

2022 **Indiana Full-Year Resident Individual Income Tax Return**

Due April 18, 2023

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

from to:

Place "X" in box if amending

Your Social Security Number

Spouse's Social Security Number

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name Initial Last name Suffix

If filing a joint return, spouse's first name Initial Last name Suffix

Present address (number and street or rural route) Place "X" in box if you are married filing separately.

City State ZIP/Postal code

Foreign country 2-character code (see instructions)

Enter below the **2-digit county code** numbers (found on the back of Schedule CT-40) for the county where you lived and worked on Jan. 1, 2022.

County where you lived County where you worked County where spouse lived County where spouse worked

Round all entries

1. Enter your federal adjusted gross income from your federal income tax return, Form 1040 or Form 1040-SR, line 11 _____ Federal AGI	<input type="text" value="1"/>	<input type="text" value="34001"/>	<input type="text" value="00"/>
2. Enter amount from Schedule 1, line 7, and enclose Schedule 1 _____ Indiana Add-Backs	<input type="text" value="2"/>	<input type="text"/>	<input type="text" value="00"/>
3. Add line 1 and line 2 _____	<input type="text" value="3"/>	<input type="text" value="34001"/>	<input type="text" value="00"/>
4. Enter amount from Schedule 2, line 12, and enclose Schedule 2 _____ Indiana Deductions	<input type="text" value="4"/>	<input type="text"/>	<input type="text" value="00"/>
5. Subtract line 4 from line 3 _____	<input type="text" value="5"/>	<input type="text" value="34001"/>	<input type="text" value="00"/>
6. Complete Schedule 3. Enter amount from Schedule 3, line 7, and enclose Schedule 3 _____ Indiana Exemptions	<input type="text" value="6"/>	<input type="text" value="1000"/>	<input type="text" value="00"/>
7. Subtract line 6 from line 5 _____ Indiana Adjusted Gross Income	<input type="text" value="7"/>	<input type="text" value="33001"/>	<input type="text" value="00"/>
8. State adjusted gross income tax: multiply line 7 by 3.23% (.0323) (if answer is less than zero, leave blank) _____	<input type="text" value="8"/>	<input type="text" value="1066"/>	<input type="text" value="00"/>
9. County tax. Enter county tax due from Schedule CT-40 (if answer is less than zero, leave blank) _____	<input type="text" value="9"/>	<input type="text" value="495"/>	<input type="text" value="00"/>
10. Other taxes. Enter amount from Schedule 4, line 4 (enclose schedule) _____	<input type="text" value="10"/>	<input type="text"/>	<input type="text" value="00"/>
11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back _____ Indiana Taxes	<input type="text" value="11"/>	<input type="text" value="1561"/>	<input type="text" value="00"/>

12. Enter credits from Schedule 5, line 12 (enclose schedule)

13. Enter offset credits from Schedule 6, line 8 (enclose schedule)

14. Add lines 12 and 13 _____ **Indiana Credits**

15. Enter amount from line 11 _____ **Indiana Taxes**

16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)

17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16

18. Subtract line 17 from line 16 _____ **Overpayment**

19. Amount from line 18 to be applied to your 2023 estimated tax account (see instructions).
 Enter your county code county tax to be applied \$
 Spouse's county code county tax to be applied \$
 Indiana adjusted gross income tax to be applied \$
 Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18)

20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A _____

21. **Refund:** Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 ____ **Your Refund**

22. **Direct Deposit** (see instructions)
 a. Routing Number
 b. Account Number
 c. Type: Checking Savings Hoosier Works MC
 d. Place an "X" in the box if refund will go to an account outside the United States

23. If line 15 is more than line 14, subtract line 14 from line 15. Add any amount to this on line 20 (see instructions) _____

24. Penalty if filed after due date (see instructions) _____

25. Interest if filed after due date (see instructions) _____

26. **Amount Due:** Add lines 23, 24 and 25 _____ **Amount You Owe**
 Do not send cash. Make your check or money order payable to:
 Indiana Department of Revenue. See instructions if paying with a credit card.

Sign and date this return after reading the Authorization statement on Schedule 7. Remember to enclose Schedule 7.

 Signature Date Spouse's Signature Date

- Mail payments to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.

Name(s) shown on Form IT-40

HAREESH DEVULAPALLI

Your Social Security Number

847 96 3820

Complete and enclose Schedule IN-DEP: Dependent Information and Additional Dependent Child Information if you are claiming dependents on lines 2 and/or 3 below. Complete and enclose Schedule IN-DEP-A: Adopted Dependent Information if you are claiming dependents on line 6 below.

Round all entries

1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000 1 1000 .00

2. Enter the number of dependents listed on Schedule IN-DEP, Box 6 x \$1000 2 .00
You **MUST** enclose Schedule IN-DEP.

3. You may claim an additional exemption for each qualifying dependent child:
- who is a son, stepson, daughter, stepdaughter, foster child and/or child for whom you are a legal guardian;
 - who was under the age of 19 by Dec. 31, 2022; or
 - who is a full-time student who was under the age of 24 by Dec. 31, 2022; and
 - who you are eligible to claim as a dependent on line 2 above.

Enter the number of additional dependents listed on Schedule IN-DEP, Box 7. x \$1500 3 .00

4. Place "X" in box(es) below if, by Dec. 31, 2022

You were age 65 or older and/or blind

Spouse was 65 or older and/or blind

Total number of boxes with Xs x \$1000 .00

5. If age 65 or older, enter amount from Form IT-40, line 1.

- If filing as married filing separately and this amount is less than \$20,000, place "X" in the "You were age 65 or older" box below.
- For all other filers age 65 or older, if this amount is less than \$40,000, place "X" in appropriate box(es) below.

You were age 65 or older

Spouse was 65 or older

Total number of boxes with Xs x \$500 5 .00

6. Enter the number of additional adopted child exemptions listed on Schedule IN-DEP-A, Box 6 x \$3000 6 .00
You **MUST** enclose Schedule IN-DEP-A.

7. Add lines 1, 2, 3, 4, 5 and 6. Enter here and on Form IT-40, line 6 **Total Exemptions** 7 1000 .00



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Your Social Security Number

HAREESH DEVULAPALLI

847 96 3820

Round all entries

1. Indiana state tax withheld: See instructions _____	1	1098	.00
2. Indiana county tax withheld: See instructions _____	2	509	.00
3. Estimated tax paid for 2022: include any extension payment made with Form IT-9 _____	3		.00
4. Unified tax credit for the elderly _____	4		.00
5. Earned income credit: enclose Schedule IN-EIC and enter amount from line A-3 _____	5		.00
6. Lake County residential income tax credit _____	6		.00
7. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, line 19 (enclose schedule) _____	7		.00
8. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule) _____	8		.00
9. Headquarters relocation credit (refundable portion - see instructions) _____	9		.00
10. Adoption Credit _____	10		.00
11. 2022 Additional Automatic Taxpayer Refund: See instructions _____	11		.00
12. Add lines 1 through 11. Enter total here and on Form IT-40, line 12 _____ Total Credits	12	1607	.00

Schedule IN-DONATE

Important: The amount on line 2 cannot exceed the amount on Form IT-40/IT-40PNR, line 16.

1. Donations: List fund name, 3-digit code and amount to be donated (see instructions)

a. Enter fund name		code no.		1a		.00
b. Enter fund name		code no.		1b		.00
c. Enter fund name		code no.		1c		.00

2. Add lines 1a through 1c. Enter total here and on Form IT-40/IT-40PNR, line 17 **Total Donations** 2 _____ .00



Name(s) shown on Form IT-40

HAREESH DEVULAPALLI

Your Social Security Number

847 96 3820

1. Federal filing information

Are you filing a federal income tax return for 2022? Place "X" in appropriate box. Yes No

2. Out-of-state income: Complete if you and/or your spouse (if filing a joint return) received any salary, wage, tip and/or commission income from Illinois, Kentucky, Michigan, Ohio, Pennsylvania or Wisconsin. Enter two-digit code number from the back of Schedule CT-40 for state where you and/or your spouse worked.

State where you worked

Your income

\$.

State where spouse worked

Spouse's income

\$.

3. Extension of time to file

a. Place "X" in box if you have filed a federal extension of time to file, Form 4868, or made an online extension payment.

b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or made an Indiana extension payment online.

4. Farm/Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.

Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

5. Schedule IN-40PA filers. If you are eligible to file federal Form 8857, Request for Innocent Spouse Relief, and are completing Indiana Schedule IN-40PA, enclose Schedule IN-40PA and check the box.

6. Date of death

If any individual listed at the top of the IT-40 died during 2022, enter date of death (MM/DD).

Taxpayer's date of death 2022 Spouse's date of death 2022

Authorization: Sign Form IT-40 after reading the following statement.

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue (DOR) to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I grant permission to DOR to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

7. Your daytime

telephone number

2198042554

Your

email address

HAREESHDEVULAPALLI777@

I authorize the Department to discuss my return with my personal representative.

Yes No If yes, complete the information below.

Personal Representative's Name (please print)

Telephone number

Address

City

State

ZIP Code

Paid Preparer: Firm's Name (or yours if self-employed)

GLOBAL TAXES LLC

IN-OPT on file with paid preparer if not filing electronically

PTIN P02082703

Address 245 ROONEY CT

City E BRUNSWICK

State NJ

ZIP Code 08816

Preparer's

signature SYAM PRIYA RAM SAGAR GUPTA

Name(s) shown on Form IT-40

HAREESH DEVULAPALLI

Your Social Security Number

847 96 3820

1. Enter the amount from IT-40, line 7. **Note:** If both you and your spouse lived in the same county on January 1, enter the entire amount from Form IT-40, line 7 on line 1A (do not complete Column B). See instructions _____

Column A - Yourself		Column B - Spouse's	
1A	33001.00	1B	.00

2. Enter the county tax rate from the chart on the back of this schedule for the county where you lived on Jan. 1, 2022 _____

2A	.0150000	2B	.00
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3. Multiply line 1 by the rate on line 2 (leave blank if less than zero) _____

3A	495.00	3B	.00
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4. Add lines 3A and 3B. Enter the total here. **Perry County residents: If you live in Perry County and worked in the Kentucky counties of Breckinridge, Hancock or Meade, you must complete lines 5 and 6.** Otherwise, enter the total here and on line 7 below (see instructions) _____

4	495.00
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5. Enter the amount of income that was taxed by certain Kentucky localities (see instructions) _____

5	.00
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6. Multiply line 5 by .0181 and enter total here _____

6	.00
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7. Enter total of line 4 minus line 6. Enter this amount on line 9 of Form IT-40 _____

7	495.00
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Submission ID [] [] [] [] [] [] - [] [] [] [] [] [] - [] [] [] [] [] []

Form with fields: First Name and Middle Initial (HAREESH), Last Name (DEVULAPALLI), Your Social Security Number (847 96 3820), Spouse's First Name and Middle Initial, Spouse's Last Name, Spouse's Social Security Number, Street Address (6746 HURON AVENUE), City (HAMMOND), State (IN), ZIP Code (46323), Daytime Telephone Number (219 804 2554)

Part I. Tax Return Information (See instructions on next page)

Table with 8 rows: 1. Federal Adjusted Gross Income (34001), 2. Indiana Adjusted Gross Income (33001), 3. Total Indiana Tax (1561), 4. Total State Tax Withheld (1098), 5. Total County Tax Withheld (509), 6. Total Indiana Tax Credits (1607), 7. Refund (46), 8. Amount You Owe

Part II. Electronic Settlement

Form with fields: 9. Type of settlement (Direct Deposit of Refund checked), Amount, Date of Withdrawal, 10. Routing number (074000010), Note: The first two digits of the routing number must be 01 - 12 or 21 - 32, 11. Account number (000000768075886), 12. Type of account (Checking checked), 13. Place an "X" in the box if refund will go to an account outside the United States.

My request for direct deposit of my refund, or direct debit of the amount I owe, includes my authorization for the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type, and social security number to ensure my refund or payment is properly processed.

Part III. Declaration

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 income tax return. To the best of my knowledge and belief, my 2022 return is true, correct and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the DOR. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the DOR of all information pertaining to my use of the system and software and to the transmission of my return electronically. I also consent to the DOR 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 DOR to disclose to my ERO and/or transmitter the reason(s) for the delay of when the refund was sent.

Your PIN: Check one box only

[X] I authorize GLOBAL TAXES LLC to enter my PIN 63820 as my signature on my tax year 2022 electronically filed income tax return.

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

Your signature Date

Spouse's PIN: Check one box only

[] I authorize to enter my PIN as my signature on my tax year 2022 electronically filed income tax return.

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

Your signature Date

Part IV. Practitioner Certification and Authentication - Practitioner PIN Method ONLY

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self selected PIN. 22249661989

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2022 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method.

ERO's signature Date