

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 SRAVANI SRIRAMOJU	Social security number 380-45-6704
Spouse's name ANURAG KONDAPAKA	Spouse's social security number 207-77-6161

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	120,609.
2 Total tax	2	10,074.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	16,862.
4 Amount you want refunded to you	4	6,788.
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

5	6	7	0	4
---	---	---	---	---

 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 GLOBAL TAXES LLC to enter or generate my PIN

7	6	1	6	1
---	---	---	---	---

 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.

5	1	8	9	5	2	3	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

Filing Status [] Single [X] 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 (SRAVANI), Last name (SRIRAMOJU), Your social security number (380-45-6704), Spouse's social security number (207-77-6161), Home address (106 SHADY COURT, Long Beach, MS, 39560), and Presidential Election Campaign checkbox.

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [] Yes [X] No

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

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

Table for Dependents with columns: (1) First name Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (Child tax credit, Credit for other dependents). Includes dependent ABHISHIKTH RAM KONDAPAKA.

Income section table with rows 1a through 1z. Total amount from Form(s) W-2, box 1 is 130,959.

Table for interest and dividends: 2a Tax-exempt interest, 2b Taxable interest, 3a Qualified dividends, 3b Ordinary dividends, 4a IRA distributions, 4b Taxable amount, 5a Pensions and annuities, 5b Taxable amount, 6a Social security benefits, 6b Taxable amount.

Table for deductions and adjustments: 7 Capital gain or (loss), 8 Other income from Schedule 1, line 10, 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income (120,609), 10 Adjustments to income from Schedule 1, line 26, 11 Subtract line 10 from line 9. This is your adjusted gross income (120,609), 12 Standard deduction or itemized deductions (from Schedule A) (25,900), 13 Qualified business income deduction from Form 8995 or Form 8995-A, 14 Add lines 12 and 13 (25,900), 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income (94,709).

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	12,074.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	12,074.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2,000.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	2,000.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	10,074.
	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	10,074.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	16,862.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	16,862.
	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	16,862.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	6,788.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	6,788.
	b	Routing number 072000326 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 226692157		
	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 SOFTWARE ENGINEER	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 SOFTWARE ENGINEER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (708) 945-5226	Email address SRAVYASRIRAMOJU@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 03/30/2023	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
SRAVANI SRIRAMOJU & ANURAG KONDAPAKA

Your social security number
380-45-6704

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	-10,350.
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 ABL 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	-10,350.

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

SRAVANI SRIRAMOJU & ANURAG KONDAPAKA

Your social security number

380-45-6704

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	
B	
C	

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days	QJV
		A	B	C	<input type="checkbox"/>
A 3		365		0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

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

Income:	Properties:		
	A	B	C
3 Rents received	3 650.		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7 1,000.		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11 800.		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14 3,200.		
15 Supplies	15 2,500.		
16 Taxes	16		
17 Utilities	17 3,500.		
18 Depreciation expense or depletion	18		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 11,000.		
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	21 -10,350.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (10,350.)		
23a Total of all amounts reported on line 3 for all rental properties	23a 650.		
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c		
d Total of all amounts reported on line 18 for all properties	23d		
e Total of all amounts reported on line 20 for all properties	23e 11,000.		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24		
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25 (10,350.)		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26 -10,350.		

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-10,350.

Schedule E (Form 1040) 2022

**SCHEDULE 8812
(Form 1040)**

**Credits for Qualifying Children
and Other Dependents**

OMB No. 1545-0074

2022

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Name(s) shown on return

Your social security number

SRAVANI SRIRAMOJU & ANURAG KONDAPAKA

380-45-6704

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	120,609.
2a	Enter income from Puerto Rico that you excluded	2a		
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.	
c	Enter the amount from line 15 of your Form 4563	2c		
d	Add lines 2a through 2c	2d	0.	
3	Add lines 1 and 2d	3	120,609.	
4	Number of qualifying children under age 17 with the required social security number	4	1	
5	Multiply line 4 by \$2,000	5	2,000.	
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	0	
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7		
8	Add lines 5 and 7	8	2,000.	
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	9	400,000.	
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	10	0.	
11	Multiply line 10 by 5% (0.05)	11	0.	
12	Is the amount on line 8 more than the amount on line 11?	12	2,000.	
	<input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
	<input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from the Credit Limit Worksheet A	13	12,074.	
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents	14	2,000.	

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	<input type="checkbox"/>	
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27		16a 0.
b	Number of qualifying children under 17 with the required social security number: _____ x \$1,500. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27		16b
TIP: The number of children you use for this line is the same as the number of children you used for line 4.			
17	Enter the smaller of line 16a or line 16b		17
18a	Earned income (see instructions)	18a	
b	Nontaxable combat pay (see instructions)	18b	
19	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,500 or more? <input type="checkbox"/> No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	20	

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions.	21	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22	
23	Add lines 21 and 22	23	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. }	24	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	26	

Part II-C Additional Child Tax Credit

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	
-----------	--	-----------	--

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074

For tax year
20 _____

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return SRAVANI SRIRAMOJU & ANURAG KONDAPAKA	Taxpayer identification number 380-45-6704
Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer tax identification number P02082703

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - 1. A copy of this Form 8867.
 - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

D-400 (50) 8-8-22 **2022 Individual Income Tax Return**

< Staple All Pages of Your Return and W-2s Here

North Carolina Department of Revenue

Amended Return

DOR
Use
Only

For calendar year 2022, or fiscal year beginning <u>22</u> and ending <u>22</u>		Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
SRAVANI SRIRAMOJU ANURAG KONDAPAK 106 SHADY COURT Your SSN: 380456704 LONG BE MS 39560 Spouse's SSN: 207776161		Is your spouse a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Filing Status <input type="checkbox"/> 1. Single <input checked="" type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er)		Were you granted an automatic extension to file your 2022 federal income tax return, e.g., Form 1040? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Were you a resident of N.C. for the entire year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Return for deceased taxpayer. Date of death: _____ Was your spouse a resident for the entire year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Return for deceased spouse. Date of death: _____		Year spouse died: _____
N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> . To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.)		
<input type="checkbox"/> Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 2023, and a U.S. citizen or resident. <input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.		

FS	2	PP	Y	DT	N	OC	N	TPRES	N	SPRES	N	VT	N	SVT	N
SRIR	106	39560	DS	N	EA	N	TD			SD				FDEXT	N
SRAVANI			SRIRAMOJU					380456704							
ANURAG			KONDAPAKA					207776161	MS	39560					
106 SHADY COURT								LONG BEACH							
06		120609		16				0		26C				0	
07		0		18	Y			0		26E				0	
09		0		20A				2205		EU					
10A		1		20B				0		27				0	
10B		500		21A				0		29				0	
11	S	Y	I	N				0		30				0	
11		25500		21C				0		31				0	
13		04298		21D				0		32				0	
14		40663		26A				0		34				176	
15		2029		26B				0							
TN	7089455226		PN	6789659522				PP		P02082703					



Sign Return Below <input checked="" type="checkbox"/> Refund Due <u>176</u>		<input type="checkbox"/> Payment Due <u>0</u>	
I declare and certify 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.		<input type="checkbox"/> Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.	
Your Signature _____	Date _____	Spouse's Signature (If filing joint return, both must sign.) _____	Date _____
		7089455226	
<small>PAID PREPARER USE ONLY If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.</small>			
SYAM PRIYA RAM SAGAR GUPT <u>03 30 23</u>		<u>6789659522</u>	
Paid Preparer's Signature _____		Preparer's Contact Phone Number (Include area code) _____	
		P02082703	
Preparer's FEIN, SSN, or PTIN _____			

If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001
 If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640

D-400 Line-by-Line Information

6.	Federal Adjusted Gross Income	6.	120609
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	120609
9.	Deductions From Federal Adjusted Gross Income	9.	0
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	1
	b. Enter the amount of the child deduction	10b.	500
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	25500
12.	a. Add Lines 9, 10b, and 11	12a.	26000
	b. Subtract Line 12a from Line 8	12b.	94609
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.4298
14.	N.C. Taxable Income	14.	40663
15.	N.C. Income Tax	15.	2029
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	2029
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	2029

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	2205
20b.	Spouse's tax withheld	20b.	0

Other Tax Payments

21a.	2022 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Additional Payments	22.	0
23.	Add Lines 20a through 22	23.	2205
24.	Previous Refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	2205
26a.	Tax Due	26a.	0
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	Pay this Amount	27.	0
28.	Overpayment	28.	176

Amount of Refund to Apply to:

29.	Amount of Line 28 to be applied to 2023 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	Amount to be Refunded	34.	176

D-400 Sch PN (50)

8-17-22

2022 Part-Year Resident and Nonresident Schedule
 North Carolina Department of Revenue

DOR
Use
Only

If you enter a taxable percentage on Form D-400, Line 13 because you or your spouse, if married filing jointly, were not full-year residents of North Carolina during tax year 2022, you must attach this schedule to Form D-400. Importantly, you must attach both pages of this schedule to Form D-400. If you do not, the Department may be unable to process your return.

Last Name (First 10 Characters) **SRIRAMOJU** Your Social Security Number **380456704**

A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a **"part-year resident"** if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a **"nonresident"** if you were not a resident of N.C. at any time during the tax year.

Important: Refer to the Instructions before completing this form.

NRT Y PYT N 22 51840
 NRS Y PYS N 23 120609

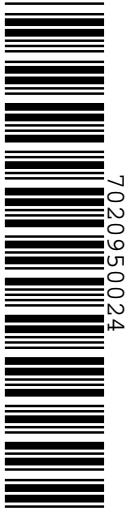
Part A. Residency Status

Taxpayer is: (Select applicable box) Full-Year Resident Nonresident Part-Year Resident
 Date N.C. residency began _____ Date N.C. residency ended _____

Spouse is: (Select applicable box) Full-Year Resident Nonresident Part-Year Resident
 Date N.C. residency began _____ Date N.C. residency ended _____

If you and your spouse were both full-year residents of N.C., **stop here**; do not complete Parts B and C. Do not attach Schedule PN to Form D-400.

Part B. Allocation of Income for Part-Year Residents and Nonresidents

Total Income	COLUMN A Total Income from all sources	COLUMN B Amount of Column A subject to N.C. tax
1. Wages, Salaries, Tips, Etc.	1. 130959	51840
2. Taxable Interest	2. 0	0
3. Taxable Dividends	3. 0	0
4. Taxable Refunds, Credits, or Offsets of State and Local Income Taxes	4. 0	0
5. Alimony Received	5. 0	0
6. Business Income or (Loss)	6. 0	0
7. Capital Gain or (Loss)	7. 0	0
8. Other Gains or (Losses)	8. 0	0
9. Taxable Amount of IRA Distributions	9. 0	0
10. Taxable Amount of Pensions and Annuities	10. 0	0
11. Rental Real Estate, Royalties, Partnerships, S-Corps, Estates, Trusts, Etc.	11. -10350	0
12. Farm Income or (Loss)	12. 0	0
13. Unemployment Compensation	13. 0	0
14. Taxable Portion of Social Security and Railroad Retirement Benefits	14. 0	0
15. Other Income	15. 0	0
16. Total Income	16. 120609	51840
		
North Carolina Adjustments	COLUMN A Enter the amount from Form D-400 Schedule S	COLUMN B Amount of Column A subject to N.C. tax
17. Additions		
a. Interest Income From Obligations of States Other Than N.C.	17a. 0	0
b. Deferred Gains Reinvested Into an Opportunity Fund	17b. 0	0
c. Bonus Depreciation	17c. 0	0
d. IRC Section 179 Expense	17d. 0	0
e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income	17e. 0	0
18. Total Additions	18. 0	0

Last Name (First 10 Characters) SRIRAMOJU	Your Social Security Number	380456704
--	-----------------------------	-----------

Part B. Allocation of Income for Part-Year Residents and Nonresidents (continued)

	COLUMN A	COLUMN B
	Enter the amount from Form D-400 Schedule S	Amount of Column A subject to N.C. tax
19. Deductions		
a. State or Local Income Tax Refund	19a. 0	0
b. Interest Income From Obligations of the United States or United States' Possessions	19b. 0	0
c. Taxable Portion of Social Security and Railroad Retirement Benefits	19c. 0	0
d. Retirement Benefits Received by Vested N.C. State Government, N.C. Local Government, or Federal Government Retirees, i.e. <i>Bailey Settlement</i>	19d. 0	0
e. Bonus Asset Basis	19e. 0	0
f. Bonus Depreciation	19f. 0	0
g. IRC Section 179 Expense	19g. 0	0
h. Other Deductions From Federal Adjusted Gross Income That Relate to Gross Income	19h. 0	0
20. Total Deductions	20. 0	0
21. Total Income Modified by N.C. Adjustments	21. 120609	51840

Part C. Part-Year Residents and Nonresidents Taxable Percentage

22. Enter the Amount From Column B, Line 21		22. 51840
23. Enter the Amount From Column A, Line 21		23. 120609
24. Part-Year Residents and Nonresident Taxable Percentage		24. 0.4298

Mississippi Individual / Fiduciary Income Tax Voucher

Estimated Tax for Individuals - Voucher 1 This payment is due on April 18, 2023

Instructions

Who Must Make Estimated Tax Payments

Every individual taxpayer who does not have at least eighty percent (80%) of his/her annual tax liability prepaid through withholding must make estimated tax payments if his/her annual tax liability exceeds two hundred dollars (\$200). For more information about the payment and calculation of estimated income tax payments, please see the Individual Income Tax Return Instructions, Form 80-100.

Return Payments

This voucher may be used to make return payments for tax due on the Individual Income Tax Return (Form 80-105), Non-Resident Income Tax Return (Form 80-205) and the Fiduciary Income Tax Return (Form 81-110).

Extension Payments

This voucher may be used to make extension payments for tax due on the Individual Income Tax Return (Form 80-105), Non-Resident Income Tax Return (Form 80-205) and the Fiduciary Income Tax Return (Form 81-110). Extension payments should be filed and paid on or before April 15th.

Payment Options

- To pay this amount online, go to www.dor.ms.gov, click on Taxpayer Access Point (TAP) and follow the instructions.
- To pay by check or money order, complete the payment coupon below:
 - Make the check or money order payable to Department of Revenue
 - Mail the payment coupon and check/money order with return to: **P.O. Box 23050, Jackson, MS 39225-3050**
 - Mail the payment coupon and check/money order without return to: **P.O. Box 23192, Jackson, MS 39225-3192**
 - Check the appropriate box on the voucher for the payment type you are remitting.
 - Check the amended return box on the voucher if you are making a payment with an amended return.
 - Write the identification number on the check or money order.
 - Duplex forms or photocopies are NOT acceptable.

Cut Along the Dotted Line



Mississippi Individual / Fiduciary Income Tax Payment Voucher

Tax Year Beginning 01 01 2023

Tax Year Ending 12 31 2023

Taxpayer SSN/ITIN 380456704
Spouse SSN/ITIN 207776161

Trust FEIN
Name of Estate / Trust
(if fiduciary payment)

Taxpayer First Name	Initial	Last Name	Payment Type (Check One)		Account Type (Check One)	
SRAVANI		SRIRAMOJU	<input checked="" type="checkbox"/>	Quarterly Estimate Payment		
ANURAG		KONDAPAKA		Return Payment	<input checked="" type="checkbox"/>	Individual Income
Address				Extension Payment		Fiduciary Income
106 SHADY COURT				Amended Return Payment		
City		State				
LONG BEACH		MS				
		Zip				
		39560				

Amount Paid

183

Mail with return to: Department of Revenue, P.O. Box 23050, Jackson, MS 39225-3050

Mail without return to: Department of Revenue, P.O. Box 23192, Jackson, MS 39225-3192

Mississippi Individual / Fiduciary Income Tax Voucher

Estimated Tax for Individuals - Voucher 2 This payment is due on June 15, 2023

Instructions

Who Must Make Estimated Tax Payments

Every individual taxpayer who does not have at least eighty percent (80%) of his/her annual tax liability prepaid through withholding must make estimated tax payments if his/her annual tax liability exceeds two hundred dollars (\$200). For more information about the payment and calculation of estimated income tax payments, please see the Individual Income Tax Return Instructions, Form 80-100.

Return Payments

This voucher may be used to make return payments for tax due on the Individual Income Tax Return (Form 80-105), Non-Resident Income Tax Return (Form 80-205) and the Fiduciary Income Tax Return (Form 81-110).

Extension Payments

This voucher may be used to make extension payments for tax due on the Individual Income Tax Return (Form 80-105), Non-Resident Income Tax Return (Form 80-205) and the Fiduciary Income Tax Return (Form 81-110). Extension payments should be filed and paid on or before April 15th.

Payment Options

- To pay this amount online, go to www.dor.ms.gov, click on Taxpayer Access Point (TAP) and follow the instructions.
- To pay by check or money order, complete the payment coupon below:
 - Make the check or money order payable to Department of Revenue
 - Mail the payment coupon and check/money order with return to: **P.O. Box 23050, Jackson, MS 39225-3050**
 - Mail the payment coupon and check/money order without return to: **P.O. Box 23192, Jackson, MS 39225-3192**
 - Check the appropriate box on the voucher for the payment type you are remitting.
 - Check the amended return box on the voucher if you are making a payment with an amended return.
 - Write the identification number on the check or money order.
 - Duplex forms or photocopies are NOT acceptable.

Cut Along the Dotted Line



Mississippi Individual / Fiduciary Income Tax Payment Voucher

Tax Year Beginning 01 01 2023

Tax Year Ending 12 31 2023

Taxpayer SSN/ITIN 380456704
Spouse SSN/ITIN 207776161

Trust FEIN
Name of Estate / Trust
(if fiduciary payment)

Taxpayer First Name	Initial	Last Name	Payment Type (Check One)		Account Type (Check One)	
SRAVANI		SRIRAMOJU	<input checked="" type="checkbox"/>	Quarterly Estimate Payment		
ANURAG		KONDAPAKA		Return Payment	<input checked="" type="checkbox"/>	Individual Income
Address				Extension Payment		Fiduciary Income
106 SHADY COURT				Amended Return Payment		
City	State	Zip				
LONG BEACH	MS	39560				

Amount Paid

183

Mail with return to: Department of Revenue, P.O. Box 23050, Jackson, MS 39225-3050

Mail without return to: Department of Revenue, P.O. Box 23192, Jackson, MS 39225-3192

Mississippi Individual / Fiduciary Income Tax Voucher

Estimated Tax for Individuals - Voucher 3 This payment is due on September 15, 2023

Instructions

Who Must Make Estimated Tax Payments

Every individual taxpayer who does not have at least eighty percent (80%) of his/her annual tax liability prepaid through withholding must make estimated tax payments if his/her annual tax liability exceeds two hundred dollars (\$200). For more information about the payment and calculation of estimated income tax payments, please see the Individual Income Tax Return Instructions, Form 80-100.

Return Payments

This voucher may be used to make return payments for tax due on the Individual Income Tax Return (Form 80-105), Non-Resident Income Tax Return (Form 80-205) and the Fiduciary Income Tax Return (Form 81-110).

Extension Payments

This voucher may be used to make extension payments for tax due on the Individual Income Tax Return (Form 80-105), Non-Resident Income Tax Return (Form 80-205) and the Fiduciary Income Tax Return (Form 81-110). Extension payments should be filed and paid on or before April 15th.

Payment Options

- To pay this amount online, go to www.dor.ms.gov, click on Taxpayer Access Point (TAP) and follow the instructions.
- To pay by check or money order, complete the payment coupon below:
 - Make the check or money order payable to Department of Revenue
 - Mail the payment coupon and check/money order with return to: **P.O. Box 23050, Jackson, MS 39225-3050**
 - Mail the payment coupon and check/money order without return to: **P.O. Box 23192, Jackson, MS 39225-3192**
 - Check the appropriate box on the voucher for the payment type you are remitting.
 - Check the amended return box on the voucher if you are making a payment with an amended return.
 - Write the identification number on the check or money order.
 - Duplex forms or photocopies are NOT acceptable.

Cut Along the Dotted Line



Mississippi Individual / Fiduciary Income Tax Payment Voucher

Tax Year Beginning 01 01 2023

Tax Year Ending 12 31 2023

Taxpayer SSN/ITIN 380456704
Spouse SSN/ITIN 207776161

Trust FEIN
Name of Estate / Trust
(if fiduciary payment)

Taxpayer First Name	Initial	Last Name	Payment Type (Check One)		Account Type (Check One)	
SRAVANI		SRIRAMOJU	<input checked="" type="checkbox"/>	Quarterly Estimate Payment		
ANURAG		KONDAPAKA		Return Payment	<input checked="" type="checkbox"/>	Individual Income
Address				Extension Payment		Fiduciary Income
106 SHADY COURT				Amended Return Payment		
City		State				
LONG BEACH		MS				
		Zip				
		39560				

Amount Paid

183

Mail with return to: Department of Revenue, P.O. Box 23050, Jackson, MS 39225-3050

Mail without return to: Department of Revenue, P.O. Box 23192, Jackson, MS 39225-3192

Mississippi Individual / Fiduciary Income Tax Voucher

Estimated Tax for Individuals - Voucher 4 This payment is due on January 16, 2024

Instructions

Who Must Make Estimated Tax Payments

Every individual taxpayer who does not have at least eighty percent (80%) of his/her annual tax liability prepaid through withholding must make estimated tax payments if his/her annual tax liability exceeds two hundred dollars (\$200). For more information about the payment and calculation of estimated income tax payments, please see the Individual Income Tax Return Instructions, Form 80-100.

Return Payments

This voucher may be used to make return payments for tax due on the Individual Income Tax Return (Form 80-105), Non-Resident Income Tax Return (Form 80-205) and the Fiduciary Income Tax Return (Form 81-110).

Extension Payments

This voucher may be used to make extension payments for tax due on the Individual Income Tax Return (Form 80-105), Non-Resident Income Tax Return (Form 80-205) and the Fiduciary Income Tax Return (Form 81-110). Extension payments should be filed and paid on or before April 15th.

Payment Options

- To pay this amount online, go to www.dor.ms.gov, click on Taxpayer Access Point (TAP) and follow the instructions.
- To pay by check or money order, complete the payment coupon below:
 - Make the check or money order payable to Department of Revenue
 - Mail the payment coupon and check/money order with return to: **P.O. Box 23050, Jackson, MS 39225-3050**
 - Mail the payment coupon and check/money order without return to: **P.O. Box 23192, Jackson, MS 39225-3192**
 - Check the appropriate box on the voucher for the payment type you are remitting.
 - Check the amended return box on the voucher if you are making a payment with an amended return.
 - Write the identification number on the check or money order.
 - Duplex forms or photocopies are NOT acceptable.

Cut Along the Dotted Line



Mississippi Individual / Fiduciary Income Tax Payment Voucher

Tax Year Beginning 01 01 2023

Tax Year Ending 12 31 2023

Taxpayer SSN/ITIN 380456704
Spouse SSN/ITIN 207776161

Trust FEIN
Name of Estate / Trust
(if fiduciary payment)

Taxpayer First Name	Initial	Last Name	Payment Type (Check One)		Account Type (Check One)	
SRAVANI		SRIRAMOJU	<input checked="" type="checkbox"/>	Quarterly Estimate Payment		
ANURAG		KONDAPAKA		Return Payment	<input checked="" type="checkbox"/>	Individual Income
Address				Extension Payment		Fiduciary Income
106 SHADY COURT				Amended Return Payment		
City		State				
LONG BEACH		MS				
		Zip				
		39560				

Amount Paid

183

Mail with return to: Department of Revenue, P.O. Box 23050, Jackson, MS 39225-3050

Mail without return to: Department of Revenue, P.O. Box 23192, Jackson, MS 39225-3192

Mississippi Individual Income Tax Declaration For Electronic Filing 2022

Submission Number

Taxpayer First Name SRAVANI	Initial	Last Name SRIRAMOJU	YOU MUST ENTER SSN		
Spouse First Name ANURAG	Initial	Last Name KONDAPAKA			Taxpayer SSN 380456704
Mailing Address (Number and Street, Including Rural Route) 106 SHADY COURT					Spouse SSN 207776161
City Long Beach	State MS	Zip 39560	County Code 24		

PART I: TAX RETURN INFORMATION (ROUND TO THE NEAREST DOLLAR)

1 Mississippi taxable income (Form 80-105, line 16; 80-205, line 19)	1	102509
2 Total Mississippi tax (Form 80-105, line 24; 80-205, line 26)	2	2792
3 Mississippi tax payments (Form 80-105, line 28; 80-205, line 30)	3	3796
4 Refund (Form 80-105, line 34; 80-205, line 35)	4	1004
5 Amount you owe (Form 80-105, line 37; 80-205, line 38)	5	

PART II: DIRECT DEPOSIT/DIRECT DEBIT

1 Routing number 072000326	3 Type of account: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings
2 Account number 226692157	
4 Routing number	6 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
5 Account number	

My request for direct deposit/direct debit of my refund/payment includes my authorization for the Mississippi Department of Revenue to furnish my financial institution with my routing number, account number, account type, and social security number to insure my refund/payment is properly processed.

PART III: DECLARATION OF TAXPAYER

Under penalties of perjury, I declare that I have compared the information contained on my income tax return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my Mississippi income tax return. To the best of my knowledge and belief, my return is true, correct and complete. This declaration is to be maintained by the electronic return originator and provided to Mississippi Department of Revenue on request.

Taxpayer Signature _____ Date _____ Spouse Signature _____ Date _____

PART IV: DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

Under penalties of perjury, I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correctly represented to the best of my knowledge. I have obtained the taxpayer's signature and will maintain this return for the Mississippi Department of Revenue as part of my permanent records. Upon written request, I will furnish this return to the Mississippi Department of Revenue. I have provided the taxpayer with a copy of all forms and information to be filed electronically with the Mississippi Department of Revenue and have followed all other requirements described in the Mississippi Handbook for Electronic Filers and any additional requirements specified by the Mississippi Department of Revenue. If I am the paid preparer, 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 is based on all information of which preparer has any knowledge.

ERO Use Only	ERO Signature	Date 03302023	Check if Also Paid Preparer	Check if Self-Employed	ERO SSN or PTIN
Firm Name (or yours if self-employed), address and ZIP code			EIN		
GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816			882145487		
			Phone No.		(678)965-9522

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer Use Only	Preparer Signature	Date 03302023	Check if Also Paid Preparer <input checked="" type="checkbox"/>	Check if Self-Employed	Preparer SSN or PTIN
Firm Name (or yours if self-employed), address and ZIP code			EIN		
GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816			843171965		
			Phone No.		(678)965-9522



Mississippi Resident Individual Income Tax Return 2022

Amended

Taxpayer First Name SRAVANI	Initial	Last Name SRIRAMOJU
Spouse First Name ANURAG	Initial	Last Name KONDAPAKA
Mailing Address (Number and Street, Including Rural Route) 106 SHADY COURT		
City Long Beach	State MS	Zip 39560
		County Code 24

SSN **380456704**
Spouse SSN **207776161**

- 1** Married - Combined or Joint Return (\$12,000)
- 2** Married - Spouse Died in Tax Year (\$12,000)
- 3** Married - Filing Separate Returns (\$12,000)
- 4** Head of Family (\$8,000)
- 5** Single (\$6,000)

EXEMPTIONS

Dependents (in column B, enter "C" for child, "P" for parent or "R" for relative)				8 Taxpayer Age 65 or Over	Spouse Age 65 or Over
6 (A) Name	(B)	(C) Dependent SSN		Taxpayer Blind	Spouse Blind
ABHISHIKTH RAM KON	C	720732509			
7 Total number of dependents (from line 6 and Form 80-491) 1					
				9 Total dependents line 7 plus number of boxes checked line 8 1	
			10 Line 9 x \$1,500	10	1500
			11 Enter filing status exemption	11	12000
			12 Total (line 10 plus line 11)	12	13500

MISSISSIPPI INCOME TAX

	Column A (Taxpayer)	Column B (Spouse)
13 Mississippi adjusted gross income (from page 2, line 66)	13A 41490	13B 79119
14 Standard or itemized deductions (if itemized, attach Form 80-108)	14A 0	14B 4600
15 Exemptions (from line 12; if married filing separately use 1/2 amount)	15A 0	15B 13500
16 Mississippi taxable income (line 13 minus line 14 and line 15)	16A 41490	16B 61019
17 Income tax due (from Schedule of Tax Computation, see instructions)		17 4525
18 Credit for tax paid to another state (from Form 80-160, line 13; attach other state return)		18 1733
19 Credit for tax paid on an electing Pass-Through Entity Tax Return (from Form 80-161, line 3d)		19
20 Other credits (from Form 80-401, line 1)		20 0
21 Net income tax due (line 17 minus line 18, line 19 and line 20)		21 2792
22 Consumer use tax (see instructions)		22
23 Catastrophe savings tax (see instructions)		23
24 Total Mississippi income tax due (line 21 plus line 22 and line 23)		24 2792

PAYMENTS

25 Mississippi income tax withheld (complete Form 80-107)	25	3796
26 Estimated tax payments, extension payments and/or amount paid on original return	26	
27 Refund received and/or amount carried forward from original return (amended return only)	27	
28 Total payments (line 25 plus line 26 minus line 27)	28	3796

REFUND OR BALANCE DUE

29 Overpayment (if line 28 is more than line 24, subtract line 24 from line 28; if zero, skip to line 35)	29	1004
30 Interest and penalty (from Form 80-320, line 11 and/or line 12)	30	
31 Adjusted overpayment (line 29 minus line 30)	31	1004
32 Overpayment to be applied to next year estimated tax account	32	0
33 Voluntary contribution (from Form 80-108, part III)	33	
34 Overpayment refund (line 31 minus line 32 and line 33)	34	1004

Direct Deposit Request
(check box and go to page 3)

35 Balance due (if line 24 is more than line 28, subtract line 28 from line 24)	BALANCE DUE	35
36 Interest and penalty (from Form 80-320, line 19)		36
37 Total due (line 35 plus line 36)	AMOUNT YOU OWE	37

Installment Agreement Request
(see instructions for eligibility; attach Form 71-661)



Mississippi Resident Individual Income Tax Return 2022

SSN 380456704

INCOME	Column A (Taxpayer)	Column B (Spouse)
--------	---------------------	-------------------

38 Wages, salaries, tips, etc. (complete Form 80-107)	38A	51840	38B	79119
39 Business income (loss) (attach Federal Schedule C or C-EZ)	39A		39B	
40 Capital gain (loss) (attach Federal Schedule D, if applicable)	40A	0	40B	0
41 Rent, royalties, partnerships, S corporations, trusts, etc. (from Form 80-108, part IV)	41A	-10350	41B	
42 Farm income (loss) (attach Federal Schedule F)	42A		42B	
43 Interest income (from Form 80-108, part II, line 3)	43A		43B	
44 Dividend income (from Form 80-108, part II, line 6)	44A	0	44B	0
45 Alimony received	45A		45B	
46 Taxable pensions and annuities (complete Form 80-107)	46A		46B	
47 Unemployment compensation (complete Form 80-107)	47A		47B	
48 Other income (loss) (from Form 80-108, part V, line 10)	48A	0	48B	
49 Total income (add lines 38 through 48)	49A	41490	49B	79119

ADJUSTMENTS	Column A (Taxpayer)	Column B (Spouse)
-------------	---------------------	-------------------

50 Payments to IRA	50A	0	50B	
51 Payments to self-employed SEP, SIMPLE and qualified retirement plans	51A	0	51B	
52 Interest penalty on early withdrawal of savings	52A	0	52B	
53 Alimony paid (complete below)	53A		53B	

Name	SSN	State	Date of Divorce
------	-----	-------	-----------------

54 Moving expense (attach Federal Form 3903)	54A		54B	
55 National Guard or Reserve pay (enter the lesser of amount or \$15,000)	55A		55B	
56 Mississippi Prepaid Affordable College Tuition (MPACT)	56A		56B	
57 Mississippi Affordable College Savings (MACS)	57A		57B	
58 Self-employed health insurance deduction	58A		58B	
59 Health savings account deduction	59A		59B	
60 Catastrophe savings account deduction	60A		60B	
61 Self-employment tax deduction	61A		61B	
62 First-time home buyer savings account deduction	62A		62B	
63 Agricultural disaster program compensation deduction	63A		63B	
64 Mississippi Achieving a Better Life Experience (ABLE) Act deduction	64A		64B	
65 Total adjustments (add lines 50 through 64)	65A	0	65B	
66 Mississippi adjusted gross income (line 49 minus line 65; enter on page 1, line 13)	66A	41490	66B	79119

AMENDED RETURN - EXPLANATION OF CHANGES TO ORIGINAL RETURN (attach additional statement if needed)



Mississippi Resident Individual Income Tax Return 2022

SSN 380456704

DIRECT DEPOSIT INFORMATION

1 Overpayment refund (from page 1, line 34) 1 1004

a Routing Number 1	Account Number 1	<input checked="" type="checkbox"/> Checking	<input type="checkbox"/> Savings	Direct Deposit 1 Amount
072000326	226692157			1a 1004
b Routing Number 2	Account Number 2	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	Direct Deposit 2 Amount
				1b

SIGNATURE

This return may be discussed with the preparer Yes No

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

Taxpayer Signature	Date	7089455226	P02082703
		Taxpayer Phone Number	Paid Preparer PTIN
Spouse Signature	Date	6789659522	syam@gtaxfile.com
		Paid Preparer Phone Number	Paid Preparer Email Address
SYAM PRIYA RAM SAGAR GUP	03302023	245 ROONEY CT	E BRUNSWIC NJ 08816
		Paid Preparer Address	City State Zip Code



Mississippi Adjustments And Contributions 2022

Taxpayer Name

SRIRAMOJU, SRAVANI & KONDAPAKA

SSN 380456704

PART I: SCHEDULE A - ITEMIZED DEDUCTIONS (ATTACH FEDERAL FORM 1040 SCHEDULE A)

In the event you filed using the standard deduction on your federal return and wish to itemize for Mississippi purposes, use Federal Form 1040 Schedule A as a worksheet and transfer the information from the specific lines indicated to this Schedule A.

1 Federal adjusted gross income from Federal Form 1040, line 11	1	120609	
2 a Medical and dental expenses	2a		
b Multiply line 1 by 7.5% (.075)	2b		
c Medical and dental expense deduction (line 2a minus line 2b)			2c
3 a Total taxes paid	3a	6001	
b Less state income taxes (or other taxes in lieu of)	3b	6001	
c Total taxes paid deduction (line 3a minus line 3b)			3c
4 Total interest paid			4
5 Charitable contributions			5
6 Total casualty or theft loss (attach Federal Form 4684)			6
7 a Other miscellaneous deductions	7a		
b Less Mississippi gambling losses	7b		
c Total other miscellaneous deductions (line 7a minus line 7b)			7c
8 Mississippi itemized deductions (add lines 2c, 3c, 4, 5, 6, 7c); enter here and on Resident Form 80-105, page 1, line 14 or Non-Resident Form 80-205, page 1, line 14a			8
			0

PART II: SCHEDULE B - INTEREST AND DIVIDEND INCOME (FROM FEDERAL FORM 1040, SCHEDULE B)

1 Interest income from all sources	1		0
2 Amount of Mississippi nontaxable interest in line 1	2		
3 Total Mississippi interest (line 1 minus line 2, enter here and on Form 80-105, line 43 or Form 80-205, line 44)	3		0
4 Total dividends from all sources	4		
5 Amount of Mississippi nontaxable distributions reported in line 4	5		
6 Total Mississippi dividends (line 4 minus line 5, enter here and on Form 80-105, line 44 or Form 80-205, line 45)	6		

PART III: VOLUNTARY CONTRIBUTION CHECK-OFFS (RESIDENTS ONLY)

You may elect to voluntarily contribute all or part (at least \$1) of your income tax refund to one or more of the funds listed below. Refer to the instruction booklet 80-100 (may be downloaded from our website at www.dor.ms.gov) for an explanation of the purpose of each of these funds and how the refund donations will be used.

Military Family Relief Fund
 Burn Care Fund
 Wildlife Heritage Fund
 Educational Trust Fund

Wildlife Fisheries and Parks Foundation
 Commission for Volunteer Service Fund

Enter total of check-offs here and on Form 80-105, page 1, line 33



Mississippi Adjustments And Contributions 2022

SSN 380456704

PART IV: INCOME (LOSS) FROM RENTS, ROYALTIES, PARTNERSHIPS, S CORPORATIONS, TRUSTS AND ESTATES

A INCOME (LOSS) FROM RENTAL REAL ESTATE AND ROYALTIES

1 Total rental real estate and royalty income (loss) (from Federal Schedule E, Part 1 and Part 5; attach Federal Schedule E)	A1	-10350
2 Add: depletion claimed in excess of cost basis	A2	
3 Rental real estate and royalty income (loss) for Mississippi purposes (line 1 plus line 2)	A3	-10350

B INCOME (LOSS) FROM PARTNERSHIPS, S CORPORATIONS, ESTATES AND TRUSTS

(ATTACH MISSISSIPPI K-1S AS APPLICABLE)

COLUMN A	COLUMN B	COLUMN C
NAME OF ENTITY	FEIN (MUST INCLUDE FEIN)	INCOME (LOSS) MISSISSIPPI K-1S

1 Total income (loss) from partnerships, s corporations, estates and trusts (Column C) B1

C Total of Section A and Section B income (loss)(line A3 plus line B1); enter here and on Form 80-105, line 41 or Form 80-205, line 42	C	-10350
--	---	--------

PART V: SCHEDULE N - OTHER INCOME (LOSS) AND SUPPLEMENTAL INCOME

1 Net operating loss (enter from Form 80-155, line 2)	1	
2 First-time home buyer unqualified expenses	2	
3 Catastrophe savings taxable distribution	3	

List other types of income (loss)

4	4	
5	5	
6	6	
7	7	
8	8	
9	9	
10 Total Schedule N Other Income (Loss); enter here and on Form 80-105, page 2, line 48 or Form 80-205, page 2, line 49	10	

Mississippi Tax Credit For Income Tax Paid To One Or More Other States

Name **SRIRAMOJU, SRAVANI & KOND**

SSN **380456704**

Tax credit, as determined below, is allowed only to LEGAL RESIDENTS of Mississippi who pay an income tax imposed by another state on income earned therein and taxed by Mississippi. If a credit is claimed for tax paid to another state, **there must be attached to the Mississippi income tax return a copy of the income tax return filed with the other state and proof of payment of tax.** A copy of the Wage and Tax Statement indicating tax withheld is not considered proof of payment of the liability to another state.

INCOME SUMMARY

	TOTAL INCOME EARNED EVERYWHERE		INCOME EARNED IN STATE OF	INCOME EARNED IN STATE OF	INCOME EARNED IN STATE OF	TOTAL OUT OF STATE INCOME <small>(line 4, column 3 plus column 4 and column 5)</small>
	Taxpayer Joint or Single	Spouse	NC			
	Column 1	Column 2	(Name of State) Column 3	(Name of State) Column 4	(Name of State) Column 5	
1 Total Income	41490	79119	40663			
2 Standard or Itemized Deduction(s)	0	4600	0			
3 Exemption	0	13500	0			
4 Taxable Income <small>(line 1 minus line 2 and line 3)</small>	41490	61019	40663			

COMPUTATION OF TAX CREDIT

5 Ratio (divide amounts on line 4, columns 3, 4 and 5 by the amount on line 4, column 6)	Column 3	Column 4	Column 5	
	100.00			

OTHER STATES INCOME AT MISSISSIPPI RATES				TOTAL			
Enter amount from line 4, column 6	Column A	Rates	Total Income Tax	MULTIPLY TAX COMPUTED AT LEFT BY RATIO ABOVE			Column 6
			Column B	Line 5, column 3 multiplied by column B	Line 5, column 4 multiplied by column B	Line 5, column 5 multiplied by column B	Line 11, column 3 plus column 4 and column 5
6 First \$5,000 or part	5000	X 0 % =	0	0	0	0	
7 Next \$5,000 or part	5000	X 4 % =	200	200			
8 Remaining Balance	30663	X 5 % =	1533	1533			
9 Tax credit computed (add lines 6 through 8 in columns 3, 4 and 5)				1733			
10 Income tax due to other states (from other states return(s), attach other states return(s))				2029			
11 Enter the lesser of line 9 or line 10 (column 3 through column 5)				1733		1733	

- 12** Enter amount of income tax due (from Form 80-105, page 1, line 17 or Form 81-110, page 1, line 2) 12 4525
- 13** Allowable tax credit for tax paid to other states (the lesser of line 11, column 6 or line 12; enter here and on Form 80-105, page 1, line 18 or on Form 81-110, page 1, line 3) 13 1733

Mississippi Tax Credit For Income Tax Paid To One Or More Other States

If you are a resident of Mississippi who earns income in another state and are required to pay an income tax to that other state, you are allowed to take a credit against your Mississippi income tax due in the same year for the total income tax due to the other state (subject to certain limitations). The withholding amounts shown on your W-2 forms are **NOT** the same as actual tax paid to the other state. Copies of withholding statements are not sufficient to establish the credit. In order to be allowed this credit, you **MUST** file an income tax return with the other state **and** attach a copy of the other state returns along with this Form 80-160 to your Mississippi return.

Limitations

Miss. Code Ann. Section 27-7-77 provides for the following three limitations:

- (1) The credit may not exceed the amount of income tax due the State of Mississippi, indicated on line 17;
- (2) The credit may not exceed the amount of income tax actually paid to the other state; and
- (3) The credit may not exceed an amount computed by applying the highest applicable Mississippi rates to the net taxable income reported to the other state. Highest rates is defined as the highest rates at which the net taxable income reported to the other state is taxable by the State of Mississippi.

Specific Line Instructions

Income Summary

- Line 1 Enter the total income earned everywhere in column 1 and column 2, if applicable. Enter the income earned in other states separately in columns 3, 4 and 5. The name of each state should be entered above columns 3, 4 and 5.
- Line 2 Enter the standard or itemized deduction(s) claimed on your Mississippi return in column 1 and column 2, if applicable. Enter the standard or itemized deduction(s) claimed on your other state return(s) in columns 3, 4 and 5.
- Line 3 Enter the exemption amount claimed on your Mississippi return in column 1 and column 2, if applicable. Enter the exemption amount claimed on your other state return(s) in columns 3, 4 and 5. Allocate deductions and exemptions to the taxpayer and/or spouse in the same manner as state return(s).
- Line 4 Enter the taxable income in columns 1 through 5 by subtracting line 2 and line 3 from line 1. Enter the total out of state taxable income in column 6 by adding columns 3, 4 and 5.

Computation of Tax Credit

- Line 5 Enter the ratio by dividing amounts on line 4, columns 3, 4 and 5 by the amount on line 4, column 6.
- Line 6 Enter the first \$5,000 of taxable income or part (\$0 - \$5,000) of amount in line 4, column 6 on line 6, column A. Enter \$0 in column B (by multiplying column A by 0%) and in columns 3, 4 and 5.
- Line 7 Enter the next \$5,000 of taxable income or part (\$5,001 - \$10,000) of amount in line 4, column 6 on line 7, column A. Enter the total income tax in column B by multiplying column A by 4%. Enter the percentage of tax due by multiplying the amount in column B by the ratio amounts in line 5, columns 3, 4 and 5.
- Line 8 Enter the remaining balance of taxable income (\$10,001 and above) of amount in line 4, column 6 on line 8, column A. Enter the total income tax in column B by multiplying column A by 5%. Enter the percentage of tax due by multiplying the amount in column B by the ratio amounts in line 5, columns 3, 4 and 5.
- Line 9 Enter the computed tax credit by adding lines 6 through 8 in columns 3, 4 and 5.
- Line 10 Enter the income tax due to other states (from other state return(s) and attach a copy of the other state return(s).)
- Line 11 Enter the lesser of line 9 or line 10, columns 3, 4 and 5. Enter in column 6 the total of columns 3 through 5.
- Line 12 Enter the amount of income tax due on Form 80-105, page 1, line 17 or Form 81-110, page 1, line 2.
- Line 13 Enter the amount of allowable tax credit for tax paid to other states (the lesser of line 11, column 6 or line 12; enter here and on Form 80-105, page 1, line 18 or on Form 81-110, page 1, line 3.)