## **IRS** e-file Signature Authorization

ERO must obtain and retain completed Form 8879.
 Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

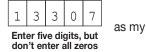
Taxpayer's name

Taxpayer's name	Social security number
RAGAVA REDDY SAMA	661-31-3307
Spouse's name	Spouse's social security number
TEJA SRI GUDURU	087-15-7291
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> 105,478.
<b>2</b> Total tax	<b>2</b> 9,138.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 12,848.
4 Amount you want refunded to you	<b>4</b> 3,710.
<b>5</b> Amount you owe	5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep 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

			ERO firm name		Er
X	l authorize	GLOBAL TAX	ES LLC	to enter or generate my PIN	



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 🕨

#### Date 🕨

Spouse's	PIN:	check	one	box	only
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X I authorize GLOBAL TAXES LLC ERO firm name

to	enter	or	aenerate	mv	PIN
ιU	CILCI	UI.	yenerale	1117	

5 7 2 9 1 as my Enter five digits, but don't enter all zeros

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

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

Spouse's signature E	ate					 		
Practitioner PIN Method Returns Only—continue	e bel	ow						
Part III Certification and Authentication – Practitioner PIN Method Only								
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2			6 all zei	 9	89	

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 Don't Submit This Form to the									
For Paperwork Reduction Act Notice, see your tax return instructions	- BAA	REV 03/09/23 PRO	Form 8879 (Rev. 01-2021)						

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.)       Ves       N         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Vour spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       is blind         Dependents       (see instructions):       (a) Relationship       (b) Check the box if qualifies for (see instructions)         If more       (1) First name       Last name       number       (b) Relationship       (b) Check the box if qualifies for (see instructions)         If more       (1) First name       Last name       (a) Relationship       (b) Check the box if qualifies for (see instructions)       1 a       115, 90         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1 a       115, 90       1 b         W-26 and       c       Total amount from Form(s) W-2, box 1 (see instructions)       1 d       1 b       1 d         W-26 and       c       Total amount from Form Sell W-2, box 1 (see instructions)       1 d       1 d       1 d       1 d       1 d         <	E <b>1040</b>		artment of the Treasury—Internal Revenue Service <b>S. Individual Income Tax</b>		urn 20	22	OMB No. 1545	-0074	IRS Use	Only—	Do not w	rite or staple	in this space.
RAGAVA REDDY       SAMA       661-31-3307         If joint future, spouse's first name and middle initial       Last name       Spouse's scolal security more         FEJA, SRI       GUD/U       087-15-7291         Home address (number and steel), if you have a P.0. too, see instructions.       Apt. no.       Checkherel You, oryou opcouse if filing jointly, ware of reign address, also complete spaces below.       State       ZIP code       Total 60008         ROLLING       MSADOWS       Foreign province/state/county       Foreign postal code       you is fund. Checkher if you, row opcouse if filing jointly, ware or refund.         Rostes       exchange, gift, or otherwise dispose of a digital asset for a financial interest in a digital asset/? (See instructions.)       Yee       Ne         Age/Blindness       Spouse itemizes on a separate return or you were a dual-status alien       Age/Blindness       Yee       N         Age/Blindness       You :       Yee bom before January 2, 1958       Are blind       Spouse:       Was bom before January 2, 1958       Is blind         Dependents, issee instructions):       (I) First name       Last name       Image:	Check only	lf yo	u checked the MFS box, enter the na	ame of y			_				spol	use (QSS)	-
If joint num, pouse's first name and middle initial       GBU DURU       GBV and severity more instructions.       GBV and severity more instructions.       GBV and severity more instructions.       Apt. no.       GBV and severity more instructions.       GBV and severity more instructions.       Apt. no.       Check here if you, or you         GUL INK MEADOWS       State       ZP code       GBV and severity more instructions.       Apt. no.       Check here if you, or you         Foreign country name       Foreign province/state/county       Foreign postal code       you that or efficient.       You of you is you         Standard       Someone can allow a doreign address, also complete spaces bolw.       State       Zive or efficient.       You or you         Standard       Someone can allow a doreign address, also complete spaces bolw.       State       Zive or efficient.       You or you       Yee       Xive         Dependents       get and severation or you were a dual-status allen       Apr. Someone can allow a doreign address.       Yee       Xive       Xive         If more timore       If more timore       If you and you were a dual-status allen       Check the box if qualifies for there the	Your first name	and mi	ddle initial	Last nar	ne					1	/our so	cial securit	ty number
TEJA SRT       GUDURU       087-15-7291         Home address (number and street). If you have a foreign address, also complete spaces below.       Apt. no.       Apt. no.       Check there if you, or you space a foreign address, also complete spaces below.       State       ZP code       Spoule of this in AC. Theole if you or you spoule of this in AC. Theole if you, or you so refund.         ROLLING MEADOWS       Foreign control you are a foreign address, also complete spaces below.       State       ZP code       Spoule of this in AC. Theole is the AC. Theole if you if you are refund.         Rotard       Array time during 2022, did you: (a) receive (ss a reward, award, or psyment for property or services) or (b) sel, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes       N         Standard       Someone can claim       You as a dependent       You so a dependent       Yes       N         Deduction       Spouse firmings on a separate ratum or you are a dual-status allon       Persidential feerometry       Check theo if qualifies for einstruct firming with a separate ratum or you are a dual-status allon         Age/Blindness       You:       Ware born before January 2, 1958       Are blind       Spouse firming with a separate ratum or you are a dual-status allon         Age/Blindness       You:       Intermediation from form(s) W-2, box 1 (see instructions)       Intermediation for address for addres dual addresta allon       Intermediation for ad	RAGAVA R	EDDY	Ζ	SAMA						(	661-3	31-330	7
Home address (number and street). If you have a P.O. box, see instructions.         Apt. no.         Apt. no.         State         Presidential Becine Came           Chock there if you, or you         Chock there if you         Some or can claim:         You         Some or can claim:         You is a dependent         You is so there is a reward, award, or payment for property or services); or (b) sell,         Some or can claim:         You is so there is a some or can claim:         You is so there is a some or can claim:         You is so there is a some or can claim:         You is so there is a some or can claim:         You is so there is a some or can claim:         You is so there is a some or can claim:         You is so there is a some or can claim:         You is some or can claim or you were a dual-status alien         You	lf joint return, sp	oouse's	first name and middle initial	Last nar	ne					5	Spouse'	s social see	curity number
5403       CHA: transport       4       Check here if you, or youse if filing jointly, wai you so the filing jointly, wai you to the transport of transp	TEJA SRI			GUDU	RU					(	087-1	15-729	1
City, town, or past office. If you have a foreign address, also complete spaces below.       State       II       State       City, town, or past office. If you have a foreign address, also complete spaces below.       II       State       City com, or past office. If you have a foreign address, also complete spaces below.       III       State       City com, or past office. If you have a foreign province/state/county       Foreign post office. If you have a foreign province/state/county       Foreign post office. If you have a foreign address, also complete spaces below.       IV ou       State         Digital       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services), or (b) sell, acknow, acknage, aff, or otherwise dispose of a digital asset (or a financial lasset)? (See instructions).       Yes       N N         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Dependents       (See instructions):       (I) First name       Last name       IIII       Chief das cert         If more       (I) First name       Last name       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.			A	Apt. no.	F	Preside	ntial Election	on Campaigr
Coldy, Main of Document, Non-Inter a Integrin address, also Colligited spaces below.       Int       Call Dirk       to go to this fund. Checking         Foreign country name       Foreign province/state/county       Foreign postal code       you is to blow within of change         Digital       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell,       You is to blow within of change         Assets       exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).       Yes is the second of the se	5403 CHA	TEAU	J					4	ł				
ROLLING       MEADOWS       II       6008       box below will not change your tax or refund.         Foreign province/state/county       Foreign province/state/county       Foreign province/state/county       your tax or refund.         Igital       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell,         Assets       exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes       N         Standard       Spouse itemizes on a separate return or you were a dual-status alien       Age/Blindness       You as a dependent       You so a dependent       You so a dependent       If a county 2, 1958       Is blind         Dependents       (see instructions):       (Q) social security       (Q) Relationship       (4) Check the box it qualifies for (see instructions)         If more       Last name       Immber       Immber       Immber       Immber         No count from form       Last name       Immber       Immber       Immber       Immber         No count from form       Last name       Immber       Immber <td>City, town, or p</td> <td>ost offic</td> <td>ce. If you have a foreign address, also co</td> <td>mplete sp</td> <td>baces below.</td> <td>Sta</td> <td>ite</td> <td>ZIP c</td> <td>ode</td> <td></td> <td></td> <td></td> <td></td>	City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete sp	baces below.	Sta	ite	ZIP c	ode				
Foreign country name       Foreign province/state/county       Foreign province/state/state/county	ROLLING	MEAI	DOWS			II	J	600	08				
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.)       Ves       N         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status allen       Assets       Image: Comparison of the second o	Foreign country	name		F	oreign province/	/state/coun	ty	Foreig	n postal co				0
Assets       exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Ves       N         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Age/Bindness You:       Ware bom before January 2, 1958       Are blind       Spouse:       Was bom before January 2, 1958       Is blind         Dependents       (i) First name       Last name       (i) Goal security       (ii) Relationshi       (i) Check the box if qualifies for (see instruct Child tax credit       Credit for other dependent to you         if more than four dependents, see instructions       (ii) First name       Last name       Iii)       Iiii       Iiiii       Iiiii       Iiiii       Iiiii       Iiiiii       Iiiiii       Iiiii       Iiiiii       Iiiiii       Iiiiii       Iiiiii       Iiiiii       Iiiiii       Iiiiii       Iiiiiiiiiiiiii       Iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii												You	Spouse
Deduction       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):       (a) Social security       (a) Relationship       (b) Check the box if qualifies for (see instruction check here       Credit for other dependents, see instructions         If more       (1) First name       Last name       (a) Social security       (a) Relationship       (c) Check the box if qualifies for (see instructions hand check         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       115, 90         Hatch Form(s)       V-2 and       1b       Integendents and check on promes) W-2.       1b         Household employee wages not reported on Form(s) W-2.       1b       Integendents       1c         W-26 and       e       Taxable dependent care benefits from Form 2441, line 26       1c       1d         UP9-Ri if ax       Wages from Form 8919, line 6       1g       1d       1d       1d         W-22, and       f       Employer-provided adoption benefits from Form 8839, line 29       1f       1g       1d       1d         W-22, ase       i       Nontaxable comobat pay election (see instructions)								-				Yes	No
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big bornaction       (b) First name       Last name       (b) Southead only 10000       Child tax credit       Credit for other deperiments of production in producting producting production in production preduction in pr	Age/Blindness	You:	Were born before January 2, 19	958	Are blind	Spouse	: 🗌 Was bor	n befo	ore Janua	ry 2,	1958	🗌 ls bl	ind
If more than four dependents, see instructions and check see instructions see	Dependents	s (see	instructions):		(2) Social se	ecuritv	(3) Relationsh	ip (4	) Check th	e box	if quali	fies for (see	instructions):
than four       dependents, see instructions	•				.,			.	Child ta	ax crea	dit	Credit for ot	her dependents
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Ite       Ite       Ite         Attach Form(s) W-2 here. Also       to Tip income not reported on line 1a (see instructions)       1c       1c         W-2 here. Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 here. Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 here. Also       d       Medicaid waiver payments not reported on Form (s) W-2 (see instructions)       1d         W-2 here. Also       d       Medicaid waiver payments not reported on Form (s) W-2 (see instructions)       1d         W-2 here. Also       d       Employer-provided adoption benefits from Form 8839, line 29       1f         gear aform       H       Other earned income (see instructions)       1i       1g         gear aform       Nontaxable combat pay election (see instructions)       1i       1z       115, 90         W-2, see       instructions.       2a       b Taxable amount       4b       5b         standard       guailified dividends       3a       b Taxable amount       4b       5b         Standard       Secoil security benefits       6a       b Taxable amount       6b       -10, 42         Standard       Other income from Schedule 1, line 10       Detaxable amount	here 🗌												
b       Household employee wages not reported on Form(s) W-2.       1b         Attach Forms()       C       Tip income not reported on line 1a (see instructions)       1c         W-2 here. Also attach Forms       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2G and 1099-Ri ftax       Taxable dependent care benefits from Form 2441, line 26       1e         was withheld.       f       Employer-provided adoption benefits from Form 839, line 29       1f         If you did not       g       Wages from Form 8919, line 6       1g         get a form       h       Other earned income (see instructions)       1li         W-2, see       i       Nontaxable combat pay election (see instructions)       1li         instructions.       z       Add lines 1a through 1h       1z       115, 9(2         Attach Sch. B       a       Qualified dividends       3a       b       b       Taxable amount       4b         Standard       Deduction for- Single or       f       If you elect to use the lump-sum election method, check here (see instructions)       1g         Marined filing separately, Standard       Go ther income from Schedule 1, line 10       b       Taxable amount       4b         Marined filing separately, Standard       9       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. Th	Income	<b>1</b> a	Total amount from Form(s) W-2, bo	ox 1 (see	e instructions)						1a	11	15,906.
W-2 here. Also attach Forms       C       The inclusion inter the (see instructions)       1d         W-26 and 109-Ri ftax       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and 109-Ri ftax       E       Taxable dependent care benefits from Form 2441, line 26       1e         If you did not       g       Wages from Form 8919, line 6       1g         get a Form       h       Other earned income (see instructions)       1h         W-2, see       i       Nontaxable combat pay election (see instructions)       1i         instructions.       z       Add lines 1a through 1h       1z       115, 90         Attach Sch. B       2a       Tax-exempt interest       2b       2b         Standard       Gualified dividends       3a       b       b       Taxable amount       4b         Standard       Social security benefits       Ga       b       Taxable amount       6b       6b         Married filing separately, St12,950       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       7       7       10,42         Standard filing separately, St12,940       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10       12       25,90         • Haried filing pointly or Qualifying pourty or uothecked af or hou	moonio	b	Household employee wages not re	ported	on Form(s) W-2	2					1b		
attach Forms       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and       e       Taxable dependent care benefits from Form 2441, line 26       1e         1099-R if tax       max withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not       g       Wages from Form 8919, line 6       1g       1g         get a Form       h       Other earned income (see instructions)       1h       1g         W-2, see       instructions.       1i       1       1z       115, 90         Attach Sch. B       2a       Tax-exempt interest       2a       b       b       Taxable amount       2b       1b         Attach Sch. B       2a       Qualified dividends       3a       b       Datable amount       4b       5b         Deduction for-       5a       Pensions and annuities       5a       5a       b       Taxable amount       6b       6b         Single or       If you elect to use the lump-sum election method, check here (see instructions)       7       Gaital gain or (loss). Attach Schedule D if required. If not required, lencome       7       7         Maried filing pointly or       Qualifying surviving spouse, Standard beduction or itemized deductions (from Schedule A)		С	Tip income not reported on line 1a	(see ins	structions) .						1c	;	
1099-R if tax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1       1         If you did not get a form W-2, see       g       Wages from Form 8919, line 6       1g       1g         W-2, see       i       Nontaxable combat pay election (see instructions)       1i       1i         Attach Sch. B       2a       to Nontaxable combat pay election (see instructions)       1i       1z       115, 90         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Attach Sch. B       2a       Qualified dividends       3a       b       0 Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b       5b         Standard       Deduction for-       6a       Social security benefits       6a       b       Taxable amount       6b         Single or       If you elect to use the lump-sum election method, check here (see instructions)       7       7       5b         Married filing separately, Si12,950       8       Other income from Schedule 1, line 10       7       8       -10,42         9       105,41       10       10       10       25,90       10       25,90 <t< td=""><td></td><td>d</td><td>Medicaid waiver payments not rep</td><td>orted or</td><td>n Form(s) W-2</td><td>(see instru</td><td>ictions)</td><td></td><td></td><td></td><td>1d</td><td></td><td></td></t<>		d	Medicaid waiver payments not rep	orted or	n Form(s) W-2	(see instru	ictions)				1d		
was withheld.       I       Employer-provided adoption benefits from Form 8839, line 29       Image: Construction of the second secon		е	Taxable dependent care benefits fi	rom For	m 2441, line 26	<b>3</b>					1e		
If you did not g Wages from Form 8919, line 6 1g   get a Form h Other earned income (see instructions) 1h   W-2, see i Nontaxable combat pay election (see instructions) 1i   instructions. z Add lines 1a through 1h 1z   Attach Sch. B 2a Tax-exempt interest 2a   if required. 3a b Dravable interest   4a b Taxable interest 2b   5a Qualified dividends 3a b   6a b Taxable amount 4b   5a Pensions and annuities 5a   6a b Taxable amount 5b   6a b Taxable amount 7   6a Social security benefits 6a   5a B then through 0, check here (see instructions) 7   6a C If you elect to use the lump-sum election method, check here (see instructions) 7   7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7   8 Other income from Schedule 1, line 10 10   9 Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 11   10 Subtract line 10 from line 9. This is your adjusted gross income 11   10 Subtract line 10 from line 9. This is your adjusted gross income 11   11 105, 4 <sup>4</sup> 12 25, 90   13 Qualified business income deduction from Sore Malle A, line 26 13   14 25,		f	Employer-provided adoption bene	fits from	Form 8839, lir	ne 29 .					1f		
get a Form       h       Other earned income (see instructions)       11         W-2, see       i       Nontaxable combat pay election (see instructions)       11         W-2, see       i       Nontaxable combat pay election (see instructions)       11         Attach Sch. B       2a       Add lines 1a through 1h       12       115, 90         Attach Sch. B       2a       Tax-exempt interest       2b       2b         Attach Sch. B       2a       Qualified dividends       3a       b Ordinary dividends       3b         4a       IRA distributions       4a       b Taxable amount       4b       5b         Standard       Deduction for-       6a       Social security benefits       6a       b Taxable amount       5b         Married fling separately, \$12,950       *       frequired. Schedule 1, line 10       5c       6a       -10,42         Yale Social security benefits       6a       Other income from Schedule 1, line 10       7       *         Varied fling jointly or Qualifying surviving spouse, \$25,900       4d lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       105, 42         14       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       11       105, 42         15       Standard deduction or item		g	Wages from Form 8919, line 6 .								1g		
Instructions.       I       Nontaxable combat pay election (see instructions)       II         Attach Sch. B       2       Add lines 1a through 1h       115,90         Attach Sch. B       2a       Tax-exempt interest       2b         if required.       3a       b       Ordinary dividends       3b         4a       IPA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         * Single or Married filing separately, 512,950       r       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         * Married filing jointly or Qualifying surving spouse, \$25,900       Other income from Schedule 1, line 10       8       -10,422         • Married filing jointly or Qualifying surving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       105,42         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       25,90         • Head of household, \$19,400       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       25	get a Form	h	Other earned income (see instructi	ons) .							1h		0.
z       Add lines 1a through 1h       112       115, 90         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Attach Sch. B       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         * Single or       If you elect to use the lump-sum election method, check here (see instructions)       7       6b         * Single or       If you elect to use the lump-sum election method, check here (see instructions)       7       7         * Gapital gain or (loss). Attach Schedule D if required. If not required, check here       7       8       -10,42         Youlying spose.       9       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10       10         * Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       105,47         * Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       1		i	Nontaxable combat pay election (s	ee instr	uctions)		<b>1</b> i						
if required.       3a       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       5a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       105, 47         9       105, 47       9       105, 47       10         9       105, 47       10       11       105, 47         9       105, 47       10       12       25, 90         11       105, 47       12       25, 90       11       105, 47         12       25, 90       11       105, 47       12       25, 90         14       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross in		z	Add lines 1a through 1h								1z	11	15,906.
4a       IRA distributions       4a       b       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         8       Social security benefits       6a       b       Taxable amount       6b         9       Social security benefits       6a       b       Taxable amount       7         6a       Social security benefits       6a       b       Taxable amount       7         6a       Social security benefits       6a       b       Taxable amount       7         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       7       8       -10, 42         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10       10       10         9       Adjustments to income from Schedule 1, line 26       10       11       105, 47         9       Standard deduction or itemized deductions (from Schedule A)       12       25, 90         11       10, 5, 47       12       25	Attach Sch. B	<b>2</b> a	Tax-exempt interest	2a		b T	axable interest	t.			2b		
Standard Deduction for -       5a       Pensions and annuities	if required.	3a	Qualified dividends	3a		b C	Ordinary divider	nds .			3b		
Deduction for-       6a       Social security benefits       6a       b Taxable amount       6b         • Single or Married filing separately, \$12,950       6a       Social security benefits       6a       b Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         8       Other income from Schedule 1, line 10       8       -10,42         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       105,47         10       Adjustments to income from Schedule 1, line 26       10       10         11       Subtract line 10 from line 9. This is your adjusted gross income       11       105,47         10       Standard deduction or itemized deductions (from Schedule A)       12       25,90         • If you checked any box under Standard Deduction,       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       25,900       14       25,900       14       25,900		4a	IRA distributions	4a		_ b ⊺	axable amoun	t			4b		
<ul> <li>Single or Married filing separately, \$12,950</li> <li>Married filing separately, \$12,950</li> <li>Married filing separately, \$12,950</li> <li>Married filing jointly or Qualifying</li> <li>Married filing jointly or Qualifying</li> <li>Married filing jointly or Qualifying</li> <li>Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income</li> <li>Married filing jointly or Qualifying</li> <li>Married filing jointly or Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Married filing jointly or j</li></ul>		5a	Pensions and annuities	5a		_ b⊺	axable amoun	t			5b	1	
Married filing separately, \$12,950       c       If you elect to use the lump-sum election method, check here (see instructions)       .		6a	Social security benefits	6a		b T	axable amoun	t		· .	6b		
\$12,950       7       Capital gain of (loss). Attach Schedule D if required. If Not required, check here       1       7         • Married filing jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       105, 4         • Married filing jointly or Qualifying surviving spouse, \$25,900       10       8       -10, 42       9       105, 4         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       105, 4       12       25, 90         • If you checked any box under standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       25, 90         • If you checked any box under Standard       15       79, 55       55       15       79, 55	Married filing	С	If you elect to use the lump-sum el	ection n	nethod, check	here (see	instructions)			. 🗌			
jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       105, 47         10       10       10         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       105, 47         11       105, 47       10       11       105, 47         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       11       105, 47         • If you checked any box under Standard Deduction,       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       25, 90         14       25, 90       14       25, 90       15       Subtract line 14 from line 11 If zero or less enter -0-       This is your taxable income       15       79, 57		7	Capital gain or (loss). Attach Scheo	dule D if	required. If no	t required	, check here			. 🗆	7		
Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       105, 4 <sup>-</sup> 10       Adjustments to income from Schedule 1, line 26       10       10         Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       105, 4 <sup>-</sup> 12       Standard deduction or itemized deductions (from Schedule A)       12       25, 90         If you checked any box under Standard Deduction,       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       25, 90       14       25, 90       14       25, 90		8									8		10,428.
\$25,900       10       Adjustments to income nom ochedule 1, inte 20       11       10         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       11       105,41         • If you checked any box under Standard Deduction, Deduction, Deduction,       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       25,900         • If you checked any box under Standard Deduction,       13	Qualifying	9			-	tal incom	e				9	10	)5,478.
• Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       105,47         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       25,90         • If you checked any box under Standard Deduction, Deduction, Deduction,       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       25,90         • If you checked any box under Standard Deduction,       14       25,90       14       25,90         • If you checked any box under Standard       14       25,90       13       14       25,90         • If you checked any box under Standard       14       Subtract line 14 from line 11       11       105,47       12       25,90         • If you checked any box under Standard       14       25,90       13       14       25,90       14       25,90         • If you checked any box under Standard       15       Subtract line 14 from line 11       11       105,47       15       15       79,57		10						• •				_	
\$19,400       12       Standard deduction or itemized deductions (irom schedule A)       12       25,9(         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         14       Add lines 12 and 13        14       25,9(         Deduction,       15       Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income       15       79				-				· ·	· ·				)5,478.
any box under Standard       14       Add lines 12 and 13       14       25,90         Deduction,       15       Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income       15       79.57					•	,		· ·	· ·				25,900.
Standard         14         Add lines 12 and 13         14         25,90           Deduction,         15         Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income         15         79.57				on from	Form 8995 or	Form 899	5-A	· ·				-	
	Standard												25,900.
		15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 Thi	is is your t	taxable incom	e.			15		79,578.

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

Form **1040** (2022)

Form 1040 (2022	2)								Page
Tax and	16	Tax (see instructions). Check if any	from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	9,138.
Credits	17	Amount from Schedule 2, line 3						17	
	18	Add lines 16 and 17						18	9,138.
	19	Child tax credit or credit for other of	dependen <sup>.</sup>	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line 8						20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18. If zero	o or less,	enter -0				22	9,138.
	23	Other taxes, including self-employ	ment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is your to	otal tax					24	9,138.
Payments	25	Federal income tax withheld from:							
,	а	Form(s) W-2				<b>25a</b> 12	,848.		
	b	Form(s) 1099				25b		1	
	с	Other forms (see instructions)				25c		1	
	d	Add lines 25a through 25c						25d	12,848.
	26	2022 estimated tax payments and						26	
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from Sche				28			
	29	American opportunity credit from F				29		-	
	30	Reserved for future use				30			
	31	Amount from Schedule 3. line 15				31			
	32	Add lines 27, 28, 29, and 31. These	e are vour	total other pa	avments and refu	undable credits		32	
	33	Add lines 25d, 26, and 32. These a						33	12,848.
Defend	34	If line 33 is more than line 24, subt						34	3,710.
Refund	35a	Amount of line 34 you want refund					. 🗆	35a	3,710.
Direct deposit?	b	Routing number 2 1 1 3 9					Savings		
See instructions.	d	Account number 4 6 1 9 5					<b>J</b>		
	36	Amount of line 34 you want applied			d tax	36			
Amount	37	Subtract line 33 from line 24. This i	-						
You Owe	07	For details on how to pay, go to w						37	
	38	Estimated tax penalty (see instruct	-	-		38			
Third Party	Do	you want to allow another perso							
Designee		tructions					omplete b	elow.	× No
Ũ		signee's		Phone			onal identif	cation	
	nar	ne		no.		numb	oer (PIN)		
Sign		der penalties of perjury, I declare that I ha							
Here		ef, they are true, correct, and complete. D	eclaration (			ased on all informatio		• •	, ,
	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					ENGINEERIN	IG MANAGER	(see i		
See instructions.	Sp	ouse's signature. If a joint return, <b>both</b> mu	ust sign.	Date	Spouse's occupat		If the	IRS ser	nt your spouse an
Keep a copy for		5	0						ection PIN, enter it her
your records.					HOME MAKEN	२	(see i	nst.)	
	Ph	one no. (626) 800-7434		Email address	RAGAVA.KF1	990GMAIL.CO	M		
Paid	Pre	parer's name Prepa	rer's signat	ure		Date	PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM	PRIYA	RAM SAGAR	GUPTA TALLAM	03/21/2023	P02082	2703	Self-employed
Use Only	Firi	n's name GLOBAL TAXES	LLC				Phon	e no. (	678)965-9522
	Firi	n's address 245 ROONEY CT	E BRU	NSWICK N	J 08816		Firm'	s EIN	84-3171965
Go to www.irs.go	ov/Forn	1040 for instructions and the latest inform	mation.		BAA	REV 03/09/23 PRO			Form <b>1040</b> (202

SCHEDULE	1
(Form 1040)	

Department of the Treasury

## **Additional Income and Adjustments to Income**

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

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

OMB No. 1545-0074

Your social security number

Internal Revenue Service	Go to www.irs.gov/Form1040 to
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR

RAGA	VA REDDY SAMA & TEJA SRI GUDURU		661-31	-33	07
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	183.
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule	Ε.	5	-10,611.
6	Farm income or (loss). Attach Schedule F.			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a (	)		
b	Gambling	8b			
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d (	)		
е	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
ĥ	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
	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	81			
m	Olympic and Paralympic medals and USOC prize money (see				
	instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
0	Section 951A(a) inclusion (see instructions)	80			
р	Section 461(I) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
S	Nontaxable amount of Medicaid waiver payments included on Form				
	1040, line 1a or 1d	<b>8s</b> (	)		
t	Pension or annuity from a nonqualifed deferred compensation plan or				
	a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
z	Other income. List type and amount:				
		8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	, or 1040-NR,	, line 8 🔽	10	-10,428.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee-	-basis	s gove	rnment		
	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	·				
С	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:					
а		24a				
b	Deductible expenses related to income reported on line 8I from the					
		24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals	04-				
ام		24c				
d	· · ·	24d			-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e				
£		24e 24f				
f g		24g			-	
•	Attorney fees and court costs for actions involving certain unlawful	279				
	, , , , , , , , , , , , , , , , , , , ,	24h				
;	Attorney fees and court costs you paid in connection with an award	<u> </u>				
	from the IRS for information you provided that helped the IRS detect					
		24i				
i		24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	,				
		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.			and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA	REV 0	3/09/23 PF	10	Schedu	le 1 (Form 1040) 2022

#### SCHEDULE C (Form 1040)

# Profit or Loss From Business (Sole Proprietorship)

	nent of the Treasury			•		ictions and the latest information.		Attachment
	Revenue Service	Attach to F	orm 1	040, 1040-SR, 1040-NR, or	1041;	partnerships must generally file Fo		
	Name of proprietor Social security number (SSN)							• • • •
TEJA	EJA SRI GUDURU 087-15-7291							
Α	Principal business or profession, including product or service (see instructions) B Enter code from instructions							
	AMAZON PAY	MENTS,IN	IC.				4	4 5 1 0 0
С	Business name. If no separate business name, leave blank. D Employer ID number (EIN) (see instr.)							
	TEJA SRI G	UDURU						
E	Business address (including suite or room no.) 5403 CHATEAU, Apt. 4							
	City, town or pos	st office, state	e, and Z	ZIP code ROLLING	MEAI	DOWS, IL 60008		
F	Accounting meth	iod: (1) 🔰	K Casl	h (2) Accrual (3)	) 🗌 (	Other (specify)		
G	Did you "materia	lly participate	e" in the	e operation of this business	during	2022? If "No," see instructions for lir	nit on lo	sses . 🗙 Yes 🗌 No
н	If you started or a	acquired this	busine	ess during 2022, check here				🗆
I	Did you make an	y payments i	n 2022	that would require you to file	e Form	n(s) 1099? See instructions		🗌 Yes 🗙 No
J	If "Yes," did you	or will you file	e requi	red Form(s) 1099?				🗌 Yes 🗌 No
Part								
1						this income was reported to you on	1	29,956.
2	Returns and allow	wances					2	
3	Subtract line 2 fro	om line 1 .					3	29,956.
4	Cost of goods so	old (from line	42) .				4	
5	Gross profit. Su	btract line 4 f	rom lin	e3			5	29,956.
6	Other income, in	cluding federa	al and	state gasoline or fuel tax cre	dit or r	refund (see instructions)	6	
7	Gross income. A	Add lines 5 ar	nd 6 .				7	29,956.
Part	Expense	s. Enter ex	pense	es for business use of yo	our ho	me <b>only</b> on line 30.		
8	Advertising		8		18	Office expense (see instructions) .	18	
9	Car and truck	expenses			19	Pension and profit-sharing plans .	19	
	(see instructions)		9	437.	20	Rent or lease (see instructions):		
10	Commissions an	d fees .	10		а	Vehicles, machinery, and equipment	20a	
11	Contract labor (see	instructions)	11		b	Other business property	20b	1,031.
12	Depletion		12		21	Repairs and maintenance	21	
13	Depreciation and				22	Supplies (not included in Part III) .	22	1,359.
	expense deduce included in Par	· ·			23	Taxes and licenses	23	
	instructions) .		13		24	Travel and meals:		
14	Employee benefi	it programs			а	Travel	24a	
	(other than on lin	1 0	14		b	Deductible meals (see		
15	Insurance (other	than health)	15			instructions)	24b	500.
16	Interest (see instr	ructions):			25	Utilities	25	310.
а	Mortgage (paid to		16a		26	Wages (less employment credits)	26	
b	Other		16b		27a	Other expenses (from line 48) .	27a	26,136.
17	Legal and profession	onal services	17		b	Reserved for future use	27b	
28	Total expenses	before expen	ises for	r business use of home. Add	lines 8	8 through 27a	28	29,773.
29	Tentative profit o	r (loss). Subti	ract lin	e 28 from line 7			29	183.
30	unless using the	simplified me	thod. S			nses elsewhere. Attach Form 8829		
	and (b) the part of							
		-		s to figure the amount to ent			30	
31	Net profit or (los			-			30	
51								
	checked the box	on line 1, see	e instru	<b>1 (Form 1040), line 3,</b> and o uctions.) Estates and trusts, e			31	183.
~~	• If a loss, you m					J		
32	It you have a loss	s, check the b	box tha	t describes your investment	in this	activity. See instructions.		
	SE, line 2. (If you Form 1041, line	checked the 3.	box on	on both <b>Schedule 1 (Form 1</b> I line 1, see the line 31 instruc ch <b>Form 6198.</b> Your loss ma	tions.)	Estates and trusts, enter on	32a [ 32b [	<ul> <li>All investment is at risk.</li> <li>Some investment is not at risk.</li> </ul>

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OMB No. 1545-0074

2022

	le C (Form 1040) 2022			Page <b>2</b>
Part	Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: <b>a</b> Cost <b>b</b> Lower of cost or market <b>c</b> Other (atta	ach exp	planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "Yes," attach explanation	-	Yes	🗌 No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42 Doub	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car or are not required to file Form 4562 for this business. See the instructions for line Form 4562.			
43	When did you place your vehicle in service for business purposes? (month/day/year) 09/15/2022			
44	Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your	vehicle	for:	
а	Business 699 b Commuting (see instructions) c 0	Other .		8,301
45	Was your vehicle available for personal use during off-duty hours?		🗌 Yes	🗙 No
46	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	🗙 No
47a	Do you have evidence to support your deduction?		🗌 Yes	🗙 No
	If "Yes," is the evidence written?		Yes	No
Part	V Other Expenses. List below business expenses not included on lines 8–26 or lin	ie 30.		
In	ventory Expense			13,290.
Du	es & Subscription,CostCO			60.
In	terest Paid on Credit Cards			292.
Am	azon withhled fees-SERVICES, SHIPPING			8,888.
To	tal Product Refunds EXPENSE			1,787.
Sh	ipping Credit Refunds EXPENSE			9.
TA	XES PAID TO IRS			1,810.
48	Total other expenses. Enter here and on line 27a	48		26,136.

	HEDULE E Supplemental Income and Loss					OMB No	. 1545-0074				
(Form	rm 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)						96	99			
Departm Internal	Deartment of the Treasury ernal Revenue ServiceAttach to Form 1040, 1040-SR, 1040-NR, or 1041.Go to www.irs.gov/ScheduleE for instructions and the latest information.Attachment Sequence No. 13								ent ce No. <b>13</b>		
Name(s)	shown on return								Your socia	al security r	
RAGA	AGAVA REDDY SAMA & TEJA SRI GUDURU 661-31-3307										
Part	I Income	or Loss	From Rental Real Estate an	nd Ro	valties						
	Note: If yo rental inco	ou are in th ome or loss	e business of renting personal proper from <b>Form 4835</b> on page 2, line 40.	rty, use	Schedule			-			
			nts in 2022 that would require you								s 🛛 No
B	f "Yes," did you	ı or will yo	u file required Form(s) 1099?							. 🗌 Ye	s 🗌 No
<b>1</b> a	Physical addr	ress of ea	ch property (street, city, state, ZI	P cod	e)						
Α	H.NO 1-17	9, (VI)	AREGUDEM, (M) CHOUTUPE	PAL	(DI) YA	ADHA	DRI,1	ELANGANA	A IN 50	)8252	
В											
C											
1b	Type of Prope		For each rental real estate prope	erty lis	ted		Fai	r Rental	Person	al Use	QJV
	(from list below	w)	above, report the number of fair					Days	Da	ys	QUV
Α	3		personal use days. Check the Q			Α		210		0	
В			if you meet the requirements to f qualified joint venture. See instru			В					
C					5.	С					
Туре	of Property:										
1	Single Family R	lesidence	3 Vacation/Short-Term Ren	ital	5 Land	1		Self-Rental			
2	Multi-Family Re	esidence	4 Commercial		6 Roya	alties	8	Other (descr	ribe)		
								Properti			
Incom	00'					Α		B			С
3		ч		3			10.				•
4			· · · · · · · · · · · · · · ·	4			10.				
Exper											
5				5							
6	•		tructions)	6							
7				7		C	50.				
8	-			8							
9				9							
9 10			ional fees	10							
11	•	-		11		1 /	00.				
12	•		to banks, etc. (see instructions)	12		1,4	00.				
13		•		13							
13 14				14		2 1	00.				
15	•			15			60.				
16				16		2,0					
17				17		1 6	80.				
18			r depletion	18			31.				
19	•	•	•			211					
20		s Add lin	es 5 through 19	20		11,1	21				
21			ie 3 (rents) and/or 4 (royalties). If	20		,_	21.				
21			structions to find out if you must								
				21		-10,6	11.				
22			state loss after limitation, if any,							,	,
		•	ructions)	22		10,61	· · · ·		)	(	)
23a		•	orted on line 3 for all rental prope				23a		510.		
b		•	orted on line 4 for all royalty prop				23b				
c							101				
d											
e		•	orted on line 20 for all properties				23e		,121.		
24		•	mounts shown on line 21. Do no		•					1	
25			es from line 21 and rental real estat							( 1	10,611.)
26			e and royalty income or (loss).								
			and line 40 on page 2 do not , line 5. Otherwise, include this ar						n · <b>26</b>	-	-10,611.
	- \-	/	,								,

For Paperwork Reduction Act Notice, see the separate instructions.

Form 8582	Passive Activity Loss Limitations	OMB No. 1545-1008		
Form <b>UUUL</b>	See separate instructions.	2022		
Department of the Treasury	Attach to Form 1040, 1040-SR, or 1041.			
Internal Revenue Service	Go to www.irs.gov/Form8582 for instructions and the latest information.		Attachment Sequence No. 858	
Name(s) shown on return Identifyi				
RAGAVA REDDY S	AMA & TEJA SRI GUDURU	661-	31-3307	
Part I 2022	Passive Activity Loss			

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

Renta Allow			
1a b c d	Activities with net income (enter the amount from Part IV, column (a))1a0.Activities with net loss (enter the amount from Part IV, column (b))1b(10,611.)Prior years' unallowed losses (enter the amount from Part IV, column (c))1c()Combine lines 1a, 1b, and 1c	1d	-10,611.
All Ot			
2a b c d	Activities with net income (enter the amount from Part V, column (a))2aActivities with net loss (enter the amount from Part V, column (b))2bPrior years' unallowed losses (enter the amount from Part V, column (c))2cCombine lines 2a, 2b, and 2c	2d	
3	Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3	-10,611.

If line 3 is a loss and: • Line 1d is a loss, go to Part II.

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

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

Par	t II Special Allowance for Rental Real Estate Activities With Active Participation		
	Note: Enter all numbers in Part II as positive amounts. See instructions for an example.		
4	Enter the smaller of the loss on line 1d or the loss on line 3	4	10,611.
5	Enter \$150,000. If married filing separately, see instructions		
6	Enter modified adjusted gross income, but not less than zero. See instructions <b>6</b> 116,089.		
	<b>Note:</b> If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.		
7	Subtract line 6 from line 5		
8	Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8	16,956.
9	Enter the smaller of line 4 or line 8	9	10,611.
Par	Total Losses Allowed		
10	Add the income, if any, on lines 1a and 2a and enter the total	10	0.
11			
	out how to report the losses on your tax return	11	10,611.
Dar	V Complete This Part Before Part Llines 1a 1b and 1c See instructions		

art iv Complete This Part Before Part I, Lines 1a, 1b, and 1c. See Instructions.

	Currer	nt year	Prior years	Overall gain or loss		
Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	<b>(d)</b> Gain	(e) Loss	
H.NO 1-179, (VI) AREGUDEM,	0.	10,611.			10,611.	
Total. Enter on Part I, lines 1a, 1b, and 1c	0.	10,611.				
For Paperwork Reduction Act Notice see instru	uctions				Form 8582 (2022)	

For Paperwork Reduction Act Notice, see instructions. BAA REV 03/09/23 PRO

Form **8582** (2022)

Form 8582 (20	22)									Page <b>2</b>
Part V	Complete This Part Befo	re F	Part I, Lines 2	a, 2b,	and 2c. S	See instru	ctions.			
	Nome of estivity			nt year		Prior y	vears	Overall ga		ain or loss
	Name of activity		(a) Net income (line 2a)		<b>(b)</b> Net loss (line 2b)		llowed ne 2c)	<b>(d)</b> Gain		(e) Loss
	r on Part I, lines 2a, 2b, and 2c									
Part VI	Use This Part if an Amou	ntl	s Shown on F	Part II,	Line 9. S	ee instru	ctions.			
	Name of activity		Form or schedule and line number to be reported on (see instructions)		<b>(a)</b> Loss		atio	<b>(c)</b> Special allowance		<b>(d)</b> Subtract column (c) from column (a).
H.NO 1-	179, (VI) AREGUDEM,		E Ln 22		10,611.	1.000	00000	10,61	1.	0.
Total Part VII	Allocation of Unallowed			uction	10,611.	1.0	0	10,61	1.	0.
Part VII	Allocation of Unallowed	LOS	Form or sch		s.					
	Name of activity		and line nur to be reporte (see instruct	nber ed on (a) Los		LOSS		(b) Ratio (		) Unallowed loss
Total .								1.00		
Part VIII	Allowed Losses. See inst	ruct	ions.					1.00		
			Form or sche	edule						
Name of activity			and line nur to be reporte (see instruct	nber ed on	(a)	Loss	<b>(b)</b> Ur	(b) Unallowed loss		c) Allowed loss
Total										
Total .		•								

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Form **8582** (2022)

## Additional Information From 2022 Federal Tax Return

#### Schedule C (AMAZON PAYMENTS, INC.): Profit or Loss from Business . . ~=

Line 25	Itemization Statement
Description	Amount
UTILITES BILL	92.
PHONE EXPENSE	217.53
Total	310.

	Form Indiana Part-Year or Full-Year Nonresident IT-40PNR Individual Income Tax Return 2	022
	(R21 / 9-22) If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY	
	from to: to:	Place "X" in box if amending
	Your Social       Spouse's Social         Security Number       661       31       3307       Security Number       087       15         Place "X" in box if applying for ITIN       Place "X" in box       Place "X" in box       Place "X" in box	7291
Y	Your first name	Suffix
	RAGAVA REDDY SAMA	
11	f filing a joint return, spouse's first name Initial Last name	Suffix
	TEJA SRI GUDURU	
F	Present address (number and street or rural route)	
	5403 CHATEAU 4	Place "X" in box if you are married filing separately.
C		ostal code
		0.0.0.0
F	ROLLING MEADOWS IL 60 Foreign country 2-character code (see instructions)	0008
Г		
	Enter below the <b>2-digit county code</b> numbers (found on the back of Schedule CT-40PNR) for the co worked on Jan. 1, 2022.	ounty where you lived and
		ty where 03
		Round all entries
	Complete Schedule A first. Enter here the amount from Section 3, line 36B, and enclose	Round all entries
	Complete Schedule A first. Enter here the amount from Section 3, line 36B, and enclose Schedule A Indiana Income	
2.		Round all entries
	Schedule A       Indiana Income         Enter amount from Schedule B, line 6, and enclose Schedule B       Indiana Add-Backs	Round all entries         1       45388.00         2       .00
3	Schedule A       Indiana Income         Enter amount from Schedule B, line 6, and enclose Schedule B       Indiana Add-Backs         Add line 1 and line 2       Indiana Income	Round all entries         1       45388.00         2       .00         3       45388.00
3	Schedule A       Indiana Income         Enter amount from Schedule B, line 6, and enclose Schedule B       Indiana Add-Backs	Round all entries         1       45388.00         2       .00         3       45388.00
3. <i>.</i> 4.	Schedule A       Indiana Income         Enter amount from Schedule B, line 6, and enclose Schedule B       Indiana Add-Backs         Add line 1 and line 2       [	Round all entries         1       45388.00         2       .00         3       45388.00
3. 4. 5. 5	Schedule A       Indiana Income         Enter amount from Schedule B, line 6, and enclose Schedule B       Indiana Add-Backs         Add line 1 and line 2       Indiana Deductions         Enter amount from Schedule C, line 12, and enclose Schedule C       Indiana Deductions         Subtract line 4 from line 3       Indiana Income	Round all entries         1       45388.00         2       .00         3       45388.00         4       .00
3. 4. 1 5. 4	Schedule A       Indiana Income         Enter amount from Schedule B, line 6, and enclose Schedule B       Indiana Add-Backs         Add line 1 and line 2       Indiana Deductions         Enter amount from Schedule C, line 12, and enclose Schedule C       Indiana Deductions         Subtract line 4 from line 3       Indiana Deductions         You must complete Schedule D. Enter amount from Schedule D, line 9,       Indiana Deductions	Round all entries         1       45388.00         2       .00         3       45388.00         4       .00         5       45388.00
3. 4. 5. 5.	Schedule A       Indiana Income         Enter amount from Schedule B, line 6, and enclose Schedule B       Indiana Add-Backs         Add line 1 and line 2       Indiana Deductions         Enter amount from Schedule C, line 12, and enclose Schedule C       Indiana Deductions         Subtract line 4 from line 3       Indiana Exemptions         You must complete Schedule D. Enter amount from Schedule D, line 9, and enclose Schedule D       Indiana Exemptions	Round all entries         1       45388.00         2       .00         3       45388.00         4       .00         5       45388.00         6       860.00
<ol> <li>3. 4.</li> <li>5. 5.</li> <li>6. 7. 5.</li> </ol>	Schedule A       Indiana Income         Enter amount from Schedule B, line 6, and enclose Schedule B       Indiana Add-Backs         Add line 1 and line 2       Indiana Deductions         Enter amount from Schedule C, line 12, and enclose Schedule C       Indiana Deductions         Subtract line 4 from line 3       Indiana Exemptions         You must complete Schedule D. Enter amount from Schedule D, line 9, and enclose Schedule D       Indiana Exemptions         Subtract line 6 from line 5       Indiana Adjusted Gross Income	Round all entries         1       45388.00         2       .00         3       45388.00         4       .00         5       45388.00         6       860.00
<ol> <li>3</li></ol>	Schedule A       Indiana Income         Enter amount from Schedule B, line 6, and enclose Schedule B       Indiana Add-Backs         Add line 1 and line 2       Indiana Deductions         Enter amount from Schedule C, line 12, and enclose Schedule C       Indiana Deductions         Subtract line 4 from line 3       Indiana Exemptions         You must complete Schedule D. Enter amount from Schedule D, line 9, and enclose Schedule D       Indiana Exemptions	Round all entries         1       45388.00         2       .00         3       45388.00         4       .00         5       45388.00         6       860.00         7       44528.00
<ol> <li>3</li> <li>4.</li> <li>5</li> <li>6</li> <li>7</li> <li>8</li> <li>9</li> </ol>	Schedule A Indiana Income   Enter amount from Schedule B, line 6, and enclose Schedule B Indiana Add-Backs   Add line 1 and line 2 Indiana Deductions   Enter amount from Schedule C, line 12, and enclose Schedule C Indiana Deductions   Subtract line 4 from line 3 Indiana Deductions   You must complete Schedule D. Enter amount from Schedule D, line 9, and enclose Schedule D Indiana Exemptions   Subtract line 6 from line 5 Indiana Adjusted Gross Income   State adjusted gross income tax: multiply line 7 by 3.23% (.0323) 8   (if answer is less than zero, leave blank) 1438	Round all entries         1       45388.00         2       .00         3       45388.00         4       .00         5       45388.00         6       860.00         7       44528.00
<ol> <li>3</li> <li>4.</li> <li>5</li> <li>6</li> <li>7</li> <li>8</li> <li>9</li> </ol>	Schedule A       Indiana Income         Enter amount from Schedule B, line 6, and enclose Schedule B       Indiana Add-Backs         Add line 1 and line 2       Indiana Add-Backs         Enter amount from Schedule C, line 12, and enclose Schedule C       Indiana Deductions         Subtract line 4 from line 3       Indiana Exemptions         You must complete Schedule D. Enter amount from Schedule D, line 9, and enclose Schedule D       Indiana Exemptions         Subtract line 6 from line 5       Indiana Adjusted Gross Income         State adjusted gross income tax: multiply line 7 by 3.23% (.0323)       8       1438         (if answer is less than zero, leave blank)       1438       0	Round all entries         1       45388.00         2       .00         3       45388.00         4       .00         5       45388.00         6       860.00         7       44528.00
<ol> <li>3. 4.</li> <li>5. 5.</li> <li>6. 7.</li> <li>8. 5.</li> <li>9. 6.</li> </ol>	Schedule A Indiana Income   Enter amount from Schedule B, line 6, and enclose Schedule B Indiana Add-Backs   Add line 1 and line 2 Indiana Deductions   Enter amount from Schedule C, line 12, and enclose Schedule C Indiana Deductions   Subtract line 4 from line 3 Indiana Deductions   You must complete Schedule D. Enter amount from Schedule D, line 9, and enclose Schedule D Indiana Exemptions   Subtract line 6 from line 5 Indiana Adjusted Gross Income   State adjusted gross income tax: multiply line 7 by 3.23% (.0323) 8   (if answer is less than zero, leave blank) 1438	Round all entries         1       45388.00         2       .00         3       45388.00         4       .00         5       45388.00         6       860.00         7       44528.00



12. Enter credits from Schedule F, line 12 (enclose schedule)	12	2234.00							
13. Enter offset credits from Schedule G, line 8 (enclose schedule)	13	.00							
14. Add lines 12 and 13         Indiana Credits         14									
15. Enter amount from line 11	5. Enter amount from line 11 Indiana Taxes								
16. If line 14 is equal to or more than line 15, subtract line 15 from li	5. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23) $16$ $17$ . $00$								
7. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16									
18. Subtract line 17 from line 16	3. Subtract line 17 from line 16 O 0								
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\$	а	.00							
Spouse's county code county tax to be applied \$	b	.00							
Indiana adjusted gross income tax to be applied\$	с	.00							
Total to be applied to your estimated tax account (a + b + c; can	not be more tha	n line 18)	19d	.00					
0. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A 20									
1. Refund: Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions Your Refund 21 17.00									
22. Direct Deposit (see instructions)									
a. Routing Number 2 1 1 3 9 1 8 2 5									
b. Account Number $4 6 1 9 5 9 6 2$									
c. Type: X Checking Savings Hoosier Wor	ks MC								
d. Place an "X" in the box if refund will go to an account outside		s							
23. If line 15 is more than line 14, subtract line 14 from line 15. Add									
(see instructions)	•		23	.00					
24. Penalty if filed after due date (see instructions)			24	.00					
25. Interest if filed after due date (see instructions)			25	.00					
26. Amount Due: Add lines 23, 24 and 25		mount You Owe	26	.00					
Do not send cash. Please make your check or money order pay Indiana Department of Revenue. See instructions if paying by c									
Sign and date this return after reading the Authorization statem	ent on Schedul	e H. You must en	close Sched	ule H (both pages).					
Vour Signatura	Chause's O	apatura		Data					
Your Signature Date	Spouse's S	•	7004	Date					
<ul> <li>If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.</li> <li>Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.</li> </ul>									



Schedule A
Form IT-40PNR State Form 48719 (R21 / 9-22)

## Schedule A Section 1: Income or Loss

(Complete Proration, Section 2 and Section 3 on back)

Enclosure Sequence No. 01 Page 1 of 2

Name(s) shown on Form IT-40PNR

Your Social Security Number

2022

RAGAVA REDDY SAMA & TEJA SRI GUDURU	661	31	3307
-------------------------------------	-----	----	------

Section 1: Income or (Loss) Enter in Column A the same income or loss you reported on your 2022 federal income tax return, Form 1040, Form 1040-SR, and Form 1040 Schedule 1 (except for line 19B and/or a net operating loss carryforward on line 20B; see instructions). Round all entries.

		Income	<b>Column A</b> from Federal Return		<b>Column B</b> Taxed by Indiana
1.	Your wages, salaries, tips, commissions, etc	1A	115906.00	1B	45388.00
2.	Spouse's wages, salaries, tips, commissions, etc	2A	.00	2B	.00
3.	Taxable interest income	3A	.00	3B	.00
	Dividend income	4A	.00	4B	
5.	Taxable refunds, credits, or offsets of state and local taxes from your federal return	5A	.00	5B	.00
6.	Alimony received	6A	.00	6B	.00
	Business income or loss from federal Schedule C	7A	183.00	7B	0.00
8.	Capital gain or loss from sale or exchange of property from your federal return	8A	.00	8B	.00
9.	Other gains or (losses) from Form 4797	9A	.00	9B	.00
10.	Taxable IRA distribution	10A	.00	10B	.00
	Taxable pensions and annuities	11A	.00	11B	.00
12.	Net rent or royalty income or loss reported on federal Schedule E	12A	-10611.00	12B	0.00
13.	Income or loss from partnerships	13A	.00	13B	.00
14.	Income or loss from trusts and estates	14A	.00	14B	.00
15.	Income or loss from S corporations	15A	.00	15B	.00
16.	Farm income or loss from federal Schedule F	16A	.00	16B	.00
17.	Unemployment compensation	17A	.00	17B	
	Taxable Social Security benefits	18A	.00	18B	
19.	Indiana apportioned income from Schedule IT-40PNRA			19B	
20.	Other income reported on your federal return List source(s). ( <b>Do not</b> include federal net operating loss	in Column B. Se	ee instructions.)	20B	
21.	Subtotal: add lines 1 through 20	21A	105478.00	21B	45388.00





### Schedule A Proration; Section 2: Adjustments to Income

00

Proration Section See instructions.

21C. Note: Nonresident military personnel see special instructions and complete worksheet	21C	
---	-----	--

21D. For all other individuals, divide the amount on line 21B by the amount on line 21A (see instructions if either line 21A and/or 21B are less than zero). Please round your answer to a decimal followed by three numbers. Example: \$3,100 ÷ \$8,000 = .3875, which rounds to .388 (do not enter a 21D 0.430 number greater than 1.00). Enter result here and on Schedule D, line 7 \_\_\_\_

Section 2: Adjustments to Income Note: Enter in Column A only those deductions claimed on your 2022 federal income tax return, Form 1040, Form 1040-SR, and Form 1040, Schedule 1, Part II. Round all entries.

	Column A Federal Adjustme	nts	Column B Indiana Adjustment	s
22. Educator expenses (see instructions)	22A	.00	22B	.00
23. Certain business expenses of reservists, performing artists, etc	23A	.00	23B	
24. Health savings account deduction	24A	.00	248	.00
25. Moving expenses (see instructions)	25A		25B	
26. Deductible part of self-employment tax	26A	.00	26B	.00
27. Self-employed, SEP, SIMPLE, and qualified plans	27A		27B	00
28. Self-employed health insurance deduction	28A		288	00
29. Penalty on early withdrawal of savings	29A	.00	29B	
30. Alimony paid	30A	.00	30B	
31. IRA deduction	31A	.00	31B	.00
32. Student loan interest deduction (see instructions)	32A	.00	32B	.00
33. Reserved for future use	33A	.00	33B	.00
34. Other (see instructions)	34A	.00	34B	.00
35. Add lines 22 through 34	35A	.00	35B	.00

#### Section 3: Totals

36. Subtract line 35 from line 21 of Section 1. Carry						
amount from line 36B to Form IT-40PNR, line 1	36A	105478	00	36B	45388.	.00





Schedule D
Form IT-40PNR, State Form 54032
(R13 / 9-22)

**Schedule D: Exemptions** 

2022

Name(s) shown on Form IT-40PNR	Your Social	Securi	ity Number		
RAGAVA REDDY SAMA & TEJA SRI GUDURU	661	31	330	7	
Complete and enclose Schedule IN-DEP: Dependent Information and Additional Dep dependents on lines 2 and/or 3 below. Complete and enclose Schedule IN-DEP-A: Ad claiming dependents on line 6 below.			nformation	if you are	g
			Round al	entries	_
1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000	, , , <u></u>	1		2000.0	0
2. Enter the number of dependents listed on Schedule IN-DEP, Box 6 x \$100 You <b>MUST</b> enclose Schedule IN-DEP.	0	2		.0	0
<ul> <li>3. You may claim an additional exemption for each qualifying dependent child:</li> <li>who is a son, stepson, daughter, stepdaughter, foster child and/or child for whor legal guardian;</li> <li>who was under the age of 19 by Dec. 31, 2022; or</li> <li>who is a full-time student who was under the age of 24 by Dec. 31, 2022; and</li> <li>who you are eligible to claim as a dependent on line 2 above.</li> </ul>	n you are a				
Enter the number of additional dependents listed on Schedule IN-DEP, Box 7. x \$1500		3		.0	0 (
4. Place "X" in box(es) below if, by December 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		4			0 (
<ul> <li>5. If age 65 or older, enter amount from Schedule A, line 36A \$</li> <li>If filing as married filing separately and this amount is less than \$20,000, place ' the "You were age 65 or older" box below.</li> <li>For all other filers age 65 or older, if this amount is less than \$40,000, place "X" appropriate box(es) below.</li> <li>You were age 65 or older</li> <li>Spouse was 65 or older</li> </ul>					
Total number of boxes with Xs x \$500		5		.0	) ()
6. Enter the number of additional adopted child exemptions listed on Schedule IN-DEP-A, Box 6 x \$3000 You <b>MUST</b> enclose Schedule IN-DEP-A.		6		.0	0
7. Add lines 1, 2, 3, 4, 5 and 6		7		2000.0	) ()
8. Enter the number from Schedule A, Proration Section, line 21D		8	0.430		
9. Multiply line 7 by line 8. Enter here and on Form IT-40PNR, line 6 Total	Exemptions	9		860.0	) ()



Schedule F/ Schedule IN-DONATE Form IT-40PNR, State Form 54033 (R13 / 9-22) Schedule F: Credits	2022	Enclosure Sequence No. <b>05</b>
Name(s) shown on Form IT-40PNR	Your Social Security Nu	Imber
RAGAVA REDDY SAMA & TEJA SRI GUDURU	661 31	3307
	Ro	ound all entries
1. Indiana state tax withheld: See instructions	1	1449.00
2. Indiana county tax withheld: See instructions	2	785.00
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: see instructions Enter earned income credit from Schedule IN-EIC, line <b>A-3</b> Box A	.00	
Enter number from Schedule A, Proration Section, line 21DBox B		
Multiply Box A by Box B, enter total here	5	.00
6. Lake County residential income tax credit	6	.00
7. Economic development for a growing economy credit. Enter amount from Schedule IN line 19 (enclose schedule)		.00
<ol> <li>Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule)</li> </ol>	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		.00
12. Add lines 1 through 11. Enter total here and on Form IT-40PNR, line 12T	otal Credits 12	2234.00

#### **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	l lines 1a through 1c. E	nter total here and on Form IT-40/IT-40PNR, lin	e 17 Total Donatior	<b>is</b> 2	.00





	Schedule Form IT-40 State Form 54 (R13 / 9-22)	PNR	Schedule (Com	e H Section plete Section 2: /	1: Resi	idency Info Information on	ormation Dack)	2022	Sequence	nclosure e No. 07 ge 1 of 2
Na	ime(s) shown or	n Form IT-40PNR					Your Socia	I Security Num	ber	
RA	GAVA RED	DY SAMA 8	A TEJA SI	RI GUDURU			661	31	3307	
Se	ction 1: Re Inf			nd dates of your (a "IL" for Illinois) or						ons).
<u>Ex</u>	ample State of Residence	Date From (MM/DD)		Date To (MM/DD)				tax return wi ppropriate bo	th the state/co ox.	untry?
	IL	01 01	2022	06 01	2022	Ye	s X I	10		
	IN	06 02	2022	12 31	2022	Ye	s X I	10		
Yo	ur informat (a)			(2)						
	State of Residence	(b) Date From (MM/DD)		(c) Date To (MM/DD)				tax return wi ppropriate bo	th the state/co ox.	untry?
1A	IL	06 01	2022	12 31	2022	Ye	s X	No		
1B	IN	01 01	2022	05 31	2022	Ye	s X	No		
1C			2022		2022	Ye	s	No		
1D			2022		2022	Ye	s	No		
<u>Sp</u>		rmation if m	arried filing							
	(a) State of Residence	(b) Date From (MM/DD)		(c) Date To (MM/DD)				ax return with propriate box	the state/cour	ntry?
2A	IL	06 01	2022	12 31	2022	Ye	s X	No		
2B	IN	01 01	2022	05 31	2022	Ye	s×	No		
2C			2022		2022	Ye	s	No		
2D			2022		2022	Ye	s	No		
								Turn over	to complete S	Section 2

REV 02/17/23 PRO

24022111030



Schedule H Section 2: Additional Required Information

#### **Section 2: Additional Information**

#### 1. Federal filing information

Are you filing a federal income tax return for 2022? Place "X" in appropriate box. Yes 🗵 No 🔄
2. 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.
<b>3. Farm/Fishing income</b> 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.
<b>4.</b> 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.
5. Date of death         If any individual listed at the top of the IT-40PNR died during 2022, enter date of death (MM/DD).         Taxpayer's date of death         2022       Spouse's date of death         2022
<u>Authorization:</u> Sign Form IT-40PNR 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, com- plete 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

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.

6. Your daytime telephone number	6268007434	Your email address	RAGAVA.KF199@GMAIL.COM
	nt to discuss my return with my pe	rsonal	Paid Preparer: Firm's Name (or yours if self-employed)
Yes No If ye	es, complete the information below		GLOBAL TAXES LLC
Personal Representative	<b>'s Name</b> (please print)		IN-OPT on file with paid preparer if not filing electronically         PTIN         P02082703
Telephone			Address 245 ROONEY CT
Address			City E BRUNSWICK
City			State NJ ZIP Code 08816
State	ZIP Code		Preparer's signature <u>SYAM PRIYA RAM SAGAR GUPTA</u>



REV 02/17/23 PRO







# County Tax Schedule for Part-Year and Full-Year Indiana Nonresidents **2022**

# Name(s) shown on Form IT-40PNRYour Social Security NumberRAGAVA REDDY SAMA & TEJA SRI GUDURU661313307

#### SECTION 1: To be completed by those taxpayers who were residents of an Indiana county as of Jan. 1, 2022.

1.	Enter the amount from IT-40PNR, line 7 (see instructions if you lived in a reciprocal state but worked in Indiana). <b>Note:</b> If both	Column A - Yourself	Column B - Spouse's	
	you and your spouse lived in the same county on January 1, enter the entire amount on line 1A only (see instructions)	1A 44528.00	1B	0
2.	Enter the county tax rate from the chart on the back of	2A 0175000		
	this schedule for the county where you lived on Jan. 1, 2022	2A .0175000	2B .	_
3.	Multiply line 1 by the rate on line 2 (leave blank if less than zero)	3A 779.00	зв	0
4.	Add lines 3A and 3B. Enter the total here. <b>Perry County residen</b> <b>County and worked in the Kentucky counties of Breckinridge</b>			7
	complete lines 5 and 6. Otherwise, enter the total here and on li		4 779.00	C
				٦
5.	Enter the amount of income that was taxed by certain Kentucky lo	ocalities (see instructions)	5	C
6.	Multiply line 5 by .0181 and enter total here		6	0
7.	Enter total of line 4 minus line 6. Continue with Section 2 below if you/spouse need to complete it. Otherwise, enter this amount on		7 779.00	0

## SECTION 2: To be completed by those taxpayers who, on Jan. 1, 2022, were not residents of an Indiana county, but who worked in Indiana as of Jan. 1, 2022

	Column A - Yourself	Column B - Spouse's
<ol> <li>Enter your principal employment income (see instructions)</li> </ol>	1A .00	1B .00
2. Enter deductions. See the complete list of allowable deductions in the instructions	24	2В
3. Subtract line 2 from line 1	3A .00	зв
<ol> <li>Enter some or all of the exemptions from line 9 of Schedule D (see instructions)</li> </ol>	4A .00	4B .00
<ol> <li>Subtract line 4 from line 3 (if less than zero, leave blank)</li> <li>Enter the county tax rate from the chart on the back of this achedula for the county where you worked on lange 1, 2022</li> </ol>		5B .00
<ul> <li>schedule for the county where you worked on Jan. 1, 2022</li> <li>7. Multiply the income on line 5 by the rate on line 6</li> <li>8. Enter total of 7A plus 7B; carry to Form IT-40PNR, line 9. (If you</li> </ul>	7A .00	6B
line 7 above, combine that with the amount on line 8 and enter	total on Form IT-40PNR, line 9)	8 .00





#### Schedule IN-W: Indiana Withholding Statements



#### Name(s) shown on Form IT-40/IT-40PNR/IT-40RNR

Your Social Security Number

RAGAVA REDDY SAMA & TEJA SRI GUDURU

661313307

	<b>A</b> Social Security Number	<b>B</b> Form Code	<b>C</b> Employer or Payer ID Number	<b>D</b> State Income	E State Tax Withheld		F Local Income	<b>G</b> Local Tax Withheld	<b>H</b> Locality Code
1	661313307	W	0137490852 001	4538800	1449	00	4538800	78500	03
2				0.0	כ	00	00	0.0	
3				0 (	כ	00	00	0.0	
1				0 (	כ	00	00	0.0	
5				0 (	כ	00	00	0.0	
5				0 (	כ	00	00	0.0	
7				0 (	כ	00	00	0.0	
3				0.0	כ	00	00	0.0	
)				0.0	כ	00	00	0.0	
)				0.0	כ	00	00	0.0	
				0.0	כ	00	00	0.0	
				0 (		00	00	0.0	
				0 0		00	00	0.0	
				0.0	כ	00	00	0.0	
				0.0	D	00	00	0.0	
;				0.0	D	00	00	0.0	
,				0.0	כ	00	00	0.0	
;				0.0	D	00	00	0.0	
				0.0	כ	00	00	0.0	
				0 0		00	00	0.0	
				0 0		00	00	0.0	
				0 (		00	00	0.0	
;				0 0		00	00	0.0	
				0.0	D	00	00	0.0	
;				0 (		00	00	00	
5		5, or lir	column E. Enter to ne 1 of IT-40PNR S		1449	00			
7	Add lines 1 thro line 2 of IT-40P	ough 25 NR Scl	5 column G. Enter t hedule F, or line 8 d	otal on line 2 of IT-40 of IT-40RNR.	Schedule 5, or			78500	

Schedule IN-W Reference Chart								
Form Type	Form Code	Form Type	Form Code	Form Type	Form Code			
W2/W2C	W	1099R	R	1099G	U			
W2G	G	1099M	М	1099NEC	Ν			







**Illinois Department of Revenue** 2022 Form IL-1040 Individual Income Tax Return

Step 1: Personal Information Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.

E	RAG TEJ. 540 ROL: <b>B</b> Filin <b>Ch</b>	eck If someone ca	ingle 🛛 I an claim yo	u, or your spouse if	Married fil filing jointly, as a	ing separately 🔲 Widow dependent. See instructio	ns. 🗌 You 🔲	Spouse	
Ľ	Ch	eck the box if this	applies to	you during 2022:	Nonresiden	t - Attach Sch. NR 🗵 Pa	irt-year resident -		n. NR le dollars only)
_	Ste 1 2 3 4		empt intere Attach Sc	est and dividend in hedule M.		1040-SR, Line 11. federal Form 1040 or 104	0-SR, Line 2a.	1 2 3 4	<u>105,478.00</u> .00 <u>.00</u> 105,478.00
T		p 3: Base Inco							
ere 🔸	5 6	received if includ Illinois Income Ta	ded in Line ax overpay	d certain retiremer 1. <b>Attach</b> Page 1 ment included in fe	of federal return		5		
s hi	7	Schedule 1, Ln. Other subtractio		6 7	<u>00.</u> .00				
orm	8			is the total of your	subtractions.		r	<u>.00</u> 8	.00
99 fi	9			tract Line 8 from L	ine 4.			9	105,478.00
Staple W-2 and 1099 forms here		<ul> <li>b Check if 65 o</li> <li>c Check if legal</li> <li>d If you are clain</li> <li>Attach Schedu</li> </ul>	mption amo r older: Ily blind: ning depen ule IL-E/EIC		ouse # of c ouse # of c ount from Sched	See instructions. heckboxes X \$1,000 = heckboxes X \$1,000 = ule IL-E/EIC, Step 2, Line 1	= c	.00	4,850 <u>.00</u>
S	Ste	p 5: Net Incom	e and Tax	(					
4	11			Subtract Line 10 fro					67 451
	12			e <i>ar residents:</i> Ente 1 by 4.95% (.0495		income from Schedule NR s than zero.	. Attach Schedule	NR. 11	67,451 <sub>.00</sub>
		Nonresidents a	and part-y	ear residents: Ent	er the tax from S			12	3,339 <sub>.00</sub>
<b></b>	13 14			x credits. Attach S and 13. Cannot be			,	13 14	<u>.00</u> 3,339 <sub>.00</sub>
040		p 6: Tax After N			, 1633 than 2610.			14	, .00
Staple your check and IL-1040-V	15 16	Income tax paid Property tax and	to another d K-12 edu			ach Schedule CR. Schedule ICR.	15	.00	
(an	17	Attach Schedule		ule 1299-C. Attach	Schedule 1290	)-C	16 17	<u>00.</u> .00	
iech	18	Add Lines 15, 16	6, and 17.	This is the total of y	our credits. Can	not exceed the tax amoun		18	0.00
r ch	19			credits. Subtract L	ine 18 from Line	9 14.		19	3,339.00
vou		p 7: Other Taxe		· Coo instructions				20	00
ole .	20 21	•		x. See instructions. rder, or other out-o		es from UT Worksheet or I	JT Table	20	.00
Sta		in the instruction	ns. <b>Do not</b>	leave blank.				21	0.00
V	22 23	Compassionate Total Tax. Add L			gram Act and sal	e of assets by gaming lice	nsee surcharges.	22 23	<u>.00</u> 3,339 <sub>.00</sub>
Ŧ				_,,					



24	Total tax from Page 1, Line 23.												24	3,339 <u>.00</u>
Ste	Step 8: Payments and Refundable Credit													
25	5 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 3, 361						3,361	.00						
26	Estimated payments from Forms IL-1040-ES and IL-505-I,													
	including any overpayment applied from a prior year return.					2	6			.00				
27	Pass-through withholding. Attach Schedule K-1-P of	or K-1-	T.						2	7			.00	
28	Pass-through entity tax credit. Attach Schedule K-1	-P or k	<-1- <sup>-</sup>	Г.					2	8			.00	
29	Earned Income Credit from Schedule IL-E/EIC, Step	o 4, Lir	ne 8.	Attac	h Scł	hedul	e IL-E	E/EIC.	2	9			.00	
30	Total payments and refundable credit. Add Lines	s 25 th	rou	gh 29.									30	3,361.00
Ste	ep 9: Total													
31	If Line 30 is greater than Line 24, subtract Line 24 fro	m Line	30.										31	22.00
32	If Line 24 is greater than Line 30, subtract Line 30 fro	m Line	24.										32	.00
Ste	p 10: Underpayment of Estimated Tax Penal	ty and	d Do	onati	ons									
33	Late-payment penalty for underpayment of estimat	ed tax							3	3			.00	
	a Check if at least two-thirds of your federal gro	oss inc	ome	e is fro	om fa	armir	ıg.							
	<b>b</b> Check if you or your spouse are 65 or older and permanently living in a nursing home.													
	c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210.									10.				
	Attach Form IL-2210.													
	d Check if you were not required to file an Illino		vidu	al Inc	ome	Tax	retu	m in	the p	orevi	ious	tax year.		
	Voluntary charitable donations. Attach Schedule G								3	4			<u>.00</u>	
35	Total penalty and donations. Add Lines 33 and 3	4.											35	.00
Ste	p 11: Refund or Amount you owe													
36	If you have an amount on Line 31 and this amount	is grea	ater	than I	Line	35, s	subtr	act L	ine 3	35 fr	om L	ine 31.		
	This is your overpayment.												36	22.00
37	Amount from Line 36 you want refunded to you. Cl	neck <b>o</b>	ne b	ox on	Line	e 38.	See	instr	uctio	ns.			37	22.00
38	I choose to receive my refund by													
	a 🖾 direct deposit - Complete the information be	elow if	you	checl	c this	s box								
	You may also contribute Routing number	2 1	1	3 9	) 1	8	2	5		x	Che	ecking or	Savi	nas
	to college savings funds	_				_		5			One		Ouvi	iigo
	here. See instructions! Account number	4 6	1	9 5	5 9	6	2							
	b 🗌 paper check.													
39	Amount to be <b>credited forward.</b> Subtract Line 37 fro	om Lin	e 36	6. See	inst	ructi	ons.						39	.00
	If you have an amount on Line 32, add Lines 32 an													
	If you have an amount on Line 31 and this amount is less than Line 35,													
	subtract Line 31 from Line 35. This is the <b>amount you owe</b> . See instructions. 40								.00					
01										-				
516	Step 12: Health Insurance Checkbox and Signature													

41 Check this box if IDOR may share your income information with other Illinois state agencies in order to determine your eligibility for health insurance benefits. See instructions for more information.

Signature - Note: If this is a joint return, both you and your spouse must sign below.

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign	Your signature		Date (mm/dd/yyyy)	Spouse's sig	nature	Date (mm/dd/yyyy)		Daytime phone number		
Here								(626) 800	)-7434	
	Print/Type paid preparer's name			Paid prepare	r's signature	Date (mm/dd/yyy	y)	Check if	Paid Preparer's PTIN	
Paid	SYAM PRIYA RAM SAGAR GUPTA TALLAM			SYAM PRIYA R	AM SAGAR GUPTA TALLAM 03/21/2023			self-employed	P02082703	
Preparer Use Only	Firm's name	GLOBAL	TAXES LLC			Firm's FEIN		84317196	5	
OSC Only	Firm's address	245 ROO	NEY CT E	BRUNSWIC	KNJ 08816	Firm's phone	•	(678) 965	5-9522	
Third	Designee's name (please print)				Designee's phone number			Check if the Department may		
Party								discuss this return with the third		
Designee								party designee shown in this step.		

### Refer to the 2022 IL-1040 Instructions for the address to mail your return.



$\rightarrow$	<b>Illinois Department of Revenue</b>
n l	2022 Schedule NR
3~4	Attach to your Form IL-1040

## Nonresident and Part-Year Resident **Computation of Illinois Tax**

IL Attachment No. 2

	RAGAVA REDDY SAMA & TEJA SRI GUDURU	6 6 1 _ 3 1 _ 3 3 0 7								
_	Your name as shown on your Form IL-1040	Your Social Security number								
S	Step 1: Provide the following information									
1	Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?									
	Yes X No If you answered "Yes," STOP you	u cannot use this form (see instructions).								
2	If you, or your spouse if "married filing jointly," were a part-year resid	ent during the tax year, tell us your residency dates for 2022.								
i	<b>a</b> I lived in <b>Illinois</b> from <u>06</u> / <u>01</u> / <u>2</u> <u>2</u> to <u>12</u> / <u>31</u> / <u>2</u> <u>2</u> Month Day Year Month Day Year	lived in <u>Indiana</u> from <u>01</u> / <u>01</u> / <u>2</u> to <u>05</u> / <u>31</u> / <u>2</u> 2 State Month Day Year Month Day Year								
I	<b>b</b> My spouse lived in <b>Illinois</b> from <u>06</u> / <u>01</u> / <u>2</u> to <u>12</u> / <u>31</u> / <u>2</u> Month Day Year Month Day Year	,								
3	,	year, if you were in Illinois only to accompany your spouse who use's state of residence for tax purposes, check the appropriate box.								
	Iowa Kentucky Michigan	Wisconsin Military Spouse								
4	List any state other than Illinois or any states already indicated on Li Enter the two-letter abbreviation of that state.	ne 2 or 3 above, that you claimed residency for tax purposes in 2022.								

## Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. Attach Schedule NR to your Form IL-1040.

## Step 3: Figure the Illinois portion of your federal adjusted gross income

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

_				Federal Total	Column B Illinois Portion			
	5	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z)	5 _	115,906 <u>.00</u>	70,518.00			
	6	Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	6 _	.00	.00			
	7	Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	7_	.00	.00			
	8	Taxable refunds, credits, or offsets of state and local income taxes						
		(federal Form 1040 or 1040-SR, Schedule 1, Line 1)	8_	.00	.00			
	9	Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	9_	.00	.00			
	10	Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	10 _	183.00	183.00			
	11	Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	11 _	.00	.00			
	12	Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	12 _	.00	.00			
ome	13	Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	13 _	.00	.00			
ğ	14	Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	14 _	.00	.00			
<u></u>	15	Rental real estate, royalties, partnerships, S corporations, trusts, etc.						
		(federal Form 1040 or 1040-SR, Schedule 1, Line 5)	15 _	-10,611 <u>.00</u>	0.00			
	16	Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	16 _	.00	.00			
	17	Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	17 _	.00	.00			
	18	Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	18 _	.00	.00			
	19	19 Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line 9)						
		Include winnings from the Illinois State Lottery as Illinois income in Column B.	19 _	.00	.00			
	20	Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total ind	come.	20	70,701.00			
		Continue with Step 3 on Page 2						



## Schedule NR – Page 2

## Step 3: Continued

St	ер	3: Continued	Column A Federal Total		Column B Illinois Portion
	21	Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.		21	70,701.00
	22	Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	22	.00	.00
	23	Certain business expenses of reservists, performing artists, and fee-basis			
		government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	23	.00	.00
	24	Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	24	.00	.00
Je	25	Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR,			
oD		Schedule 1, Line 14)	25	.00	.00
Income	26	Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	26	.00	.00
	27	······································			
; to		Schedule 1, Line 16)	27	.00	.00
ents		Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)		.00	.00
e		Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)		.00	.00
đ	30	Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)	30	.00	.00
djustm	31	IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	31	.00	.00
		Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	32	.00	.00
∢	33	RESERVED	33		
	34	Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	34	.00	.00
	35	Other adjustments (see instructions)	35	.00	.00
	36	Add Column B, Lines 22 through 35. This is the Illinois portion of your federal			
		adjustments to income.		36	.00
	37	Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	<b>37</b> 105,47	8.00	
	38	Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gro	ss income.	38	70,701.00

## Step 4: Figure your Illinois additions and subtractions

the	e inst	mn A, enter the total amounts from your Form IL-1040. You must read ructions for Column B to properly complete this step.		Column A Form IL-1040 Total	Column B Illinois Portion
at a	39	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	39	.00	.00
	40	Other additions (Form IL-1040, Line 3)	40	.00	.00
	41	Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.		41	70,701.00
ŀ	42	Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42	.00	.00
	43	Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR,			
i.c	?	Schedule 1, Line 1. (Form IL-1040, Line 6)	43	.00	.00
<u> </u>	44	Other subtractions (Form IL-1040, Line 7)	44	.00	.00
	45	Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.		45	.00

## Step 5: Figure your Illinois income and tax

	46	Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is			
		your Illinois base income.		46	70,701.00
S		If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.			
5	47	Enter the base income from Form IL-1040, Line 9.	47	105,478.00	
x Calculations	48	Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate			
		decimal. If Line 46 is greater than Line 47, enter 1.000.	48	0 • 670	
	49	Enter your exemption allowance from your Form IL-1040, Line 10.	49	4,850.00	
	50	Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption			
		allowance.		50	3,250.00
Тах	51	Subtract Line 50 from Line 46. This is your Illinois net income.			
		Enter the amount here and on your Form IL-1040, Line 11.	$\rightarrow$	51	67,451.00
	52	Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than	zero.		
		Enter the amount here and on your Form IL-1040, Line 12.			
		This is your <b>tax.</b>	$\rightarrow$	52	3,339.00



Illinois Department of Revenue

## 2022 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. IL Attachment No. 31

Use the reference for Column A shown in the chart below.						
Form Type	Letter Code for Column A	Form Type	Letter Code for Column A			
W-2	W-2 W		D			
W-2G WG		1099-INT	I			
1099-R	1099-R R		S			
1099-G	G	1099-B	В			
1099-MISC	1099-MISC M 1099-OID O		К			
1099-OID			Ν			

#### Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

	GAVA REDDY S		$\frac{6}{100000000000000000000000000000000000$				3	3		7	
Your name as shown on Form IL-1040 Column A Form type Employer/Payer Identification Number			Column C Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.			ecurity number Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.			Column E Illinois Income Tax Withheld		
1	W	36-3707712	\$	70,518 <b>.00</b>		\$	70,518 <b>.0</b>	<u>0</u>	\$	3,36	51 <b>.00</b>
2			\$	•00		\$	<u>•0</u>	<u>0</u>	\$		•00
3			\$	•00		\$	<u>•0</u>	<u>0</u>	\$		•00
4			\$	•00		\$	<u>•0</u>	<u>0</u>	\$		•00
5			\$	•00		\$	• <u>0</u>	<u>0</u>	\$		<u>•00</u>

#### Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

TEJA SRI GUDURU	0 8 7 _ 1 5 _ 7 2 9 1
Your spouse's name as shown on Form IL-1040	Your spouse's Social Security number

Column A Form type	Column B Employer/Payer Identification Number	<b>Column C</b> Federal Wages, Winnings, Gross Distributions, Compensation, etc.		<b>Column D</b> Illinois Wages, Winnings, Gross Distributions, Compensation, etc.		Column E Illinois Income Tax Withheld	
6		\$	•00	\$	•00	\$	•00
7		\$	•00	\$	•00	\$	•00
8		- \$	•00	\$	•00	\$	•00
9		\$	•00	\$	•00	\$	•00
10		_ \$	•00	\$	•00	\$	•00

#### Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld. Enter this amount here and on Form IL-1040, Line 25.

## Attach all Schedules IL-WIT to your IL-1040.

Illinois Department of Revenue 2022 IL-8453 Illinois Individual Income Tax Ele (Do not mail Form IL-8453 to the Illinois Department of Revenue un	Submission ID Ctronic Filing Declaration alless it is requested for review.)					
Step 1: Provide taxpayer information						
RAGAVA REDDY TEJA SRI GUDURU SAMA	<u>6 6 1 3 1 3 3 0 7</u>					
First name and middle initial Spouse's first name (and last name if different) Last name	Social Security number					
or 5403 CHATEAU 4	0_8_71_57_2_9_1					
type Mailing address	Spouse's Social Security number					
ROLLING MEADOWS IL 60008	(626) 800-7434					
City State ZIP	Daytime phone number					
Step 2: Complete information from tax return Choose one: X	IL-1040 🔲 IL-1040-X					
1 Net income from Form IL-1040 or IL-1040-X, Line 11	<b>1</b> <u>67,451</u> ] <u>00</u>					
2 Tax from Form IL-1040 or IL-1040-X, Line 14	<b>2</b> <u>3,339</u> ] <u>00</u>					
3 Illinois Income Tax withheld from Form IL-1040 or IL-1040-X, Line 25 only (enter "0" if						
4 Overpayment from Form IL-1040, Line 36 or IL-1040-X, Line 35	4221_00					
5 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38	51_00_					
6 Filing status: Single X Married filing jointly Married filing separately W	idowed Head of household					
does not support international ACH transactions. IDOR will only perform direct transactions (e within the United States or those not funded by international funds. Electronic payments will not represent the electronic payments will not represent the electronic (AN):         7       Routing no. (RN):       2       1       1       3       9       1       8       2       5         8       Account no. (AN):       4       6       1       9       5       9       6       2         9       Type of account:       X       Checking       Savings       10         10       Date the payment is to be electronically withdrawn:       _/_/						
Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 a	and, if applicable, Step 3.)					
I consent that my refund may be directly deposited as designated in Step 3 and decl correct. If I have filed a joint return, this is an irrevocable appointment of the other sp	are the information on Lines 7 through 9 is ouse as an agent to receive the refund.					
I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2022 Illinois Original or Amended Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.						
I do not want direct deposit of my refund, or an electronic funds withdrawal (direct de	ebit) of my balance due.					
Under penalties of perjury, I declare the information on my electronic Form IL-1040 or IL-1040-X and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.						
Sign						
here Your signature Date Spouse's signature	(if joint return, <b>both</b> must sign) Date					
Step 5: Electronic return originator (ERO) and paid preparer declaration and so I declare that I have examined this taxpayer's electronic Form IL-1040 or IL-1040-X, the info information. I have followed all requirements of this program and declare, under penalties of taxpayer's return and accompanying information are true, correct, and complete.	rmation on this Form IL-8453, and accompanying					
03/21/2023	Check if paid preparer: X (See instructions.)					
ERO's signature Date						
GLOBAL TAXES LLC	P 0 2 0 8 2 7 0 3					
ERO Firm's name or your name if self-employed	Your PTIN					
only 245 ROONEY CT	<u>8</u> 82_1_4_5_4_8_7_					
Mailing address	Federal employer identification number (FEIN)					

#### Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310). <u>Do not mail</u> Form IL-8453 and these documents unless requested for review.

NJ

State

E BRUNSWICK

City

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.

08816

ZIP



(678) 965-9522

Daytime phone number