

IRS e-file Signature Authorization

OMB No. 1545-0074

▶ **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 BHASKAR REDDY YELUGURI | Social security number 879-50-4364 |
| Spouse's name | Spouse's social security number |

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

Enter whole dollars only on lines 1 through 5.

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

| | | |
|---|---|---------|
| 1 Adjusted gross income | 1 | 97,184. |
| 2 Total tax | 2 | 14,147. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 18,475. |
| 4 Amount you want refunded to you | 4 | 4,328. |
| 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

| | | | | |
|---|---|---|---|---|
| 0 | 4 | 3 | 6 | 4 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ Bhaskar Reddy Date ▶ 02/06/2023

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

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

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

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

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

Form fields for personal information: Your first name and middle initial (BHASKAR REDDY), Last name (YELUGURI), Your social security number (879-50-4364), Spouse's social security number, Home address (3793 FERN HOLLOW RD), City (MEMPHIS), State (TN), ZIP code (38125), Foreign country name, Foreign province/state/county, Foreign postal code.

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 with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents.

Income section table with rows 1a through 1z. 1a Total amount from Form(s) W-2, box 1 (see instructions) 106,846. 1z Add lines 1a through 1h 106,846.

Table with rows 2a through 15. 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, 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 97,184, 10 Adjustments to income from Schedule 1, line 26, 11 Subtract line 10 from line 9. This is your adjusted gross income 97,184, 12 Standard deduction or itemized deductions (from Schedule A) 12,950, 13 Qualified business income deduction from Form 8995 or Form 8995-A, 14 Add lines 12 and 13 12,950, 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 84,234.

| | | | | |
|------------------------|-----------|---|-----------|---------|
| 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 | 14,147. |
| | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 14,147. |
| | 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 | 14,147. |
| | 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 | 14,147. |

| | | | | |
|-----------------|---------------------------------|---|------------|---------|
| Payments | 25 | Federal income tax withheld from: | | |
| | a | Form(s) W-2 | 25a | 18,475. |
| | b | Form(s) 1099 | 25b | |
| | c | Other forms (see instructions) | 25c | |
| | d | Add lines 25a through 25c | 25d | 18,475. |
| | 26 | 2022 estimated tax payments and amount applied from 2021 return | 26 | |
| | 27 | Earned income credit (EIC) | 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 | 18,475. |

| | | | | |
|---------------|------------|---|------------|--------|
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 4,328. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 4,328. |
| | b | Routing number 1 2 1 0 0 0 3 5 8 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | 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 | 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 DEVELOPER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____ |
| Spouse's signature. If a joint return, both must sign. _____ | Date _____ | Spouse's occupation _____ | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____ |

Phone no. (510) 320-8011 Email address BHASKAR93Y@GMAIL.COM

Paid Preparer Use Only

| | | | | |
|------------------------------|---|------------|------------|---|
| Preparer's name _____ | Preparer's signature _____ | Date _____ | PTIN _____ | 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. _____ |
| Firm's EIN _____ | | | | |

**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
BHASKAR REDDY YELUGURI

Your social security number
879-50-4364

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 | -9,662. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| a | Net operating loss | 8a () | | |
| b | Gambling | 8b | | |
| c | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d () | | |
| e | Income from Form 8853 | 8e | | |
| f | Income from Form 8889 | 8f | | |
| g | Alaska Permanent Fund dividends | 8g | | |
| h | Jury duty pay | 8h | | |
| i | Prizes and awards | 8i | | |
| j | Activity not engaged in for profit income | 8j | | |
| k | Stock options | 8k | | |
| l | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property | 8l | | |
| m | Olympic and Paralympic medals and USOC prize money (see instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| o | Section 951A(a) inclusion (see instructions) | 8o | | |
| p | Section 461(l) excess business loss adjustment | 8p | | |
| q | Taxable distributions from an ABLE account (see instructions) | 8q | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | |
| s | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d | 8s () | | |
| t | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan | 8t | | |
| u | Wages earned while incarcerated | 8u | | |
| z | Other income. List type and amount: _____ | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -9,662. |

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

BHASKAR REDDY YELUGURI

Your social security number

879-50-4364

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 H.NO: 12-56/1, AKKAM PALLY NALGONDA DIST TELANGANA STATE IN 508243

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 | |
| 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 | 620. | | |
| 4 Royalties received | | | |
| Expenses: | | | |
| 5 Advertising | | | |
| 6 Auto and travel (see instructions) | | | |
| 7 Cleaning and maintenance | 988. | | |
| 8 Commissions | | | |
| 9 Insurance | | | |
| 10 Legal and other professional fees | | | |
| 11 Management fees | 1,107. | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | | | |
| 13 Other interest | | | |
| 14 Repairs | 3,512. | | |
| 15 Supplies | 3,011. | | |
| 16 Taxes | | | |
| 17 Utilities | 1,664. | | |
| 18 Depreciation expense or depletion | | | |
| 19 Other (list) _____ | | | |
| 20 Total expenses. Add lines 5 through 19 | 10,282. | | |
| 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 | -9,662. | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | (9,662.) | | |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a 620. | | |
| 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 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.) | | |
| 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 -9,662. | | |

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

Instructions for Payment Vouchers

1. 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.
3. **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. The period ending for December 31, 2022, would be entered as: 123122.
4. **Payment amount:** Enter dollars and cents. The two boxes separated to the right on the amount line are for cents. Do not enter any punctuation or symbols (for example ", or \$").
5. When paying by check, **make checks payable to** Iowa Department of Revenue.
6. Mail your payment on or before the due date with this voucher to:

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

----- cut here -----

Iowa Department of Revenue

INT REV 01/17/23 PRO

IA 1040V
Individual Income Tax Payment Voucher

200687950436401231224224 4

Print name: YELUGURI, BHASKAR REDDY
(Last, First MI)

Address: 3793 FERN HOLLOW RD, 107

City, State, ZIP: MEMPHIS TN 38125

Phone: 510-320-8011

SSN:

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 8 | 7 | 9 | 5 | 0 | 4 | 3 | 6 | 4 |
|---|---|---|---|---|---|---|---|---|

Period ending:

| | | | | | |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 1 | 2 | 2 |
|---|---|---|---|---|---|

Payment amount:

| | | | | | | | | | |
|--|--|--|--|--|--|---|---|---|---|
| | | | | | | 1 | 0 | 0 | 0 |
|--|--|--|--|--|--|---|---|---|---|

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

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



2022 IA 1040 Iowa Individual Income Tax Return

For fiscal year beginning / / and ending / /

Step 1: Fill in all spaces. You must fill in your Social Security Number (SSN).

Your last name: YELUGURI Your first name/middle initial: BHASKAR REDDY

Spouse's last name: Spouse's first name/middle initial:



Current mailing address (number and street, apartment, lot, or suite number) or PO Box:

3793 FERN HOLLOW RD, 107

City, State, ZIP: MEMPHIS TN 38125

Spouse SSN: Your SSN: 879-50-4364

Step 2 Filing Status: Mark one box only

Form with checkboxes for filing status: Single, Married filing a joint return, Married filing separately, Married filing separate returns, Head of household, Qualifying widow(er).

Step 3 Exemptions

Table for exemptions: Personal Credit, Blind, Dependents, Total exemptions for B. Spouse and A. You or Joint.

Step 4 Reportable Social Security benefits as calculated on line 13 of Iowa Social Security Worksheet

Form for Social Security benefits with input boxes for B. Spouse/Status 3 and A. You or Joint.

Table for Step 5 Gross Income with columns for B. Spouse/Status 3, A. You or Joint, B. Spouse/Status 3, and A. You or Joint.

NOTE: Use only blue or black ink, no pencils or red ink.

Table for Step 6 Adjustments to Income with columns for B. Spouse/Status 3, A. You or Joint, B. Spouse/Status 3, and A. You or Joint.

Table for Step 7 Federal Taxes and Qualified Deductions with columns for B. Spouse/Status 3, A. You or Joint, B. Spouse/Status 3, and A. You or Joint.



2022 IA 1040, page 2

| | B. Spouse/Status 3 | A. You or Joint | B. Spouse/Status 3 | A. You or Joint | |
|---|--------------------|-----------------|--------------------------|-----------------|--------------------------|
| Step 8 Taxable Income | | | | | |
| 36. BALANCE. From side 1, line 35..... | | | .00 | 80,248.00 | |
| 37. Deduction. Check one box <input checked="" type="checkbox"/> Itemized.(Include IA Schedule A) <input type="checkbox"/> Standard <input checked="" type="checkbox"/> | | | .00 | 2,210.00 | |
| 38. TAXABLE INCOME. SUBTRACT line 37 from line 36..... | | | .00 | 78,038.00 | |
| Step 9 Tax, Credits, and Check-off Contributions | | | | | |
| 39. Tax from tables or alternate tax..... | 39. | .00 | ▲ | 4,569.00 | |
| 40. Iowa lump-sum tax. See instructions..... | 40. | .00 | ▲ | .00 | |
| 41. Iowa alternative minimum tax. Must include IA 6251..... | 41. | .00 | ▲ | .00 | |
| 42. Total tax. ADD lines 39, 40, and 41..... | 42. | .00 | | 4,569.00 | |
| 43. Total exemption credit amount(s) from Step 3, side 1..... | 43. | .00 | | 40.00 | |
| 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..... | 46. | .00 | | 40.00 | |
| 47. BALANCE. SUBTRACT line 46 from line 42. If less than zero, enter zero..... | 47. | .00 | ▲ | 4,529.00 | |
| 48. Credit for nonresident or part-year resident. Must include IA 126 and federal return..... | 48. | .00 | ▲ | 3,890.00 | |
| 49. BALANCE. SUBTRACT line 48 from 47. If less than zero, enter zero..... | 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 zero..... | 51. | .00 | ▲ | 639.00 | |
| 52. Other nonrefundable Iowa credits. Must include IA 148 Tax Credits Schedule..... | 52. | .00 | ▲ | .00 | |
| 53. BALANCE. SUBTRACT line 52 from line 51. If less than zero, enter zero..... | 53. | .00 | ▲ | 639.00 | |
| 54. School district surtax or EMS surtax. Take percentage from table; multiply by line 53..... | 54. | .00 | ▲ | 0.00 | |
| 55. Total state and local tax. ADD lines 53 and 54..... | 55. | .00 | ▲ | 639.00 | |
| 56. TOTAL state and local tax before contributions. Combine columns A and B on line 55 and enter here..... | 56. | | | 639.00 | |
| 57. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars. | | | | | |
| Fish/Wildlife 57a: <input checked="" type="checkbox"/> State Fair 57b: <input type="checkbox"/> Firefighters/Veterans 57c: <input type="checkbox"/> Child Abuse Prevention 57d: <input type="checkbox"/> Enter here..... | 57. | | | .00 | |
| 58. TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add line 56 and line 57 and enter here..... | 58. | ▲ | | 639.00 | |
| Step 10 Credits | | | | | |
| 59. Iowa Fuel Tax Credit. Must include IA 4136..... | 59. | .00 | ▲ | .00 | |
| 60. Check One: <input type="checkbox"/> Child and Dependent Care Credit <input type="checkbox"/> OR <input checked="" type="checkbox"/> Early Childhood Development Credit <input type="checkbox"/> | 60. | .00 | ▲ | .00 | |
| 61. Iowa earned income tax credit. 15.0% (.15) of federal credit..... | 61. | .00 | ▲ | 0.00 | |
| 62. Other refundable credits. Include IA 148 and/or Schedule CC..... | 62. | .00 | ▲ | .00 | |
| 63. Iowa income tax withheld..... | 63. | .00 | ▲ | 629.00 | |
| 64. Estimated and voucher payments made for tax year 2022..... | 64. | .00 | ▲ | .00 | |
| 65. TOTAL. ADD lines 59 through 64 and enter here..... | 65. | .00 | ▲ | 629.00 | |
| 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 the amount you overpaid..... | 67. | ▲ | | .00 | |
| 68. Amount of line 67 to be REFUNDED..... | 68. | ▲ | | .00 | |
| 68a. Routing number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | 68b. Type | Checking | <input type="checkbox"/> | Savings | <input type="checkbox"/> |
| 68c. Account number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | | |
| 69. Amount of line 67 to be applied to your 2023 estimated tax..... | 69. | .00 | ▲ | .00 | |
| Step 12 Pay | | | | | |
| 70. If line 66 is less than line 58, subtract line 66 from line 58. This is the AMOUNT OF TAX YOU OWE..... | 70. | ▲ | | 10.00 | |
| 71. Penalty for underpayment of estimated tax from IA 2210, IA 2210S, or IA 2210F. Check if annualized income method is used. <input type="checkbox"/> | 71. | ▲ | | .00 | |
| 72. Penalty and interest <input checked="" type="checkbox"/> 72a. Penalty <input type="text"/> .00 <input checked="" type="checkbox"/> 72b. Interest <input type="text"/> .00 ADD. Enter total..... | 72. | | | .00 | |
| 73. TOTAL AMOUNT DUE. ADD lines 70, 71, and 72. Enter here..... | 73. | ▲ | | 10.00 | |

Step 13 I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this return, and, to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE

| | | | | | |
|-----------------------------|---------------|---|------------------------|-------------------------------|----------------------|
| _____ Your signature | _____ Date | <input type="checkbox"/> <input checked="" type="checkbox"/> Check if deceased | _____ Date of death | _____ Preparer's signature | _____ Date |
| _____ Spouse's signature | _____ Date | <input type="checkbox"/> <input checked="" type="checkbox"/> Check if deceased | _____ Date of death | _____ Preparer's PTIN | _____ Firm's FEIN |

(510) 320-8011
Daytime telephone number

Daytime telephone number

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



Name(s): BHASKAR REDDY YELUGURI Social Security Number: 879-50-4364

Mark the appropriate box for you and your spouse

| | B. Spouse | A. You or Joint |
|--|----------------------------|---------------------------------------|
| A nonresident of Iowa for all of 2022 | <input type="checkbox"/> ▲ | <input checked="" type="checkbox"/> ▲ |
| A part-year resident of Iowa during 2022 | <input type="checkbox"/> ▲ | <input type="checkbox"/> ▲ |
| Date moved into Iowa: _____ | | |
| Date moved out of Iowa: _____ | | |
| A full-year resident of Iowa during 2022 | <input type="checkbox"/> | <input type="checkbox"/> |

Iowa-Source Income

| | B. Spouse | A. You or Joint |
|--|---------------|-----------------|
| 1. Wages, salaries, tips, etc. | 1. _____ .00 | 13,734.00 |
| 2. Taxable interest income | 2. _____ .00 | .00 |
| 3. Ordinary dividend income..... | 3. _____ .00 | .00 |
| 4. Taxable alimony received..... | 4. _____ .00 | .00 |
| 5. Business income or (loss) | 5. _____ .00 | .00 |
| 6. Capital gain or (loss) | 6. _____ .00 | .00 |
| 7. Other gains or (losses)..... | 7. _____ .00 | .00 |
| 8. Taxable IRA distributions | 8. _____ .00 | .00 |
| 9. Taxable pensions and annuities | 9. _____ .00 | .00 |
| 10. Rents, royalties, partnerships, estates, etc..... | 10. _____ .00 | 0.00 |
| 11. Farm income or (loss) | 11. _____ .00 | .00 |
| 12. Unemployment compensation..... | 12. _____ .00 | .00 |
| 13. Gambling winnings..... | 13. _____ .00 | .00 |
| 14. Other income, bonus depreciation, and section 179 adjustment..... | 14. _____ .00 | .00 |
| 15. Iowa gross income. Add lines 1-14 | 15. _____ .00 | ▲ 13,734.00 |
| 16. Payments to an IRA, Keogh, or SEP..... | 16. _____ .00 | .00 |
| 17. Deductible part of self-employment tax | 17. _____ .00 | .00 |
| 18. Health insurance premium | 18. _____ .00 | .00 |
| 19. Penalty on early withdrawal of savings | 19. _____ .00 | .00 |
| 20. Alimony paid | 20. _____ .00 | .00 |
| 21. Pension/retirement income exclusion..... | 21. _____ .00 | .00 |
| 22. Moving expense deduction into Iowa only..... | 22. _____ .00 | .00 |
| 23. Iowa capital gain deduction..... | 23. _____ .00 | .00 |
| 24. Other adjustments..... | 24. _____ .00 | .00 |
| 25. Total adjustments. Add lines 16-24..... | 25. _____ .00 | ▲ .00 |
| 26. Iowa net income. Subtract line 25 from line 15 | 26. _____ .00 | 13,734.00 |
| 27. All-source net income from IA 1040, line 26..... | 27. _____ .00 | 97,184.00 |
| 28. Iowa income percentage: Divide line 26 by line 27 and enter percentage rounded to nearest ten-thousandth of a percent (e.g. 12.3456%). This can be no more than 100.0% and no less than 0.0% | 28. _____ % | 14.1320 % |
| 29. Nonresident/part-year resident credit percentage: Subtract the percentage on line 28 from 100.0% | 29. _____ % | 85.9 % |
| 30. Iowa tax on total income from IA 1040, line 39 | 30. _____ .00 | 4,569.00 |
| 31. Total credits from IA 1040, line 46..... | 31. _____ .00 | 40.00 |
| 32. Tax after credits. Subtract line 31 from line 30..... | 32. _____ .00 | 4,529.00 |
| 33. Nonresident/part-year resident credit. Multiply line 32 by the percentage on line 29. Enter this amount on IA 1040, line 48..... | 33. _____ .00 | 3,890.00 |

