### **IRS e-file Signature Authorization**

▶ ERO must obtain and retain completed Form 8879. ► Go to www.irs.gov/Form8879 for the latest information.

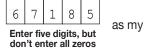
Submission Identification Number (SID)

Taxpayer's name	Social security number							
SAIKIRAN AKABILVAM	709-66-7185							
Spouse's name	Spouse's social security number							
KAVYA SREE MUPATHKAL	682-82-1805							
Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	er 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.								
<b>1</b> Adjusted gross income	<b>1</b> 151,188.							
<b>2</b> Total tax	<b>2</b> 16,952.							
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 28,826.							
<b>4</b> Amount you want refunded to you	<b>4</b> 11,874.							
<b>5</b> 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 autnorize	GLUBAL	IAVES	ERO firm name	to enter or generate my PIN	Er
$\mathbf{\nabla}$	l authorize	CTODAT	TAVEC	TTC	to optor or gonorato my DIN	0



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

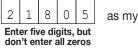
I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

#### Date

Spouse's	PIN:	check	one	box	only
----------	------	-------	-----	-----	------

X lauthorize GLOBAL TAXES LLC ERO firm name to enter or generate my PIN



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 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 E	Date 🖡									
Practitioner PIN Method Returns Only—continue below										
Part III Certification and Authentication – Practitioner PIN Method Only										
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2				6 all zei	 9	89	)

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 – Don't Submit This Form to the IRS Unle						
For Donorwork Doduction Act N	atian and your tax rature instructions		Form 8870 (Day, 01 2021)				

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 01/28/23 PRO

<b>1040</b>		artment of the Treasury-Internal Revenue Servi <b>S. Individual Income Tax</b>		urn	202	2	OMB No. 1545	-0074	IRS Use Only	∕—Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly u checked the MFS box, enter the n on is a child but not your dependent	ame of	-	separately (N use. If you ch		_			spo	lifying surv use (QSS) s name if th	0
Your first name	and mi	ddle initial	Last na	ame						Your so	cial securit	ty number
SAIKIRAN			AKAI	BILVAM	1					709-	66-718	5
		first name and middle initial	Last na									curity number
KAVYA SR	EE		MUP	ATHKAL						682-	82-180	5
		r and street). If you have a P.O. box, see	-		-			A	Apt. no.			on Campaigr
1119 S L										4	here if you,	
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP c	ode			ntly, want \$3
STILLWAT		, , , , , , , , , , , , , , , , , , , ,					<	740	74		o this fund. ow will not	Checking a
Foreign country				Foreign pi	rovince/state/c			-	in postal code	1 .	k or refund.	
Digital		ny time during 2022, did you: (a) rec	`							( )		
Assets		ange, gift, or otherwise dispose of a	-					asset)	? (See instru	uctions.)	Yes	X No
Standard Deduction		eone can claim:  You as a de Spouse itemizes on a separate retur	•		-		a dependent					
Age/Blindness	You:	Were born before January 2, 1	958	Are bl	ind <b>Spo</b>	use	: 🗌 Was bor	n befo	ore January	2, 1958	🗌 ls bl	lind
Dependents	(see	instructions):		(2) 5	Social security		(3) Relationsh	ip (4	) Check the b	ox if quali	fies for (see	instructions):
lf more	•	rst name Last name			number		to you	.	Child tax o	redit	Credit for ot	her dependents
than four											[	
dependents,											[	
see instructions and check											[	
here											[	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions)					. 1a	10	62,095.
moome	b	Household employee wages not re	eportec	l on Form	ı(s) W-2					. 1b		
Attach Form(s)	с	Tip income not reported on line 1a	a (see ir	struction	is)					. 10	;	
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	orted o	on Form(s	s) W-2 (see ir	nstru	uctions)			. 1d	I	
W-2G and	е	Taxable dependent care benefits f	from Fo	orm 2441,	line 26 .					. 1e	•	
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	m Form 8	839, line 29					. 1f	:	
If you did not	g	Wages from Form 8919, line 6 .								. 1g	1	
get a Form	h	Other earned income (see instruct	ions)							. 1h	1	0.
W-2, see instructions.	i	Nontaxable combat pay election (	see inst	tructions)			1i					
	z	Add lines 1a through 1h								. 1z	: 10	62,095.
Attach Sch. B	2a	Tax-exempt interest	2a			bТ	axable interest			. 2b	)	
if required.	3a	Qualified dividends	3a			bC	Ordinary divider	nds .		. 3b		
	4a	IRA distributions	4a			bТ	axable amoun	t		. 4b	)	
Standard	5a	Pensions and annuities	5a			bТ	axable amoun	t		. 5b	)	
Deduction for-	6a	Social security benefits	6a			bТ	axable amoun	t		. 6b	)	
Single or Married filing	с	If you elect to use the lump-sum e	lection	method,	check here (	see	instructions)		[			
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D	if required	d. If not requ	ired	, check here		[	7		
Married filing	8	Other income from Schedule 1, lin	e 10							. 8		10,907.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is y	our total inc	om	e			. 9		51 <b>,</b> 188.
surviving spouse,	10	Adjustments to income from Sche								. 10		
\$25,900 • Head of	11	Subtract line 10 from line 9. This is								. 11	1!	51,188.
household, \$19,400	12	Standard deduction or itemized	-		-					. 12		25,900.
If you checked	13	Qualified business income deduct					5-A			. 13		
any box under Standard	14									. 14	_	25,900.
Deduction,	15	Subtract line 14 from line 11. If zer								. 15		25,288.
see instructions.					,							,

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Form 1040 (2022	2)								Pa	ge <b>2</b>
Tax and	16	Tax (see instructions). Check if an	ny from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	18,797	7.
Credits	17	Amount from Schedule 2, line 3						17		
	18	Add lines 16 and 17						18	18,797	7.
	19	Child tax credit or credit for othe	er dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, line 8						20	1,845	5.
	21	Add lines 19 and 20						21	1,845	5.
	22	Subtract line 21 from line 18. If z	zero or less,	enter -0				22	16,952	2.
	23	Other taxes, including self-emple	oyment tax,	from Schedule	e 2, line 21 .			23	(	).
	24	Add lines 22 and 23. This is you	r <b>total tax</b>					24	16,952	2.
Payments	25	Federal income tax withheld from								
	а	Form(s) W-2				<b>25a</b> 28	,826.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c						25d	28,826	ŝ.
Here have a	26	2022 estimated tax payments ar	nd amount a	pplied from 20	21 return			26		
If you have a qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from So				28				
	29	American opportunity credit fror	n Form 8863	B, 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. The						32		
	33	Add lines 25d, 26, and 32. These						33	28,826	<u>5.</u>
Defined	34	If line 33 is more than line 24, su	-					34	11,874	
Refund	35a	Amount of line 34 you want refu						35a	11,874	1.
Direct deposit?	b	Routing number 1 0 3 0					Savings			
See instructions.	d	Account number 3 0 5 0					<b>J</b>			
	36	Amount of line 34 you want app			_ · _ · _ · _ ·	36				
Amount	37	Subtract line 33 from line 24. Th	-							
You Owe	07	For details on how to pay, go to						37		
	38	Estimated tax penalty (see instru	-	-		38				
Third Party	Do	you want to allow another pe	-							_
Designee							omplete l	below.	× No	
Ū		signee's		Phone			onal identi	fication		
	nar	ne		no.		num	oer (PIN)			
Sign		der penalties of perjury, I declare that I								
Here		ief, they are true, correct, and complete	e. Declaration of			ased on all information			5	ge.
	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here	
Joint return?					DEVELOPER			inst.)		Γ
See instructions.	Sp	ouse's signature. If a joint return, both	must sign.	Date	Spouse's occupat	ion	If the	IRS se	nt your spouse an	<u> </u>
Keep a copy for	- 1-	, , , , , , , , , , , , , , , , , , ,						,	ection PIN, enter it	here
your records.					STUDENT W	ORKER	(see	inst.)		
	Ph	one no. (551)214-8478		Email address	SAIKIRAN08	78@GMAIL.CC			1	
Paid	Pre	eparer's name Pre	eparer's signat	ure		Date	PTIN		Check if:	
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SY.	AM PRIYA	RAM SAGAR	GUPTA TALLAM	02/09/2023	P0208	2703	Self-employe	be
Use Only	Firi	m's name GLOBAL TAXES	G LLC				Phor	ne no.	(678)965-952	22
	Firi	m's address 245 ROONEY C	CT E BRU	NSWICK N	J 08816		Firm	's EIN	84-317196	<u>65</u>
Go to www.irs.go	ov/Forn	1040 for instructions and the latest in	formation.		BAA	REV 01/28/23 PRO			Form <b>1040</b> (2	2022

BAA

SCHEDULE	1
(Form 1040)	

### **Additional Income and Adjustments to Income**

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

OMB No. 1545-0074 2

Department of the Treasury

	Department of the Treasury         Go to www.irs.gov/Form1040 for instructions and the latest information.						
Name	(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR		Your so	cial s	security number	
SAIK	KIRAN AKABI	LVAM & KAVYA SREE MUPATHKAL		709-6	6-71	185	
Par	t I Additio	onal Income					
1	Taxable refur	nds, credits, or offsets of state and local income taxes			1		
2a	Alimony rece				2a		
b	Date of origin	nal divorce or separation agreement (see instructions):					
3	Business inc	ome or (loss). Attach Schedule C			3		
4		or (losses). Attach Form 4797			4		
5	Rental real es	state, royalties, partnerships, S corporations, trusts, etc. Attac	h Schedul	eΕ.	5	-10,907.	
6		e or (loss). Attach Schedule F.			6		
7	Unemployme	ent compensation			7		
8	Other income						
а	Net operating	gloss	Ba (	)	_		
b			Bb				
С			Bc				
d			Bd (	)	_		
е			Be		-		
f			Bf		-		
g			ßg		-		
h		,	Bh		-		
i			Bi		_		
j			Bj 🛛		-		
k			3k		-		
		the rental of personal property if you engaged in the rental					
			31		-		
m		d Paralympic medals and USOC prize money (see					
			m		-		
n		, , , , <u> </u>	Bn		-		
0			Bo		-		
р	,	,	Bp				
q		· · · · · · · · · · · · · · · · · · ·	Bq		-		
r			Br		-		
S		amount of Medicaid waiver payments included on Form		١			
			Bs (	)			
t		nnuity from a nonqualifed deferred compensation plan or					
	a nongoverni	mental section 457 plan	Bt				

u Wages earned while incarcerated . . . . . . . . 8u . **z** Other income. List type and amount: 8z Total other income. Add lines 8a through 8z . . . . . . . . . . . . 9 9 . . . . . . . . 10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 10 -10,907.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b	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	·	_	
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		4a		
b	Deductible expenses related to income reported on line 8I from the			
		4b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
		4c		
d		4d		
е	Repayment of supplemental unemployment benefits under the Trade			
		4e	_	
f		24f	_	
g		4g	_	
h	Attorney fees and court costs for actions involving certain unlawful			
_		4h	_	
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			
		24i	_	
J	•	24j	_	
K	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
_		24k	_	
Z	Other adjustments. List type and amount:			
0E		4z	05	
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . I			
			26	
	BAA	REV 01/28/23 PRO	Schedu	le 1 (Form 1040) 2022

Department of the Treasury

## **Additional Credits and Payments**

OMB No. 1545-0074 2022

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

•	Department of the Treasury nternal Revenue Service Go to www.irs.gov/Form1040 for instructions and the latest information.						Attachment Sequence No. <b>03</b>		
	( )	rm 1040, 1040-SR, or 1040-NR ILVAM & KAVYA SREE MUPATHKAL		١	<b>/our so</b> 709-6		<b>curity number</b> 85		
Par	rt I Nonre	iundable Credits							
1	Foreign tax	credit. Attach Form 1116 if required				1			
2	Credit for c Form 2441	hild and dependent care expenses from Form 244		e 11. At	tach	2			
3	Education c	redits from Form 8863, line 19				3	1,845.		
4	Retirement	savings contributions credit. Attach Form 8880				4			
5	Residential	energy credits. Attach Form 5695				5			
6	Other nonre	fundable credits:							
а	General bus	iness credit. Attach Form 3800	6a						
b	Credit for p	ior year minimum tax. Attach Form 8801	6b						
С	Adoption cr	edit. Attach Form 8839	6c						
d	Credit for th	e elderly or disabled. Attach Schedule R	6d						
е	Alternative r	notor vehicle credit. Attach Form 8910	6e						
f	Qualified plu	ug-in motor vehicle credit. Attach Form 8936	6f						
g	Mortgage in	terest credit. Attach Form 8396	6g						
h	District of Co	blumbia first-time homebuyer credit. Attach Form 8859	6h						
i	Qualified ele	ectric vehicle credit. Attach Form 8834	6i						
j	Alternative f	uel vehicle refueling property credit. Attach Form 8911	6j						
k	Credit to ho	Iders of tax credit bonds. Attach Form 8912	6k						
Ι	Amount on	Form 8978, line 14. See instructions	61						
z	Other nonre	fundable credits. List type and amount:							
			6z						
7	Total other i	nonrefundable credits. Add lines 6a through 6z				7			
8		through 5 and 7. Enter here and on Form 1040, 1040				8	1,845.		
					(co	ntinue	ed on page 2)		
For Pa	perwork Reduct	on Act Notice, see your tax return instructions.	RE	V 01/28/23 PR	o <b>s</b>	chedule	3 (Form 1040) 2022		

Schedule 3 (Form 1040) 2022

Par	t II Other Payments and Refundable Credits			ł				
9	Net premium tax credit. Attach Form 8962		9					
10	Amount paid with request for extension to file (see instructions) .		10					
11	Excess social security and tier 1 RRTA tax withheld		11					
12	12 Credit for federal tax on fuels. Attach Form 4136							
13	Other payments or refundable credits:							
а	Form 2439	13a						
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b						
С	Reserved for future use	13c						
d	Credit for repayment of amounts included in income from earlier years	13d						
е	Reserved for future use	13e						
f	Deferred amount of net 965 tax liability (see instructions)	13f						
g	Reserved for future use	13g						
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h						
z	Other payments or refundable credits. List type and amount:							
		13z						
14	Total other payments or refundable credits. Add lines 13a through	13z	14					
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31	-SR, or 1040-NR,	15					
	BAA REV	01/28/23 PRO	Schedu	le 3 (Form 1040) 2022				

	DULE E		Supplementa							OMB No	. 1545-0074
(Form 1040) (From rental real estate, royalties, partnerships, S						tions, es	tates,	trusts, REMIC	s, etc.)	20	22
Department of the Treasury Internal Revenue Service         Attach to Form 1040, 1040-SR, 1040-NR, or 1041.           Go to www.irs.gov/ScheduleE for instructions and the latest information.										Attachm Sequen	nent ce No. <b>13</b>
Name(s)	shown on return								Your soci	al security	number
SAIK	IRAN AKABI	LVAM	& KAVYA SREE MUPATHKAL						709-6	6-7185	
Part			ss From Rental Real Estate an								
	Note: If yo rental inco	ou are in ome or lo	the business of renting personal proper oss from <b>Form 4835</b> on page 2, line 40.	rty, use	Schedul	e C. See	instruc	ctions. If you ar	re an indiv	vidual, rep	ort farm
Α			nents in 2022 that would require you	to file	Form(s)	1099? 5	See ins	tructions .		. 🗌 Ye	s 🕅 No
			you file required Form(s) 1099? .								
<b>1</b> a	Physical addr	ess of	each property (street, city, state, ZI	P code	e)						
Α	H NO:7-10	1,JAN	IGAM STREET ASIFABAD,ADII	LABAI	) TELA	NGANA	STA	FE IN 504	293		
B											
C											
1b	Type of Prope (from list below		Por each rental real estate proper above, report the number of fair				Fa	ir Rental	Person		QJV
Α	3	(v)	personal use days. Check the Q			Α		<b>Days</b> 365	Da	0	
B	3		if you meet the requirements to f	file as	a	B		305		0	
C			qualified joint venture. See instru	uctions	6.	C					
	of Property:					v					
	Single Family R	esideno	ce 3 Vacation/Short-Term Ren	ital	5 Lano	d	7	Self-Rental			
	Multi-Family Re				6 Roy			Other (descri	ibe)		
	, ,				,						
						٨		Propertie B	es:		С
Incom 3		1		3		A	50.	В			0
3 4			· · · · · · · · · · · · · · · · ·	-		0	50.				
Expen		vcu .									
5				5							
6	-		nstructions)	6							
7		•		7		8	60.				
8	Ũ			8		-					
9				9							
10			essional fees	10							
11	0	•		11		1,2	74.				
12	Mortgage inter	est pai	id to banks, etc. (see instructions)	12							
13	Other interest			13							
14	Repairs			14		1,8	50.				
15	Supplies			15		2,6	85.				
16	Taxes			16							
17				17		1,7	42.				
18	•	•	e or depletion	18		3,1	46.				
19	Other (list)			19							
20	I otal expenses	s. Add	lines 5 through 19	20		11,5	57.				
21			line 3 (rents) and/or 4 (royalties). If								
			instructions to find out if you must			-10,9	07				
00						-10,9	07.				
22			l estate loss after limitation, if any, structions)		(	10,90		(	١	(	١
23a			eported on line 3 for all rental prope		1		23a		650.	(	)
23a b			eported on line 4 for all royalty prop				23b		000.		
c			eported on line 12 for all properties				23c				
d			eported on line 18 for all properties				23d	3	,146.		
e			eported on line 20 for all properties				23e		,557.		
24			e amounts shown on line 21. <b>Do no</b>								
25		-	osses from line 21 and rental real esta		-					(	10,907.)
26			ate and royalty income or (loss).							-	. /
-			V, and line 40 on page 2 do not								
			40), line 5. Otherwise, include this a					on page 2	· 26		-10,907.
For Pa	perwork Reduct	ion Act	Notice, see the separate instructions		N	PA		-10,907	• Scl	hedule E (F	orm 1040) 2022

Department of the Treasury Internal Revenue Service

Name(s) shown on return

# Education Credits (American Opportunity and Lifetime Learning Credits)

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/Form8863 for instructions and the latest information.

2022 Attachment Sequence No. 50

Your social security number 709-66-7185

OMB No. 1545-0074

SAIKIRAN AKABILVAM & KAVYA SREE MUPATHKAL



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part	Refundable American Opportunity Credit					
1	After completing Part III for each student, enter the total of all amounts from all P	arts I	II, line	30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household,					
	or qualifying surviving spouse	2				
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for					
	the amount to enter instead	3				
4	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit	4				
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	5				
6	If line 4 is:					
	• Equal to or more than line 5, enter 1.000 on line 6			)		
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rou at least three places)			}	6	
7	Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of th			, I moot the		
'	conditions described in the instructions, you can't take the refundable America					
	skip line 8, enter the amount from line 7 on line 9, and check this box		•		7	
8	<b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (0.40). Enter				-	
	on Form 1040 or 1040-SR, line 29. Then go to line 9 below.				8	
Part	II Nonrefundable Education Credits					
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	(see	instru	ctions) .	9	
10	After completing Part III for each student, enter the total of all amounts from a zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19				10	9,225.
11	Enter the smaller of line 10 or \$10,000				11	9,225.
12	Multiply line 11 by 20% (0.20)				12	1,845.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or					
	qualifying surviving spouse	13	-	L80,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form					
	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for					
	the amount to enter instead	14	-	L51,188.		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on					
	line 18, and go to line 19	15		28,812.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	16		20,000.		
17	If line 15 is:			20,000.		
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18			)		
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (round least three places)	ded t	o at	}	17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet			ctions)	18	1,845.
19	<b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit	•				
	instructions) here and on Schedule 3 (Form 1040), line 3			·	19	1,845.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	AA		REV 01/28/2	3 PRO	Form <b>8863</b> (2022)

SAIKIRAN AKABILVAM & KAVYA SREE MUPATHKAL

CAUT		n you're claiming either the American opportunity onal copies of page 2 as needed for each student	
Part	Student and Educational Institution Informatio	a See instructions	
	Student name (as shown on page 1 of your tax return) KAVYA SREE	<ul> <li>21 Student social security number (as shown on page 1 of your tax return)</li> </ul>	
	MUPATHKAL	682-82-1805	
22	Educational institution information (see instructions)		
а	<ul> <li>Name of first educational institution</li> </ul>	<b>b.</b> Name of second educational institution (if any)	
	OKLAHOMA STATE UNIVERSITY	(4) Adduces Number and strest (an D.O. heav) City, terms	
(	<ol> <li>Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</li> </ol>	(1) Address. Number and street (or P.O. box). City, town o post office, state, and ZIP code. If a foreign address, se instructions.	
	304 WHITEHURST		
	STILLWATER OK 74078		
(2	2) Did the student receive Form 1098-T ☐ Yes X No from this institution for 2022?	from this institution for 2022?	lo
(;	3) Did the student receive Form 1098-T from this institution for 2021 with box X Yes □ No 7 checked?	<ul> <li>(3) Did the student receive Form 1098-T from this institution for 2021 with box Yes N 7 checked?</li> </ul>	lo
(4	4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	(4) Enter the institution's employer identification number (E if you're claiming the American opportunity credit or if y checked "Yes" in (2) or (3). You can get the EIN from Fo 1098-T or from the institution.	ou
	73-1383996		
23	Has the American opportunity credit been claimed for this student for any 4 prior tax years?	$\Box  \begin{array}{c} \text{Yes} - \text{Stop!} \\ \text{Go to line 31 for this student.} \end{array}  \textbf{X}  \text{No} - \text{Go to line 24.} \end{array}$	
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2022 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.	$ imes$ Yes — Go to line 25. $ ext{ No - Stop!}$ Go to line 3 for this student.	1
25	Did the student complete the first 4 years of postsecondary education before 2022? See instructions.	imes Yes - <b>Stop!</b> Go to line 31 for this student. $\Box$ No - Go to line 26.	
26	Was the student convicted, before the end of 2022, of a felony for possession or distribution of a controlled substance?	☐ Yes — <b>Stop!</b> ☐ No — Complete lines 27 Go to line 31 for this student. ☐ No — Complete lines 27	nt.
CAUT	you complete lines 27 through 30 for this student, don't	fetime learning credit for the <b>same student</b> in the same year. If complete line 31.	
	American Opportunity Credit		_
27	Adjusted qualified education expenses (see instructions). Do		
28			
29			
30	If line 28 is zero, enter the amount from line 27. Otherwise, enter the result. Skip line 31. Include the total of all amounts f		
	Lifetime Learning Credit		
31	Adjusted qualified education expenses (see instructions). Incl	ude the total of all amounts from all Parts	
	III, line 31, on Part II, line 10		5.
			\

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田常語

NOTE:	Do not mail Oklaho	I Income Tax Dec oma Tax Return - Forr o determine if you are r	n 511 or Form	511-NR.	•	202 Form 57		ĒF
Your first na	ame and middle initial	Last name		Your social				
SAIK	IRAN	AKABILVAM		security number:	709667185			_
If a joint ref	turn, spouse's first name and mi	ddle initial Last name		Spouse's social				
	A SREE dress (number and street. includ	MUPATHKAL	r PO Box)	security number:	682821805		Г	_
Ŭ	<b>v</b>	<b>U</b>	,			Filing stat	us:	2
City, State,					Total number c	of exemptions:		2
STIL	LWATER	OK	74074					
PART	ONE - TAX RETUR	N INFORMATION (WH	IOLE DOLLAR	S ONLY)				
	homa Adjusted Gross Inc	,					1.0.0	00
		Sources (511-NR, Line 8)					188	
		e Tax (511, Line 20 or 511-N	,				128	_
		nts and Credits (511, Line 32					166	
		R, Line 38)				1	.038	_
5 Bala	nce Due (511, Line 42 or	511-NR, Line 43)			5		0	00
balar Inter	nce due return with a non-e nal Revenue Code (IRC) of	n electronic payment, comple electronic payment, enclose a the IRS provides for a later d weekend or legal holiday wh	e payment with the 5 ue date, your payme	11-V and submit on entire the made by	or before the due of the later due date a	late of April 15tl and will be cons	n. If th	
PART	TWO - DECLARATIO	N OF TAXPAYER						
_	If I have filed a joint	fund be directly deposited as de return, this is an irrevocable ap homa State Treasury and its de	pointment of the othe	r spouse as an agent	t to receive the refur	nd.	debit)	
lf I have fil	entry to the financia and/or a payment of receive confidential	I institution account indicated in f estimated tax. I also authorize information necessary to answe nderstand that if the Oklahoma	the tax preparation s the financial institution er inquiries and resolution	oftware for payment on ons involved in the province of the second seco	of my Oklahoma tax ocessing of the elec ne payment.	tes owed on this tronic payment o	return f taxes	s to
remain lial	ble for the tax liability and all	applicable interest and penaltie	es.			-		
nator (ER return. To	O), and the amounts describ	have compared the information red in Part One above, agree wi nd belief, my return is true, corr the OTC by my ERO.	ith the amounts show	n on the correspondir	ng lines of my 2022	Oklahoma incon	ne tax	
mission of	n, by using a computer syste f all information pertaining to	m and software to prepare and my use of the system and softw	transmit my return el ware and to the trans	ectronically, I consent nission of my tax retu	to the disclosure to urn electronically.	the Oklahoma T	āx Coi	m-
Sign Here: You	r Signature	Date	Spouse's Sid	ınature (If joint return,	both must sign)	Date		
	5	ON OF ELECTRONIC R			• /	RFR		
I declare I lectors are the taxpay other requ penalties of	have reviewed the above tax not responsible for reviewing er's signature on Form 511-E irements described in Pub. 1 of perjury I declare I have exa	payer's return and the entries or g the taxpayer's return; however F and I have provided the taxpa 345, Handbook for Electronic Fil imined the above taxpayer's retu ete. This Paid Preparer declarat	n Form 511-EF are con , they must ensure Fo iyer with a copy of all f ers of Individual Incon urn and accompanying	nplete and correct to t rm 511-EF accurately orms and information ne Tax Returns (Tax Ye schedules and staten	the best of my knowl reflects the data on to to be filed with the C ear 2022). If I am als nents, and to the best	edge. (EROs wh the return.) I have DTC, and have fol o a Paid Prepare	e obtair llowed r, unde	ned all er
ERO Use Only			02/0	9/2023				
-	ERO or Paid Preparer's Sign	nature	Date	PTIN				
Paid Prepa	rer		02/00	/2022 002	0000000			
Use Only	Paid Preparer Signature		02/09, <b>Date</b>	<u>72023</u> P02 PTIN	2082703			
Firm Nam	ne (or yours if self-employed):	SYAM PRIYA RAM SAC	GAR GUPTA TAL	LAM				
	Address and ZIP:	245 ROONEY CT E BE						
	Phone Number:	(678_)965-952	2		F	REV 01/20/23 PRO		

2022 Form 511 Resident Income Tax Return 2D Barcode Page

FAILURE TO SUBMIT THIS PAGE WILL DELAY PROCESSING OF YOUR RETURN







Note: This is to be mailed with original return. Please DO NOT attach this sheet when filing the payment voucher, Form 511V.

# Form 511 **Oklahoma Resident Income Tax Return**



2022

Your Social Security Number			(joint return only)			I Security Number				AMENDED RETURN!				
709-66-7185		Place an 'X' in this box if this taxpayer is deceased —>		682-82-1805		bo	Place an 'X' in this box if this taxpayer is deceased —			an 'X' in this bo an amended 5' lule 511-l.				
Nam	ne and Addre	ess - Please Pri	nt or Type											
SA I Mailin	First Name CKIRAN g Address (Numb .9 S LANI	er and street, includin DRY LN	Middle Initial g apartment n	AKABILVA			If a Joint Retun KAVYA S LWATER		irst Name State	e ZIP or	Postal Code	ame ATHKAL Country		
Status	1       Single         2       X         3       Married filing separate (If spouse is also filing, list name and SS)			·	spoi		Claiming Spectra	Regular 1 1	* Specia + +	I Blind + +		511 Pack	et.	
Filing 8	Nai	me		SSN			Exe	Add the T	otals from	ı boxes (a)	pendents , (b) and (c). DTAL here:	<b>B</b> 2		
	4 He	ead of household	l with qualifying person					you may be for your re			dent on and	other return, o	enter "O'	' in the
		ualifying widow(e se list the year s	<i>,</i> .		t:		Age 65	or Older	? (Please	see instructio	ons)	Yourself	Sp	oouse
PA	RT ONE:	TO ARRIVE	AT OKL	AHOMA AI	DJUSTI	ED GR	OSS INC	OME			Ro	und to Neare	st Whol	e Dollar

17		I	Round to Nearest Whole Donal
1	Federal adjusted gross income (from Federal 1040 or 1040-SR)	1	151188 <b>00</b>
2	Oklahoma Subtractions (provide Schedule 511-A)	2	00
3	Line 1 minus line 2	3	151188 <b>00</b>
4	Out-of-state income, except wages. Describe (4a) (Provide Federal schedule with detailed description; see instructions)	4b	00
5	Line 3 minus line 4b	5	151188 <b>00</b>
6	Oklahoma Additions (provide Schedule 511-B)	6	00
7	Oklahoma adjusted gross income (line 5 plus line 6) (If line 7 is different than line 1, provide a copy of your Federal return.)	7	151188 <b>00</b>
PA	RT TWO: OKLAHOMA TAXABLE INCOME, TAX AND CREDITS	]	
8	Oklahoma Adjustments (provide Schedule 511-C)	8	00
9	Oklahoma income after adjustments (line 7 minus line 8)	9	151188 <b>00</b>

STOP AND READ: If line 4b is zero, complete lines 10-11. If line 4b is more than zero, see Schedule 511-E and do not complete lines 10-11.



	e(s)Shown orm 511: SAIKIRAN AKABILVAM & KAVYA SREE MUPATHKA	Your Soc Security	:ial Number: 709-66-7185		
PA	RT TWO: OKLAHOMA TAXABLE INCOME, TAX AND CREE	DITS continued		]	
10	Oklahoma itemized deductions (from Schedule 511-D, line 11) or Oklahoma s (Single or Married Filing Separate: \$6,350 • Married Filing Joint or Qua Head of Household: \$9,350)	alifying Widow(er): \$12		10 12700	00
11	Exemptions: Enter the total number of exemptions claimed on page 1	2 X \$1,000		11 2000	00
12	Total deductions and exemptions (add lines 10 and 11 or amount from Sch. 5	511-E, line 5)		12 14700	00
13	Oklahoma Taxable Income (line 9 minus line 12)			13 136488	00
14	(a) Oklahoma Income Tax from Tax Table (see pages 28-39 of instructions) or if using Farm Income Averaging, enter tax from Form 573, line 22 and enter a "1" in box on line 14	14a	6128 <b>00</b>		
	(b) If paying the Health Savings Account additional 10% tax, add additional tax here and enter a "2" in box on line 14. If recapturing the Oklahoma Affordable Housing Tax Credit, add recaptured credit here and enter a "3" in box on line 14. If making an Oklahoma installment payment pursuant to IRC Section 965(h) and 68 OS Sec. 2368(K), add the installment payment here and enter a "4" in the box on line 14		00		
	Oklahoma Income Tax (line 14a plus line 14b)			14 6128	00
STOP	AND READ: If line 7 is equal to or larger than line 1, complete line 15. If line 7 is smaller than lin	e 1, complete Schedules 511-F	and 511-G.		
15	Oklahoma child care/child tax credit (see instructions)			15	00
16	Credit for taxes paid to another state (provide Form 511TX)			16	00
17	Form 511CR - Other Credits Form. List 511CR line number claimed here:			17	00
18	Income Tax (line 14 minus lines 15-17) Do not enter less than zero DO NOT PAY THIS AMOUNT. PAYMENT IS FIGURED ON LINE 42.			18 6128	00
PA	RT THREE: TAX, CREDITS AND PAYMENTS			1	
19	Use tax due on Internet, mail order, or other out-of-state purchases			10	00
	(For use tax table, see page 14 of the Packet) If you certify that no use tax is				
20	Balance (add lines 18 and 19)			20 6128	00
21	Oklahoma withholding (provide all W-2s, 1099s or other withholding statements)	21	7166 <b>00</b>		
22	2022 estimated tax payments (qualified farmer ))	22	00		
23	2022 payment with extension	23	00		
24	Low Income Property Tax Credit (provide Form 538-H)	24	00		
25	Sales Tax Relief Credit (provide Form 538-S)	25	00		
26	Natural Disaster Tax Credit (provide Form 576)	26	00		
27	Credit from Form 578	27	00		
28	Oklahoma earned income credit (see instructions)	28	0 00		
29	Amount paid with original return plus additional paid after it was filed (amended return only)	29	00	1	



	/our Social Security Number: 709–66–7185	
PART THREE: TAX, CREDITS AND PAYMENTS continued		
30       Payments and credits (add lines 21-29 from page 2)         31       Overpayment, if any, as shown on original return and/or prior amended return(s) or as previously adjusted by Oklahoma (amended return only)		00
32 Total payments and credits (line 30 minus 31)		0
33       If line 32 is more than line 20, subtract line 20 from line 32. This is your overpayment         34       Amount of line 33 to be applied to 2023 estimated tax (original return only)		0
<ul> <li>(For further information regarding estimated tax, see page 5 of the 511 Packet.)</li> <li>Schedule 511-H provides you with the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Please place the line number of the organization from Schedule 511-H in the box below. If you give to more than one organization, put a "99" in the box. Provide Schedule 511-H.</li> <li>35 Donations from your refund (total from Schedule 511-H)</li></ul>	00	
36       Total deductions from refund (add lines 34 and 35)		00
37 Amount to be refunded to you (line 33 minus line 36)		0
Direct Deposit Note:       Is this refund going to or through an account that is located outside of the process or you do not choose direct deposit fails to process or you do not choose direct deposit, you will receive a <u>debit card</u> . See the 511 Packet for direct deposit and debit card information.       Is this refund going to or through an account that is located outside of the process or you do not choose direct deposit fails to process or you do not choose direct deposit and debit card information.         See the 511 Packet for direct deposit and debit card information.       Savings Account       Routing Number:       1 0 3 0 0 0 0 1 7	the United States? Yes X No	
PART FIVE: AMOUNT YOU OWE		
38 If line 20 is more than line 32, subtract line 32 from line 20. This is your tax due		00
39 Donation: Public School Classroom Support Fund (original return only)		00
40       Underpayment of estimated tax interest (annualized installment method		00
41 For delinquent payment add penalty of 5% \$		
plus interest of 1.25% per month\$	41 0	00
42 Total tax, donation, penalty and interest (add lines 38-41)		0

Under penalty of perjury, I declare the information contained in this document, and all attachments and schedules, is true and correct to the best of my knowledge and belief.

Place an 'X' in this box if the Oklahoma Tax Commission may discuss this return with your tax preparer.....

Taxpayer's Signature	Date	Spouse's Signature	Date	Paid Preparer's Signature	Date
				SYAM PRIYA RAM SAGAR GUPTA TALLAM	02/09/2023
Taxpayer's Occupation		Spouse's Occupation		Paid Preparer's Address and Phone Nur	<sup>mber</sup> (678)965-9522
DEVELOPER		STUDENT WORKER		245 ROONEY CT	
Daytime Phone (optional)		Daytime Phone (optional)		E BRUNSWICK	NJ 08816
		(551)214-	8478	Paid Preparer's PTIN P0208270	03

<u>Do not staple</u> documentation to this form. To attach items, please use a paper clip. Mailing Address for this form: PO Box 26800, Oklahoma City, OK 73126-0800

The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.