Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

| Submission Identification Number (SID) | | |
|--|---|---|
| Taxpayer's name | Social securit | v number |
| | | • |
| BHASKAR REDDY YELUGURI Spouse's name | 879-50- Spouse's soc | ial security number |
| | | |
| | Enter year you a | re 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. | | 4 07 104 |
| 1 Adjusted gross income | | 97,184. 2 14,147. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | |
| 4 Amount you want refunded to you | | 3 18,475. 4 4,328. |
| 5 Amount you owe | | 5 |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you get a | and keep a cop | |
| Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amemy knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, treto send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terripayment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved it taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amende Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or gene ERO firm name signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below. Your signature ▶ | ended) I am now aut I above are the amoransmitter, or electroor rejection of the treatment of the U.S. Treasury and indicated in the testitution to debit the minate the authorizan requests must be in the processing of the payment. I furted) I am now authorited am now authorited am now authorited am now authorizing method. The ERC | norizing, and to the best of punts from the income tax price return originator (ERO) ansmission, (b) the reason and its designated Financial ax preparation software for entry to this account. This ition. To revoke (cancel) a received no later than 2 the electronic payment of their acknowledge that the zing and, if applicable, my as my er five digits, but it enter all zeros |
| - Date | | |
| Spouse's PIN: check one box only | | |
| I authorize to enter or gene | erate my PIN | as my |
| ERO firm name | | er five digits, but n't enter all zeros |
| signature on the income tax return (original or amended) I am now authorizing. | | |
| I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below. | | |
| Spouse's signature ▶ Date | > | |
| Practitioner PIN Method Returns Only—continue be | elow | |
| 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. | Don't ente | er all zeros |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic individual inco authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Provider | submitting this retu | rn in accordance with the |
| ERO's signature ▶ Date | · • | |
| ERO Must Retain This Form — See Instruction Don't Submit This Form to the IRS Unless Requested | | |

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-007

IRS Use Only-Do not write or staple in this space

| Filing Status Check only | s 🔀 S | Single Married filing jointly | Marrie | ed filing separately (N | /IFS) | ☐ Head of | house | ehold (HOF |) | | ifying sur | | g | |
|----------------------------------|---------------|---|-------------|--------------------------|----------------|-----------------|--------|--|-------|-----------|--------------------------|----------------------------|-----------|--|
| one box. | | u checked the MFS box, enter the nation is a child but not your dependent | | our spouse. If you cl | necke | ed the HOH or | r QSS | box, ente | r the | child's | name if t | he qu | ualifying | |
| Your first name | and mi | iddle initial | Last nar | me | | | | | Y | our so | cial secur | ity nu | mber | |
| BHASKAR | REDI | YC | YELU | GURI | | | | | 8 | 79-5 | 50-436 | 4 | | |
| If joint return, s | pouse's | s first name and middle initial | Last nar | ast name | | | | | | pouse's | s social se | curity | / number | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instruction | ons. | | | | Apt. no. | Р | resider | ntial Elect | ion C | ampaign | |
| | | OLLOW RD | | | | | | | | | ere if you | | | |
| | | ce. If you have a foreign address, also co | mplete s | paces below. | | 107 code | | spouse if filing jointly, want sto go to this fund. Checking | | | | | | |
| MEMPHIS | | | TN 38125 | | | | | | | | this fund. ow will no | | | |
| Foreign country | y name | | F | Foreign province/state/o | county | / | Forei | gn postal co | | our tax | | .90 | | |
| | | | | | | | | | | | You | | Spouse | |
| Digital | At ar | ny time during 2022, did you: (a) rec | eive (as | a reward, award, or | paym | nent for prope | rty or | services); | or (b | sell, | | | | |
| Assets | | ange, gift, or otherwise dispose of a | • | | | | • | | | | Yes | X | No | |
| Standard | Som | eone can claim: | pendent | t Your spouse | e as a | a dependent | | | | | | | | |
| Deduction | | Spouse itemizes on a separate retur | n or you | were a dual-status | alien | | | | | | | | | |
| Age/Blindness | s You: | Were born before January 2, 1 | 958 | Are blind Spo | use: | ☐ Was bor | | ore Janua | | | | olind | | |
| Dependent | s (see | instructions): | | (2) Social security | | (3) Relationsh | nip (| 4) Check th | e box | if qualif | ies for (see | e instr | uctions): | |
| If more | (1) Fi | irst name Last name | | number | | to you | | Child tax cre | | | Credit for o | Credit for other dependent | | |
| than four | | | | | | | | | | | | | | |
| dependents, see instruction | s —— | | | | | | | | | | | | | |
| and check | . — | | | | | | | | | | | | | |
| here | | | | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (see | e instructions) | | | | | | 1a | 1 | 06, | 846. | |
| | b | Household employee wages not re | eported | on Form(s) W-2 | | | | | | 1b | | | | |
| Attach Form(s) W-2 here, Also | С | Tip income not reported on line 1a | (see ins | structions) | | | | | | 1c | | | | |
| attach Forms | d | Medicaid waiver payments not rep | orted or | n Form(s) W-2 (see ir | nstru | ctions) | | | | 1d | | | | |
| W-2G and 1099-R if tax | е | Taxable dependent care benefits f | | | | | | | | 1e | | | | |
| was withheld. | f | Employer-provided adoption bene | fits from | n Form 8839, line 29 | | | | | | 1f | | | | |
| If you did not | g | Wages from Form 8919, line 6 . | | | | | | | | 1g | | | | |
| get a Form | h | Other earned income (see instruction | ons) . | | | | ή. | | | 1h | | | 0. | |
| W-2, see instructions. | i | Nontaxable combat pay election (s | see instr | ructions) | | <u>1i</u> | i | | | | | | | |
| | Z | Add lines 1a through 1h | . ; . | | | | | | | 1z | 1 | <u>06,</u> | 846. | |
| Attach Sch. B | 2a | Tax-exempt interest | 2a | | | axable interest | | | | 2b | | | | |
| if required. | 3a | | 3a | | | rdinary divide | | | | 3b | | | | |
| | 4a | _ | 4a | | | axable amoun | | | | 4b | | | | |
| Standard Deduction for— | 5a | - | 5a | | | axable amoun | | | | 5b | | | | |
| Single or | 6a | , | 6a | | | axable amoun | it | | · | 6b | | | | |
| Married filing separately, | С | If you elect to use the lump-sum e | | | • | • | | | | | | | | |
| \$12,950 | 7 | Capital gain or (loss). Attach Sche | | | | | | | Ш | 7 | | | | |
| Married filing jointly or | 8 | Other income from Schedule 1, lin | | | | | | | | 8 | + | | 662. | |
| Qualifying surviving spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, | | • | | | | | | 9 | 1 | 97, | 184. | |
| \$25,900 \$25,900 | 10 | Adjustments to income from Schedule 1, line 26 | | | | | | | | 10 | + | | | |
| Head of household, | 11 | Subtract line 10 from line 9. This is | - | - | | | | | | 11 | 3.72024 | | | |
| \$19,400 | 12 | Standard deduction or itemized | | | | | | | | 12 | | <u>12,</u> | 950. | |
| If you checked any box under | 13 | Qualified business income deducti | | | | | | | | 13 | _ | | 0.5.0 | |
| Standard Deduction, | 14 | Add lines 12 and 13 | | | | | | | | | 14 12,950. | | | |
| see instructions. | 15 | Subtract line 14 from line 11. If zer | o or less | s, enter -U This is y | our t a | axable incom | 1e . | | | 15 | | <u>84,</u> | 234. | |

| orm 1040 (2022 | <u>-)</u> | | | | | Page |
|-------------------------------|-----------|--|-----------|-----|------|---------------|
| Tax and | 16 | Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗍 4972 3 🗍 | 16 | | 14,1 | 47. |
| Credits | 17 | Amount from Schedule 2, line 3 | 17 | | | |
| | 18 | Add lines 16 and 17 | 18 | | 14,1 | 47. |
| | 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 | | 14,1 | 47. |
| | 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 | | 14,1 | 47. |
| ayments | 25 | Federal income tax withheld from: | | | | |
| | а | Form(s) W-2 | | | | |
| | b | Form(s) 1099 | | | | |
| | С | Other forms (see instructions) | | | | |
| | d | Add lines 25a through 25c | 25d | | 18,4 | 75. |
| you have a | 26 | 2022 estimated tax payments and amount applied from 2021 return | 26 | | | |
| you nave a — ualifying child, | 27 | Earned income credit (EIC) | | | | |
| | 28 | Additional child tax credit from Schedule 8812 | | | | |
| | 29 | American opportunity credit from Form 8863, line 8 | | | | |
| | 30 | Reserved for future use | | | | |
| | 31 | Amount from Schedule 3, line 15 | | | | |
| | 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 | | 18,4 | 75. |
| efund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | | 4,3 | |
| Ciuiiu | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here | 35a | | 4,3 | 28. |
| rect deposit? | b | Routing number 1 2 1 0 0 0 3 5 8 c Type: X Checking Savings | | | | |
| e instructions. | d | Account number 3 2 5 0 6 2 7 6 2 2 5 2 | | | | |
| | 36 | Amount of line 34 you want applied to your 2023 estimated tax | | | | |
| mount ou Owe | 37 | Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions | 37 | | | |
| | 38 | Estimated tax penalty (see instructions) | 01 | | | |
| hird Party esignee | Do | you want to allow another person to discuss this return with the IRS? See structions | elow. | X N | 0 | |
| | De | signee's Phone Personal identif ne no. number (PIN) | ication r | | т т | $\overline{}$ |

Date

Date

Preparer's signature

245 ROONEY CT E BRUNSWICK NJ 08816

Email address

Spouse's signature. If a joint return, both must sign.

(510) 320-8011

GLOBAL TAXES LLC

Your signature

Phone no.

Firm's name

Firm's address

Preparer's name

Here

Joint return?

Paid

See instructions.

Keep a copy for your records.

Preparer

Use Only

Your occupation

Spouse's occupation

SOFTWARE DEVELOPER

BHASKAR93Y@GMAIL.COM

Date

Self-employed

If the IRS sent you an Identity

If the IRS sent your spouse an Identity Protection PIN, enter it here

Check if:

Protection PIN, enter it here

(see inst.)

(see inst.)

Phone no.

Firm's EIN

PTIN

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

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

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

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

BHASKAR REDDY YELUGURI

879-50-4364

| Par | t I Additional Income | | | |
|-----|--|--------------------|----|---------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | |
| 2a | Alimony received | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): | | | |
| 3 | Business income or (loss). Attach Schedule C | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta | ch Schedule E . | 5 | -9,662. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| а | Net operating loss | 8a (| | |
| b | Gambling | 8b | | |
| С | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d (|) | |
| е | Income from Form 8853 | 8e | | |
| f | Income from Form 8889 | 8f | | |
| g | Alaska Permanent Fund dividends | 8g | | |
| h | Jury duty pay | 8h | | |
| i | Prizes and awards | 8i | | |
| j | Activity not engaged in for profit income | 8j | | |
| k | Stock options | 8k | | |
| - 1 | Income from the rental of personal property if you engaged in the rental | | | |
| | for profit but were not in the business of renting such property | 81 | | |
| m | Olympic and Paralympic medals and USOC prize money (see | | | |
| | , · | 8m | _ | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| 0 | Section 951A(a) inclusion (see instructions) | 80 | | |
| р | Section 461(I) excess business loss adjustment | 8p | _ | |
| q | Taxable distributions from an ABLE account (see instructions) | 8q | _ | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | _ | |
| S | Nontaxable amount of Medicaid waiver payments included on Form | | | |
| | 1040, line 1a or 1d | 8s (|) | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or | | | |
| | a nongovernmental section 457 plan | 8t | - | |
| u | | 8u | | |
| Z | | | | |
| • | | 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-NK, line 8 | 10 | -9,662. |

Schedule 1 (Form 1040) 2022 Page **2**

| Par | Adjustments to Income | | | |
|-----|---|-------------|-----|--|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-ti- | | | |
| | officials. Attach Form 2106 | | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | 16 | |
| 17 | Self-employed health insurance deduction | | 17 | |
| 18 | Penalty on early withdrawal of savings | | 18 | |
| 19a | Alimony paid | | 19a | |
| b | Recipient's SSN | | | |
| С | Date of original divorce or separation agreement (see instructions): | | | |
| 20 | IRA deduction | | 20 | |
| 21 | Student loan interest deduction | | 21 | |
| 22 | Reserved for future use | | 22 | |
| 23 | Archer MSA deduction | | 23 | |
| 24 | Other adjustments: | | | |
| а | Jury duty pay (see instructions) | 24a | | |
| b | Deductible expenses related to income reported on line 8I from the | | | |
| | rental of personal property engaged in for profit | 24b | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | | |
| | | 24c | | |
| d | | 24d | | |
| е | Repayment of supplemental unemployment benefits under the Trade | | | |
| | | 24e | | |
| f | | 24f | | |
| g | , | 24g | | |
| h | Attorney fees and court costs for actions involving certain unlawful | | | |
| | · | 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 | | | |
| | F | 24i | - | |
| j | <u> </u> | 24j | - | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | |
| | | 24k | - | |
| Z | Other adjustments. List type and amount: | na_ | | |
| 05 | | 24z | 05 | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . | | 00 | |
| | Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | | 26 | |

BAA

SCHEDULE E (Form 1040)

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.

OMB No. 1545-0074

2022
Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service

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

Name(s) shown on return Your social security number 879-50-4364 BHASKAR REDDY YELUGURI **Income or Loss From Rental Real Estate and Royalties** Part I 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. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions В 1a Physical address of each property (street, city, state, ZIP code) H.NO: 12-56/1, AKKAM PALLY NALGONDA DIST TELANGANA STATE IN 508243 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Days** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. C C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties Properties: Α В C Income: 620. 3 Rents received 4 Royalties received **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 988. 7 7 Cleaning and maintenance. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees 11 1,107. 12 12 Mortgage interest paid to banks, etc. (see instructions) 13 13 3,512. 14 14 Repairs . . . 15 15 3,011. Supplies 16 16 Taxes 17 17 1,664. 18 18 Depreciation expense or depletion Other (list) 19 19 20 20 10,282. Total expenses. Add lines 5 through 19 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 -9,662. file Form 6198 21 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 9,662.) 620. 23a Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 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 10,282. 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 9,662. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26

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 .

-9,662.

NPA







tax.iowa.gov

| and I Tax Return Information 1. Iowas Net Income (IA 1040, line 26 A & B) | | 9-50-4 | 436 | <i></i> | | | | | _ | S | pouse | s Soci | al Sec | urity Nu | mber: _ | | | | | |
|--|--|--|--|--|---|--|--|---|--|--|---|--|--|--|---|--|--|---|---|--|
| and IT as Return Information (filing status 3) A Your or John 1. lows Not Income (A 1940, line 42 A & B) | address, City, State, ZIP: 3793 FERN HOLLOW RD, 107 | | | | | RD | , 10 |)7 | | | | MEM | PHIS | S TN | 3812 | 5 | | | | |
| 1. Iowa Net Income (IA 1040, line 26 A & B.) 2. Total Tax (IA 1040, line 42 A & B.) 3. Iowa Income Tax Withheld (IA 1040, line 63 A & B.) 3. Iowa Income Tax Withheld (IA 1040, line 63 A & B.) 4. Amount to be Refunded (IA 1040, line 63 A & B.) 5. Total Amount Dus (IA 1040, line 73). 5. Total Amount Dus (IA 1040, line 73). 5. Total Amount Dus (IA 1040, line 73). 6. ☑ I do not want direct deposit or direct debit. 7. ☐ I consent that my refund be directly deposited as designated below. If I have filled a joint return, this is an irrevocable appointment of the other as an angent to receive the refund. ☐ I suthorize the love Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdraway (direct debit) and to this account on electronic payment of any individual loval busines work on this return, and the financial introduced below for payment of my individual loval busines were inquiries and receive in an electronic payment of all submit individual lovals busines were inquiries and receive in such that the payment electronic payment of individual lovals busines in electronic payment of all submit individual lovals busines in payment of cheft debit and institution account individual lovals busines in large the financial institution to electronic payment of individual lovals busines in payment of the payment of payment of the payment o | | | | | | | | | | | | | | | | | | | , | |
| 2. Total Tax (IA 1040, line 42 A & B) | | | | | | | | | | | | | | | - | | | l | | |
| 3. lows Income Tax Withheld (IA 1040, line 63 A & B) | | | | | | | | | | | | | | | | | | | | |
| 4. Amount to be Refunded (IA 1040, line 68) | | | | | | | | | | | | | | | | | | | | |
| 1. Total Amount Due (IA 1040, line 73) | | | | | | | | | | | | | | | | | | | | |
| It I Declaration of Taxpayer (Be sure to keep a copy of the tax return.) I do not want direct deposit or direct debt. | 4. Amount to be Refunde | d (IA 104 | 10, lin | ne 68) | | | | | | | | | | | | | | 4 | | |
| 1. Ido not want direct deposit or direct debit. 7. ☐ Loonsent that my refund be directly deposited as designated below. If I have filed a joint return, this is an irrevocable appointment of the other s as an agent to receive the refund. ☐ Lauthorize the lowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (clirect debit) entry financial institution account indicated below for payment of my individual lowar taxes owed on this return, and the financial institution to the this account on the financial institution of the payment settlement date). I also authorize the financial institution involved in the processing electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues day prior to the payment settlement date. This electronic withdrawal from your bank account, with be identified with the ACH Company ID 42600457.4 (If you currently have a debit block account, contact your financial institution to request that they allow a withdrawal from your bank account by this ACH Company ID. Name of financial institution: Routing Number Type of Account: Will this refund go to (or payment come from) an account outside the United States? Yes □ No□ Will this refund go to (or payment come from) an account outside the United States? Yes □ No□ Will this refund go to (or payment come from) an account outside the United States? Yes □ No□ Account Number Type of Account: Will take an expensive and the analysis of the second of the second company and the second company | 5. Total Amount Due (IA | 1040, line | e 73) |) | | | | | | | | | | | | | | 5 | | 10 |
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| as an agent to receive the refund. | | irect depo | osit c | or dire | ct debit. | | | | | | | | | | | | | | | |
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tax.iowa.gov

Save time, file returns, and pay online at tax.iowa.gov.

Instructions for Payment Vouchers

- Complete using blue or black ink. Do not use gel pens or red ink on checks. **Do not staple.**
- 2. **SSN:** Enter the Social Security Number in the boxes provided below.
- Period ending: Enter the date of the calendar or fiscal year end. Use MMDDYY format. MM: two-digit month. DD: two-digit day. YY: last two digits of the tax year. he period ending for December 31, 2022, would be entered as: 123122.
- Payment amount: Enter dollars and cents. The two boxes separated to the right on the amount line 4. are for cents. Do not enter any punctuation or symbols (for example ", or \$").
- When paying by check, make checks payable to lowa Department of Revenue. 5.
- Mail your payment on or before the due date with this voucher to: 6.

Iowa Department of Revenue PO Box 9187 Des Moines IA 50306-9187

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| Print name: YELUGURI, BHASKAR REDDY | | | | | | | | | | | |
| Address: 3793 FERN HOLLOW RD, 107 | | Period ending: | | | | 1 | 2 | 3 | 1 | 2 | 2 |
| City, State, ZIP: MEMPHIS TN 38125 | | Payment amount: | | | | | | 1 | 0 | 0 | 0 |
| Phone: <u>510-320-8011</u> | | | | | | | | | | | |

Mail to:

PO Box 9187 Des Moines IA 50306-9187

Make checks payable to:

Iowa Department of Revenue. When you pay lowa Department of Revenue by check, you authorize the Department of Revenue to convert your check to a one-time electronic banking transaction. 41-137 (03/31/2022)



| | | 1040 Iowa Individual Income Tax Retubeginning/and ending/_ | ırn | _ | | | | | |
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| | | spaces. You must fill in your Social Security Number (SSN). | | _ | MARK-HA | MAKARAN PAR | 0000.400YA.4670YA. | NEW PARKET | OMAGNACIMA IIII |
| Your last | | Your first name/middle initial: BHASKAR REDDY | | | | | | | |
| Spouse's | | | | | | | | | |
| 3793 | FER | oddress (number and street, apartment, lot, or suite number) or PO Box: RN HOLLOW RD, 107 | | _ | | | | | |
| City, State MEMPI | | TN 38125 | | | | | | | |
| Spouse | | Your SSN: 879-50-4364 | | _ | | | | | |
| | | | | _ | | | | | |
| $\overline{}$ | | itus: Mark one box only | | F 7.4 | | | | | |
| | | Were you claimed as a dependent on another person's lowa return? | No X | Email Ad | | | | | |
| - | | filling a joint return. (Two-income families may benefit by using status 3 or 4.) | | + | | or your spouse were | | | |
| \rightarrow | | filing separately on this combined return. Spouse use column B. | | | ce on 12/31/2 | 2: County No. 77 | | I District No. 3 | 3231 |
| - | | filing separate returns. Spouse's name: | ▲SSN | | | | Net Income: | \$ | |
| \rightarrow | | household with qualifying person. If qualifying person is not claimed as a depend | ent on this return, e | enter the per | | and SSN below. | | | |
| \perp | | ng widow(er) with dependent child. Name: | | | SSN: | | | | |
| Step 3 Ex | | | | B. Spot | , , | atus 3 ONLY) | A | A. You or | |
| | | redit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3 each taxpayer who is 65 or older and/or 1 for each taxpayer who is blind | | | X \$ 40 = X \$ 20 = | . | - 🖍 ——— | 1 X \$ 40 X \$ 20 | |
| | | s: Enter 1 for each dependent | - | | X \$ 40 = | · · · · · · · · · · · · · · · · · · · | - 🐧 ——— | X \$ 40 | · |
| | | ames of dependents here | ······· - — | | e. Total | · · · · · · · · · · · · · · · · · · · | | | otal \$ 40 |
| Sten 4 Re | enortah | ole Social Security benefits as calculated on line 13 of lowa Social Security | Norksheet | B Snou | se/Status 3 | A | A You | or Joint ▲ | |
| Otop 4 No | portus | so cook cook y solono de calculate on line 10 of long cook cook y | B. Spouse/ | | | | B. Spouse/Statu | | A. You or Joint |
| Step 5 | 1. | Wages, salaries, tips, etc | • | | | 106,846.00 | D. Opousc/Otatu | 30 | A. Tod of John |
| Gross Income | 2. | T 11 14 41 15 15 11 01 D | - | | · | .00 | | | |
| _ | 3. | Ordinary dividend income. If more than \$1,500, complete Sch. B | | .00 | | .00 | | | |
| | 4. | Taxable alimony received | 4. | .00 | | .00 | | | |
| | 5. | Business income/(loss). See instructions | 5. | .00 | | .00 | | NOTE: Us | e only |
| | 6. | Capital gain/(loss). See instructions | 6. | .00 | | .00 | | blue or bla ink, no per | |
| | 7. | Other gains/(losses). See instructions | 7. | | | .00 | | or red ink. | |
| | 8. | Taxable IRA distributions | | | · · | .00 | | | |
| | 9. | Taxable pensions and annuities | | | | .00 | | | |
| | 10. | Rents, royalties, partnerships, estates, etc. See instructions | 10. | .00 | | -9,662.00 | | | |
| | 11. | Farm income/(loss). See instructions | 11. | .00 | | .00 | | | |
| | 12. | Unemployment compensation. See instructions | 12. | .00 | | .00 | | | |
| | 13. | Gambling winnings | | .00 | | .00 | | | |
| | 14. | Other income, bonus depreciation, and section 179 adjustment \dots | 14. | .00 | | 0.00 | | | |
| | 15. | Gross Income. Add lines 1-14 | | | | 15 | | .00 🛦 | 97 , 184 .00 |
| Step 6 Adjust- | 16. | Payments to an IRA, Keogh, or SEP | 16. | .00 | | .00 | | | |
| ments to Income | 17. | 1 1 7 | | .00 | | .00 | | | |
| | 18. | Health insurance premium | | .00 | | 0.00 | | | |
| | 19. | Penalty on early withdrawal of savings | - | .00 | | .00 | | | |
| | 20. | Alimony paid | | .00 | . — | .00 | | | |
| | 21. | Pension/retirement income exclusion | | .00 | | .00 | | | |
| | 22. | Moving expense deduction from federal form 3903 | | .00 | | .00 | | | |
| | 23. | schedule | 23. | .00 | | .00 | | | |
| | 24. | Other adjustments | | | | .00 | | | |
| | 25. | Total adjustments. Add lines 16-24 | | | | | | .00 🛦 | 0.00 |
| Ston 7 | 26. | Net Income. Subtract line 25 from line 15 | | | | 26 | | .00 🛦 | 97 , 184 _{.00} |
| Step 7 Federal | 27. | 1 7 | | | | 1,539.00 | | | |
| Taxes and Qualified | 20 | Self-employment/household employment/other federal taxes Addition for federal taxes. Add lines 27 and 28 | | | | 00 | | 00 | 1 [20 |
| Deduction | s ²⁹ . | Total. Add lines 26 and 29 | | | | | | 00 | 1,539.00 |
| | | Federal tax withheld in 2022, federal estimated tax payments made | | | | 50. | | .00 | 98 , 723.00 |
| | | in 2022, and federal taxes paid in 2022 for 2021 and prior years | 31. | .00 | A | 18,475.00 | | | |
| | 32. | Qualified business income deduction. 75.0% (.75) of federal amount. See instructions | 32. | .00 | A | .00 | | | |
| | 33. | DPAD 199A(g) deduction. 75.0% (.75) of federal amount | | .00 | | .00 | | | |
| | 34. | Total federal tax and other qualified deductions. Add lines 31, 32, ar | | | | 34. | | .00 | 18 , 475.00 |
| | 35. | Balance. Subtract line 34 from line 30. Enter here and on line 36, pa | ıge 2 | | | 35. | | .00 🛦 | 80,248.00 |



| Step 8 | IA 36. | 1040, page 2 BALANCE. From side 1, line 35 | | se/Status 3 | | | B. Spouse/Sta | tus 3 | | A. You or Joint 80, 248.00 |
|-------------------|---------------|---|-------------------------|----------------|------------|----------------------|---------------|--------|----------|-------------------------------|
| Taxable Income | 37. | Deduction. Check one box ▲ Itemized.(Include IA Schedule A) | Standard | X | | 37. | | .00 | A | 2,210.00 |
| | 38. | TAXABLE INCOME. SUBTRACT line 37 from line 36 | | | | 38. | | .00 | | 78,038.00 |
| Step 9 Tax, | 39. | Tax from tables or alternate tax | 39. | .00 | | 4,569 | 00 | | | |
| Credits, | 40. | lowa lump-sum tax. See instructions | | | | | 00 | | | |
| and Check- | 41. | | 41. | .00 | • | | 00 | | | |
| off Contri- | 42. | Total tax. ADD lines 39, 40, and 41 | | | | | | .00 | | 4,569.00 |
| butions | 43. | Total exemption credit amount(s) from Step 3, side 1 | 43. | .00 | | 40. | | | | <u> </u> |
| | 44. | Tuition and textbook credit for dependents K-12 | 44. | .00 | | | 00 | | | |
| _ | 45. | Volunteer firefighter/EMS/reserve peace officer credit | 45. | .00 | • | | 00 | | | |
| | 46. | Total credits. ADD lines 43, 44, and 45 | | | | | | .00 | | 40.00 |
| | 47. | BALANCE. SUBTRACT line 46 from line 42. If less than zero, enter | r zero | | | 47. | | .00 | • | 4,529.00 |
| | 48. | Credit for nonresident or part-year resident. Must include IA 126 an | d federal returi | າ | | 48. | | .00 | | 3,890.00 |
| | 49. | BALANCE. SUBTRACT line 48 from 47. If less than zero, enter zer | 0 | | | 49. | | .00 | _ | 639.00 |
| | 50. | Out-of-state tax credit. Must include IA 130. | | | | 50. | | .00 | | .00 |
| | 51. | BALANCE. SUBTRACT line 50 from 49. If less than zero, enter zer | 0 | | | - 51. | | .00 | | 639.00 |
| | 52. | Other nonrefundable lowa credits. Must include IA 148 Tax Credits | Schedule | | | - 52. | | .00 | | .00 |
| | 53. | BALANCE. SUBTRACT line 52 from line 51. If less than zero, enter | r zero | | | 53. | | _ | <u> </u> | 639.00 |
| | 54. | School district surtax or EMS surtax. Take percentage from table; n | | | | | | | | 0.00 |
| | 55. | Total state and local tax. ADD lines 53 and 54 | | | | _ | | | <u> </u> | |
| | 56. | TOTAL state and local tax before contributions. Combine columns | A and B on line | 55 and ente | r here | - | | | - | 639.00 |
| | 57. | Contributions will reduce your refund or add to the amount you owe | | | | | | | - | 000 |
| | | Wildlife 57a: ▲ State Fair 57b: ▲ Firefighters/Veterar TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add lin- | | | | | | | _ | 00 639 .00 |
| Step 10 | 59. | Iowa Fuel Tax Credit. Must include IA 4136 | | | | .(| | | _ | 000.00 |
| Credits | 60. | | | 00 | | | O . | | | _ |
| | - | ▲ Early Childhood Development Credit | 60. | .00 | • |). | 10 | | | |
| | 61. | lowa earned income tax credit. 15.0% (.15) of federal credit | · | .00 | _ | 0.0 | | | | |
| | 62. | Other refundable credits. Include IA 148 and/or Schedule CC | 62 | .00 | |). | | | | |
| | 63. | lowa income tax withheld | 62 | .00 | _ | 629.0 | | | | |
| | 64. | Estimated and voucher payments made for tax year 2022 | | .00 | • | | 0 | | | |
| | 65. | TOTAL. ADD lines 59 through 64 and enter here | . 65. | .00 | • | 629.0 | 0 | | | |
| | 66. | TOTAL CREDITS. ADD columns A and B on line 65 and enter here |) | | | | | 66. | | 629 .00 |
| Step 11 Refund | 67. | If line 66 is more than line 58, subtract line 58 from line 66. This is t | he amount you | ı overpaid | | | | 67. | A | .00 |
| Koluliu | 68. | Amount of line 67 to be REFUNDED. | | | | | REFUND | 68. | A | .00 |
| | 68 | Ba. Routing number: | | | 68b. | Type Checking | | Sav | rings | |
| | 68 | 8c. Account number: | | | | _ | | | JL. | |
| | 69. | Amount of line 67 to be applied to your 2023 estimated tax | . 69 | .00 | A _ | | 0 | | | |
| Step 12 Pay | 70. | If line 66 is less than line 58, subtract line 66 from line 58. This is the | e AMOUNT O | F TAX YOU (| OWE | | | 70. | A | 10.00 |
| | 71. | Penalty for underpayment of estimated tax from IA 2210, IA 2210S | or IA 2210F. | Check if annu | ıalized | income method is | used. 🛦 | 71. | A | .00 |
| | 72. | Penalty and interest 72a. Penalty00 | | | | 00 ADD. E | | 72. | - | .00 |
| | 73. | TOTAL AMOUNT DUE. ADD lines 70, 71, and 72. Enter here | | | | | | 73. | <u> </u> | 10.00 |
| Step 13 | | e undersigned, declare under penalties of perjury or false certificate, t plete. | hat I have exa | mined this ref | turn, a | nd, to the best of m | y knowledge a | and be | lief, it | is true, correct, and |
| SIGN HERE | | A | | | | | | | | |
| CIO. | Your | signature Date Check | if deceased | Date of d | eath | Preparer's | signature | _ | | Date |
| SIGN HERE | _ | A | | | | | | | | |
| | Spou | 3 | if deceased 10)320-8 | Date of d | eath | Preparer's | PTIN | | | Firm's FEIN |

Daytime telephone number

This return is due May 1st, 2023. Sign, enclose W-2s, and verify SSNs. MAILING ADDRESS: lowa Income Tax Document Processing, PO BOX 9187, Des Moines IA 50306-9187 Make check payable to lowa Department of Revenue

Daytime telephone number





tax.iowa.gov

| Name(s): | BHASKAR REDDY YELUGURI | Social Security Nu | ımber: | 87 | 9-50 | -43 | 64 |
|----------------|---------------------------------------|--------------------------------|--------|------------|------|------------|-----------------------------------|
| Mark the | appropriate box for you and yo | ur spouse | B. | Spouse | | Α. ` | You or Joint |
| A nonresi | dent of lowa for all of 2022 | | | | | | X |
| A part-vea | ar resident of lowa during 2022 | | | | | | |
| , , pant , o . | | Date moved into lowa: | | — — | | | — — |
| | | Date moved out of lowa: | | | | | |
| A full-vea | resident of Iowa during 2022 | Date moved out of lowa. | | | _ | | |
| • | rce Income | | D | Chausa | | ۸ ۱ | - Vou or loint |
| | es, salaries, tips, etc | | | Spouse | | | You or Joint 13,734. 00 |
| 1. Way | es, salaries, lips, etc | | ່າ | | .00 | _ | |
| 2. Taxa | ble interest income | | 2. – | | .00 | | |
| J. Oluli | nary dividend income | | J | | .00 | _ | .00 |
| 4. Taxa | ble alimony received | | 4 | | .00 | _ | .00 |
| | ness income or (loss) | | | | | _ | .00 |
| | tal gain or (loss) | | | | | _ | .00 |
| | r gains or (losses) | | | | | | .00 |
| | ble IRA distributions | | | | | _ | .00 |
| | ble pensions and annuities | | | | | | .00 |
| | s, royalties, partnerships, estates | | | | | _ | 0.00 |
| | n income or (loss) | | | | | | .00 |
| | nployment compensation | | | | | _ | .00 |
| | bling winnings | | | | | | 00 |
| | r income, bonus depreciation, an | | | | | _ | 00 |
| | gross income. Add lines 1-14 | | | | | A _ | 13,734.00 |
| | ments to an IRA, Keogh, or SEP | | | | | _ | 00 |
| | uctible part of self-employment ta | | | | | _ | 00 |
| | th insurance premium | | | | | | 00 |
| | alty on early withdrawal of savings | | | | | | .00 |
| 20. Alim | ony paid | | 20 | | | _ | .00 |
| | sion/retirement income exclusion. | | | | .00 | _ | .00 |
| | ng expense deduction into lowa | | | | | _ | .00 |
| | capital gain deduction | | | | .00 | | .00 |
| | r adjustments | | | | .00 | _ | .00 |
| 25. Tota | l adjustments. Add lines 16-24 | | .25 | | .00 | A _ | .00 |
| | net income. Subtract line 25 from | | | | | | <u> 13,734</u> .00 |
| 27. All-s | ource net income from IA 1040, li | ne 26 | 27 | | .00 | | 97,184.00 |
| 28. Iowa | income percentage: Divide line 2 | 6 by line 27 and enter | | | | | _ |
| perc | entage rounded to nearest ten-the | ousandth of a percent (e.g. 12 | 2.3456 | %). | | | |
| This | can be no more than 100.0% and | I no less than 0.0% | 28 | | _ % | | 14.1320 % |
| 29. Nonr | esident/part-year resident credit ہ | percentage: | | | | | |
| Subt | ract the percentage on line 28 fro | m 100.0% | .29. | | _ % | | 85.9 % |
| 30. lowa | tax on total income from IA 1040 | , line 39 | .30. | | .00 | | 4,569.00 |
| | I credits from IA 1040, line 46 | | | | .00 | | 40.00 |
| | after credits. Subtract line 31 from | | | | .00 | | 4,529.00 |
| | resident/part-year resident credit. | | _ | | | | |
| | entage on line 29. Enter this amo | | .33. | | .00 | | 3,890.00 |



