

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 SINDHUJA BHOOMPALLY	Social security number 580-41-0312
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	76,133.
2	Total tax	9,516.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	10,421.
4	Amount you want refunded to you	905.
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

1	0	3	1	2
---	---	---	---	---

 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

--	--	--	--	--

 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: DHEERAJ VIMMENTHALA

Your first name and middle initial: SINDHUJA
Last name: BHOOMPALLY
Your social security number: 580-41-0312
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number: 806-70-6874
Home address (number and street). If you have a P.O. box, see instructions. 6330 NW 106TH ST
Apt. no. 207
City, town, or post office. If you have a foreign address, also complete spaces below. JOHNSTON
State IA
ZIP code 50131
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. [] You [] Spouse

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

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

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

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

Income section table with columns for line numbers and amounts. Includes sub-columns for tax-exempt interest, qualified dividends, IRA distributions, pensions and annuities, social security benefits, taxable interest, ordinary dividends, and taxable amounts. Total income: 84,133. Adjusted gross income: 76,133. Standard deduction: 12,950. Taxable income: 63,183.

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 9,516.

Table for Payments (lines 25-33). Includes federal income tax withheld (10,421) and total payments (10,421).

Table for Refund (lines 34-36). Shows overpaid amount of 905 and amount applied to 2023 estimated tax.

Table for Amount You Owe (lines 37-38). Shows amount you owe and estimated tax penalty.

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

Sign Here section with signature lines for taxpayer and spouse, including occupation and ID Protection PIN 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

SINDHUJA BHOOMPALLY

Your social security number

580-41-0312

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	-8,000.
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 ABL 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	-8,000.

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

SINDHUJA BHOOMPALLY

Your social security number

580-41-0312

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 RYALI TANUKU ANDHRA PRADESH IN 533236

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	3 450.		
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 2,950.		
15 Supplies	15 2,250.		
16 Taxes	16		
17 Utilities	17 1,650.		
18 Depreciation expense or depletion	18		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 8,450.		
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 -8,000.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (8,000.)		
23a Total of all amounts reported on line 3 for all rental properties	23a 450.		
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 8,450.		
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 (8,000.)		
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 -8,000.		

Iowa Department of Revenue

IA 1040ES

Individual Income Estimated Tax Payment Voucher

206458041031251231232232 6

2023 INSTALLMENT 1 Due Date: May 1, 2023

Print name: BHOOMPALLY, SINDHUJA (Last, First MI)

SSN: 5 8 0 4 1 0 3 1 2

Address: 6330 NW 106TH ST, 207

Period ending: 1 2 3 1 2 3

City, State, ZIP: JOHNSTON IA 50131

Payment amount: 8 9 0 0

Phone: 615-481-8357

Mail to: INT Iowa Department of Revenue PO Box 10466 Des Moines IA 50306-0466 REV 03/02/23 PRO

Make checks payable to: Iowa Department of Revenue. When you pay by check, you authorize the Department of Revenue to convert your check to a one-time electronic banking transaction. 45-002 (03/31/2022)



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Iowa Department of Revenue

IA 1040ES

Individual Income Estimated Tax Payment Voucher

206458041031251231232232 6

2023 INSTALLMENT 2 Due Date: June 30, 2023

Print name: BHOOMPALLY, SINDHUJA (Last, First MI)

SSN: 5 8 0 4 1 0 3 1 2

Address: 6330 NW 106TH ST, 207

Period ending: 1 2 3 1 2 3

City, State, ZIP: JOHNSTON IA 50131

Payment amount: 8 9 0 0

Phone: 615-481-8357

Mail to: INT Iowa Department of Revenue PO Box 10466 Des Moines IA 50306-0466 REV 03/02/23 PRO

Make checks payable to: Iowa Department of Revenue. When you pay by check, you authorize the Department of Revenue to convert your check to a one-time electronic banking transaction. 45-002 (03/31/2022)



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Iowa Department of Revenue

IA 1040ES

Individual Income Estimated Tax Payment Voucher

206458041031251231232232 6

2023 INSTALLMENT 3 Due Date: October 2, 2023

Print name: BHOOMPALLY, SINDHUJA (Last, First MI)

SSN: 5 8 0 4 1 0 3 1 2

Address: 6330 NW 106TH ST, 207

Period ending: 1 2 3 1 2 3

City, State, ZIP: JOHNSTON IA 50131

Payment amount: 8 9 0 0

Phone: 615-481-8357

Mail to: INT Iowa Department of Revenue PO Box 10466 Des Moines IA 50306-0466 REV 03/02/23 PRO

Make checks payable to: Iowa Department of Revenue. When you pay by check, you authorize the Department of Revenue to convert your check to a one-time electronic banking transaction. 45-002 (03/31/2022)



Iowa Department of Revenue

IA 1040ES

Individual Income Estimated Tax Payment Voucher
2023 INSTALLMENT 4 Due Date: January 31, 2024

206458041031251231232232 6

SSN:

5	8	0	4	1	0	3	1	2
---	---	---	---	---	---	---	---	---

Print name:

BHOOMPALLY , SINDHUJA

(Last, First MI)

Period ending:

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

Address:

6330 NW 106TH ST, 207

Payment amount:

				8	9	0	0
--	--	--	--	---	---	---	---

City, State, ZIP:

JOHNSTON IA 50131

Phone:

615-481-8357

Mail to:

INT

Iowa Department of Revenue
PO Box 10466
Des Moines IA 50306-0466

REV 03/02/23 PRO

Make checks payable to:

Iowa Department of Revenue. When you pay
by check, you authorize the Department of
Revenue to convert your check to a one-time
electronic banking transaction. 45-002 (03/31/2022)



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

Instructions for Payment Vouchers

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

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

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Iowa Department of Revenue

INT REV 03/02/23 PRO

IA 1040V

Individual Income Tax Payment Voucher

200658041031251231224224 5

Print name: BHOOMPALLY, SINDHUJA
(Last, First MI)

Address: 6330 NW 106TH ST, 207

City, State, ZIP: JOHNSTON IA 50131

Phone: 615-481-8357

SSN:

5	8	0	4	1	0	3	1	2
---	---	---	---	---	---	---	---	---

Period ending:

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

Payment amount:

								3	0	0
--	--	--	--	--	--	--	--	---	---	---

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

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



2022 IA 1040 Iowa Individual Income Tax Return

For fiscal year beginning / / and ending / /

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

Your last name: BHOOMPALLY Your first name/middle initial: SINDHUJA

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: 580-41-0312

Step 2 Filing Status: Mark one box only

Form with 6 rows for filing status selection, including options for single, married joint, married separate, and head of household.

Step 3 Exemptions

Table for exemptions with columns for Personal Credit, age/blind exemptions, dependents, and total amounts.

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

Form for reporting 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 final totals for Gross Income and Net Income.

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

Table for Step 6 Adjustments to Income, listing various deductions and adjustments like IRA contributions, self-employment tax, and health insurance.

Table for Step 7 Federal Taxes and Qualified Deductions, including federal tax refund, self-employment taxes, and qualified business income deduction.



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>66,540.00</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>64,330.00</u>
Step 9 Tax, Credits, and Check-off Contributions				
39. Tax from tables or alternate tax.....	39. _____	39. <u>3,550.00</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>3,550.00</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>3,510.00</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 line 47. If less than zero, enter zero.....	49. _____	49. _____	49. _____	49. <u>3,510.00</u>
50. Out-of-state tax credit. Must include IA 130.....	50. _____	50. _____	50. _____	50. _____
51. BALANCE. SUBTRACT line 50 from line 49. If less than zero, enter zero.....	51. _____	51. _____	51. _____	51. <u>3,510.00</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>3,510.00</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>3,510.00</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>3,510.00</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>3,510.00</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 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>3,507.00</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. _____	65. _____	65. <u>3,507.00</u>
66. TOTAL CREDITS. ADD columns A and B on line 65 and enter here.....	66. _____	66. _____	66. _____	66. <u>3,507.00</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>0.00</u>
68. Amount of line 67 to be REFUNDED.....	68. _____	68. _____	68. _____	68. <u>0.00</u>
68a. Routing number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	68a. _____	68b. Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/>	68b. _____	68b. _____
68c. Account number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	68c. _____	68c. _____	68c. _____	68c. _____
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>3.00</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 _____ <input type="checkbox"/> 72b. Interest _____ ADD. Enter total.....	72. _____	72. _____	72. _____	72. _____
73. TOTAL AMOUNT DUE. ADD lines 70, 71, and 72. Enter here.....	73. _____	73. _____	73. _____	73. <u>3.00</u>

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

SIGN HERE	<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
		(615) 481-8357 Daytime telephone number					(678) 965-9522 Daytime telephone number	

SYAM PRIYA RAM SAGAR GUPTA TALLAMO 3/12/2023
 P02082703 84-3171965
 Preparer's signature Date
 Preparer's PTIN Firm's FEIN
 (678) 965-9522
 Daytime telephone number

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

