

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 AMRUTHAVALLY KONAKANCHI	Social security number 878-97-8596
Spouse's name	Spouse's social security number

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

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income	1	61,420.
2	Total tax	2	6,282.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	9,094.
4	Amount you want refunded to you	4	2,812.
5	Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

7	8	5	9	6
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 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

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

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN

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

Enter five digits, but don't enter all zeros

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

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

2	2	2	4	9	6	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying surviving spouse (QSS)

Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Form fields for personal information: Your first name and middle initial (AMRUTHAVALLY), Last name (KONAKANCHI), Your social security number (878-97-8596), Home address (831 ROME, ROCHESTER HILLS, MI, 48307), etc.

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)? [] Yes [X] No

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

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

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

Main income table with rows 1a through 15, including Total amount from Form(s) W-2, Household employee wages, Tip income, etc., and a sub-table for Attach Sch. B (Tax-exempt interest, Qualified dividends, IRA distributions, etc.).

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	6,282.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	6,282.
	19	Child tax credit or credit for other dependents from Schedule 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 or less, enter -0-	22	6,282.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	6,282.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	9,094.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	9,094.
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC) <input type="checkbox"/> NO	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	9,094.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,812.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,812.
Direct deposit? See instructions.	b	Routing number 044000037 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 886678213		
	36	Amount of line 34 you want applied to your 2023 estimated tax	36	

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

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

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

Phone no. (402) 708-8338 Email address AMRUTHAVALLY08@GMAIL.COM

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/18/2023	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816		Phone no. (678) 965-9522	Firm's EIN 84-3171965

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment
Sequence No. **01**

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

Your social security number
878-97-8596

Part 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	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	-7,130.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
l	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	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) 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	8s ()		
t	Pension or annuity from a nonqualified 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	-7,130.

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

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

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

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. **13**

Name(s) shown on return

AMRUTHAVALLY KONAKANCHI

Your social security number

878-97-8596

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A OLD MARUTHI NAGAR KOTHAPET, HYDERABAD TELANGANA IN 500035

B _____
C _____

1b	Type of Property (from list below)	2	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days		QJV	
				A	B	A	B	A	B
A	3			185		0		<input type="checkbox"/>	
B								<input type="checkbox"/>	
C								<input type="checkbox"/>	

Type of Property:

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

Income:		Properties:		
		A	B	C
3	Rents received	400.		
4	Royalties received			
Expenses:				
5	Advertising			
6	Auto and travel (see instructions)			
7	Cleaning and maintenance	850.		
8	Commissions			
9	Insurance			
10	Legal and other professional fees			
11	Management fees	980.		
12	Mortgage interest paid to banks, etc. (see instructions)			
13	Other interest			
14	Repairs	2,400.		
15	Supplies	2,100.		
16	Taxes			
17	Utilities	1,200.		
18	Depreciation expense or depletion			
19	Other (list) _____			
20	Total expenses. Add lines 5 through 19	7,530.		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	-7,130.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	(7,130.)		
23a	Total of all amounts reported on line 3 for all rental properties		400.	
b	Total of all amounts reported on line 4 for all royalty properties			
c	Total of all amounts reported on line 12 for all properties			
d	Total of all amounts reported on line 18 for all properties			
e	Total of all amounts reported on line 20 for all properties		7,530.	
24	Income. Add positive amounts shown on line 21. Do not include any losses			
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	(7,130.)		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2			-7,130.

2022 MICHIGAN Individual Income Tax Return MI-1040

Amended Return
(Include Schedule AMD)

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

1. Filer's First Name AMRUTHAVALLY	M.I.	Last Name KONAKANCHI	2. Filer's Full Social Security No. (Example: 123-45-6789) 878 — 97 — 8596
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) — —
Home Address (Number, Street, or P.O. Box) 831 ROME			4. School District Code (5 digits – see page 60) 63260
City or Town ROCHESTER HILLS	State MI	ZIP Code 48307	
5. STATE CAMPAIGN FUND Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund. a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse			6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.
7. 2022 FILING STATUS. Check one. a. <input checked="" type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately* <div style="border: 1px solid black; width: 200px; height: 20px; margin-left: 100px;"></div> <small>* If you check box "c," complete line 3 and enter spouse's full name below:</small>			8. 2022 RESIDENCY STATUS. Check all that apply. a. <input type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident * c. <input checked="" type="checkbox"/> Part-Year Resident * <small>* If you check box "b" or "c," you must complete and include Schedule NR.</small>

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

a. Number of exemptions (see instructions).....	9a.	<div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div>	x	\$5,000	9a.	5000	00
b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled	9b.		x	\$2,900	9b.		00
c. Number of qualified disabled veterans	9c.		x	\$400	9c.		00
d. Number of Certificates of Stillbirth from MDHHS (see instructions)	9d.		x	\$5,000	9d.		00
e. Claimed as dependent, see line 9 NOTE above	9e.	<input type="checkbox"/>			9e.		00
f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15	9f.				9f.	5000	00

10. Adjusted Gross Income from your U.S. Form 1040 (see instructions).....	10.	61420	00
11. Additions from Schedule 1, line 9. Include Schedule 1	11.		00
12. Total. Add lines 10 and 11	12.	61420	00
13. Subtractions from Schedule 1, line 30. Include Schedule 1	13.	60121	00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0"	14.	1299	00
15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19.....	15.	106	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"	16.	1193	00
17. Tax. Multiply line 16 by 4.25% (0.0425)	17.	51	00

NON-REFUNDABLE CREDITS

		AMOUNT		CREDIT
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....	18a.	00	18b.	00
19. Michigan Historic Preservation Tax Credit (see instructions).	19a.	00	19b.	00
20. Income Tax. Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0"	20.		20.	51 00

Filer's Full Social Security Number

878 — 97 — 8596

21. Enter amount of Income Tax from line 20.....	21.	51	00
22. Voluntary Contributions from Form 4642, line 6. Include Form 4642	22.		00
23. USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions).....	23.	0	00
24. Total Tax Liability. Add lines 21, 22 and 23	24.	51	00

REFUNDABLE CREDITS AND PAYMENTS

25. Property Tax Credit. Include MI-1040CR or MI-1040CR-2	25.		00
26. Farmland Preservation Tax Credit. Include MI-1040CR-5	26.		00
27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b.	27a.		00
28. Michigan Historic Preservation Tax Credit (refundable). Include Form 3581	28.		00
29. Credit for allocated share of tax paid by an electing flow-through entity (see instructions).....	29.		00
30. Michigan tax withheld from Schedule W, line 6. Include Schedule W (do not submit W-2s)	30.	55	00
31. Estimated tax, extension payments and 2021 credit forward.....	31.		00
32. 2022 AMENDED RETURNS ONLY. Taxpayers completing an original 2022 return should skip to line 33. Amended returns must include Schedule AMD (see instructions) . 32a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 32a and enter this amount as a negative number on line 32c. 32b. <input type="checkbox"/> If you paid with the original return, check box 32b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 32c. Do not include interest or penalty.	32c.		00
33. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30, 31 and 32c.....	33.	55	00

REFUND OR TAX DUE

34. If line 33 is less than line 24, subtract line 33 from line 24. If applicable, see instructions. Include interest <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 00 and penalty <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 00	YOU OWE	34.		00
35. Overpayment. If line 33 is greater than line 24, subtract line 24 from line 33.....		35.	4	00
36. Credit Forward. Amount of line 35 to be credited to your 2023 estimated tax for your 2023 tax return ...		36.		00
37. Subtract line 36 from line 35.....	REFUND	37.	4	00

DIRECT DEPOSIT

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

a. Routing Transit Number	b. Account Number	c. Type of Account	
044000037	886678213	1. <input checked="" type="checkbox"/> Checking	2. <input type="checkbox"/> Savings

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

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

Preparer's PTIN, FEIN or SSN	P02082703
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Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

Filer's Signature	Date
Spouse's Signature	Date

Preparer's Name (print or type)
SYAM PRIYA RAM SAGAR GUPTA TA

Preparer's Signature
SYAM PRIYA RAM SAGAR GUPTA TA

Preparer's Business Name, Address and Telephone Number
GLOBAL TAXES LLC
245 ROONEY CT
E BRUNSWICK NJ 08816
678-965-9522

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

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

2022 MICHIGAN Schedule 1 Additions and Subtractions

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

Attachment 01

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

Filer's First Name AMRUTHAVALLY	M.I.	Last Name KONAKANCHI	Filer's Full Social Security No. (Example: 123-45-6789) 878 — 97 — 8596
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Additions to Income (all entries must be positive numbers)

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

Subtractions from Income (all entries must be positive numbers)

10. Income from U.S. government bonds and other U.S. obligations included in MI-1040, line 10. Include U.S. <i>Schedule B</i> if over \$5,000.....	10.		00
11. Amount included in MI-1040, line 10, from military retirement benefits due to service in the U.S. Armed Forces or Michigan National Guard, or taxable railroad retirement benefits	11.		00
12. Gains from federal column of Michigan MI-1040D and MI-4797	12.		00
13. Income attributable to another state. Explain type and source: <u>SCHEDULE NR</u>	13.	60121	00
14. Taxable Social Security benefits or military pay (not retirement) included on MI-1040, line 10 ..	14.		00
15. Income earned while a resident of a Renaissance Zone (see instructions)	15.		00
16. Michigan state and local income tax refunds received in 2022 and included on MI-1040, line 10 (see instructions)	16.		00
17. Michigan Education Savings Program, MI 529 Advisor Plan, and Michigan Achieving a Better Life Experience Program	17.		00
18. Michigan Education Trust	18.		00
19. Oil, gas, and nonferrous metallic minerals income (Michigan sourced) included in AGI.....	19.		00
20. Resident Tribal Member income exempted under a State/Tribal tax agreement or pursuant to <i>Revenue Administrative Bulletin 1988-47</i>	20.		00
21. First-Time Home Buyer Savings Program. Enter amount from line 3 of Form 5792, <i>Michigan First-Time Home Buyer Savings Program. Include Form 5792</i>	21.		00
22. Miscellaneous subtractions (see instructions). Describe: _____	22.		00

2022 MICHIGAN Schedule 1 Additions and Subtractions

Filer's First Name AMRUTHAVALLY	M.I.	Last Name KONAKANCHI	Filer's Full Social Security No. (Example: 123-45-6789) 878 — 97 — 8596
------------------------------------	------	-------------------------	--

Deduction Based on Year of Birth

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

23.	FILER				SPOUSE			
	A. Year of Birth (19xx)	B. Age as of 12-31-2022	C. Check if filer received benefits from SSA exempt employment	D. Check if filer retired as of 01-01-2013 and born after 1952	E. Year of Birth (19xx)	F. Age as of 12-31-2022	G. Check if spouse received benefits from SSA exempt employment	H. Check if spouse retired as of 01-01-2013 and born after 1952
	1993	29	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

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

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

28. Subtotal. Add lines 10 through 27	28.	60121	00
29. 2022 Michigan NOL Deduction. Enter amount from line 11 or 12 of Form 5674, <i>Michigan Net Operating Loss Deduction</i> . Include Form 5674	29.		00
30. Total Subtractions. Add lines 28 and 29. Enter here and on MI-1040, line 13.....	30.	60121	00

2022 MICHIGAN Nonresident and Part-Year Resident Schedule

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

Type or print in blue or black ink.

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

Attachment 02

1. Filer's First Name AMRUTHAVALLY	M.I.	Last Name KONAKANCHI	2. Filer's Full Social Security No. (Example: 123-45-6789) 878 — 97 — 8596
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) — —

4. 2022 RESIDENCY STATUS:

Check all that apply.

a. Nonresident

b. Part-Year Resident of Michigan.

Enter dates of Michigan residency in 2022*

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

	FILER	SPOUSE
FROM:	10 — 11 — 2022	— — 2022
TO:	12 — 31 — 2022	— — 2022

Income Allocation

	A. Total Income	B. Michigan Income	C. Other State(s) Income
5. Wages, salaries, other payments (tips, etc.)	68550 00	1299 00	67251 00
6. Interest and dividends	00	00	00
7. Business and farm income (include U.S. Schedules C and F).....	00	00	00
8. Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-4797 or U.S. Form 4797.....	00	00	00
9. Income reported on U.S. Schedule E (include U.S. Schedule E and supporting statements)....	-7130 00	0 00	-7130 00
10. Pensions, IRA distributions, annuities and Social Security (see Form 4884)	00	00	00
11. Other (see instructions)	00	00	00
12. Total income. Add lines 5 through 11.....	61420 00	1299 00	60121 00
13. Enter the total adjustments from U.S. 1040 Describe:	0 00	00	0 00
14. Subtract line 13 from line 12. The amount in column A should equal MI-1040, line 10. Enter amount in column C on Schedule 1, line 13 or, if a negative amount, enter as a positive amount on Schedule 1, line 4.	61420 00	1299 00	60121 00

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

15. Enter amount from MI-1040, line 9f.....	15. <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="text-align:right;">5000</td><td style="text-align:right;">00</td></tr></table>	5000	00
5000	00		
16. Enter Michigan source income from line 14, column B	16. <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="text-align:right;">1299</td><td style="text-align:right;">00</td></tr></table>	1299	00
1299	00		
17. Enter total income from line 14, column A.....	17. <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="text-align:right;">61420</td><td style="text-align:right;">00</td></tr></table>	61420	00
61420	00		
18. Divide line 16 by line 17 (if line 16 is greater than line 17, enter 100%).....	18. <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="text-align:right;">2.11</td><td style="text-align:right;">%</td></tr></table>	2.11	%
2.11	%		
19. If both spouses are part-year or nonresidents, multiply line 15 by the percentage on line 18 and enter here and on MI-1040, line 15. If one spouse is a full-year resident, complete Worksheet 6 and enter here and on MI-1040, line 15.....	19. <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="text-align:right;">106</td><td style="text-align:right;">00</td></tr></table>	106	00
106	00		

2022 MICHIGAN Withholding Tax Schedule

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

Type or print in blue or black ink.

Attachment 13

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

1. Filer's First Name AMRUTHAVALLY	M.I.	Last Name KONAKANCHI	2. Filer's Full Social Security No. (Example: 123-45-6789) 878 — 97 — 8596
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) — —

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

A		B	C	D		E	
Enter "X" for: Filer or Spouse		Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation		Box 17 — Michigan income tax withheld	
X		38-2963835	MICHIGAN PUBLIC	1299	00	55	00
					00		00
					00		00
					00		00
					00		00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable).....							00
4. SUBTOTAL. Enter total of Table 1, column E.							55 00

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

A		B	C	D	E		
Enter "X" for: Filer or Spouse		Payer's federal identification number (Example: 38-1234567)	Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)	Michigan income tax withheld		
					00	00	
					00	00	
					00	00	
					00	00	
					00	00	
Enter Table 2 Subtotal from additional Schedule W forms (if applicable).....							00
5. SUBTOTAL. Enter total of Table 2, column E.							00
6. TOTAL. Add lines 4 and 5. Enter here and carry to MI-1040, line 30.....							55 00

Nebraska Individual Income Tax Return
for the taxable year January 1, 2022 through December 31, 2022 or other taxable year:
, 2022 through ,

Please Type or Print	Your First Name and Initial AMRUTHAVALLY		Last Name KONAKANCHI		Please Do Not Write In This Space			
	If a Joint Return, Spouse's First Name and Initial		Last Name					
	Current Mailing Address (Number and Street or PO Box) 831 ROME							
City ROCHESTER HILLS		State MI		Zip Code 48307				
Your Social Security Number 8 7 8 9 7 8 5 9 6		Spouse's Social Security Number		High School District Code				
During 2022, did you receive, sell, exchange, gift, or otherwise dispose of a digital asset or a financial interest in a digital asset? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
(1) <input type="checkbox"/> Farmer/Rancher		(2) <input type="checkbox"/> Active Military		(1) <input type="checkbox"/> Deceased Taxpayer(s) (first name & date of death):		/ /		
1 Federal Filing Status:								
(1) <input checked="" type="checkbox"/> Single		(3) <input type="checkbox"/> Married, filing separately—Spouse's SSN: _____		(4) <input type="checkbox"/> Head of Household				
(2) <input type="checkbox"/> Married, filing jointly		and Full Name _____		(5) <input type="checkbox"/> Widow(er) with dependent children				
2a Check if YOU were:		(1) <input type="checkbox"/> 65 or older		(2) <input type="checkbox"/> Blind		2b Check here if someone (such as your parent) can claim you or your spouse as a dependent: (1) <input type="checkbox"/> You (2) <input type="checkbox"/> Spouse		
SPOUSE was:		(3) <input type="checkbox"/> 65 or older		(4) <input type="checkbox"/> Blind				
3 Type of Return:								
(1) <input type="checkbox"/> Resident		(2) <input checked="" type="checkbox"/> Partial-year resident from 0 1 / 0 1 , 2022 to 1 0 / 1 1 , 2022 (attach Schedule III)		(3) <input type="checkbox"/> Nonresident (attach Schedule III)				
4 Nebraska personal exemptions. (Enter 1 in each line of 4a or 4b that applies):								
a Yourself. If someone can claim you as a dependent, leave blank.						4 a <u>1</u>		
b Spouse. Married filing jointly returns, if someone can claim your spouse as a dependent leave blank.						4 b _____		
c								
Dependents, if more than three, see instructions		Dependent's						
First Name	Last Name	Social Security Number						
						Total number of dependents listed 4 c _____		
Total Nebraska personal exemptions – add lines 4a, 4b, and 4c 4 <u>1</u>								
5 Federal adjusted gross income (AGI) (line 11, Federal Form 1040 or 1040-SR) Do not leave blank 5 <u>61,420.00</u>								
6 Nebraska standard deduction (if you checked any boxes on line 2a or 2b above, see instructions; otherwise, enter \$7,350 if single; \$14,700 if married, filing jointly or qualified widow[er]; \$7,350 if married, filing separately; or \$10,750 if head of household) 6 <u>7,350.00</u>								
7 Total itemized deductions (line 17, Federal Schedule A – see instructions) 7 <u>00</u>								
8 State and local income taxes (line 5a, Schedule A, Federal Form 1040 or 1040-SR) 8 <u>0.00</u>								
9 Nebraska itemized deductions (line 7 minus line 8) 9 <u>0.00</u>								
10 Nebraska standard deduction or the Nebraska itemized deductions, whichever is greater (the larger of line 6 or line 9) 10 <u>7,350.00</u>								
11 Nebraska income before adjustments (line 5 minus line 10). 11 <u>54,070.00</u>								
12 Adjustments increasing federal AGI (line 9, from attached Nebraska Schedule I) 12 <u>00</u>								
13 Adjustments decreasing federal AGI (line 33, from attached Nebraska Schedule I) 13 <u>00</u>								
14 Nebraska Taxable Income (enter line 11 plus line 12 minus line 13). If less than -0-, enter -0-. Residents complete lines 15 and 16. Partial-year residents and nonresidents complete Nebr. Sch. III before continuing 14 <u>54,070.00</u>								
15 Nebraska income tax (Partial-year residents and nonresidents enter the result from line 9, Nebraska Schedule III. Paper filers may use the Nebraska Tax Table. All others must use Tax Calculation Schedule.) 15 <u>2,600.00</u>								
16 Nebraska other tax calculation:								
a Federal Tax on Lump-Sum Distributions (Federal Form 4972) 16 a \$ _____								
b Federal tax on early distributions (lesser of Federal Form 5329 or line 8, Sch. 2, Federal Form 1040 or 1040-SR) 16 b \$ _____								
c Total (add lines 16a and 16b) 16 c \$ _____								
Residents multiply line 16c by 29.6% (x .296) and enter the result on line 16. Partial-year residents and nonresidents enter the result from line 10, Nebraska Schedule III 16 <u>00</u>								
17 Total Nebraska tax before Nebraska personal exemption credit (add lines 15 and 16). Do not pay the amount on this line. Pay the amount from line 43. 17 <u>2,600.00</u>								

18	Nebr. personal exemption credit for residents only (\$146 times the number on line 4)	18	0.	00
19	Credit for tax paid to another state, line 6, Nebraska Schedule II (attach Nebraska Schedule II and a copy of the other state's return)	19		00
20	Credit for the elderly or disabled (attach copy of Federal Schedule R)	20	0.	00
21	Community Development Assistance Act credit (attach Form CDN)	21		00
22	Form 3800N nonrefundable credit (attach Form 3800N)	22		00
23	Nebraska child/dependent care nonrefundable credit, only if line 5 is more than \$29,000 (attach a copy of Federal Form 2441 and see instructions)	23	0.	00
24	Credit for financial institution tax (attach Form NFC)	24		00
25	Employer's credit for expenses incurred for TANF (ADC) recipients (see instr.)	25		00
26	Designated extremely blighted area tax credit (attach Form 1040N-EB)	26		00
27	Total nonrefundable credits (add lines 18 through 26)	27	0.	00
28	Nebraska tax after nonrefundable credits. Subtract line 27 from line 17 (if line 27 is more than line 17, enter -0-). If the result is greater than your federal tax liability, see instructions. If entering federal tax, check box <input type="checkbox"/> and attach a copy of the federal return	28	2,600.	00
29	Total Nebraska income tax withheld (attach 2022 Forms, see instructions) a W-2 \$ 3,473. b K-1N \$ _____ c W-2G, 1099-R, 1099-MISC, 1099-NEC or others \$ 0.	29	3,473.	00
30	2022 estimated income tax payments (include any 2021 overpayment credited to 2022 and any payments submitted with an extension request)	30		00
31	Form 3800N refundable credit (attach Form 3800N)	31		00
32	Nebraska child/dependent care refundable credit, if line 5 is \$29,000 or less (attach a copy of Form 2441N)	32		00
33	Beginning Farmer credit from Form 1099 BFC (NDA NextGen)	33		00
34	Nebraska earned income credit. Enter number of qualifying children 97 <input type="checkbox"/> Federal credit 98 \$ _____ .00 x .10 (10%) (attach pages 1-2 of federal return)	34		00
35	Credit for school district property taxes (attach Form PTC)	35		00
36	Credit for community college property taxes (attach Form PTC)	36		00
37	Credit for qualified Volunteer Emergency Responders (see instructions)	37		00
38	Stillborn child tax credit (attach Birth Resulting in Stillbirth Certificate and see instructions)	38		00
39	Total refundable credits (add lines 29 through 38)	39	3,473.	00
40	Penalty for underpayment of estimated tax (see instructions). If you calculated a Form 2210N penalty of -0- or greater, or used the annualized income method, attach Form 2210N, and check this box 96 <input type="checkbox"/>	40		00
41	Total tax and penalty. Add lines 28 and 40	41	2,600.	00
42	Use tax due on taxable purchases where applicable sales tax was not collected. (see instructions) Enter purchases subject to state tax 91 \$ _____ State tax 92 \$ _____ (purchases x 5.5%); Enter purchases subject to local tax 93 \$ _____ Local tax 94 \$ _____ (purchases x local rate of _____ %) 95 Local code _____ (see local rate schedule); Add state and local taxes and enter on line 42. If no use tax is due, enter -0- on line 42.	42	0.	00
43	Total amount due. If line 39 is less than total of lines 41 and 42, subtract line 39 from total of lines 41 and 42 Pay this amount in full. For electronic or credit card payment check here <input type="checkbox"/> and see instructions.	43		00
44	Overpayment. If line 39 is more than the total of lines 41 and 42, subtract the total of lines 41 and 42 from line 39.	44	873.	00
45	Amount of line 44 you want applied to your 2023 estimated tax	45		00
46	Wildlife Conservation Fund donation of \$1 or more	46		00
47	Amount of line 44 you want refunded to you (line 44 minus lines 45 and 46) Your refund will generally be issued by July 15, if your paper return is filed by April 15 (see instructions).	47	873.	00

48a Routing Number

0	4	4	0	0	0	0	3	7
---	---	---	---	---	---	---	---	---

 48b Type of Account

1

 1 = Checking 2 = Savings

48c Account Number

8	8	6	6	7	8	2	1	3											
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

48d Check this box if this refund will go to a bank account outside the United States.



Under penalties of perjury, I declare that, as taxpayer or preparer, I have examined this return and to the best of my knowledge and belief, it is true, correct, and complete.

sign here

Your Signature _____ Date (402) 708-8338

Spouse's Signature (if filing jointly, both must sign) _____ Daytime Phone _____

AMRUTHAVALLY08@GMAIL.COM
Email Address

paid preparer's use only

SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/18/2023 P02082703
Preparer's Signature Date Preparer's PTIN
GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816 84-3171965 (678) 965-9522
Print Firm's Name (or yours if self-employed), Address and Zip Code EIN CG REV 02/18/23 PRO Daytime Phone

Name on Form 1040N
AMRUTHAVALLY KONAKANCHI

Social Security Number
8 7 8 | 9 7 | 8 5 9 6

Nebraska Schedule I — Nebraska Adjustments to Income for Nebraska Residents, Partial-Year Residents, and Nonresidents

• Attach additional pages if necessary.

Part A — Adjustments Increasing Federal AGI

1 Interest income from all state and local obligations exempt from federal tax		
a List type: _____	b Amount: \$ _____	
Total interest income exempt from federal tax. Enter total of lines 1b.....		1 00
2 Exempt interest income from Nebraska obligations		
a List type: _____	b Amount: \$ _____	
Total exempt interest income from Nebraska obligations. Enter total of lines 2b.....		2 00
3 Total taxable interest income. Enter the result of line 1 minus line 2.....		3 00
4 Financial Institution Tax Credit claimed. Enter amount from line 24, Form 1040N.....		4 00
5 Nebraska College Savings Program recapture (see instructions).....		5 00
6 Nebraska Enable plan recapture.....		6 00
7 Federal net operating loss deduction.....		7 00
8 S corporation or LLC Non-Nebraska loss.....		8 00
9 Total adjustments increasing federal AGI (total lines 3 through 8). Enter here and on line 12, Form 1040N.....		9 00

Part B — Adjustments Decreasing Federal AGI

10 State income tax refund deduction. Enter line 1, Schedule 1, Federal Form 1040 or 1040-SR.....		10 00
11 U.S. government obligations exempt for state purposes (list below or attach schedule)		
a List type: _____	b Amount: \$ _____	
Total U.S. government obligations exempt for state purposes. Enter total of lines 11b.....		11 00
12 List fund name, total dividend, and percent of regulated investment company dividends from		
a U.S. obligation: _____		
b Total dividend: \$ _____ x c _____ % = d \$ _____		
Total regulated investment company dividends. Enter total of lines 12d.....		12 00
13 Total U.S. government obligations. Enter total of lines 11 and 12.....		13 00
14 Benefits paid by the Railroad Retirement Board (RRB) included in the federal AGI. Attach pages 1 and 2 of your federal income tax return and all Forms 1099 and W-2 from the RRB.		
a List type: _____	b Amount: \$ _____	
Total benefits paid by the RRB included in federal AGI. Enter total of lines 14b.....		14 00
15 Special capital gains/extraordinary dividend deduction [attach Form 4797N; a copy of Federal Schedule D; and Form 8949 (or Federal Schedule B when claiming extraordinary dividend deduction)] (see instructions).....		15 00
16 Nebraska College Savings Program contribution (see instructions).....		16 00
17 Employer contribution to the Nebraska Educational Savings Plan (see instructions).....		17 00
18 Nebraska Enable plan contributions. List the account number and annual contribution amount for each account you contributed to during this tax year (list below or attach schedule)		
a Account Number: _____	b Amount: \$ _____	
Enter total Nebraska Enable plan contributions.....		18 00
19 S corp and LLC Non-Nebraska income (attach Federal schedules K-1 and Nebraska Schedules K-1N,.....)		19 00
20 Nonresident military servicemember active duty pay (attach active duty Form W-2, identifying the income as attributable to another state, see instructions).....		20 00
21 Income earned by a Native American Indian in Indian country.....		21 00
22 Claim of right repayment.....		22 00
23 Nebraska NOL carryforward (attach the Nebraska NOL Worksheet for each loss year claimed on this line).....		23 00
24 Nebraska agricultural revenue bond interest.....		24 00
25 Interest from federally taxable Nebraska Investment Finance Association (NIFA) bonds.....		25 00
26 Interest from federally taxable Build America Bonds issued by Nebraska governmental units.....		26 00
27 Social Security included in Federal AGI (see instructions) Attach pages 1 and 2 of your federal income tax return.....		27 00
28 Military retirement benefits (Attach supporting documentation, see instructions).....		28 00
29 Dividends received or deemed to be received from corporations not subject to the IRC (Attach supporting documentation) ...		29 00
30 Segal AmeriCorps Education Award (attach Form 1099-MISC, see instructions).....		30 00
31 Cancer benefits received from the Firefighter Cancer Benefits Act (Attach supporting documentation, see instructions).....		31 00
32 Teach in Nebraska Today Act student loan repayment assistance (Attach supporting documentation, see instructions).....		32 00
33 Total adjustments decreasing federal AGI (total lines 10 and 13 through 32). Enter here and on line 13, Form 1040N.....		33 00

Name on Form 1040N

AMRUTHAVALLY KONAKANCHI

Social Security Number

8 7 8 | 9 7 | 8 5 9 6

Nebraska Schedule II —

Credit for Tax Paid to Another State for FULL-YEAR RESIDENTS ONLY

- Complete a separate Schedule II for each state.
- A complete copy of the return filed with another state must be attached. If the entire return is not attached, credit for tax paid to another state will not be allowed. Name of state:

1 Total Nebraska tax (line 17, Form 1040N)	1		00
2 Adjusted gross income derived from another state (do not enter amount of taxable income from the other state – use <u>Conversion Chart</u> on the DOR's website)	2		00
3 Ratio <div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;">Line 2</div> <div style="border: 1px solid black; width: 60px; height: 15px; margin-right: 5px;"></div> <div style="margin: 0 5px;">=</div> <div style="border: 1px solid black; width: 60px; height: 15px; margin-right: 5px;"></div> <div style="margin: 0 5px;">÷</div> <div style="border: 1px solid black; width: 60px; height: 15px; margin-right: 5px;"></div> <div style="margin: 0 5px;">=</div> <div style="border: 1px solid black; width: 60px; height: 15px; margin-right: 5px;"></div> </div> (Form 1040N, Line 5 + Line 12 – Line 13) = <input type="text"/> + <input type="text"/> – <input type="text"/> = <input type="text"/>	3	. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
4 Calculated tax credit. Line 1 multiplied by line 3 ratio	4		00
5 Tax due and paid to another state (do not enter amount withheld for the other state – use <u>Conversion Chart</u> on the DOR's website)	5		00
6 Allowable tax credit (line 1, 4, or 5, whichever is least). Enter amount here and on line 19, Form 1040N	6		00

Name on Form 1040N

AMRUTHAVALLY KONAKANCHI

Social Security Number

8 7 8 | 9 7 | 8 5 9 6

Nebraska Schedule III —

Computation of Nebraska Tax for PARTIAL-YEAR RESIDENTS AND NONRESIDENTS ONLY

- You must complete lines 1 through 14, Form 1040N. If you have state, local, or federal bond interest or other adjustments, complete Parts A and B of Nebraska Schedule I. Use Schedule III to calculate your Nebraska tax liability.
- You do not have to provide a copy of other state returns when filing Schedule III.

<p>1 Income derived from Nebraska sources. Include income from wages, interest, dividends, business, farming, Nebraska unemployment payments, severance payments connected to Nebraska employment, partnerships, S corporations, limited liability companies, estates and trusts, gain or loss, rents, royalties, and financial institution tax credit amount. If there is no Nebraska income or loss, enter -0-.</p> <p>a List type: <u>Wages</u> b Amount: \$ <u>67,251.</u> List type: <u>Rents and royalties</u> Amount: <u>0.</u> Total income derived from Nebraska sources. Enter total of lines 1b.....</p>		1	67,251.	00
<p>2 Adjustments as applied to Nebraska income, if any (see instructions)</p> <p>a List type: _____ b Amount: \$ _____ List type: _____ Amount: _____ Total adjustment as applied to Nebraska income. Enter total of lines 2b.....</p>		2		00
<p>3 Nebraska adjusted gross income (line 1 minus line 2).....</p>		3	67,251.	00
<p>4 Ratio — Nebraska's share of the total income (calculate to six decimal places, and round to five):</p> <p>Line 3 <u>67,251.</u> = <u>67,251.</u> (Form 1040N, Line 5 + Line 12 – Line 13) <u>61,420.</u> + _____ – _____ = <u>61,420.</u></p>		4	1.	0 0 0 0 0
<p>5 Nebraska Taxable Income (line 14, Form 1040N)</p>		5	54,070.	00
<p>6 Nebraska tax calculation (see instructions)</p> <p>a Tax on Nebraska Taxable Income from line 5..... 6 a \$ <u>2,746.</u> b Partial-year residents, enter Nebraska nonrefundable credit for the elderly or disabled... 6 b \$ _____ c Partial-year residents, enter Nebraska child/dependent care nonrefundable credit..... 6 c \$ _____ d Subtotal credits (add lines 6b and 6c) 6 d \$ _____ Line 6a minus line 6d</p>		6	2,746.	00
<p>7 Multiply Nebraska personal exemption credit of \$146 by the number of Nebraska personal exemptions on line 4, Form 1040N.....</p>		7	146.	00
<p>8 Tax after Nebraska personal exemption credit (line 6 minus line 7). If less than \$0, enter -0- here, and if you have any other tax due, apply any unused Nebraska personal exemption credit against that tax on line 10e ...</p>		8	2,600.	00
<p>9 Nebraska income tax. Multiply line 8 by the ratio you computed on line 4. Enter result here and on line 15, Form 1040N.....</p>		9	2,600.	00
<p>10 Nebraska other tax calculation:</p> <p>a Federal Tax on Lump Sum Distributions (Form 4972)..... 10 a \$ _____ b Federal tax on early distributions (lesser of Form 5329 or line 8, Schedule 2, Federal Form 1040 or 1040-SR)..... 10 b \$ _____ c Subtotal (add lines 10a and 10b)..... 10 c \$ _____ d Tax calculation. Multiply line 10c by 29.6% (x .296)..... 10 d \$ _____ e Enter any unused Nebraska personal exemption credit from the calculation on line 8 10 e \$ _____ f Subtract line 10e from line 10d..... 10 f \$ _____ Multiply line 10f by line 4 ratio. Enter result here and on line 16, Form 1040N.</p>		10		00
<p>11 Earned income credit (Partial-Year Residents Only)</p> <p>a Number of qualifying children. Enter here and on line 34, box 97, Form 1040N..... 11 a _____ b Enter federal earned income credit from federal tax return here and on line 34, box 98, Form 1040N 11 b \$ _____ Multiply line 11b amount by 10% (x .10). Enter the result here (see instructions).</p>		11		00
<p>12 Nebraska earned income credit. Multiply line 11 by the ratio you computed on line 4 (Attach a copy of federal tax return pages 1 and 2 to your return). Enter result here and on line 34, Form 1040N</p>		12		00

Paid tax preparers who filed more than 25 Nebraska individual income tax returns in 2022 must electronically file (e-file) all of the Nebraska individual income tax returns they prepare in 2023. Taxpayers may request a tax preparer to not e-file a return by signing this form.

Do not mail this form to the Nebraska Department of Revenue. The paid tax preparer should keep the signed Nebraska E-file Opt-Out Record for Individuals for a period of at least three years after the due date of the return.

For Taxpayer's Use Only

First Name and Initial AMRUTHAVALLY		Last Name KONAKANCHI	Your Social Security Number or ITIN 878-97-8596
If Married, Filing Jointly, Spouse's First Name and Initial		Last Name	Spouse's Social Security Number or ITIN
Current Mailing Address (Number and Street, or Rural Route and Box Number) 831 ROME			Telephone Number (402) 708-8338
City ROCHESTER HILLS MI 48307	State	Zip Code	Email Address AMRUTHAVALLY08@GMAIL.COM

I do not want my tax return filed electronically.

Explanation: _____

**Taxpayer
sign
here**

Your Signature (If married, filing jointly, only one spouse must sign.)

03/18/2023
Date

For Paid Tax Preparer's Use Only

Paid Tax Preparer's Name SYAM PRIYA RAM SAGAR GUPTA TALLAM		PTIN P02082703
Firm's Name (If Applicable) GLOBAL TAXES LLC		FEIN 84-3171965
Tax Preparer's/Firm's Address 245 ROONEY CT		Telephone Number (678) 965-9522
City E BRUNSWICK NJ 08816	State	Zip Code
		Email Address SYAM@GTAXFILE.COM

**Tax Preparer
sign
here**

SYAM PRIYA RAM SAGAR GUPTA TALLAM
Paid Tax Preparer's Signature

03/18/2023
Date

**Do not mail this form to the Nebraska Department of Revenue.
The tax preparer should retain the signed form for a minimum of three years.**