

# 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 <b>YESHWANTH GALI</b>	Social security number 753-83-3635
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.

<b>1</b> Adjusted gross income . . . . .	<b>1</b>	52,064.
<b>2</b> Total tax . . . . .	<b>2</b>	4,490.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	7,609.
<b>4</b> Amount you want refunded to you . . . . .	<b>4</b>	3,119.
<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 

3	3	6	3	5
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
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 \_\_\_\_\_ to enter or generate my PIN 

--	--	--	--	--

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

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 [X] 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:

Form fields for personal information: Your first name and middle initial (YESHWANTH), Last name (GALI), Your social security number (753-83-3635), Spouse's social security number, Home address (3120 S JASMINE DR, CHANDLER, AZ 85286), and Presidential Election Campaign checkboxes.

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: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents.

Main income table with rows 1a through 15, including Total amount from Form(s) W-2, Taxable interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Capital gain or (loss), Other income from Schedule 1, Total income, Adjustments to income, Adjusted gross income, Standard deduction, Qualified business income deduction, and Taxable income.

<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>	4,490.
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b>	Add lines 16 and 17	<b>18</b>	4,490.
	<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>	4,490.
	<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>	4,490.

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	7,609.
	<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>	7,609.
	<b>26</b>	2022 estimated tax payments and amount applied from 2021 return	<b>26</b>	
	<b>27</b>	Earned income credit (EIC)	<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>	7,609.

<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>	3,119.
	<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>	3,119.
Direct deposit? See instructions.	<b>b</b>	Routing number 011900254 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number 385026752086		
	<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 PROJECT MANAGER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____
Spouse's signature. If a joint return, <b>both</b> must sign. _____	Date _____	Spouse's occupation _____	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____
Phone no. (816) 288-5818	Email address GALIYESHWANTH@GMAIL.COM		

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 01/31/2023	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Phone no. (678) 965-9522
Firm's EIN 88-2145487				

**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  
YESHWANTH GALI

Your social security number  
753-83-3635

**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>	-6,280.
<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 ABL 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>	-6,280.

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 E  
(Form 1040)**

**Supplemental Income and Loss**  
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

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

Department of the Treasury  
Internal Revenue Service

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.

Name(s) shown on return

YESHWANTH GALI

Your social security number

753-83-3635

**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 form 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** 404SRIMAHALAKSHMI RESIDENC UPPARAPALLI ,ATTAPUR HYDERABAD IN 500048

**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	
<b>A</b> 3		365		0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<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	480.	
<b>4</b>	Royalties received . . . . .	4		
<b>Expenses:</b>				
<b>5</b>	Advertising . . . . .	5		
<b>6</b>	Auto and travel (see instructions) . . . . .	6		
<b>7</b>	Cleaning and maintenance . . . . .	7	1,360.	
<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		
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	12		
<b>13</b>	Other interest . . . . .	13		
<b>14</b>	Repairs . . . . .	14	1,550.	
<b>15</b>	Supplies . . . . .	15	1,800.	
<b>16</b>	Taxes . . . . .	16		
<b>17</b>	Utilities . . . . .	17	2,050.	
<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	6,760.	
<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 <b>Form 6198</b> . . . . .	21	-6,280.	
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	22	( 6,280. )	( )
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	23a	480.	
<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	6,760.	
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	24		
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	( 6,280. )	
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> 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		-6,280.

Do not staple or paper clip.



Department of Taxation

2022 Ohio IT 1040 Individual Income Tax Return



01 31 23

Use only black ink/UPPERCASE letters. Use whole dollars only.

22000198 Sequence No. 1

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required) 753 83 3635

✓ If deceased

Spouse's SSN (if filing jointly)

✓ If deceased

School district # 2513

First name YESHWANTH

M.I. Last name GALI

Spouse's first name (if filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box 3120 S JASMINE DR

Address line 2 (apartment number, suite number, etc.)

City CHANDLER

State ZIP code AZ 85286

Ohio county (first four letters) DELA

Foreign country (if the mailing address is outside the U.S.)

Foreign postal code

Residency Status - Check only one for primary Resident X Part-year resident Nonresident CT

Check only one for spouse (if filing jointly) Resident Part-year resident Nonresident

Filing Status - Check one (as reported on federal income tax return) X Single, head of household or qualifying widow(er)

Married filing jointly Spouse's SSN Married filing separately

Ohio Nonresident Statement - See instructions for required criteria Primary meets the five criteria for irrefutable presumption as nonresident. Spouse meets the five criteria for irrefutable presumption as nonresident.

Federal extension filers - check here.

If someone can claim you (or your spouse if filing jointly) as a dependent, check here.

Do not staple or paper clip.

- 1. Federal adjusted gross income (federal 1040 or 1040-SR, line 11). Place a "-" in the box if negative.....1. 52064
2a. Additions - Ohio Schedule of Adjustments, line 10 (include schedule).....2a.
2b. Deductions - Ohio Schedule of Adjustments, line 39 (include schedule).....2b.
3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box if negative .. ...3. 52064
4. Exemption amount (include Schedule of Dependents if applicable) .....4. 2150
Number of exemptions including you and your spouse/dependents, if applicable: 1
5. Ohio income tax base (line 3 minus line 4; if negative, enter zero).....5. 49914
6. Taxable business income - Ohio Schedule IT BUS, line 13 (include schedule).....6.
7. Taxable nonbusiness income (line 5 minus line 6; if negative, enter zero).....7. 49914



MM-DD-YY Code

2022 Ohio IT 1040  
Individual Income Tax Return



SSN 753 83 3635

22000298 Sequence No. 2

Table with 2 columns: Description and Amount. Rows include 7a. Amount from line 7 on page 1 (49914), 8a. Nonbusiness income tax liability (1038), 8b. Business income tax liability (1038), 8c. Income tax liability before credits (1038), 9. Ohio nonrefundable credits (63), 10. Tax liability after nonrefundable credits (975), 11. Interest penalty on underpayment of estimated tax (11), 12. Unpaid use tax (12), 13. Total Ohio tax liability before withholding (975), 14. Ohio income tax withheld (1420), 15. Estimated and extension payments (15), 16. Refundable credits (16), 17. Amended return only (17), 18. Total Ohio tax payments (1420), 19. Amended return only overpayment (19), 20. Line 18 minus line 19 (1420), 21. Tax due (21), 22. Interest due on late payment of tax (22), 23. TOTAL AMOUNT DUE (23), 24. Overpayment (445), 25. Original return only (25), 26. Original return only donation (26), 27. REFUND (445).

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.
Primary signature \_\_\_\_\_ Phone number (816) 288-5818
Spouse's signature \_\_\_\_\_ Date \_\_\_\_\_
Check here to authorize your preparer to discuss this return with the Department.
Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522
Preparer's TIN (PTIN) P 02082703

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.
NO Payment Included - Mail to: Ohio Department of Taxation, P.O. Box 2679, Columbus, OH 43270-2679
Payment Included - Mail to: Ohio Department of Taxation, P.O. Box 2057, Columbus, OH 43270-2057



01 31 23

Many of these credits must be calculated using a worksheet and/or be supported by additional required documentation. See the instructions for worksheets and information on supporting documentation.

Nonrefundable Credits

Table listing 24 categories of nonrefundable credits with their respective line numbers and values. Total for line 11 is 1038.



# 2022 Ohio Schedule of Credits

Primary taxpayer's SSN

753 83 3635



22280298

Sequence No. 8

25. Technology investment credit carryforward (include a copy of the credit certificate).....	25.	
26. Enterprise zone day care & training credits (include a copy of the credit certificate) .....	26.	
27. Research & development credit (include a copy of the credit certificate).....	27.	
28. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate).....	28.	
29. Total (add lines 12 through 28) .....	29.	0
30. Tax less additional credits (line 11 minus line 29; if negative, enter zero).....	30.	1038

**Nonresident Credit**

**Dates of Ohio residency**      01 01 22 to 05 31 22      **Other state of residency**    CT

31. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy) .....	31.	3170
32. Ohio adjusted gross income (Ohio IT 1040, line 3).....	32.	52064
33a. Divide line 31 by line 32 (four decimals; do not round; if greater than 1, enter 1.0000) .....	33a.	0.0608
33. Nonresident credit (line 30 times line 33a) .....	33.	63

**Resident Credit**

34. Resident credit – Ohio IT RC, line 7 (include a copy) .....	34.	
35. <b>Total nonrefundable credits</b> (add lines 10, 29, 33 and 34; enter here and on Ohio IT 1040, line 9) .....	35.	63

**Refundable Credits**

36. Refundable Ohio historic preservation credit (include a copy of the credit certificate).....	36.	
37. Refundable job creation credit & job retention credit (include a copy of the credit certificate) .....	37.	
38. Pass-through entity credit (include a copy of the Ohio IT K-1s).....	38.	
39. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate).....	39.	
40. Venture capital credit (include a copy of the credit certificate) .....	40.	
41. <b>Total refundable credits</b> (add lines 36 through 40; enter here and on Ohio IT 1040, line 16).....	41.	



# 2022 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters. Use whole dollars only.



22350198

Primary taxpayer's SSN

Sequence No. 11

753 83 3635

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms **only if they have Ohio withholding**. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies if necessary. **Place state copies of your income statements after the last page of your return.**

### Part A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 1040 .....1. 1420

### Part B - W-2s

1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	843443670	58344	7609

Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
54131286	48894	1420

2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
--------	-------------	---	-------------------------------------

Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
------------------------------------	---------------------------------	--------------------------

3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
--------	-------------	---	-------------------------------------

Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
------------------------------------	---------------------------------	--------------------------

4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
--------	-------------	---	-------------------------------------

Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
------------------------------------	---------------------------------	--------------------------

5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
--------	-------------	---	-------------------------------------

Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
------------------------------------	---------------------------------	--------------------------

6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
--------	-------------	---	-------------------------------------

Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
------------------------------------	---------------------------------	--------------------------

7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
--------	-------------	---	-------------------------------------

Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
------------------------------------	---------------------------------	--------------------------



# 2022 Schedule of Ohio Withholding

Primary taxpayer's SSN  
753 83 3635



22350298

Sequence No. 12

## Part C - 1099-Rs

1. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Box 4 - Federal income tax withheld

Total  
distribution

Box 7 -  
Distribution code

Box 14 - Ohio tax withheld

2. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Box 4 - Federal income tax withheld

Total  
distribution

Box 7 -  
Distribution code

Box 14 - Ohio tax withheld

3. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Box 4 - Federal income tax withheld

Total  
distribution

Box 7 -  
Distribution code

Box 14 - Ohio tax withheld

4. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Box 4 - Federal income tax withheld

Total  
distribution

Box 7 -  
Distribution code

Box 14 - Ohio tax withheld

## Part D - W-2Gs

1. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings

Box 14 - Ohio state winnings

Box 4 - Federal income tax withheld

Box 15 - Ohio income tax withheld

2. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings

Box 14 - Ohio state winnings

Box 4 - Federal income tax withheld

Box 15 - Ohio income tax withheld

3. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings

Box 14 - Ohio state winnings

Box 4 - Federal income tax withheld

Box 15 - Ohio income tax withheld

## Part E - 1099-NECs

1. P/S Payer's TIN

Box 6 - Payer's Ohio number

Box 1 - Nonemployee compensation

Box 7 - State income

Box 4 - Federal income tax withheld

Box 5 - Ohio tax withheld

2. P/S Payer's TIN

Box 6 - Payer's Ohio number

Box 1 - Nonemployee compensation

Box 7 - State income

Box 4 - Federal income tax withheld

Box 5 - Ohio tax withheld



# 2022 Schedule of School District Withholding

Use only black ink/UPPERCASE letters. Use whole dollars only.

Complete a separate schedule for each SD 100 you file that reports school district withholding.

Primary taxpayer's SSN

School District #

List your and your spouse's (if filing jointly) W-2 and 1099-R forms **only if they have school district withholding**. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies if necessary. **Place state copies of your income statements after the last page of your return.**

**Important:** On occasion, employers will report school district withholding in box 14 of the W-2 instead of the "local" boxes. In this case, enter the school district number and the withholding amount in the appropriate fields and report the Ohio state wages from box 16 as the school district wage amount.

### Part A - Total Withholding

1. Total of all school district income tax withheld for the school district entered above. Enter here and on line 7 of your SD 100 ..... 1. 978

### Part B - W-2s

1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	P 843443670	58344	7609

Box 15 - Employer's Ohio ID number	Box 18 - School district wages	Box 19 - School district tax
54131286	48894	978

2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
--------	-------------	---	-------------------------------------

Box 15 - Employer's Ohio ID number	Box 18 - School district wages	Box 19 - School district tax
------------------------------------	--------------------------------	------------------------------

3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
--------	-------------	---	-------------------------------------

Box 15 - Employer's Ohio ID number	Box 18 - School district wages	Box 19 - School district tax
------------------------------------	--------------------------------	------------------------------

4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
--------	-------------	---	-------------------------------------

Box 15 - Employer's Ohio ID number	Box 18 - School district wages	Box 19 - School district tax
------------------------------------	--------------------------------	------------------------------

5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
--------	-------------	---	-------------------------------------

Box 15 - Employer's Ohio ID number	Box 18 - School district wages	Box 19 - School district tax
------------------------------------	--------------------------------	------------------------------

### Part C - 1099-Rs

1. P/S	Payer's TIN	Box 1 - Gross distribution	Box 4 - Federal income tax withheld
--------	-------------	----------------------------	-------------------------------------

Box 15 - Payer's Ohio number	Box 19 - School district distribution	Box 17 - School district tax
------------------------------	---------------------------------------	------------------------------



## Form CT-1040NR/PY Required Fields

The following fields are required to be automatically populated or completed for taxpayers to continue filing, or must be completed in response to the selection of other fields.

### Required to be Automatically-Populated Fields

Each page of each form submitted to DRS must include the following automatically populated fields:

1. **Document Identification Numbers** - Three occurrences of the Document Identification Number (DIN) must be on each page. The QR Code and two DINs must be on each scannable page. (See Document Identification Number and Quick Reference (QR) Code, on Page 4.)
2. **Social Security Number** - The Social Security Number must appear at the top of Form CT-1040NR/PY, Pages 2, 3, and 4; Schedule CT-CHET; Supplemental Schedule CT-1040WH; Schedule CT-IT Credit, Pages 1 and 2; Schedule CT-PE; **and** Form CT-6251, Pages 1 and 2.
3. In addition, the following **Checklist for filing your Connecticut income tax return** must be included when hard copies of the form are printed. Taxpayers should not send the checklist to DRS with the return.

### Do not send this sheet with your return.

1. Be sure that Page 1 of your return is not printed on the back of this sheet.
2. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
3. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
4. **Do not attach or send copies of forms W-2 or 1099.**
5. Verify that the address lines on the return are correct and proper abbreviations are used.
6. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 18a through 18e, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
7. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
8. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return. (File Form CT-1040X electronically at [www.ct.gov/TSC](http://www.ct.gov/TSC) using the Taxpayer Service Center.)
9. Send **all** completed pages of CT-1040NRPY, Schedule CT-CHET, Supplemental Schedule CT-1040WH, Schedule CT-IT Credit, Schedule CT-PE, and Form CT-6251. Send **all** four pages of your completed return, both pages of your completed Schedule CT-CHET, and any other supporting schedules.
10. Make check payable to: Commissioner of Revenue Services
11. To ensure proper posting, write your SSN(s) (optional) and "2022 Form CT-1040NRPY" on your check.
12. To mail your return, use the following addresses:
  - For all tax returns with payment:
    - Department of Revenue Services
    - PO Box 2977
    - Hartford CT 06104-2977
  - For refunds and tax returns without payment:
    - Department of Revenue Services
    - PO Box 2976
    - Hartford CT 06104-2976
13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 25a through 25d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited. Alpha characters are not allowed in Routing or Account Number fields.
15. When making payment using Form CT-1040V, **DO NOT** attach copies of your previously filed Form CT-1040NR/PY.

### Do not send this sheet with your return.

NRPY1222V011555



Form CT-1040NR/PY - 2022

Connecticut Nonresident and Part-Year Resident Income Tax Return (Rev. 12/22)

Page 1 of 4

Other tax year, beginning: and ending:

Y S N FJ N MFS N HOH N QSS
753 - 83 - 3635 - -

YESHWANTH GALI N Dec. Y P
N Dec. N N

3120 S JASMINE DR N CT-8379 N CT-2210 N CT-19IT

USA N CT-1040 CRC N Federal Form 1310

CHANDLER AZ 85286 -

Table with 3 columns: Line number, Description, and Amount. Includes lines 1 through 18 for tax calculation.

Clip check here. Do not use staples. Do not send Forms W-2 or 1099, or Schedules CT K-1.



NRPY1222V011555

Form CT-1040NR/PY, Page 2 of 4

NRPY1222V021555



• 753833635

19. Amount from Line 18

19. • 394

Forms W-2, W-2G, 1099, and Schedule CT K-1 Information

	Col. A - Employer's Federal ID #	Col. B - CT Wages, Tips, etc.	Sch. CT K-1	Col. C - CT Income Tax Withheld
20a.	84 - 3443670	• 9450	• N	505
20b.	-	• 0	•	0
20c.	-	• 0	•	0
20d.	-	• 0	•	0
20e.	-	• 0	•	0

20f. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) 20f. 0

20. Total Connecticut income tax withheld: Amounts in Column C. 20. 505

21. All 2022 estimated tax payments and any overpayments applied from a prior year 21. 0

22. Payments made with Form CT-1040 EXT 22. 0

22a. Claim of right credit (from Form CT-1040 CRC, Line 6) 22a. 0

22b. Pass-through entity tax credit (from Schedule CT-PE, Line 1). Schedule must be attached. 22b. 0

23. Total payments and refundable credits: Add Lines 20, 21, 22, 22a and 22b. 23. 505

24. Overpayment: If Line 23 is more than Line 19, Line 19 subtracted from Line 23. 24. 111

25. Amount of Line 24 you want applied to your 2023 estimated tax 25. 0

26. Amount of Line 24 you want applied as a CHET contribution (from Schedule CT-CHET, Line 4) 26. 0

26a. Total contributions of refund to designated charities (from Schedule 4, Line 63) 26a. 0

27. Refund: Lines 25, 26, and 26a subtracted from Line 24. 27. 111

If you have not elected to direct deposit, a refund check will be issued and processing may be delayed.

27a. Acct. type  Y  Ck.  N  Sv. 27b. Rout. # 011900254 27c. Acct. # 385026752086

27d. Refund going to a bank account outside the U.S. 27d.  N

28. Tax due: If Line 19 is more than Line 23, Line 23 subtracted from Line 19. 28. 0

29. If late: Penalty entered. Line 28 multiplied by 10% (.10). 29. 0

30. If late: Interest entered. Line 28 multiplied by number of months or fraction of a month late, then by 1% (.01). 30. 0

31. Interest on underpayment of estimated tax (from Form CT-2210.) 31. 0

32. Total amount due: Add Lines 28 through 31. 32. 0.00

**Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.**

Your signature	Date	Home/cell telephone number
•	•	8162885818
Spouse's signature (if joint return)	Date	Daytime telephone number
•	•	•
Paid preparer's signature	Date	Telephone number
• SYAM PRIYA RAM SAGAR GU	• 013123	• 6789659522
Paid preparer's name	Paid Preparer's PTIN	
SYAM PRIYA RAM SAGAR GUPTA TALL	P02082703	
Firm's name, address and ZIP code	FEIN	
GLOBAL TAXES LLC	882145487	
245 ROONEY CT	Self-employed	
E BRUNSWI NJ 08816 -	N	

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

Designee's name	Telephone number	Personal identification number (PIN)
•	•	•

NRPY1222V021555

Sign Here  
Keep a copy for your records.

Form CT-1040NR/PY, Page 3 of 4

NRPY1222V031555



• 753833635

**Schedule 1 - Modifications to Federal Adjusted Gross Income**

33. Interest on state and local government obligations other than Connecticut	33.	0
34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	34.	0
35. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	35.	0
36. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero.	36.	0
37. Loss on sale of Connecticut state and local government bonds	37.	0
38. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year.	38.	0
38a. 80% of Section 179 federal deduction.	38a.	0
39. Other - specify •	39.	0
<b>40. Total additions:</b> Add Lines 33 through 39.	40.	0
41. Interest on U.S. government obligations	41.	0
42. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	42.	0
43. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet)	43.	0
44. Refunds of state and local income taxes	44.	0
45. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	45.	0
46. Military retirement pay	46.	0
47. 50% of income received from Connecticut Teachers' Retirement System	47.	0
48. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero.	48.	0
49. Gain on sale of Connecticut state and local government bonds	49.	0
50. CHET contributions made in 2022 or an excess carried forward from a prior year Acct. #	50.	0
50a. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding four years.	50a.	0
50b. 100% of pension or annuity income.	50b.	0
51. Other - specify •	51.	0
<b>52. Total subtractions:</b> Add Lines 41 through 51.	52.	0

**Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions**

53. Connecticut AGI during residency portion of taxable year	53.	0
	<b>Col. A</b>	<b>Col. B</b>
54. Qualifying jurisdiction's name and two-letter code	54. •	•
55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return (from Schedule 2 Worksheet)	55.	0
56. Line 55 divided by Line 53. May not exceed 1.0000.	56.	0.0000
57. Apportioned income tax	57.	0
58. Line 56 multiplied by Line 57	58.	0
59. Allowable income tax paid to a qualifying jurisdiction	59.	0
60. Lesser of Line 58 or Line 59	60.	0
61. Total credit: Add Line 60, all columns.	61.	0

NRPY1222V031555

NRPY1222V041555



• 753833635

**Schedule 3 - Individual Use Tax**

62a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)	62a.	0
62b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)	62b.	0
62c. Use tax at 7.75% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)	62c.	0
62d. Use tax at 2.99% (from Connecticut Individual Use Tax Worksheet, Section D, Column 7)	62d.	0
62. Individual use tax: Add Lines 62a, 62b, 62c, and 62d.	62. •	0

**Schedule 4 - Contributions to Designated Charities**

63a. AR	63a.	0
63b. OT	63b.	0
63c. ES/W	63c.	0
63d. BCR	63d.	0
63e. SNS	63e.	0
63f. MR	63f.	0
63g. CBS	63g.	0
63h. MHCIA	63h.	0
63. <b>Total Contributions:</b> Add Lines 63a through 63h.	63.	0

Taxpayer email

NRPY1222V041555

# Schedule CT-SI

## Nonresident or Part-Year Resident

### Schedule of Income From Connecticut Sources



**Complete this schedule if you were a nonresident or part-year resident of Connecticut** and attach it to Form CT-1040NR/PY. Do not use staples. Complete in blue or black ink only. Please note that each form is year specific. To prevent any delay in processing your return, the correct year's form **must** be submitted to the Department of Revenue Services (DRS).

Your first name and middle initial <b>YESHWANTH</b>	Last name <b>GALI</b>	Your Social Security Number <b>7 5 3 : 8 3 : 3 6 3 5</b>
If joint return, spouse's first name and middle initial	Last name	Spouse's Social Security Number

Visit [portal.ct.gov/DRS/Individuals/Individual-Income-Tax](https://portal.ct.gov/DRS/Individuals/Individual-Income-Tax) before completing this schedule.

**Part 1 - Connecticut Income - Part-Year Residents:** Complete **Schedule CT-1040AW, Part-Year Resident Income Allocation**. Add Columns B and D for each line of Schedule CT-1040AW and enter the totals on Lines 1 through 30 below.  
**Nonresidents:** Enter the income received from Connecticut sources.

1. Wages, salaries, tips, etc. ....	▶	1.	9,450	
2. Taxable interest .....	▶	2.		
3. Ordinary dividends .....	▶	3.		
4. Alimony received .....	▶	4.		
5. Business income or (loss) .....	▶	5.		
6. Capital gain or (loss) .....	▶	6.		
7. Other gains or (losses) .....	▶	7.		
8. Taxable amount of IRA distributions .....	▶	8.		
9. Taxable amounts of pension and annuities .....	▶	9.		
10. Rental real estate, royalties, partnerships, S corporations, trusts, etc. ....	▶	10.	0	
11. Farm income or (loss) .....	▶	11.		
12. Unemployment compensation .....	▶	12.		
13. Taxable amount of social security benefits .....	▶	13.		
14. Other income: See instructions. ....	▶	14.		
15. Gross income from Connecticut sources: Add Lines 1 through 14. ....	▶	15.	9,450	00

**Part 2 - Adjustments to Connecticut Income** - Enter adjustments **directly** related to income reported above.

16. Educator expenses .....	▶	16.		
17. Certain business expenses of reservists, performing artists, and fee-basis government officials .....	▶	17.		
18. Health savings account deduction .....	▶	18.		
19. Moving expenses for members of the armed forces .....	▶	19.		
20. Deductible part of self-employment tax .....	▶	20.		
21. Self-employed SEP, SIMPLE, and qualified plans .....	▶	21.		
22. Self-employed health insurance deduction .....	▶	22.		
23. Penalty on early withdrawal of savings .....	▶	23.		
24. Alimony paid. Recipient's last name ▶ _____ SSN ▶ _____ - _____ - _____	▶	24.		
25. IRA deduction .....	▶	25.		
26. Student loan interest deduction .....	▶	26.		
27. Archer MSA deduction .....	▶	27.		
28. Other adjustments .....	▶	28.		
29. Total adjustments: Add Lines 16 through 28. ....	▶	29.		
30. <b>Income from Connecticut sources:</b> Subtract Line 29 from Line 15. Enter the amount here and on <b>Form CT-1040NR/PY</b> , Line 6. ....	▶	30.	9,450	00

**Employee Apportionment Worksheet** - Complete Lines A through G only when the income from employment is earned both inside and outside Connecticut and the exact amount of Connecticut income is not known. **Do not complete Lines A through G if you know the exact amount of your Connecticut-sourced income.**

A. Working days (or other basis) outside Connecticut .....	▶	A		
B. Working days (or other basis) inside Connecticut .....	▶	B		
C. Total working days: Add Line A and Line B. ....	▶	C		
D. Nonworking days (Holidays, weekends, etc.) .....	▶	D		
E. Connecticut ratio: Divide Line B by Line C. Round to four decimal places. ....	▶	E		
F. Total income being apportioned .....	▶	F		
G. Connecticut income: Multiply Line E by Line F. Enter here and on Schedule CT-SI, Line 1. .... Basis, if other than working days: _____	▶	G		

# Schedule CT-1040AW

## Part-Year Resident Income Allocation



# 2022

**Part-year residents** must complete this schedule before completing Schedule CT-SI and attach it to Form CT-1040NR/PY. Do not use staples. Complete in blue or black ink only. Please note that each form is year specific. To prevent any delay in processing your return, the correct year's form **must** be submitted to the Department of Revenue Services (DRS).

Your first name and middle initial <b>YESHWANTH</b>	Last name <b>GALI</b>	Your Social Security Number <b>7 5 3 : 8 3 : 3 6 3 5</b>
If joint return, spouse's first name and middle initial	Last name	Spouse's Social Security Number

		Federal Income as Modified <small>See instructions.</small>	Connecticut Resident Period	Connecticut Nonresident Period	
		Column A <small>Income from federal return</small>	Column B <small>Income from Column A for this period</small>	Column C <small>Income from Column A for this period</small>	Column D <small>Income from Column C from Connecticut sources</small>
1. Wages, salaries, tips, etc. ....	1.	58,344	9,450	48,894	0
2. Taxable interest.....	2.				
3. Ordinary dividends.....	3.				
4. Alimony received .....	4.				
5. Business income or (loss).....	5.				
6. Capital gain or (loss).....	6.				
7. Other gains or (losses) .....	7.				
8. Taxable amount of IRA distributions .....	8.				
9. Taxable amounts of pension and annuities.....	9.				
10. Rental real estate, royalties, partnerships, S corporations, trusts, etc. ....	10.	-6,280	0	-6,280	0
11. Farm income or (loss).....	11.				
12. Unemployment compensation .....	12.				
13. Taxable amount of social security benefits .....	13.	0		0	
14. Other income: See instructions. ....	14.				
15. Add Lines 1 through 14. ....	15.	52,064 00	9,450 00	42,614 00	0 00

### Part 2 – Adjustments to Income

16. Educator expenses .....	16.				
17. Certain business expenses of reservists, performing artists, and fee-basis government officials.....	17.				
18. Health savings account deduction .....	18.				
19. Moving expenses for members of the armed forces .....	19.				
20. Deductible part of self-employment tax .....	20.				
21. Self-employed SEP, SIMPLE, and qualified plans..	21.				
22. Self-employed health insurance deduction.....	22.				
23. Penalty on early withdrawal of savings.....	23.				
24. Alimony paid .....	24.				
25. IRA deduction .....	25.				
26. Student loan interest deduction .....	26.				
27. Archer MSA deduction .....	27.				
28. Other adjustments .....	28.				
29. Total adjustments: Add Lines 16 through 28. ....	29.				
30. Subtract Line 29 from Line 15. ....	30.	52,064 00	9,450 00	42,614 00	0 00

**Line 30, Column A, must equal the amount on Form CT-1040NR/PY, Line 5.**

**Add Columns B and D for each line and enter the totals on Lines 1 through 30 on Schedule CT-SI.**

### Part 3 – Part-Year Resident Information

#### Moved Into Connecticut

1. Date **you** moved into Connecticut 06 / 01 / 22 and state of **prior** residence: OH

2. Date **your spouse** moved into Connecticut        /        /        and state of **prior** residence:       

#### Moved Out of Connecticut

1. Date **you** moved out of Connecticut        /        /        and state of **new** residence:       

2. Date **your spouse** moved out of Connecticut        /        /        and state of **new** residence:       

#### Income From Connecticut Sources During Nonresident Period

1. Did **you** receive income from Connecticut sources during your nonresident period? .....  Yes  No

2. Did **your spouse** receive income from Connecticut sources during his or her nonresident period? .....  Yes  No