

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 DHEERAJ VIMMENTHALA	Social security number 806-70-6874
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	85,080.
2	Total tax	11,485.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	14,560.
4	Amount you want refunded to you	3,075.
5	Amount you owe	

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	6	8	7	4
---	---	---	---	---

 as my 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

- I authorize _____ to enter or generate my PIN

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 as my 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 ▶ _____ 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.

2	2	2	4	9	6	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

Filing Status [] Single [] Married filing jointly [X] 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: SINDHUJA BHOOMPALLY

Personal information section including name, social security numbers, and address.

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

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

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

Table for Dependents with columns for name, social security number, relationship, and tax credit.

Main income table with columns for description, amount, and tax calculation. Includes sections for Attach Form(s) W-2 here, Standard Deduction for, and Total Income.

Table with 2 columns: Line number and Amount. Rows 16-24 include Tax and Credits. Total tax is 11,485.

Table with 2 columns: Line number and Amount. Rows 25-33 include Payments. Total payments are 14,560.

Table with 2 columns: Line number and Amount. Rows 34-36 include Refund. Amount of refund is 3,075.

Table with 2 columns: Line number and Amount. Rows 37-38 include Amount You Owe. Total amount owed is 11,485.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with signature lines for preparer and spouse, including date and occupation fields.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, firm name, address, and phone number.

**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
DHEERAJ VIMMENTHALA

Your social security number
806-70-6874

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	-9,150.
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 ABLÉ 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	-9,150.

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)**

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

2022
Attachment
Sequence No. **13**

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.

Name(s) shown on return

DHEERAJ VIMMENTHALA

Your social security number

806-70-6874

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 GANDHI NAGAR GANDHI NAGAR TELANGANA IN 500046

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	3	500.	
4	Royalties received	4		
Expenses:				
5	Advertising	5		
6	Auto and travel (see instructions)	6		
7	Cleaning and maintenance	7	650.	
8	Commissions	8		
9	Insurance	9		
10	Legal and other professional fees	10		
11	Management fees	11	950.	
12	Mortgage interest paid to banks, etc. (see instructions)	12		
13	Other interest	13		
14	Repairs	14	3,850.	
15	Supplies	15	2,650.	
16	Taxes	16		
17	Utilities	17	1,550.	
18	Depreciation expense or depletion	18		
19	Other (list) _____	19		
20	Total expenses. Add lines 5 through 19	20	9,650.	
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-9,150.	
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(9,150.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a	500.	
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	9,650.	
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	(9,150.)	
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		-9,150.



2022 Form M1, Individual Income Tax

Do not use staples on anything you submit.

<u>DHEERAJ</u> Your First Name and Initial	<u>VIMMENTHALA</u> Last Name	<u>806706874</u> Your Social Security Number	<u>11291989</u> Your Date of Birth (MM/DD/YYYY)
<u> </u> If a Joint Return, Spouse's First Name and Initial	<u> </u> Spouse's Last Name	<u> </u> Spouse's Social Security Number	<u> </u> Spouse's Date of Birth
<u>6330 NW 106TH ST APT #207</u> Current Home Address		Check if Address is:	<input type="checkbox"/> New <input type="checkbox"/> Foreign
<u>JOHNSTON</u> City	<u>IA</u> State	<u>50131</u> ZIP Code	

2022 Federal Filing Status (place an X in one box):

(1) Single
 (2) Married Filing Jointly
 (3) Married Filing Separately
 (4) Head of Household
 (5) Qualifying Widow(er)

Spouse Name SINDHUJA BHOOMP

Spouse SSN 580410312

Dependents (see instructions):

<u> </u> Dependent 1 First Name	<u> </u> Dependent 1 Last Name	<u> </u> Dependent 1 SSN	<u> </u> Dependent 1 Relationship to You
<u> </u> Dependent 2 First Name	<u> </u> Dependent 2 Last Name	<u> </u> Dependent 2 SSN	<u> </u> Dependent 2 Relationship to You
<u> </u> Dependent 3 First Name	<u> </u> Dependent 3 Last Name	<u> </u> Dependent 3 SSN	<u> </u> Dependent 3 Relationship to You

State Elections Campaign Fund

To grant \$5 to this fund, enter the code for the party of your choice. It will help candidates for state offices pay campaign expenses. This will not increase your tax or reduce your refund.

Political Party Code Numbers:

Democratic/Farmer-Labor . . . 12	Grassroots/Legalize Cannabis 14	Legal Marijuana Now 17
Republican 11	Independence 13	Libertarian 16
		General Campaign Fund. 99

Your Code Spouse's Code

From Your Federal Return (see instructions)

<u>94230</u>	<u>0</u>	<u>0</u>	<u>72130</u>
A. Wages, salaries, tips, etc.	B. IRA, pensions, and annuities	C. Unemployment	D. Federal taxable income

1	Federal adjusted gross income (from line 11 of federal Form 1040 and 1040-SR)	1 ■	<u>85080</u>
2	Additions to income from line 10 of Schedule M1M and line 9 of Schedule M1MB (see instructions)	2 ■	<u> </u>
3	Add lines 1 and 2.	3	<u>85080</u>
4	Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions)	4 ■	<u>12900</u>
5	Exemptions (determine from instructions).	5 ■	<u> </u>
6	State income tax refund from line 1 of federal Schedule 1.	6 ■	<u> </u>
7	Subtractions from line 32 of Schedule M1M and line 21 of Schedule M1MB (see instructions)	7 ■	<u> </u>
8	Total subtractions. Add lines 4 through 7.	8	<u>12900</u>
9	Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank.	9	<u>72180</u>
10	Tax from the table or schedules in the Form M1 instructions	10	<u>4609</u>





11 Alternative minimum tax (enclose Schedule M1MT) 11 ■ _____

12 Add lines 10 and 11 12 _____ 4609

13 **Full-year residents:** Enter the amount from line 12 on line 13. Skip lines 13a and 13b.
Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 32 on line 13, from line 28 on line 13a, and from line 29 on line 13b (enclose Schedule M1NR) 13 _____ 1374


13a ■ _____ 2 5 3 5 7 13b ■ _____ 8 5 0 8 0

14 Other taxes, such as recapture amounts and the tax on lump-sum distributions (check appropriate boxes)
 (a) Schedule M1HOME (b) Schedule M1529 (c) Schedule M1LS 14 ■ _____

15 Tax before credits. Add lines 13 and 14 15 _____ 1374

16 Amount from line 19 of Schedule M1C, *Nonrefundable Credits* (enclose Schedule M1C) 16 ■ _____

17 Subtract line 16 from line 15 (if result is zero or less, leave blank) 17 _____ 1374

18 Nongame Wildlife Fund contribution (see instructions)
This will reduce your refund or increase the amount you owe  18 ■ _____

19 Add lines 17 and 18 19 _____ 1374

20 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report
Minnesota withholding from Forms W-2, 1099, and W-2G and Schedules KPI, KS, and KF 20 ■ _____ 1485

21 Minnesota estimated tax and extension payments made for 2022 21 ■ _____

22 Amount from line 12 of Schedule M1REF, *Refundable Credits* (see instructions; enclose Schedule M1REF) . . . 22 ■ _____

23 Total payments. Add lines 20 through 22 23 _____ 1485

24 **REFUND.** If line 23 is more than line 19, subtract line 19 from line 23 (see instructions).
For direct deposit, complete line 25 24 ■ _____ 111

25 Direct deposit of your refund (you must use an account not associated with a foreign bank):
 Checking Savings _____
Routing Number 111900659 Account Number 6092568911

26 **AMOUNT YOU OWE.** If line 19 is more than line 23, subtract line 23 from line 19 (see instructions) 26 ■ _____

27 Penalty amount from Schedule M15 (see instructions). Also subtract
this amount from line 24 or add it to line 26 (enclose Schedule M15) 27 ■ _____

IF YOU PAY ESTIMATED TAX and want part of your refund credited to estimated tax, complete lines 28 and 29.

28 Amount from line 24 you want sent to you 28 ■ _____

29 Amount from line 24 you want applied to your 2023 estimated tax 29 ■ _____

Taxpayer(s): I declare that this return is correct and complete to the best of my knowledge and belief.

Your Signature
3617209493
Daytime Phone
SYAM PRIYA RAM SAGAR GUPTA TALLAM
Paid Preparer's Signature
6789659522
Preparer's Daytime Phone

Spouse's Signature (If Filing Jointly) Date (MM/DD/YYYY)
DHEERAJDJ21@GMAIL.COM
Email Address
03122023
Date (MM/DD/YYYY) P02082703
PTIN or VITA/TCE # (required)
SYAM@GTAXFILE.COM
Preparer's Email Address

I do not want my paid preparer to file my return electronically.
 I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer or the third-party designee indicated on my federal return.

Include a copy of your 2022 federal return and schedules.

Mail to: Minnesota Individual Income Tax, Mail Station 0010, 600 N. Robert St., St. Paul, MN 55145-0010



21	Penalty on early withdrawal of savings (from line 18 of federal Schedule 1)	21	_____	_____
22	Net operating loss carryover adjustment from line 13 of Schedule M1MB (see instructions) 22 ■	22	_____	_____
23	Social Security benefit from line 12 of Schedule M1M (see instructions).	23	_____	_____
24	Subtraction for federal bonus depreciation from line 10 of Schedule M1MB	24	_____	_____
25	Net U.S. bond interest and active military pay received while a nonresident (add lines 14 and 22 of Schedule M1M)	25	_____	_____
26	Subtraction for federal section 179 expensing (from line 11 of Schedule M1MB)	26	_____	_____
27	Add lines 16 through 26 for each column	27	_____	0 0
28	Subtract line 27, column B, from line 15, column B. Enter here and on line 13a of Form M1. If your Minnesota gross income is below \$12,900 or the result is zero or less, enter 0	28	_____	25357
29	Subtract line 27, column A, from line 15, column A. Enter the result here and on line 13b of Form M1	29	_____	85080
30	Divide line 28 by line 29, and enter the result as a decimal (carry to five decimal places). If line 28 is more than line 29, enter 1.0. If line 28 is zero, enter 0	30	_____	.29804
31	Amount from line 12 of Form M1	31	_____	4609
32	Multiply line 30 by line 31. Enter the result here and on line 13 of Form M1	32	_____	1374

You must include this schedule with Form M1. Enter the amounts from lines 28 and 29 of this schedule on Form M1, lines 13a and 13b.





2022 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

DHEERAJ
Your First Name and Initial

VIMMENTHALA
Last Name

806706874
Your Social Security Number

If a Joint Return, Spouse's First Name and Initial

Spouse's Last Name

Spouse's Social Security Number

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF showing Minnesota income tax withheld, complete this schedule to determine line 20 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

A	B—Box 13	C—Box 15	D—Box 16	E
If the Form W-2 is for:	If Retirement Plan box is checked, mark a X below.	Employer's seven-digit Minnesota Tax ID Number	State wages, tips, etc. <i>(round to nearest whole dollar)</i>	Minnesota tax withheld <i>(round to nearest whole doll)</i>
• you, enter 1				
• spouse, enter 2				
a1 <u>1</u>	b1 <input type="checkbox"/>	c1 MN <u>5175991</u>	d1 <u>25357</u>	e1 <u>1485</u>
a2 _____	b2 <input type="checkbox"/>	c2 MN _____	d2 _____	e2 _____
a3 _____	b3 <input type="checkbox"/>	c3 MN _____	d3 _____	e3 _____
a4 _____	b4 <input type="checkbox"/>	c4 MN _____	d4 _____	e4 _____
a5 _____	b5 <input type="checkbox"/>	c5 MN _____	d5 _____	e5 _____

Subtotal for additional Forms W-2 (from line 5 on page 2) _____

Total Minnesota tax withheld on all Forms W-2 (add amounts in line 1, column E) 1 ■ 1485

2 Minnesota tax withheld on Forms 1099, W-2G, and 1042-S. If you have more than four forms, complete line 6 on the back.

A	B	C	D
If the Form 1099, W-2G, or 1042-S is for:	Payer's seven-digit Minnesota Tax ID Number (if unknown, contact the payer)	Income amount (see the table on the back for amounts to include)	Minnesota tax withheld (round to nearest whole doll)
• you, enter 1			
• spouse, enter 2			
a1 _____	b1 MN _____	c1 _____	d1 _____
a2 _____	b2 MN _____	c2 _____	d2 _____
a3 _____	b3 MN _____	c3 _____	d3 _____
a4 _____	b4 MN _____	c4 _____	d4 _____

Subtotal for additional 1099, W-2G, and 1042-S (from line 6 on page 2) _____

Total Minnesota tax withheld on all 1099, W-2G, and 1042-S (add amounts in line 2, column D) 2 ■ _____

3 Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries (from line 7 on page 2) 3 ■ _____

4 Total. Add the Minnesota tax withheld on lines 1, 2, and 3.
Enter the total here and on line 20 of Form M1 **4 ■ 1485**

**Include this schedule with your Form M1.
If required, include Schedules KPI, KS, and KF.**

Your first name, middle initial, and last name: DHEERAJ VIMMENTHALA

Spouse's first name, middle initial, and last name: _____

Your Social Security Number: 806-70-6874

Spouse's Social Security Number: _____

Home address, City, State, ZIP: 6330 NW 106TH ST, 207

JOHNSTON IA 50131

Part I Tax Return Information

	B. Spouse (filing status 3)	A. You or Joint
1. Iowa Net Income (IA 1040, line 26 A & B).....	1B _____ .00	1A <u>85,080</u> .00
2. Total Tax (IA 1040, line 42 A & B).....	2B _____ .00	2A <u>4,052</u> .00
3. Iowa Income Tax Withheld (IA 1040, line 63 A & B).....	3B _____ .00	3A <u>3,138</u> .00
4. Amount to be Refunded (IA 1040, line 68).....		4. <u>322</u> .00
5. Total Amount Due (IA 1040, line 73).....		5. _____ .00

Part II Declaration of Taxpayer (Be sure to keep a copy of the tax return.)

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 filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

I authorize the Iowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated below for payment of my individual Iowa taxes owed on this return, and the financial institution to debit the entry to this account on _____ (the payment/settlement date). I also authorize the financial institution 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. This authorization is to remain in full force and effect until I notify IDR to terminate the authorization. To cancel a payment, I must contact IDR at 515-281-3114 or idreft@iowa.gov. Payment cancellation requests must be received no later than five business days prior to the payment/settlement date. Note: This electronic withdrawal from your bank account will be identified with the ACH Company ID 4426004574. If you currently have a debit block on this 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: WELLS FORGO

Routing Number

1	1	1	9	0	0	6	5	9
---	---	---	---	---	---	---	---	---

 The first two digits must be 01 through 12 or 21 through 32.

Account Number

6	0	9	2	5	6	8	9	1	1								
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

Type of Account: Savings Checking

Will this refund go to (or payment come from) an account outside the United States? Yes No

Under penalties of perjury, I declare that I have examined the information on my electronic individual income tax return, including any schedules, attachments, and 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 that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I consent that my return, including accompanying schedules, attachments, and statements be sent to the Iowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by my Electronic Return Originator (ERO). In addition, by using software to prepare and transmit my return electronically, I consent to the disclosure to IDR of all information pertaining to the transmission of my tax return electronically. I authorize IDR to inform my ERO and/or transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize IDR to identify the reasons for rejection so that the return can be corrected and retransmitted. If I have filed a balance due return, I understand that if IDR does not receive full and timely payment of my tax liability I will remain liable for the tax liability and all applicable penalties and interest. I consent that my refund be directly deposited as designated in Part II and declare that the information shown in Part II is correct. If the processing of my return, refund, or direct debit is delayed, I authorize IDR to disclose to my ERO and/or transmitter the reason(s) for the delay or the date the refund was sent. I understand that this declaration with required attachments must be forwarded upon request to IDR.

Your Signature Date Spouse Signature - If a joint return, both must sign. Date

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that entries on form IA 8453-IND are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. I have obtained the taxpayer's signature before submitting this return to the IRS. I have provided the taxpayer with a copy of all forms and information to be filed with IDR and have followed all other requirements described in the Iowa Modernized e-File (MeF) Information for e-File Providers publication. I understand that the original form IA 8453-IND should not be sent to IDR, but must be retained by the ERO for a period of three years from the due date of the return or the filing date, whichever is later, to which the IA 8453-IND relates was filed. I will make a copy available to IDR upon request. If I am a paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I have based this declaration on all information available to me.

ERO Signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO PTIN
Firm's name (or yours if self-employed) <u>GLOBAL TAXES LLC</u>				FEIN <u>88-2145487</u>
Address, City, State, ZIP <u>245 ROONEY CT E BRUNSWICK NJ 08816</u>				Phone Number (<u>678</u>) <u>965-9522</u>
Paid Preparer Signature <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u>	Date <u>03/12/2023</u>	Check if self-employed <input type="checkbox"/>		Preparer PTIN <u>P02082703</u>
Firm's name (or yours if self-employed) <u>GLOBAL TAXES LLC</u>				FEIN <u>84-3171965</u>
Address, City, State, ZIP <u>245 ROONEY CT E BRUNSWICK NJ 08816</u>				Phone Number (<u>678</u>) <u>965-9522</u>

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: VIMMENTHALA Your first name/middle initial: DHEERAJ

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



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

6330 NW 106TH ST, 207

City, State, ZIP: JOHNSTON IA 50131

Spouse SSN: Your SSN: 806-70-6874

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 with columns for Personal Credit, Blind, Dependents, and Total.

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

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

Main income table with columns for Gross Income, B. Spouse/Status 3, A. You or Joint, and Total.

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

Step 6 Adjustments to Income

Table for adjustments to income with columns for adjustments and Total.

Step 7 Federal Taxes and Qualified Deductions

Table for federal taxes and deductions with columns for taxes/deductions and Total.



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.....	36. _____	36. _____	36. _____	36. <u>73,284.00</u>
37. Deduction. Check one box <input checked="" type="checkbox"/> Itemized.(Include IA Schedule A) <input type="checkbox"/> Standard <input checked="" type="checkbox"/>	37. _____	37. _____	37. _____	37. <u>2,210.00</u>
38. TAXABLE INCOME. SUBTRACT line 37 from line 36.....	38. _____	38. _____	38. _____	38. <u>71,074.00</u>
Step 9 Tax, Credits, and Check-off Contributions				
39. Tax from tables or alternate tax.....	39. _____	39. <u>4,052.00</u>	39. _____	39. _____
40. Iowa lump-sum tax. See instructions.....	40. _____	40. _____	40. _____	40. _____
41. Iowa alternative minimum tax. Must include IA 6251.....	41. _____	41. _____	41. _____	41. _____
42. Total tax. ADD lines 39, 40, and 41.....	42. _____	42. _____	42. _____	42. <u>4,052.00</u>
43. Total exemption credit amount(s) from Step 3, side 1.....	43. _____	43. <u>40.00</u>	43. _____	43. _____
44. Tuition and textbook credit for dependents K-12.....	44. _____	44. _____	44. _____	44. _____
45. Volunteer firefighter/EMS/reserve peace officer credit.....	45. _____	45. _____	45. _____	45. _____
46. Total credits. ADD lines 43, 44, and 45.....	46. _____	46. _____	46. _____	46. <u>40.00</u>
47. BALANCE. SUBTRACT line 46 from line 42. If less than zero, enter zero.....	47. _____	47. _____	47. _____	47. <u>4,012.00</u>
48. Credit for nonresident or part-year resident. Must include IA 126 and federal return.....	48. _____	48. _____	48. _____	48. _____
49. BALANCE. SUBTRACT line 48 from 47. If less than zero, enter zero.....	49. _____	49. _____	49. _____	49. <u>4,012.00</u>
50. Out-of-state tax credit. Must include IA 130.....	50. _____	50. _____	50. _____	50. <u>1,196.00</u>
51. BALANCE. SUBTRACT line 50 from 49. If less than zero, enter zero.....	51. _____	51. _____	51. _____	51. <u>2,816.00</u>
52. Other nonrefundable Iowa credits. Must include IA 148 Tax Credits Schedule.....	52. _____	52. _____	52. _____	52. _____
53. BALANCE. SUBTRACT line 52 from line 51. If less than zero, enter zero.....	53. _____	53. _____	53. _____	53. <u>2,816.00</u>
54. School district surtax or EMS surtax. Take percentage from table; multiply by line 53.....	54. _____	54. _____	54. _____	54. <u>0.00</u>
55. Total state and local tax. ADD lines 53 and 54.....	55. _____	55. _____	55. _____	55. <u>2,816.00</u>
56. TOTAL state and local tax before contributions. Combine columns A and B on line 55 and enter here.....	56. _____	56. _____	56. _____	56. <u>2,816.00</u>
57. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars.	57. _____	57. _____	57. _____	57. _____
Fish/Wildlife 57a: <input type="checkbox"/> State Fair 57b: <input type="checkbox"/> Firefighters/Veterans 57c: <input type="checkbox"/> Child Abuse Prevention 57d: <input type="checkbox"/> Enter here....	57. _____	57. _____	57. _____	57. _____
58. TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add line 56 and line 57 and enter here.....	58. _____	58. _____	58. _____	58. <u>2,816.00</u>
Step 10 Credits				
59. Iowa Fuel Tax Credit. Must include IA 4136.....	59. _____	59. _____	59. _____	59. _____
60. Check One: <input type="checkbox"/> Child and Dependent Care Credit <input type="checkbox"/> OR <input checked="" type="checkbox"/> Early Childhood Development Credit	60. _____	60. _____	60. _____	60. _____
61. Iowa earned income tax credit. 15.0% (.15) of federal credit.....	61. _____	61. _____	61. _____	61. _____
62. Other refundable credits. Include IA 148 and/or Schedule CC.....	62. _____	62. _____	62. _____	62. _____
63. Iowa income tax withheld.....	63. _____	63. <u>3,138.00</u>	63. _____	63. _____
64. Estimated and voucher payments made for tax year 2022.....	64. _____	64. _____	64. _____	64. _____
65. TOTAL. ADD lines 59 through 64 and enter here.....	65. _____	65. <u>3,138.00</u>	65. _____	65. _____
66. TOTAL CREDITS. ADD columns A and B on line 65 and enter here.....	66. _____	66. _____	66. _____	66. <u>3,138.00</u>
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. _____	67. _____	67. _____	67. <u>322.00</u>
68. Amount of line 67 to be REFUNDED..... REFUND	68. _____	68. _____	68. _____	68. <u>322.00</u>
68a. Routing number: <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="5"/> <input type="text" value="9"/> 68b. Type <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings				
68c. Account number: <input type="text" value="6"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="2"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>				
69. Amount of line 67 to be applied to your 2023 estimated tax.....	69. _____	69. _____	69. _____	69. _____
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. _____	70. _____	70. _____	70. <u>0.00</u>
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. _____	71. _____	71. _____	71. _____
72. Penalty and interest <input checked="" type="checkbox"/> 72a. Penalty _____ 72b. Interest _____ ADD. Enter total.....	72. _____	72. _____	72. _____	72. _____
73. TOTAL AMOUNT DUE. ADD lines 70, 71, and 72. Enter here..... PAY THIS AMOUNT	73. _____	73. _____	73. _____	73. <u>0.00</u>

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	<input type="checkbox"/>	_____ Your signature	_____ Date	<input type="checkbox"/>	_____ Check if deceased	_____ Date of death	_____ Preparer's signature	_____ Date
SIGN HERE	<input type="checkbox"/>	_____ Spouse's signature	_____ Date	<input type="checkbox"/>	_____ Check if deceased	_____ Date of death	_____ Preparer's PTIN	_____ Firm's FEIN
					(361) 720-9493 Daytime telephone number			(678) 965-9522 Daytime telephone number

SYAM PRIYA RAM SAGAR GUPTA TALLAMO 3/12/2023
 P02082703 84-3171965
 (678) 965-9522

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): DHEERAJ VIMMENTHALA Social Security Number: 806-70-6874

Who may use this form?

Only Iowa residents or part-year residents with a tax liability in another state, local jurisdiction, or foreign country may reduce their Iowa tax liability by claiming an out-of-state tax credit. Part-year residents of Iowa may claim this credit only if any income earned while an Iowa resident was also taxed by another state, local jurisdiction, or foreign country. Nonresidents of Iowa may NOT claim this credit. Shareholders of S corporations who have income from the corporation that was apportioned outside Iowa through a claim to the S Corporation Apportionment Tax Credit and not taxed by Iowa may NOT claim an out-of-state credit on this income.

Instructions

For instructions on how to use this form see 2022 IA 1040 expanded instructions, line 50 at tax.iowa.gov.

Name of state or other jurisdiction that taxed income also taxed by Iowa: MN

- 1. Amount of gross income you earned while an Iowa resident that was taxed by Iowa and taxed by the other state, local jurisdiction, or foreign country (see expanded instructions) 1. 25,357 ▲
- 2. Gross income from IA 1040, line 15, (or IA 126, line 15 for part-year residents). 2. 85,080
- 3. Divide line 1 by line 2 and enter the percentage rounded to the nearest ten-thousandth of a percent (e.g. 12.3456%). Do not exceed 100.0% 3. 29.8037 %
- 4. Tax from IA 1040, line 49, less lump-sum and alternative minimum tax 4. 4,012
- 5. Multiply line 4 by the percentage on line 3 5. 1,196
- 6. Enter the income tax imposed by the other state, local jurisdiction, or foreign country and paid by you on income included on line 1. (see expanded instructions) 6. 1,374
- 7. Enter the income tax imposed by the other state, local jurisdiction, or foreign country and paid by your pass-through entity or mutual fund on income included on line 1 (see expanded instructions) 7. _____
- 8. Enter the sum of lines 6 and 7 8. 1,374 ▲

Full-Year Residents

- 9. Enter the smaller of lines 5 or 8 and enter this amount on IA 1040, line 50. This is your Out-of-State Tax Credit. 9. 1,196

Part-Year Residents

- 10. Enter the total amount of gross income taxed by the other state, local jurisdiction, or foreign country 10. _____ ▲
- 11. Divide line 1 by line 10 and round to the nearest ten-thousandth of a percent (e.g. 12.3456%). Do not exceed 100.0%..... 11. _____ %
- 12. Multiply line 8 by the percentage on line 11 12. _____
- 13. Enter the smaller of lines 5 or 12 and enter this amount on IA 1040, line 50. This is your Out-of-State Tax Credit. 13. _____

