

### IRS e-file Signature Authorization

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name VENKATA GEETHA DEVI MANDALA		Social security number 717-37-7140
Spouse's name		Spouse's social security number

**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.

1	Adjusted gross income	1	106,518.
2	Total tax	2	16,294.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	18,311.
4	Amount you want refunded to you	4	2,017.
5	Amount you owe	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 

7	7	1	4	0
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 as my 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 ▶ M.V. Geetha Devi Date ▶ \_\_\_\_\_

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

- I authorize \_\_\_\_\_ to enter or generate my PIN 

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 as my 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.

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. 

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 ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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



**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:

Your first name and middle initial <b>VENKATA GEETHA DEVI</b>	Last name <b>MANDALA</b>	Your social security number <b>717-37-7140</b>
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.  
**1536, 169TH STREET**

City, town, or post office. If you have a foreign address, also complete spaces below.  
**HAMMOND**

State  
**IN**

ZIP code  
**46324**

Foreign country name Foreign province/state/county Foreign postal code

Apt. no.  
**152**

Presidential Election Campaign  
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  
 You  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  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

**Dependents** (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Income**

<b>1a</b> Total amount from Form(s) W-2, box 1 (see instructions)	<b>1a</b>	<b>117,341.</b>
<b>b</b> Household employee wages not reported on Form(s) W-2	<b>1b</b>	
<b>c</b> Tip income not reported on line 1a (see instructions)	<b>1c</b>	
<b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	<b>1d</b>	
<b>e</b> Taxable dependent care benefits from Form 2441, line 26	<b>1e</b>	
<b>f</b> Employer-provided adoption benefits from Form 8839, line 29	<b>1f</b>	
<b>g</b> Wages from Form 8919, line 6	<b>1g</b>	
<b>h</b> Other earned income (see instructions)	<b>1h</b>	<b>0.</b>
<b>i</b> Nontaxable combat pay election (see instructions)	<b>1i</b>	
<b>z</b> Add lines 1a through 1h	<b>1z</b>	<b>117,341.</b>
<b>2a</b> Tax-exempt interest	<b>2a</b>	
<b>3a</b> Qualified dividends	<b>3a</b>	
<b>4a</b> IRA distributions	<b>4a</b>	
<b>5a</b> Pensions and annuities	<b>5a</b>	
<b>6a</b> Social security benefits	<b>6a</b>	
<b>b</b> Taxable interest	<b>2b</b>	
<b>b</b> Ordinary dividends	<b>3b</b>	
<b>b</b> Taxable amount	<b>4b</b>	
<b>b</b> Taxable amount	<b>5b</b>	
<b>b</b> Taxable amount	<b>6b</b>	
<b>c</b> If you elect to use the lump-sum election method, check here (see instructions)		
<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here	<b>7</b>	
<b>8</b> Other income from Schedule 1, line 10	<b>8</b>	<b>-10,823.</b>
<b>9</b> Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	<b>9</b>	<b>106,518.</b>
<b>10</b> Adjustments to income from Schedule 1, line 26	<b>10</b>	
<b>11</b> Subtract line 10 from line 9. This is your adjusted gross income	<b>11</b>	<b>106,518.</b>
<b>12</b> Standard deduction or itemized deductions (from Schedule A)	<b>12</b>	<b>12,950.</b>
<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A	<b>13</b>	
<b>14</b> Add lines 12 and 13	<b>14</b>	<b>12,950.</b>
<b>15</b> Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	<b>15</b>	<b>93,568.</b>



<b>Tax and Credits</b>	<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	16,294.
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b>	Add lines 16 and 17	<b>18</b>	16,294.
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
	<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
	<b>21</b>	Add lines 19 and 20	<b>21</b>	
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	16,294.
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
	<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	16,294.

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	18,311.
	<b>b</b>	Form(s) 1099	<b>25b</b>	
	<b>c</b>	Other forms (see instructions)	<b>25c</b>	
	<b>d</b>	Add lines 25a through 25c	<b>25d</b>	18,311.
	<b>26</b>	2022 estimated tax payments and amount applied from 2021 return	<b>26</b>	
	<b>27</b>	Earned income credit (EIC) . . . . . No	<b>27</b>	
	<b>28</b>	Additional child tax credit from Schedule 8812	<b>28</b>	
	<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
	<b>30</b>	Reserved for future use	<b>30</b>	
	<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
	<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
	<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	18,311.

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	2,017.
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	2,017.
Direct deposit? See instructions.	<b>b</b>	Routing number 074000010	<b>c</b>	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
	<b>d</b>	Account number 592318551		
	<b>36</b>	Amount of line 34 you want <b>applied to your 2023 estimated tax</b>	<b>36</b>	

<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	<b>37</b>	
	<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

**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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		SALESFORCE DEVELOPER	_____
Spouse's signature, if a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
			_____

Phone no. (219) 315-1419 Email address MVGEETHA06@GMAIL.COM

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	03/22/2023	P02082703	<input type="checkbox"/> Self-employed
Firm's name	Firm's address			Phone no.
GLOBAL TAXES LLC	245 ROONEY CT E BRUNSWICK NJ 08816			(678) 965-9522
Firm's EIN				84-3171965



**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

VENKATA GEETHA DEVI MANDALA

Your social security number

717-37-7140

**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>	
<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>	-10,823.
<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 8839 . . . . .	<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 ABLÉ 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>	-10,823.

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



**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](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **13**

Name(s) shown on return

VENKATA GEETHA DEVI MANDALA

Your social security number

717-37-7140

**Part I** **Income or Loss From Rental Real Estate and Royalties**

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** .NO:-12-66/2,VEERABHADRA NAGAR,MAHALAKSHMI NAGAR, PENDURTHI,VISAKHAPATNAM (DIST)ANDHRA PRADESH IN 531173

**B**

**C**

1b	Type of Property (from list below)	2	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.	Fair Rental Days	Personal Use Days	QJV
				A	B	C
A	3			365	0	<input type="checkbox"/>
B						<input type="checkbox"/>
C						<input type="checkbox"/>

Type of Property:

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

**Income:**

		Properties:		
		A	B	C
<b>3</b>	Rents received . . . . .	3	580.	
<b>4</b>	Royalties received . . . . .	4		

**Expenses:**

<b>5</b>	Advertising . . . . .	5		
<b>6</b>	Auto and travel (see instructions) . . . . .	6		
<b>7</b>	Cleaning and maintenance . . . . .	7	958.	
<b>8</b>	Commissions . . . . .	8		
<b>9</b>	Insurance . . . . .	9		
<b>10</b>	Legal and other professional fees . . . . .	10		
<b>11</b>	Management fees . . . . .	11	1,354.	
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions) . . . . .	12		
<b>13</b>	Other interest . . . . .	13		
<b>14</b>	Repairs . . . . .	14	3,274.	
<b>15</b>	Supplies . . . . .	15	3,948.	
<b>16</b>	Taxes . . . . .	16		
<b>17</b>	Utilities . . . . .	17	1,869.	
<b>18</b>	Depreciation expense or depletion . . . . .	18		
<b>19</b>	Other (list) _____	19		
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	20	11,403.	
<b>21</b>	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	-10,823.	
<b>22</b>	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	22	( 10,823. )	( )

<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	23a	580.	
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	23b		
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	23c		
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	23d		
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	23e	11,403.	

**24** **Income.** Add positive amounts shown on line 21. Do not include any losses . . . . . **24**

**25** **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here **25** ( 10,823. )

**26** **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . **26** -10,823.

For Paperwork Reduction Act Notice, see the separate instructions. NPA -10,823. Schedule E (Form 1040) 2022

Cut on line before mailing

POST FILING COUPON

PFC

0912

1030

REV 02/17/23 PRO

"Electronic calculation and processing of state tax liabilities serve as a convenience for Indiana taxpayers. The taxpayer remains responsible for providing accurate information and remains liable for payment of the correct amount of tax."

\*SSN 1 717 37 7140

\*SSN 2

Period End Date 12 31 2022

Date Due 04 18 2023

Tax Type IND

Mail and make check payable to  
INDIANA DEPARTMENT OF REVENUE  
P.O. BOX 1674  
INDIANAPOLIS, IN 46206-1674

VENKATA GEETHA DEVI MANDALA

1536 169TH STREET 152

HAMMOND IN 46324

Amount Due:

1,201.00

06000071737714002000010111231202200



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  717  37  7140

Spouse's Social Security Number

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name  VENKATA GEETHA Initial  Last name  MANDALA Suffix

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

Present address (number and street or rural route)

1536, 169TH STREET 152

Place "X" in box if you are married filing separately.

City  HAMMOND

State  IN

ZIP/Postal code  46324

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  45 County where you worked  00

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  1  106518.00
2. Enter amount from Schedule 1, line 7, and enclose Schedule 1  Indiana Add-Backs  2  .00
3. Add line 1 and line 2   3  106518.00
4. Enter amount from Schedule 2, line 12, and enclose Schedule 2  Indiana Deductions  4  .00
5. Subtract line 4 from line 3   5  106518.00
6. Complete Schedule 3. Enter amount from Schedule 3, line 7, and enclose Schedule 3  Indiana Exemptions  6  1000.00
7. Subtract line 6 from line 5  Indiana Adjusted Gross Income  7  105518.00
8. State adjusted gross income tax: multiply line 7 by 3.23% (.0323) (if answer is less than zero, leave blank)  8  3408.00
9. County tax. Enter county tax due from Schedule CT-40 (if answer is less than zero, leave blank)  9  1583.00
10. Other taxes. Enter amount from Schedule 4, line 4 (enclose schedule)  10  .00
11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back  Indiana Taxes  11  4991.00





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.

M.V. GeeThadevi  
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

VENKATA GEETHA DEVI MANDALA

Your Social Security Number

717 37 7140

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  .00

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

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





Name(s) shown on Form IT-40

Your Social Security Number

VENKATA GEETHA DEVI MANDALA

717 37 7140

Round all entries

1. Indiana state tax withheld: See instructions _____	1	3790	.00
2. Indiana county tax withheld: See instructions _____	2		.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 _____ <b>Total Credits</b>	12	3790	.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





Schedule 7: Additional Required Information

2022

Enclosure  
Sequence No. 06

Name(s) shown on Form IT-40

VENKATA GEETHA DEVI MANDALA

Your Social Security Number

717 37 7140

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

\$  .00

\$  .00

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  2193151419

Your

email address

MVGEETHA06@GMAIL.COM

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



County Tax Schedule for  
Full-Year Indiana Residents

2022

Name(s) shown on Form IT-40

Your Social Security Number

VENKATA GEETHA DEVI MANDALA

717 37 7140

- |   | Column A - Yourself | Column B - Spouse's |
|---|---------------------|---------------------|
| 1. Enter the amount from IT-40, line 7. <b>Note:</b> 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 _____   | 1A 105518.00        | 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              |
| 3. Multiply line 1 by the rate on line 2 (leave blank if less than zero) _____  | 3A 1583.00          | 3B .00              |
| 4. Add lines 3A and 3B. Enter the total here. <b>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)</b> _____ | 4 1583.00           | 5 .00               |
| 5. Enter the amount of income that was taxed by certain Kentucky localities (see instructions) _____  | 6 .00               | 7 1583.00           |
| 6. Multiply line 5 by .0181 and enter total here _____  |                     |                     |
| 7. Enter total of line 4 minus line 6. Enter this amount on line 9 of Form IT-40 _____  |                     |                     |





Indiana Department of Revenue  
**2022 Underpayment of  
Estimated Tax By Individuals**  
Enclose with Form IT-40 or Form IT-40PNR

Name(s) shown on Form IT-40/IT-40PNR  
**VENKATA GEETHA DEVI MANDALA**

Your Social Security Number **717 37 7140**

**Section A - Farmers and Fishermen Only - See Instructions**

	Annual Gross Income from All Sources		Two-Thirds of Gross Income		Gross Income from Farming and Fishing
2021	0.0	X 66.7% =	0.0		0.0
2022	0.0	X 66.7% =	0.0		0.0

**Section B: Early Filers**

Check box if you filed your 2022 tax return and paid the total tax due by Feb. 1, 2023

**Section C - Required Annual Payment**

- 2022 tax \_\_\_\_\_
- 2022 credits (not including withholding credits or estimated tax payments) \_\_\_\_\_
- Subtract line 2 from line 1 \_\_\_\_\_
- Multiply line 3 by 90% (.90) (farmers/fishermen multiply by .667, see instructions) \_\_\_\_\_
- 2022 withholding tax credit \_\_\_\_\_
- Subtract line 5 from line 3 - If less than \$1,000, STOP HERE! You do not owe a penalty \_\_\_\_\_
- Prior year's tax (see instructions) \_\_\_\_\_
- Minimum required annual payment - Enter the lesser of line 4 or line 7 - If less than or equal to the amount on line 5, STOP HERE! You do not owe a penalty \_\_\_\_\_

Round all entries

1	4991	00
2		00
3	4991	00
4	4492	00
5	3790	00
6	1201	00
7	0	00
8	0	00

**Section D - Short Method - Read the instructions to determine if you can use the short method**

- Enter the withholding tax credit amount from line 5 above \_\_\_\_\_
- Enter the total amount, if any, of estimated tax payments you made for tax year 2022 \_\_\_\_\_
- Add lines 9 and 10 \_\_\_\_\_
- Total Underpayment. Subtract line 11 from line 8. If zero or less, STOP HERE! You do not owe a penalty. Attach this schedule to your tax return \_\_\_\_\_
- Multiply line 12 by 10% (.10). Enter this amount on line 20 on Form IT-40 or Form IT-40PNR \_\_\_\_\_

9		00
10		00
11		00
12		00
13		00

**Installment Period Due Dates**

**Section E - Regular Method**

	A 1st Installment April 18, 2022	B 2nd Installment June 15, 2022	C 3rd Installment September 15, 2022	D 4th Installment January 17, 2023
14. Minimum required installment payment: divide amount on line 8 by 4	14	00	00	00
15. 2022 withholding-Divide line 5 by 4	15	00	00	00

**STOP! Complete lines 16 through 19 for each column before going to the next one.**

16. 2022 estimated taxes paid per period	16	00	00	00	16	00
17. Total installment payments (add lines 15 and 16)	17	00	00	00	17	00
18. Installment period overpayment	18	00	00	00	18	00
19. Installment period underpayment	19	00	00	00	19	00
20. Total underpayment - Add line 19, Columns A + B + C + D and enter total here	20				20	00
21. Underpayment penalty - Multiply line 20 by 10%. Enter this amount on line 20 on Form IT-40 or IT-40PNR	21				21	00





Indiana Individual Income Tax  
**DECLARATION OF ELECTRONIC FILING**  
Income Tax for the Tax Year January 1 - December 31, 2022

**Do Not Mail  
This Form  
To DOR**

Submission ID  -  -

First Name and Middle Initial VENKATA GEETHA DEVI		Last Name MANDALA		Your Social Security Number 717 37 7140	
Spouse's First Name and Middle Initial		Spouse's Last Name		Spouse's Social Security Number	
Street Address 1536, 169TH STREET 152		City HAMMOND	State IN	ZIP Code 46324	Daytime Telephone Number 219 315 1419

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

1. Federal Adjusted Gross Income .....	1.	106518.
2. Indiana Adjusted Gross Income .....	2.	105518.
3. Total Indiana Tax .....	3.	4991.
4. Total State Tax Withheld .....	4.	3790.
5. Total County Tax Withheld .....	5.	
6. Total Indiana Tax Credits .....	6.	3790.
7. Refund .....	7.	
8. Amount You Owe .....	8.	1201.

**Part II. Electronic Settlement**

9. Type of settlement:  Direct Deposit of Refund  
 Direct Debit of Amount Owed Amount  Date of Withdrawal

10. Routing number:  *Note: The first two digits of the routing number must be 01 - 12 or 21 - 32.*

11. Account number:

12. Type of account:  Checking  Savings  Hoosier Works MC

13. Place an "X" in the box if refund will go to an account outside the United States.

**Do Not Mail  
This Form  
To DOR**

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

I authorize GLOBAL TAXES LLC to enter my PIN  7 7 1 4 0 as my signature on my tax year 2022 electronically filed income tax return. Do not enter all zeros

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 ▶ M.V. Geetha Devi Date 3/23/2023

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. Do not enter all zeros

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.  2 2 2 4 9 6 6 1 9 8 9 Do not enter all zeros

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 \_\_\_\_\_

I  
N  
D  
I  
A  
N  
A