . .	<b>8j</b>	
<b>k</b>	Stock options . . . . .	<b>8k</b>	
<b>l</b>	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . .	<b>8l</b>	
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8m</b>	
<b>n</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8n</b>	
<b>o</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8o</b>	
<b>p</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8p</b>	
<b>q</b>	Taxable distributions from an ABLE account (see instructions) . . . . .	<b>8q</b>	
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 . . . . .	<b>8r</b>	
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .	<b>8s</b>	( )
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .	<b>8t</b>	
<b>u</b>	Wages earned while incarcerated . . . . .	<b>8u</b>	
<b>z</b>	Other income. List type and amount: _____	<b>8z</b>	
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .	<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	<b>10</b>	-49,620.

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

Schedule 1 (Form 1040) 2022

**Part II Adjustments to Income**

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

**SCHEDULE 2  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

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

OMB No. 1545-0074

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
B BHUMIREDDYGARI & R MUNAGALA

Your social security number  
022-77-4887

**Part I Tax**

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

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>4</b>	
<b>5</b>	Social security and Medicare tax on unreported tip income. Attach Form 4137 . . . . .	<b>5</b>	
<b>6</b>	Uncollected social security and Medicare tax on wages. Attach Form 8919 . . . . .	<b>6</b>	
<b>7</b>	Total additional social security and Medicare tax. Add lines 5 and 6 . . . . .	<b>7</b>	
<b>8</b>	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/> . . . . .	<b>8</b>	
<b>9</b>	Household employment taxes. Attach Schedule H . . . . .	<b>9</b>	
<b>10</b>	Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . .	<b>10</b>	
<b>11</b>	Additional Medicare Tax. Attach Form 8959 . . . . .	<b>11</b>	1,106.
<b>12</b>	Net investment income tax. Attach Form 8960 . . . . .	<b>12</b>	
<b>13</b>	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 . . . . .	<b>13</b>	
<b>14</b>	Interest on tax due on installment income from the sale of certain residential lots and timeshares . . . . .	<b>14</b>	
<b>15</b>	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 . . . . .	<b>15</b>	
<b>16</b>	Recapture of low-income housing credit. Attach Form 8611 . . . . .	<b>16</b>	

(continued on page 2)

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

<b>17</b>	Other additional taxes:		
<b>a</b>	Recapture of other credits. List type, form number, and amount: _____	<b>17a</b>	
<b>b</b>	Recapture of federal mortgage subsidy, if you sold your home see instructions . . . . .	<b>17b</b>	
<b>c</b>	Additional tax on HSA distributions. Attach Form 8889 . . . . .	<b>17c</b>	
<b>d</b>	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 . . . . .	<b>17d</b>	
<b>e</b>	Additional tax on Archer MSA distributions. Attach Form 8853 . . . . .	<b>17e</b>	
<b>f</b>	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 . . . . .	<b>17f</b>	
<b>g</b>	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property . . . . .	<b>17g</b>	
<b>h</b>	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A . . . . .	<b>17h</b>	
<b>i</b>	Compensation you received from a nonqualified deferred compensation plan described in section 457A . . . . .	<b>17i</b>	
<b>j</b>	Section 72(m)(5) excess benefits tax . . . . .	<b>17j</b>	
<b>k</b>	Golden parachute payments . . . . .	<b>17k</b>	
<b>l</b>	Tax on accumulation distribution of trusts . . . . .	<b>17l</b>	
<b>m</b>	Excise tax on insider stock compensation from an expatriated corporation . . . . .	<b>17m</b>	
<b>n</b>	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 . . . . .	<b>17n</b>	
<b>o</b>	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR . . . . .	<b>17o</b>	
<b>p</b>	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund . . . . .	<b>17p</b>	
<b>q</b>	Any interest from Form 8621, line 24 . . . . .	<b>17q</b>	
<b>z</b>	Any other taxes. List type and amount: _____	<b>17z</b>	
<b>18</b>	Total additional taxes. Add lines 17a through 17z . . . . .		<b>18</b>
<b>19</b>	Reserved for future use . . . . .		<b>19</b>
<b>20</b>	Section 965 net tax liability installment from Form 965-A . . . . .	<b>20</b>	
<b>21</b>	Add lines 4, 7 through 16, and 18. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . . . .		<b>21</b>
			1,106.

**SCHEDULE 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

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

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **03**

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

B BHUMIREDDYGARI & R MUNAGALA

Your social security number

022-77-4887

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required . . . . .		<b>1</b>
<b>2</b>	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . .		<b>2</b>
<b>3</b>	Education credits from Form 8863, line 19 . . . . .		<b>3</b>
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .		<b>4</b>
<b>5</b>	Residential energy credits. Attach Form 5695 . . . . .		<b>5</b>
<b>6</b>	Other nonrefundable credits:		
<b>a</b>	General business credit. Attach Form 3800 . . . . .	<b>6a</b>	
<b>b</b>	Credit for prior year minimum tax. Attach Form 8801 . . . . .	<b>6b</b>	
<b>c</b>	Adoption credit. Attach Form 8839 . . . . .	<b>6c</b>	
<b>d</b>	Credit for the elderly or disabled. Attach Schedule R . . . . .	<b>6d</b>	
<b>e</b>	Alternative motor vehicle credit. Attach Form 8910 . . . . .	<b>6e</b>	
<b>f</b>	Qualified plug-in motor vehicle credit. Attach Form 8936 . . . . .	<b>6f</b>	
<b>g</b>	Mortgage interest credit. Attach Form 8396 . . . . .	<b>6g</b>	
<b>h</b>	District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .	<b>6h</b>	
<b>i</b>	Qualified electric vehicle credit. Attach Form 8834 . . . . .	<b>6i</b>	
<b>j</b>	Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .	<b>6j</b>	
<b>k</b>	Credit to holders of tax credit bonds. Attach Form 8912 . . . . .	<b>6k</b>	
<b>l</b>	Amount on Form 8978, line 14. See instructions . . . . .	<b>6l</b>	
<b>z</b>	Other nonrefundable credits. List type and amount: _____	<b>6z</b>	
<b>7</b>	Total other nonrefundable credits. Add lines 6a through 6z . . . . .		<b>7</b>
<b>8</b>	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . .		<b>8</b>

(continued on page 2)



**Part II Other Payments and Refundable Credits**

<b>9</b>	Net premium tax credit. Attach Form 8962 . . . . .		<b>9</b>	
<b>10</b>	Amount paid with request for extension to file (see instructions) . . . . .		<b>10</b>	
<b>11</b>	Excess social security and tier 1 RRTA tax withheld . . . . .		<b>11</b>	5,997.
<b>12</b>	Credit for federal tax on fuels. Attach Form 4136 . . . . .		<b>12</b>	
<b>13</b>	Other payments or refundable credits:			
<b>a</b>	Form 2439 . . . . .	<b>13a</b>		
<b>b</b>	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021 . . . . .	<b>13b</b>		
<b>c</b>	Reserved for future use . . . . .	<b>13c</b>		
<b>d</b>	Credit for repayment of amounts included in income from earlier years . . . . .	<b>13d</b>		
<b>e</b>	Reserved for future use . . . . .	<b>13e</b>		
<b>f</b>	Deferred amount of net 965 tax liability (see instructions) . . . . .	<b>13f</b>		
<b>g</b>	Reserved for future use . . . . .	<b>13g</b>		
<b>h</b>	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021 . . . . .	<b>13h</b>		
<b>z</b>	Other payments or refundable credits. List type and amount:	<b>13z</b>		
<b>14</b>	Total other payments or refundable credits. Add lines 13a through 13z . . . . .		<b>14</b>	
<b>15</b>	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . .		<b>15</b>	5,997.

**SCHEDULE C  
(Form 1040)**

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

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service

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

Name of proprietor <b>BHARATH KUMAR REDDY BHUMIREDDYGARI</b>		Social security number (SSN) 022-77-4887
<b>A</b> Principal business or profession, including product or service (see instructions) SOFTWARE SERVICES	<b>B</b> Enter code from instructions 5 1 9 2 0 0	
<b>C</b> Business name. If no separate business name, leave blank. SOFTWARE SERVICES	<b>D</b> Employer ID number (EIN) (see instr.)	
<b>E</b> Business address (including suite or room no.) 1108 SW BRIDGEWAY AVE, Apt. 204 City, town or post office, state, and ZIP code BENTONVILLE, AR 72713		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____		
<b>G</b> Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>H</b> If you started or acquired this business during 2022, check here <input type="checkbox"/>		
<b>I</b> Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>J</b> If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part I Income**

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

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

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9	2,420.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	14,400.
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	7,200.
17 Legal and professional services	17		25 Utilities	25	3,600.
28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27a	22,000.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. <b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		27b <b>Reserved for future use</b>	27b	
31 <b>Net profit or (loss).</b> Subtract line 30 from line 29.	31		28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a	28	49,620.
• If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> .			29 Tentative profit or (loss). Subtract line 28 from line 7	29	-49,620.
• If a loss, you <b>must</b> go to line 32.			30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. <b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
32 If you have a loss, check the box that describes your investment in this activity. See instructions.			31 <b>Net profit or (loss).</b> Subtract line 30 from line 29.	31	-49,620.
• If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> .			• If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> .		
• If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.			• If a loss, you <b>must</b> go to line 32.		
			32a <input checked="" type="checkbox"/> All investment is at risk.	32a	
			32b <input type="checkbox"/> Some investment is not at risk.	32b	

**Part III Cost of Goods Sold** (see instructions)

**33** Method(s) used to value closing inventory:    **a**  Cost    **b**  Lower of cost or market    **c**  Other (attach explanation)

**34** Was there any change in determining quantities, costs, or valuations between opening and closing inventory?  
 If "Yes," attach explanation . . . . .  **Yes**     **No**

<b>35</b> Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . .	<b>35</b>	
<b>36</b> Purchases less cost of items withdrawn for personal use . . . . .	<b>36</b>	
<b>37</b> Cost of labor. Do not include any amounts paid to yourself . . . . .	<b>37</b>	
<b>38</b> Materials and supplies . . . . .	<b>38</b>	
<b>39</b> Other costs . . . . .	<b>39</b>	
<b>40</b> Add lines 35 through 39 . . . . .	<b>40</b>	
<b>41</b> Inventory at end of year . . . . .	<b>41</b>	
<b>42</b> <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .	<b>42</b>	

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

**43** When did you place your vehicle in service for business purposes? (month/day/year) 08/27/2021

**44** Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle for:

**a** Business 4,000    **b** Commuting (see instructions) \_\_\_\_\_    **c** Other 4,000

**45** Was your vehicle available for personal use during off-duty hours? . . . . .  **Yes**     **No**

**46** Do you (or your spouse) have another vehicle available for personal use?. . . . .  **Yes**     **No**

**47a** Do you have evidence to support your deduction? . . . . .  **Yes**     **No**

**b** If "Yes," is the evidence written? . . . . .  **Yes**     **No**

**Part V Other Expenses.** List below business expenses not included on lines 8–26 or line 30.

BACK END OFFICE EXPENSES		22,000.
<b>48</b> <b>Total other expenses.</b> Enter here and on line 27a . . . . .	<b>48</b>	22,000.

### Additional Medicare Tax

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

Name(s) shown on return

B BHUMIREDDYGARI & R MUNAGALA

Your social security number

022-77-4887

**Part I Additional Medicare Tax on Medicare Wages**

<b>1</b> Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 . . . . .	<b>1</b>	372,890.		
<b>2</b> Unreported tips from Form 4137, line 6 . . . . .	<b>2</b>			
<b>3</b> Wages from Form 8919, line 6 . . . . .	<b>3</b>			
<b>4</b> Add lines 1 through 3 . . . . .	<b>4</b>	372,890.		
<b>5</b> Enter the following amount for your filing status:				
Married filing jointly . . . . . \$250,000				
Married filing separately . . . . . \$125,000				
Single, Head of household, or Qualifying surviving spouse . . . . . \$200,000	<b>5</b>	250,000.		
<b>6</b> Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	<b>6</b>			122,890.
<b>7</b> Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II . . . . .	<b>7</b>			1,106.

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

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

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

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

**Part IV Total Additional Medicare Tax**

<b>18</b> Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V . . . . .	<b>18</b>			1,106.
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**Part V Withholding Reconciliation**

<b>19</b> Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 . . . . .	<b>19</b>	5,407.		
<b>20</b> Enter the amount from line 1 . . . . .	<b>20</b>	372,890.		
<b>21</b> Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages . . . . .	<b>21</b>	5,407.		
<b>22</b> Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages . . . . .	<b>22</b>			0.
<b>23</b> Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) . . . . .	<b>23</b>			
<b>24</b> <b>Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions) . . . . .	<b>24</b>			0.

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

Attach to your tax return.

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

Name(s) shown on your tax return

B BHUMIREDDYGARI & R MUNAGALA

Your social security number or EIN

022-77-4887

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

1	Taxable interest (see instructions)		<b>1</b>	
2	Ordinary dividends (see instructions)		<b>2</b>	
3	Annuities (see instructions)		<b>3</b>	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	-49,620.	
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	49,620.	
c	Combine lines 4a and 4b		<b>4c</b>	0.
5a	Net gain or loss from disposition of property (see instructions)	5a		
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
d	Combine lines 5a through 5c		<b>5d</b>	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		<b>6</b>	
7	Other modifications to investment income (see instructions)		<b>7</b>	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		<b>8</b>	0.

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

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

**Part III Tax Computation**

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0-		<b>12</b>	0.
<b>Individuals:</b>				
13	Modified adjusted gross income (see instructions)	13	312,337.	
14	Threshold based on filing status (see instructions)	14	250,000.	
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	62,337.	
16	Enter the smaller of line 12 or line 15		<b>16</b>	0.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions)		<b>17</b>	0.
<b>Estates and Trusts:</b>				
18a	Net investment income (line 12 above)	18a		
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b		
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c		
19a	Adjusted gross income (see instructions)	19a		
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b		
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c		
20	Enter the smaller of line 18c or line 19c		<b>20</b>	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions)		<b>21</b>	

**Additional Information From 2022 Federal Tax Return****Schedule C (SOFTWARE SERVICES): Profit or Loss from Business****Line 20b****Itemization Statement**

Description	Amount
RENT(12M*\$1200P.M)	14,400.
<b>Total</b>	<b>14,400.</b>

**Schedule C (SOFTWARE SERVICES): Profit or Loss from Business****Line 25****Itemization Statement**

Description	Amount
INTERNET(12M*\$300P.M)	3,600.
<b>Total</b>	<b>3,600.</b>

# 2022 MICHIGAN Individual Income Tax Return MI-1040

**Amended Return**   
(Include Schedule AMD)

**Return is due April 18, 2023.** Type or print in blue or black ink.

1. Filer's First Name <b>BHARATH KUMAR REDD</b>	M.I.	Last Name <b>BHUMIREDDYGARI</b>	2. Filer's Full Social Security No. (Example: 123-45-6789) <b>022 — 77 — 4887</b>
If a Joint Return, Spouse's First Name <b>RENUKA</b>	M.I.	Last Name <b>MUNAGALA</b>	3. Spouse's Full Social Security No. (Example: 123-45-6789) <b>812 — 99 — 5367</b>
Home Address (Number, Street, or P.O. Box) <b>1108 SW BRIDGEWAY AVE, APT. 204</b>			4. School District Code (5 digits – see page 60) <b>10000</b>
City or Town <b>BENTONVILLE</b>		State <b>AR</b>	ZIP Code <b>72713</b>

<b>5. STATE CAMPAIGN FUND</b> Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund. <table style="margin-left: 20px;"> <tr> <td>a.</td> <td><input type="checkbox"/></td> <td>Filer</td> </tr> <tr> <td>b.</td> <td><input type="checkbox"/></td> <td>Spouse</td> </tr> </table>	a.	<input type="checkbox"/>	Filer	b.	<input type="checkbox"/>	Spouse	<b>6. FARMERS, FISHERMEN, OR SEAFARERS</b> <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.
a.	<input type="checkbox"/>	Filer					
b.	<input type="checkbox"/>	Spouse					

<b>7. 2022 FILING STATUS.</b> Check one. <table style="margin-left: 20px;"> <tr> <td>a.</td> <td><input type="checkbox"/></td> <td>Single</td> <td rowspan="3" style="vertical-align: top;">                             * If you check box "c," complete line 3 and enter spouse's full name below:  <input style="width: 150px; height: 20px;" type="text"/> </td> </tr> <tr> <td>b.</td> <td><input checked="" type="checkbox"/></td> <td>Married filing jointly</td> </tr> <tr> <td>c.</td> <td><input type="checkbox"/></td> <td>Married filing separately*</td> </tr> </table>	a.	<input type="checkbox"/>	Single	* If you check box "c," complete line 3 and enter spouse's full name below: <input style="width: 150px; height: 20px;" type="text"/>	b.	<input checked="" type="checkbox"/>	Married filing jointly	c.	<input type="checkbox"/>	Married filing separately*	<b>8. 2022 RESIDENCY STATUS.</b> Check all that apply. <table style="margin-left: 20px;"> <tr> <td>a.</td> <td><input type="checkbox"/></td> <td>Resident</td> <td rowspan="3" style="vertical-align: top;">                             * If you check box "b" or "c," you must complete and include Schedule NR.                         </td> </tr> <tr> <td>b.</td> <td><input checked="" type="checkbox"/></td> <td>Nonresident *</td> </tr> <tr> <td>c.</td> <td><input type="checkbox"/></td> <td>Part-Year Resident *</td> </tr> </table>	a.	<input type="checkbox"/>	Resident	* If you check box "b" or "c," you must complete and include Schedule NR.	b.	<input checked="" type="checkbox"/>	Nonresident *	c.	<input type="checkbox"/>	Part-Year Resident *
a.	<input type="checkbox"/>	Single	* If you check box "c," complete line 3 and enter spouse's full name below: <input style="width: 150px; height: 20px;" type="text"/>																		
b.	<input checked="" type="checkbox"/>	Married filing jointly																			
c.	<input type="checkbox"/>	Married filing separately*																			
a.	<input type="checkbox"/>	Resident	* If you check box "b" or "c," you must complete and include Schedule NR.																		
b.	<input checked="" type="checkbox"/>	Nonresident *																			
c.	<input type="checkbox"/>	Part-Year Resident *																			

**9. EXEMPTIONS. NOTE:** If someone else can claim you as a dependent, check box 9e, enter 0 on line 9a and enter \$1,500 on line 9e (see instr.).

a. Number of exemptions (see instructions).....	9a.	<input style="width: 30px; text-align: center;" type="text" value="2"/>	x	\$5,000	9a.	10000	00
b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled.....	9b.	<input style="width: 30px;" type="text"/>	x	\$2,900	9b.		00
c. Number of qualified disabled veterans.....	9c.	<input style="width: 30px;" type="text"/>	x	\$400	9c.		00
d. Number of Certificates of Stillbirth from MDHHS (see instructions).....	9d.	<input style="width: 30px;" type="text"/>	x	\$5,000	9d.		00
e. Claimed as dependent, see line 9 NOTE above.....	9e.	<input type="checkbox"/>			9e.		00
f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15.....	9f.				9f.	10000	00

10. <b>Adjusted Gross Income</b> from your U.S. Form 1040 (see instructions).....	10.	361957	00
11. Additions from Schedule 1, line 9. <b>Include Schedule 1</b> .....	11.		00
12. <b>Total.</b> Add lines 10 and 11.....	12.	361957	00
13. Subtractions from Schedule 1, line 30. <b>Include Schedule 1</b> .....	13.	243748	00
14. <b>Income subject to tax.</b> Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0".....	14.	118209	00
15. <b>Exemption allowance.</b> Enter amount from line 9f or Schedule NR, line 19.....	15.	3266	00
16. <b>Taxable income.</b> Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....	16.	114943	00
17. <b>Tax.</b> Multiply line 16 by 4.25% (0.0425).....	17.	4885	00

		AMOUNT		CREDIT		
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....	18a.		00	18b.		00
19. Michigan Historic Preservation Tax Credit (see instructions).....	19a.		00	19b.		00
20. <b>Income Tax.</b> Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0".....	20.			20.	4885	00

Filer's Full Social Security Number

022 — 77 — 4887

21. Enter amount of Income Tax from line 20.....	21.	4885	00
22. Voluntary Contributions from Form 4642, line 6. <b>Include Form 4642</b> .....	22.		00
23. <b>USE TAX.</b> Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions).....	23.	0	00
<b>24. Total Tax Liability.</b> Add lines 21, 22 and 23 .....	24.	4885	00

**REFUNDABLE CREDITS AND PAYMENTS**

25. <b>Property Tax Credit. Include MI-1040CR or MI-1040CR-2</b> .....	25.		00
26. <b>Farmland Preservation Tax Credit. Include MI-1040CR-5</b> .....	26.		00
27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b. ....	27a.		00
28. Michigan Historic Preservation Tax Credit (refundable). <b>Include Form 3581</b> .....	28.		00
29. Credit for allocated share of tax paid by an electing flow-through entity (see instructions).....	29.		00
30. Michigan tax withheld from Schedule W, line 6. <b>Include Schedule W (do not submit W-2s)</b> .....	30.	5086	00
31. Estimated tax, extension payments and 2021 credit forward.....	31.		00
32. <b>2022 AMENDED RETURNS ONLY.</b> Taxpayers completing an original 2022 return should skip to line 33. Amended returns must <b>include Schedule AMD (see instructions)</b> .			
32a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 32a and enter this amount as a negative number on line 32c.			
32b. <input type="checkbox"/> If you paid with the original return, check box 32b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 32c. Do not include interest or penalty.			
32c.			00
<b>33. Total refundable credits and payments.</b> Add lines 25, 26, 27b, 28, 29, 30, 31 and 32c .....	33.	5086	00

**REFUND OR TAX DUE**

34. If line 33 is less than line 24, subtract line 33 from line 24. If applicable, see instructions.	34.		00
Include interest <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> and penalty <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .....			
<b>YOU OWE</b>			
35. <b>Overpayment.</b> If line 33 is greater than line 24, subtract line 24 from line 33 .....	35.	201	00
36. <b>Credit Forward.</b> Amount of line 35 to be credited to your 2023 estimated tax for your 2023 tax return ...	36.		00
37. Subtract line 36 from line 35.....	37.	201	00

**DIRECT DEPOSIT**

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

<b>a. Routing Transit Number</b>	<b>b. Account Number</b>	<b>c. Type of Account</b>	
		1. <input type="checkbox"/> Checking	2. <input type="checkbox"/> Savings

**Deceased Taxpayer.** If Filer and/or Spouse died after December 31, 2021, enter dates below. **ENTER DATE OF DEATH ONLY.** Example: 04-15-2022 (MM-DD-YYYY)

Filer	— —	Spouse	— —
-------	-----	--------	-----

**Preparer Certification.** I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN  
P02082703

**Taxpayer Certification.** I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

Filer's Signature	Date
Spouse's Signature	Date

Preparer's Name (print or type)  
SYAM PRIYA RAM SAGAR GUPTA TA  
Preparer's Signature  
SYAM PRIYA RAM SAGAR GUPTA TA  
Preparer's Business Name, Address and Telephone Number  
GLOBAL TAXES LLC  
245 ROONEY CT  
E BRUNSWICK NJ 08816  
678-965-9522

By checking this box, I authorize Treasury to discuss my return with my preparer.

**Refund, credit, or zero returns.** Mail your return to: **Michigan Department of Treasury, Lansing, MI 48956**  
**Pay amount on line 34 (see instructions).** Mail your check and return to: **Michigan Department of Treasury, Lansing, MI 48929**



# 2022 MICHIGAN Schedule 1 Additions and Subtractions

Issued under authority of Public Act 281 of 1967, as amended.

**Attachment 01**

Include with Form MI-1040. Type or print in blue or black ink.

Filer's First Name <b>BHARATH KUMAR REDD</b>	M.I.	Last Name <b>BHUMIREDDYGARI</b>	Filer's Full Social Security No. (Example: 123-45-6789) <b>022 — 77 — 4887</b>
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### Additions to Income (all entries must be positive numbers)

1. Gross interest and dividends from obligations issued by states (other than Michigan) or their political subdivisions.....	1.		00
2. Deduction for taxes on or measured by income, including self-employment tax, taken on your federal return, and allocated share of tax paid by an electing flow-through entity (see instructions) ..	2.		00
3. Gains from Michigan column of MI-1040D and MI-4797 .....	3.		00
4. Losses attributable to other states (see instructions) .....	4.		00
5. Net loss from federal column of your Michigan MI-1040D or MI-4797 .....	5.		00
6. Oil, gas, and nonferrous metallic mineral expenses (Michigan sourced) deducted to arrive at Adjusted Gross Income (AGI).....	6.		00
7. Federal Net Operating Loss deduction included in AGI.....	7.		00
8. Other (see instructions). Describe: _____	8.		00
9. <b>Total additions. Add lines 1 through 8. Enter here and on MI-1040, line 11</b> .....	9.	0	00

### Subtractions from Income (all entries must be positive numbers)

10. Income from U.S. government bonds and other U.S. obligations included in MI-1040, line 10. Include U.S. <i>Schedule B</i> if over \$5,000.....	10.		00
11. Amount included in MI-1040, line 10, from military retirement benefits due to service in the U.S. Armed Forces or Michigan National Guard, or taxable railroad retirement benefits .....	11.		00
12. Gains from federal column of Michigan MI-1040D and MI-4797 .....	12.		00
13. Income attributable to another state. <b>Explain type and source:</b> <u>SCHEDULE NR</u> .....	13.	243748	00
14. Taxable Social Security benefits or military pay (not retirement) included on MI-1040, line 10 ..	14.		00
15. Income earned while a resident of a Renaissance Zone (see instructions). .....	15.		00
16. Michigan state and local income tax refunds received in 2022 and included on MI-1040, line 10 (see instructions) .....	16.		00
17. Michigan Education Savings Program, MI 529 Advisor Plan, and Michigan Achieving a Better Life Experience Program. ....	17.		00
18. Michigan Education Trust .....	18.		00
19. Oil, gas, and nonferrous metallic minerals income (Michigan sourced) included in AGI .....	19.		00
20. Resident Tribal Member income exempted under a State/Tribal tax agreement or pursuant to <i>Revenue Administrative Bulletin 1988-47</i> .....	20.		00
21. First-Time Home Buyer Savings Program. Enter amount from line 3 of Form 5792, <i>Michigan First-Time Home Buyer Savings Program</i> . <b>Include Form 5792</b> . ....	21.		00
22. Miscellaneous subtractions (see instructions). <b>Describe:</b> _____	22.		00

## 2022 MICHIGAN Schedule 1 Additions and Subtractions

Filer's First Name <b>BHARATH KUMAR REDD</b>	M.I.	Last Name <b>BHUMIREDDYGARI</b>	Filer's Full Social Security No. (Example: 123-45-6789) <b>022 — 77 — 4887</b>
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### Deduction Based on Year of Birth

Complete 23A through 23H if claiming the Michigan Standard Deduction, the retirement benefits deduction or the senior investment income deduction on lines 24, 25, 26, or 27. Check box(es) 23C and/or 23G **only** if you or your spouse received retirement benefits from employment with a governmental agency not covered by the federal Social Security Act (SSA exempt employment). **See instructions before continuing.**

23.	FILER				SPOUSE			
	A. Year of Birth (19xx)	B. Age as of 12-31-2022	C. Check if filer received benefits from SSA exempt employment	D. Check if filer retired as of 01-01-2013 and born after 1952	E. Year of Birth (19xx)	F. Age as of 12-31-2022	G. Check if spouse received benefits from SSA exempt employment	H. Check if spouse retired as of 01-01-2013 and born after 1952
	1991	31	<input type="checkbox"/>	<input type="checkbox"/>	1992	30	<input type="checkbox"/>	<input type="checkbox"/>

24. <b>Tier 2 Michigan Standard Deduction.</b> Complete this line if the older of you or your spouse (if married) was born during the period January 1, 1946 through December 31, 1952, and reached age 67. <b>Do not complete lines 25, 26 or 27.</b> .....	24.		00
25. <b>Tier 3 Michigan Standard Deduction.</b> Complete this line if the older of you or your spouse (if married) was born during the period January 1, 1953 through January 1, 1956, and reached age 67 on or before December 31, 2022. <b>Do not complete lines 24, 26 or 27.</b> Enter amount from line 6 of Worksheet 2.....	25.		00
26. <b>Retirement benefits.</b> Enter amount from line 16, 17 or 18 of Form 4884, <i>Michigan Pension Schedule</i> . <b>Include Form 4884.</b> .....	26.		00
27. Dividend/interest/capital gains deduction for taxpayers <b>77 years and older.</b> Deduction is limited to \$12,697 for single or married filing separately filers and \$25,394 for joint filers, less any deduction for retirement benefits (see instructions).....	27.		00

Check this box if you are the unremarried surviving spouse claiming a dividend, interest or capital gains deduction for someone born before 1946 who was at least age 65 at the time of death.

28. <b>Subtotal.</b> Add lines 10 through 27 .....	28.	243748	00
29. <b>2022 Michigan NOL Deduction.</b> Enter amount from line 11 or 12 of Form 5674, <i>Michigan Net Operating Loss Deduction</i> . <b>Include Form 5674</b> .....	29.		00
30. <b>Total Subtractions.</b> Add lines 28 and 29. Enter here and on MI-1040, line 13.....	30.	243748	00

**2022 MICHIGAN Nonresident and Part-Year Resident Schedule**

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Include with Form MI-1040. Read all instructions before completing this form.

**Attachment 02**

1. Filer's First Name <b>BHARATH KUMAR REDD</b>	M.I.	Last Name <b>BHUMIREDDYGARI</b>	2. Filer's Full Social Security No. (Example: 123-45-6789) <b>022 — 77 — 4887</b>
If a Joint Return, Spouse's First Name <b>RENUKA</b>	M.I.	Last Name <b>MUNAGALA</b>	3. Spouse's Full Social Security No. (Example: 123-45-6789) <b>812 — 99 — 5367</b>

**4. 2022 RESIDENCY STATUS:**

Check all that apply.

a.  Nonresident

b.  Part-Year Resident of Michigan.  
Enter dates of Michigan residency in 2022\*

\*Dates of Michigan residency in 2022 (Enter dates as MM-DD-YYYY, Example: 04-15-2022)

	FILER	SPOUSE
FROM:	— — 2022	— — 2022
TO:	— — 2022	— — 2022

**Income Allocation**

	A. Total Income		B. Michigan Income		C. Other State(s) Income	
5. Wages, salaries, other payments (tips, etc.) .....	361957	00	118209	00	243748	00
6. Interest and dividends .....		00		00		00
7. Business and farm income (include U.S. Schedules C and F).....		00		00		00
8. Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-4797 or U.S. Form 4797.....		00		00		00
9. Income reported on U.S. Schedule E (include U.S. Schedule E and supporting statements)....		00		00		00
10. Pensions, IRA distributions, annuities and Social Security (see Form 4884).....		00		00		00
11. Other (see instructions) .....		00		00		00
12. Total income. Add lines 5 through 11.....	361957	00	118209	00	243748	00
13. Enter the total adjustments from U.S. 1040 Describe: .....		00		00		00
14. Subtract line 13 from line 12. The amount in column A should equal MI-1040, line 10. Enter amount in column C on Schedule 1, line 13 or, if a negative amount, enter as a positive amount on Schedule 1, line 4.	361957	00	118209	00	243748	00

**Exemption Allowance** (If one spouse is a full-year resident, and the other is not, see instructions.)

15. Enter amount from MI-1040, line 9f.....	15.	10000	00
16. Enter Michigan source income from line 14, column B.....	16.	118209	00
17. Enter total income from line 14, column A.....	17.	361957	00
18. Divide line 16 by line 17 (if line 16 is greater than line 17, enter 100%).....	18.	32.66	%
19. If both spouses are part-year or nonresidents, multiply line 15 by the percentage on line 18 and enter here and on MI-1040, line 15. If one spouse is a full-year resident, complete Worksheet 6 and enter here and on MI-1040, line 15.....	19.	3266	00

**2022 MICHIGAN Withholding Tax Schedule**

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

**Attachment 13**

**INSTRUCTIONS:** If you had Michigan income tax withheld in 2022, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 30). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name <b>BHARATH KUMAR REDD</b>	M.I.	Last Name <b>BHUMIREDDYGARI</b>	2. Filer's Full Social Security No. (Example: 123-45-6789) <b>022 — 77 — 4887</b>
If a Joint Return, Spouse's First Name <b>RENUKA</b>	M.I.	Last Name <b>MUNAGALA</b>	3. Spouse's Full Social Security No. (Example: 123-45-6789) <b>812 — 99 — 5367</b>

**TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS**

A		B	C	D		E	
Enter "X" for: Filer or Spouse		Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation		Box 17 — Michigan income tax withheld	
	X	36-3992338	BORGWARNER PDS U	67412	00	2860	00
	X	38-0549190	FORD MOTOR COMPA	120785	00	2226	00
					00		00
					00		00
					00		00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable).....							00
4. <b>SUBTOTAL.</b> Enter total of Table 1, column E. ....						4.	5086 00

**TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS**

A		B	C	D	E		
Enter "X" for: Filer or Spouse		Payer's federal identification number (Example: 38-1234567)	Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)	Michigan income tax withheld		
					00	00	
					00	00	
					00	00	
					00	00	
					00	00	
Enter Table 2 Subtotal from additional Schedule W forms (if applicable).....							00
5. <b>SUBTOTAL.</b> Enter total of Table 2, column E. ....						5.	00
6. <b>TOTAL.</b> Add lines 4 and 5. Enter here and carry to MI-1040, line 30.....						6.	5086 00

# 2022 AR1000F

## ARKANSAS INDIVIDUAL INCOME TAX RETURN

### Full Year Resident



# P1

### CHECK BOX IF AMENDED RETURN

Software ID

Jan. 1 - Dec. 31, 2022 or fiscal year ending \_\_\_\_\_, 20\_\_

PROSERIES

TAXPAYER INFORMATION	Primary's legal first name ● BHARATH KUMAR REDDY		MI ●	Last name ● BHUMIREDDYGARI		Primary's social security number ● 022-77-4887						
	Spouse's legal first name ● RENUKA		MI ●	Last name ● MUNAGALA		Spouse's social security number ● 812-99-5367						
	Mailing address (number and street, P.O. box or rural route) ● 1108 SW BRIDGEWAY AVE, APT. 204						<input type="checkbox"/> Check if address is outside U.S.					
	City ● BENTONVILLE		State or province ● AR		ZIP ● 72713		Foreign country name					
	Primary email				Secondary email							
	<input type="checkbox"/> We will no longer automatically mail 1099-G forms. Instead, we ask that you get this information from our website (www.atap.arkansas.gov). Check the box if you still want us to mail you a paper Form 1099-G next year.											
	<input type="checkbox"/> Check here if you want a tax booklet mailed to you next year.				<input type="checkbox"/> Check this box if you have filed a state extension or an automatic federal extension							
	DL# / State ID _____		Your state _____		Issue date (mm/dd/yyyy) _____		Expiration date (mm/dd/yyyy) _____					
	DL# / State ID _____		Spouse state _____		Issue date (mm/dd/yyyy) _____		Expiration date (mm/dd/yyyy) _____					
	FILING STATUS	1. <input type="checkbox"/> Single (Or widowed before 2022 or divorced at end of 2022)				4. <input checked="" type="checkbox"/> Married filing separately on the same return						
2. <input type="checkbox"/> Married filing joint (Even if only one had income)				5. <input type="checkbox"/> Married filing separately on different returns Enter spouse's name here and SSN above _____								
3. <input type="checkbox"/> Head of household (See instructions) If the qualifying person was your child, but not your dependent, enter child's name here: _____				6. <input type="checkbox"/> Surviving spouse with dependent child Year spouse died: (See instructions) _____								
PERSONAL TAX CREDITS	7A. <input checked="" type="checkbox"/> Yourself		● <input type="checkbox"/> 65 or over		● <input type="checkbox"/> 65 Special		● <input type="checkbox"/> Blind		● <input type="checkbox"/> Deaf		<input type="checkbox"/> Head of household/surviving spouse <small>(Filing status 3 only) (Filing status 6 only)</small>	
	<input checked="" type="checkbox"/> Spouse		● <input type="checkbox"/> 65 or over		● <input type="checkbox"/> 65 Special		● <input type="checkbox"/> Blind		● <input type="checkbox"/> Deaf			
	Multiply number of boxes checked ..... 7A <input type="checkbox"/> X \$29 = <input type="text" value="58"/> . <input type="text" value="00"/>											
	<b>Dependents (Do not list yourself or spouse)</b>											
	First name		Last name		Dependent's social security number				Dependent's relationship to you			
	1.											
	2.											
	3.											
	4.											
	5.											
7B. Multiply number of <b>DEPENDENTS</b> from above..... 7B ● <input type="checkbox"/> X \$29 = <input type="text" value=""/>   <input type="text" value="00"/>												
7C. Multiply number of qualifying individuals from <b>AR1000RC5</b> (See instructions) ..... 7C ● <input type="checkbox"/> X \$500 = <input type="text" value=""/>   <input type="text" value="00"/>												
7D. <b>TOTAL PERSONAL TAX CREDITS:</b> (Add lines 7A, 7B, and 7C. Enter total here and on line 34) ..... 7D <input type="text" value="58"/> . <input type="text" value="00"/>												



Primary SSN 022-77-4887

		<b>ROUND ALL AMOUNTS TO WHOLE DOLLARS</b>		(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only	
INCOME	8. Wages, salaries, tips, etc: (Attach W-2s) .....	8	●	126,710.00	● 235,247.00	
	9. Military pay: Primary <input type="text"/> 00 Spouse <input type="text"/> 00					
	10. Interest income: (If over \$1,500, attach AR4) .....	10	●	00	● 00	
	11. Dividend income: (If over \$1,500, attach AR4) .....	11	●	00	● 00	
	12. Alimony and separate maintenance received: .....	12	●	00	● 00	
	13. Business or professional income: (Attach federal Sch. C) .....	13	●	00	● 00	
	14. Capital gains/(losses) from stocks, bonds, etc: (Attach federal Sch. D) .....	14	●	00	● 00	
	15. Other gains or (losses): (See Instructions) .....	15	●	00	● 00	
	16. Non-qualified IRA distributions and taxable annuities: (Attach All 1099Rs) .....	16	●	00	● 00	
	17. Military retirement: Primary <input type="text"/> 00 Spouse <input type="text"/> 00					
	18A. Primary employer pension plan(s)/qualified IRA(s): (See inst., attach 1099Rs) Gross <input type="text"/> 00 Taxable <input type="text"/> 00 Less \$6,000	18A	●	00		
	18B. Spouse employer pension plan(s)/qualified IRA(s): (See inst., attach 1099Rs) Gross <input type="text"/> 00 Taxable <input type="text"/> 00 Less \$6,000	18B	●	00	● 00	
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Sch. E) .....	19	●	00	● 00	
	20. Farm income: (Attach federal Sch. F) .....	20	●	00	● 00	
	21. Unemployment: .....	21	●	00	● 00	
	22. Other income/depreciation differences: (Attach Form AR-OI) .....	22	●	00	● 00	
	23. <b>TOTAL INCOME:</b> (Add lines 8 through 22) .....	23	●	126,710.00	● 235,247.00	
	24. <b>TOTAL ADJUSTMENTS:</b> (Attach Form AR1000ADJ) .....	24	●	00	● 00	
	25. <b>ADJUSTED GROSS INCOME:</b> (Subtract line 24 from line 23) .....	25	●	126,710.00	● 235,247.00	
	TAX COMPUTATION	26. Select tax table: (Select only one)	26			
		27. ● <input type="checkbox"/> Low income table (\$0), See line 26 instructions ● <input checked="" type="checkbox"/> Standard deduction (See instructions) ● <input type="checkbox"/> Itemized deductions (Attach AR3)	27	●	2,270.00	● 2,270.00
		28. <b>NET TAXABLE INCOME:</b> (Subtract line 27 from line 25) .....	28	●	124,440.00	● 232,977.00
		29. <b>TAX:</b> (Enter tax from tax table) .....	29		5,928.00	11,246.00
		30. Combined tax: (Add amounts from line 29, columns A and B) .....	30			17,174.00
		31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD) .....	31	●		00
32. Additional tax on IRA and qualified plan withdrawal and overpayment: (See instructions) .....		32	●		00	
33. <b>TOTAL TAX:</b> (Add lines 30 through 32) .....		33	●		17,174.00	
TAX CREDITS	34. Personal tax credit(s): (Enter total from line 7D) .....	34	●	58.00		
	35. Child care credit: (Attach AR2441) .....	35	●	00		
	36. Other credits: (Attach AR1000TC) .....	36	●	4,885.00		
	37. <b>TOTAL CREDITS:</b> (Add lines 34 through 36) .....	37	●		4,943.00	
	38. <b>NET TAX:</b> (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0) .....	38	●		12,231.00	





**ARKANSAS INDIVIDUAL INCOME TAX  
TAX CREDITS**

Primary's legal name <b>BHARATH KUMAR REDDY BHUMIREDDYGARI</b>	Primary's social security number <b>022-77-4887</b>
---	--

**IMPORTANT: SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM**

1. State political contribution credit: <b>(See instructions)</b> .....	1 ●		00
2. Other state tax credit: <b>[Attach copy of other state tax return(s)] See OtherStatesCredit</b> .....	2 ●	4,885.	00
3. Credit for adoption expenses: <b>(Attach federal Form 8839)</b> .....	3 ●		00
4. Phenylketonuria disorder credit: <b>(See instructions. Attach AR1113)</b> .....	4 ●		00
5. Stillborn child tax credit "Paisley's Law": <b>(Attach certificate of birth resulting in stillbirth)</b> .....	5 ●		00
6. Additional tax credit for qualified individuals: <b>(See instructions)</b> .....	6 ●		00
7. Inflationary relief income tax credit: <b>(See Instructions)</b> .....	7 ●		00

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

<b>Primary:</b>	8A. Code ● <input style="width: 100px; height: 20px;" type="text"/>	FEIN ● <input style="width: 100px; height: 20px;" type="text"/>	Amount ● <input style="width: 50px; height: 20px;" type="text"/>	00
	8B. Code ● <input style="width: 100px; height: 20px;" type="text"/>	FEIN ● <input style="width: 100px; height: 20px;" type="text"/>	Amount ● <input style="width: 50px; height: 20px;" type="text"/>	00
	8C. Code ● <input style="width: 100px; height: 20px;" type="text"/>	FEIN ● <input style="width: 100px; height: 20px;" type="text"/>	Amount ● <input style="width: 50px; height: 20px;" type="text"/>	00
<b>Spouse:</b>	8D. Code ● <input style="width: 100px; height: 20px;" type="text"/>	FEIN ● <input style="width: 100px; height: 20px;" type="text"/>	Amount ● <input style="width: 50px; height: 20px;" type="text"/>	00
	8E. Code ● <input style="width: 100px; height: 20px;" type="text"/>	FEIN ● <input style="width: 100px; height: 20px;" type="text"/>	Amount ● <input style="width: 50px; height: 20px;" type="text"/>	00
	8F. Code ● <input style="width: 100px; height: 20px;" type="text"/>	FEIN ● <input style="width: 100px; height: 20px;" type="text"/>	Amount ● <input style="width: 50px; height: 20px;" type="text"/>	00

8. Tax credit(s): <b>(Add amounts from 8A-8F above)</b> .....	8 ●		00
<i>A copy of the tax credit certificate(s) or appropriate documentation of the credit(s) claimed must be attached.</i>			
<b>9. TOTAL CREDITS:</b> Add lines 1 through 8. Enter total on line 36, Form AR1000F/AR1000NR .....	9 ●	4,885.	00





**ARKANSAS INDIVIDUAL INCOME TAX  
DECLARATION FOR ELECTRONIC FILING**

Primary's Legal First Name and Middle Initial ● BHARATH KUMAR REDDY		Last Name ● BHUMIREDDYGARI		Primary's Social Security Number ● 022-77-4887	
Spouse's Legal First Name and Middle Initial RENUKA		Last Name MUNAGALA		Spouse's Social Security Number ● 812-99-5367	
Mailing Address (Number and Street, P.O. Box or Rural Route) 1108 SW BRIDGEWAY AVE, APT. 204				Telephone ● (309) 307-2059	
City BENTONVILLE	State or Province AR	ZIP 72713	<input type="checkbox"/> Check if address is outside U.S. Foreign Country		

**PART I - TAX RETURN INFORMATION** (Whole Dollars Only)

1. Total Income (Form AR1000F or AR1000NR, Line 23)	1	361,957.	00
2. Net Tax (Form AR1000F or AR1000NR, Line 38)	2	12,231.	00
3. State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39)	3	● 12,740.	00
4. Refund (Form AR1000F or AR1000NR, Line 47)	4	509.	00
5. Tax Due (Form AR1000F or AR1000NR, Line 51)	5		00

**PART II - DECLARATION OF TAXPAYER**

- 6a.  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 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 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 sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO and/or transmitter an acknowledgement of receipt of 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, I authorize the State of Arkansas to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

**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.

<b>ERO'S Use Only</b>	_____ ERO'S Signature	04/03/2023 Date	Check if paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	_____ Your SSN or PTIN
	GLOBAL TAXES LLC Firm's name and address	245 ROONEY CT	E BRUNSWICK NJ 08816		88-2145487 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.

<b>Paid Preparer's Use Only</b>	_____ Preparer's Signature	04/03/2023 Date	Check if self-employed <input type="checkbox"/>	_____ Preparer's SSN or PTIN
	SYAM PRIYA RAM SAGAR GUPTA TALLAM Firm's name and address	245 ROONEY CT	E BRUNSWICK NJ 08816	P02082703 84-3171965 FEIN

**Additional Information From 2022 Arkansas Tax Return**

Form AR1000TC: Tax Credits

OtherStatesCredit

Continuation Statement

Other State	Oth. State AGI	Oth. Tax Due	Allowable Tax Crd.	Withholding Amt
MI	114,943.	4,885.	4,885.	5,086.