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 security number
BHASKAR REDDY YELUGURI	879-50-4364
Spouse's name	Spouse's social security number
Part I Tax Return Information — Tax Year Ending December 31, 202	22 (Enter year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	J,
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	
2 Total tax	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	
4 Amount you want refunded to you	
5 Amount you owe	
Part II Taxpayer Declaration and Signature Authorization (Be sure you of Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or	
return (original or amended) I am now authorizing. I consent to allow my intermediate service provict to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reaction for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorized to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution are payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cance business days prior to the payment (settlement) date. I also authorize the financial institutions involutaxes to receive confidential information necessary to answer inquiries and resolve issues relate personal identification number (PIN) below is my signature for the income tax return (original or am Electronic Funds Withdrawal Consent.	son for rejection of the transmission, (b) the reason orize the U.S. Treasury and its designated Financial count indicated in the tax preparation software for ial institution to debit the entry to this account. This of terminate the authorization. To revoke (cancel) a llation requests must be received no later than 2 lived in the processing of the electronic payment of d to the payment. I further acknowledge that the
Taxpayer's PIN: check one box only	
	generate my PIN 0 4 3 6 4 as my
ERO firm name 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 amende if you are entering your own PIN and your return is filed using the Practitioner below.	
Your signature ► Bhaskar Reddy	Date > 02/06/2023
Spouse's PIN: check one box only	
	generate my PIN as my
ERO firm name	Enter five digits, but
signature on the income tax return (original or amended) I am now authorizing.	don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amendatify you are entering your own PIN and your return is filed using the Practitioner below.	
Spouse's signature ▶	Date ►
Practitioner PIN Method Returns Only—continu	
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 authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Pro	I am submitting this return in accordance with the
ERO's signature ▶	Date ►
ERO Must Retain This Form — See Instruc	

Don't Submit This Form to the IRS Unless Requested To Do So

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	me					s	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						107	- 1		ere if you		
		ce. If you have a foreign address, also co	mplete s	paces below.	Stat	е		code			if filing joi		
MEMPHIS					TN		38	125			this fund. ow will no		
Foreign country	y name		F	Foreign province/state/o	county	/	Forei	gn postal co			or refund		.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 ta	x cred	it	Credit for o	ther de	ependents
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								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			184.
\$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			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 ⊔alifying child,	27	Earned income credit (EIC)				
ach Sch. 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-t			
	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. ☐ Lauthorize 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 all initiation account indicated below for payment of my individual lovas these word on this return, and the financial introduce to be not payment of my individual lovas these word on this return, and the financial introduce on electronic payment of all individual lovas these word on this return, and the financial introduce to electronic payment of all individual lovas these word on this return, and the financial introduce to electronic payment of all individual lovas these word on this return, and the financial income of the payment of the paymen																			,	
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
Consent that my refund be directly deposited as designated below. If I have filed a joint return, this is an irrevocable appointment of the other as an agent to receive the refund. I authorize the lowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry financial institution account indicated below for payment of my individual lowa taxes owed on this return, and the financial institution to debit the to this account on the financial institution to debit the to this account on the financial institution to debit the to the payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment electronic payment of taxes for receive confidential information necessary to answer inquiries and resolve issues related to the payment authorization is to remain in full force and effect until I notify IDR to terminate the authorization. To cancel a payment for my control to the payment sufficiency account. Contact your financial institution. The control interest of the payment cancellation requests must be received no later than five business days prior to the payment defendence that he additional to the payment of the paymen	rt II Declaration of Taxpa	yer (Be s	sure f	to kee	р а сор	y of th	ne tax	eturn	.)											
as an agent to receive the refund.		irect depo	osit c	or dire	ct debit.															
authorize the lowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry financial institution account indicated below for payment of my individual lowa taxes owed on this return, and the financial institution to debit the to this account on electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment authorization is to remain in full force and effect untill notify (PR to terminate the authorization. To cance) a payment, insus contact IRR at 51 3114 or identifications of the payment cancellation requests must be received no later than five business days prior to the payments authorized from your bank account with the definition of the payment cancellation requests that they allow a withdrawal from your bank account by this ACH Company (J. ACH Company 10 4 42000457. If you have accounted in the payment of the payment cancellation requests that they allow a withdrawal from your bank account by this ACH Company (J. ACH Company 10 4 42000457. If you have accounted in the payment of th						sited a	as desi	gnate	d be	low. I	f I hav	e filed	a joint	return,	this is a	n irrevo	cable a	appointm	ent of the	other sp
Account Number Type of Account: Will this refund go to (or payment come from) an account outside the United States? Yes No Jonder penalties of perjury, I declare that I have examined the information on my electronic individual income tax return, including any schedules, attachment statements for tax year ending December 31, 2022 and certify to the best of my knowledge and belief, it is true, correct, and complete. I further declare he amounts in Part I above are the amounts in Service (IRS) by my Electronic Return Originator, by using software to prepare and transmitm my return electronically. I consent to the Idou and Information part and Information shown we filed a balance due return can be corrected and retransmitted. If I have filed a balance due return can be corrected and retransmitted. If I have filed a balance due return declared that the information shown and all applicable penalties and intervention of the Information part I list orderect. If the processing of my refund be directly deposited as designated in Part I and declared that the information shown and all applicable penalties and intervention of the Information part I list orderect if the processing of my refunds and intervention of the Information shown and Information to be filed with IDR and I have reviewed the above taxpayer's return and and declared that the information by the declared that the information to be filed with IDR and I have reviewed the above taxpayer's return and and Information and Information and Informa	authorization is 3114 or idreft@ This electronic account, conta	to remai jiowa.gov withdraw ct your fin	ain in v. Pa val fro nanci	full for ayment om yo sial inst	rce and t cancel ur bank titution t	effect lation acco	t until reque unt wil	I notify sts multiple identification in the	y IDI ust b lentit y allo	R to te be rece fied w ow a v	ermina eived r ith the vithdra	e the o later ACH (wal fro	author than f Compa om you	ization. ive bus ny ID 4 r bank a	To cand ness da 426004: account	el a pa ys prio 574. If y by this	yment, r to the you cur ACH C	I must of paymen rently has company	contact IDR t/settlemen ive a debit	at 515 t date. I
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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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Iowa Department of Revenue	INT	REV 01/17/23 PRO	lual	Inco	me	Tax		IA iyme			
200687950436401231224224 4											
		SSN:	8	7	9	5	0	4	3	6	4
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	_					
		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.			
$\overline{}$		ng widow(er) with dependent child. Name:			SSN:				
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		s: Enter 1 for each dependent	-		X \$ 40 =	· · · · · · · · · · · · · · · · · · ·	- 🐧 ———	X \$ 40	·
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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
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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						.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				.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
Notalia	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:				_			IJL.	
	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								
	Spor	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



