Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

| internal nevenue Service | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Submission Identification Number (SID) | | | |
| Taxpayer's name | Social securit | y number | |
| SINDHUJA BHOOMPALLY | 580-41- | -0312 | |
| Spouse's name | Spouse's soc | ial security number | |
| Death Too Date we before attent. Too Very Ending December 04 | /F | | |
| | (Enter year you a | re authorizing.) | |
| Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | |
| 1 Adjusted gross income | | 1 76,3 | 133. |
| 2 Total tax | | | 516. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | | 421. |
| 4 Amount you want refunded to you | | | 905. |
| 5 Amount you owe | | 5 | |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you get | and keep a cop | y of your return | 1) |
| my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Par return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reasor for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authoriz Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accompayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellat business days prior to the payment (settlement) date. I also authorize the financial institutions involve taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amendated to the payment (Settlement) and the property of the payment (Settlement) and the payment (Settlement) and the property of the payment (Settlement) and the payme | transmitter, or electron for rejection of the true the U.S. Treasury arount indicated in the tale institution to debit the erminate the authorization requests must be d in the processing of the payment. I furt | anic return originator ansmission, (b) the nd its designated Fir ax preparation softw entry to this accour tition. To revoke (ca a received no later the electronic payn her acknowledge the | r (ERO) reason nancial vare for nt. This incel) a than 2 ment of hat the |
| Taxpayer's PIN: check one box only | | | |
| ▼ I authorize GLOBAL TAXES LLC to enter or get | nerate my PIN $\frac{1}{2}$ | 0 3 1 2 | as my |
| ERO firm name signature on the income tax return (original or amended) I am now authorizing. | ř Ent | er five digits, but n't enter all zeros | , |
| I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PII below. | | | |
| Your signature ► Da | te ▶ | | |
| Spouse's PIN: check one box only | | | |
| · — | nerate my PIN | | as my |
| ERO firm name | _ | er five digits, but | 20 1119 |
| signature on the income tax return (original or amended) I am now authorizing. | doı | n't enter all zeros | |
| I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PII below. | | | |
| Spouse's signature ▶ Da | ite ▶ | | |
| 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. | | 6 6 1 9 8 er all zeros | 9 |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic individual in authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I arrequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providence. | m submitting this retu | rn in accordance w | |
| ERO's signature ▶ Da | ite ▶ | | |
| ERO Must Retain This Form — See Instruction | | | |
| Don't Submit This Form to the IRS Unless Requeste | a 10 Do So | | |

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

| 2022 |
|------|
|------|

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

| Filing Status | s 🗌 s | Single Married filing jointly | Marrie | ed filing separately | (MFS) | ☐ Head of | househol | d (HOH) | | lifying s use (QS | | ng | | | |
|---------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------|-----------------------|------------------------------------|------------|-----------------|-----------|-------------|-------------------------------------------------------|----------------------|-----------|---------------|--|--|--|
| Check only one box. | - | u checked the MFS box, enter the n on is a child but not your dependent | | our spouse. If you EERAJ VIMMEN | | | r QSS bo | k, enter th | | | | qualifying | | | |
| Your first name | and mi | ddle initial | Last nar | | | | | | Your so | cial sec | urity n | number | | | |
| SINDHUJA | A | | вноо | MPALLY | | | | | 580-41-0312 | | | | | | |
| If joint return, s | pouse's | first name and middle initial | Last nar | | | | | | Spouse's social security | | | | | | |
| | | | | | | | | | 806-70-6874 | | | | | | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instruction | ons. | | | Apt. | no. | Preside | ntial Ele | ction | Campaign | | | |
| 6330 NW | 1067 | TH ST | | | | | 20 | 7 | Check I | ou, or | your | | | | |
| | | ce. If you have a foreign address, also co | mplete s | paces below. | Sta | ite | ZIP code | | | | | , want \$3 | | | |
| JOHNSTO | Ī | | | | I | A | 50131 | _ | to go to this fund. Checkir box below will not change | | | | | | |
| Foreign country name Foreign province/state/county Foreign postal c | | | | | | | | | | | nd. | ugo | | | |
| | | | | | | | | | | Yo | u [| Spouse | | | |
| Digital Assets | | ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a | ` | | | | , | , . | ` ' | ΠYe | | ⊠ No | | | |
| | | eone can claim: You as a de | | <u></u> | | a dependent | asset): (| 500 1113111 | actions.) | | <u> </u> | | | | |
| Standard Deduction | | Spouse itemizes on a separate retur | • | • | | • | | | | | | | | | |
| Age/Blindness | You: | Were born before January 2, 1 | 958 | Are blind | Spouse | : Was bor | rn before | | | | blind | | | | |
| Dependent | | | | (2) Social secu | rity | (3) Relationsh | iib , , | | | , | | structions): | | | |
| If more | (1) Fi | rst name Last name | | number | | to you | | Child tax c | redit | Credit fo | r other | dependents | | | |
| than four | | | | | | | | | | | | | | | |
| dependents, see instruction | s —— | | | | | | | | | | | | | | |
| and check | | | | | | | | | | | | | | | |
| here | | | | | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (see | e instructions) . | | | | | . 1a | | 84 | <u>,133.</u> | | | |
| | b | Household employee wages not re | • | . , | | | | | . 1b | | | | | | |
| Attach Form(s) W-2 here. Also | С | Tip income not reported on line 1a | a (see ins | structions) | | | | | . 1c | | | | | | |
| attach Forms | d | Medicaid waiver payments not rep | orted or | n Form(s) W-2 (se | e instru | ıctions) | | | . 1d | | | | | | |
| W-2G and 1099-R if tax | е | Taxable dependent care benefits f | from For | m 2441, line 26 | | | | | . 1e | | | | | | |
| was withheld. | f | Employer-provided adoption bene | fits from | Form 8839, line | 29 . | | | | . 1f | | | | | | |
| If you did not | g | Wages from Form 8919, line 6 . | | | | | | | . 1g | | | | | | |
| get a Form | h | Other earned income (see instruct | ions) . | | | | | | . 1h | | | 0. | | | |
| W-2, see instructions. | i | Nontaxable combat pay election (s | see instr | ructions) | | 1i | i | | | | | | | | |
| | Z | Add lines 1a through 1h | | | | | | | . 1z | | 84 | <u>,133.</u> | | | |
| Attach Sch. B | 2a | Tax-exempt interest | 2a | | b T | axable interes | t | | . 2b | | | | | | |
| if required. | 3a | Qualified dividends | 3a | | b C | ordinary divide | nds | | . 3b | | | | | | |
| | 4a | IRA distributions | 4a | | b T | axable amoun | nt | | . 4b | | | | | | |
| Standard | 5a | Pensions and annuities | 5a | | b T | axable amoun | nt | | . 5b | | | | | | |
| Deduction for— Single or | 6a | Social security benefits | 6a | | b T | axable amoun | nt | | . 6b | | | | | | |
| Married filing | С | If you elect to use the lump-sum e | lection n | nethod, check he | re (see | instructions) | | [| | | | | | | |
| separately, \$12,950 | 7 | Capital gain or (loss). Attach Sche | | | | | | [| 7 | | | | | | |
| Married filing | 8 | Other income from Schedule 1, lin | e 10 . | | | | | | . 8 | | -8 | ,000. | | | |
| jointly or Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 | , and 8. ⁻ | This is your total | incom | e | | | . 9 | | <u>76</u> | <u>,133.</u> | | | |
| surviving spouse, \$25,900 | 10 | Adjustments to income from Sche | dule 1, li | ine 26 | | | | | . 10 | | | | | | |
| Head of | 11 | Subtract line 10 from line 9. This is | s your ac | djusted gross ind | ome | | | | . 11 | | 76 | , 133. | | | |
| household, \$19,400 | 12 | Standard deduction or itemized | deducti | ions (from Sched | ule A) | | | | . 12 | | 12 | , 950. | | | |
| If you checked | 13 | Qualified business income deduct | ion from | Form 8995 or Fo | rm 899 | 5-A | | | . 13 | | | | | | |
| any box under Standard | 14 | Add lines 12 and 13 | | | | | | | . 14 | | 12 | ,950. | | | |
| Deduction, see instructions. | 15 | Subtract line 14 from line 11. If zer | o or less | s, enter -0 This i | s your t | taxable incom | ne | | . 15 | | 63 | ,183. | | | |
|) | | | | | | | | | | | | | | | |

| Form 1040 (202: | 2) | | | | | | | | Page 2 |
|-------------------------------------------------------|----------|----------------------------------------------------------------------------------------|-------------------------|------------------|------------------|-------------|-----------|----------------|---------------------------------------------|
| Tax and | 16 | Tax (see instructions). Check if | any from Form(| s): 1 881 | 2 4972 | 3 🗌 | | . 16 | 9,516. |
| Credits | 17 | Amount from Schedule 2, line | | | | | | | |
| | 18 | Add lines 16 and 17 | | | | | | . 18 | 9,516. |
| | 19 | Child tax credit or credit for ot | her dependent | s from Sched | ule 8812 | | | . 19 | |
| | 20 | Amount from Schedule 3, line | 8 | | | | | . 20 | |
| | 21 | Add lines 19 and 20 | | | | | | . 21 | |
| | 22 | Subtract line 21 from line 18. If | f zero or less, e | enter -0 | | | | . 22 | 9,516. |
| | 23 | Other taxes, including self-emp | ployment tax, f | rom Schedule | 2, line 21 . | | | . 23 | 0. |
| | 24 | Add lines 22 and 23. This is yo | ur total tax | | | | | . 24 | 9,516. |
| Payments | 25 | Federal income tax withheld fr | | | | | | | |
| - | а | Form(s) W-2 | | | | 25a | 10,4 | 21. | |
| | b | Form(s) 1099 | | | | 25b | | | |
| | С | Other forms (see instructions) | | | | 25c | | | |
| | d | Add lines 25a through 25c . | | | | | | . 25d | 10,421. |
| If you have a | 26 | 2022 estimated tax payments | and amount ap | 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 | Schedule 8812 | | | 28 | | | |
| | 29 | American opportunity credit from | om Form 8863, | , line 8 | | 29 | | | |
| | 30 | Reserved for future use | | | | 30 | | | |
| | 31 | Amount from Schedule 3, line | 15 | | | 31 | | | |
| | 32 | Add lines 27, 28, 29, and 31. T | | | | undable cre | dits . | . 32 | |
| | 33 | Add lines 25d, 26, and 32. The | se are your to t | tal payments | | | | . 33 | 10,421. |
| Refund | 34 | If line 33 is more than line 24, s | | | | | | | 905. |
| neiulia | 35a | Amount of line 34 you want re | funded to you | . If Form 8888 | is attached, che | ck here . | | 35a | 905. |
| Direct deposit? | b | Routing number 0 6 4 0 | | | c Type: 🛛 | | Savi | | |
| See instructions. | d | Account number 4 4 4 0 | | | | | | | |
| | 36 | Amount of line 34 you want ap | plied to your 2 | 2023 estimate | d tax | 36 | | | |
| Amount | 37 | Subtract line 33 from line 24. T | his is the amo | unt you owe. | | | | | |
| You Owe | | For details on how to pay, go t | • | - | | 1 1 | | . 37 | |
| | 38 | Estimated tax penalty (see inst | | | | 38 | | | |
| Third Party Designee | | you want to allow another particular to structions | | | | | es. Comp | lete below. | ⊠ No |
| 3 | De | signee's | | Phone | | | Personal | identification | |
| | na | me | | no. | | | number (F | PIN) | |
| Sign | | der penalties of perjury, I declare that lief, they are true, correct, and complete | | | | | | | |
| Here | Yo | ur signature | 1 | Date | Your occupation | | | If the IRS se | nt you an Identity |
| | | 3 | | | | | | | IN, enter it here |
| Joint return? | | | | | IT EMPLOY | | | (see inst.) | |
| See instructions. Keep a copy for your records. | Sp | ouse's signature. If a joint return, bo t | th must sign. | Date | Spouse's occupat | ion | | | nt your spouse an ection PIN, enter it here |
| | Ph | one no. (615) 481-8357 | | Email address | BSINDHU77 | 7@GMAIL. | COM | | |
| D-:-I | Pre | | reparer's signatu | ıre | | Date | PT | IN | Check if: |
| Paid | SYAN | I PRIYA RAM SAGAR GUPTA TALLAM S | YAM PRIYA H | RAM SAGAR | GUPTA TALLAM | 03/12/2 | 023 PO | 2082703 | Self-employed |
| Preparer | | m's name GLOBAL TAXE | | | | | , | | (678) 965-9522 |
| Use Only | | m's address 245 ROONEY | | NSWICK N | J 08816 | | | Firm's EIN | 84-3171965 |
| Co to ununi im m | 01//C0 m | n 10 10 for instructions and the latest | information | | | | | | 51 01/1300 51 10/10 (0000) |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074 Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

| Name | (s) shown on Form 1040, 1040-SR, or 1040-NR | ocial security number | | | | |
|------|------------------------------------------------------------------------------------|-----------------------|-------|-------|---------|--|
| SIND | HUJA BHOOMPALLY | | 580-4 | 11-03 | 12 | |
| Par | t I Additional Income | | | | | |
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | | 1 | | |
| 2a | Alimony received | | | 2a | | |
| b | Date of original divorce or separation agreement (see instructions): | | | | | |
| 3 | Business income or (loss). Attach Schedule C | | | 3 | | |
| 4 | Other gains or (losses). Attach Form 4797 | | | 4 | | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att | | | 5 | -8,000. | |
| 6 | Farm income or (loss). Attach Schedule F | | | 6 | | |
| 7 | Unemployment compensation | | | 7 | | |
| 8 | Other income: | | | | | |
| а | Net operating loss | 8a (|) | | | |
| b | Gambling | 8b | | | | |
| С | Cancellation of debt | 8c | | | | |
| d | Foreign earned income exclusion from Form 2555 | 8d (|) | | | |
| е | Income from Form 8853 | 8e | | | | |
| f | Income from Form 8889 | 8f | | | | |
| g | Alaska Permanent Fund dividends | 8g | | | | |
| h | Jury duty pay | 8h | | | | |
| i | Prizes and awards | 8i | | | | |
| j | Activity not engaged in for profit income | 8j | | | | |
| k | Stock options | 8k | | | | |
| I | Income from the rental of personal property if you engaged in the rental | | | | | |
| | for profit but were not in the business of renting such property | 81 | | | | |
| m | Olympic and Paralympic medals and USOC prize money (see | | | | | |
| | instructions) | 8m | | - | | |
| | Section 951(a) inclusion (see instructions) | 8n | | | | |
| 0 | Section 951A(a) inclusion (see instructions) | 80 | | | | |
| р | Section 461(I) excess business loss adjustment | 8p | | - | | |
| q | Taxable distributions from an ABLE account (see instructions) | 8q 8r | | | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | or | | | | |
| S | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d | 8s (| ١ | | | |
| | Pension or annuity from a nonqualifed deferred compensation plan or | 05 (| | | | |
| t | a nongovernmental section 457 plan | 8t | | | | |
| u | Wages earned while incarcerated | 8u | | | | |
| z | Other income. List type and amount: | 00 | | | | |
| ~ | other moothe. Elst type and amount. | 8z | | | | |
| 9 | Total other income. Add lines 8a through 8z | | | 9 | | |

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

-8,000.

Schedule 1 (Form 1040) 2022 Page **2**

| Par | II Adjustments to Income | | | |
|----------|---------------------------------------------------------------------------------|----------|-----|--|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-b | | | |
| | 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 8l 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 | 41- | | |
| _ | , | 4k | _ | |
| Z | Other adjustments. List type and amount: | 4z | | |
| 25 | | | 05 | |
| 25 26 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . E | | 26 | |
| | Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | <u> </u> | | |

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Attachment Sequence No. 13

Your social security number

OMB No. 1545-0074

| | DHUJA BHOOMPALLY | | | | | | 580-4 | 1-0312 | | |
|-------|------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------|----------|---------|-------------------|-------------|-------------|----------|------|
| Par | | d Royalt | ies | | | | | | | |
| | Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40. | ty, use Sch | nedule (| C. See | instru | ctions. If you ar | re an indi | vidual, rep | ort farm | 1 |
| _ | Did you make any payments in 2022 that would require you | to file For | m(a) 10 | 002 6 | oo ina | tructions | | | es X | No |
| | | | | | | | | | | No |
| | If "Yes," did you or will you file required Form(s) 1099? | | | | • • | | | . 🗆 1 | es | INO |
| 1a | Physical address of each property (street, city, state, ZIF | code) | | | | | | | | |
| Α | RYALI TANUKU ANDHRA PRADESH IN 533236 | | | | | | | | | |
| В | | | | | | | | | | |
| С | | | | | | | | | | |
| 1b | Type of Property 2 For each rental real estate prope | | | | Fa | ir Rental | Persor | nal Use | QJ | IV/ |
| | (from list below) above, report the number of fair | | | | | Days | Da | ıys | QU | |
| A | g personal use days. Check the Quif you meet the requirements to f | | ly _ | Α | | 365 | | 0 | | |
| B | qualified joint venture. See instru | | | В | | | | | | |
| C | | | | С | | | | | | |
| | of Property: | | | | | | | | | |
| | Single Family Residence 3 Vacation/Short-Term Ren | | Land | | | Self-Rental | | | | |
| 2 | Multi-Family Residence 4 Commercial | 6 | Royalt | ies | 8 | Other (descri | ibe) | | | |
| | | | | | | Propertie | | | | |
| Incor | ne: | | | 4 | | В | | | С | |
| 3 | Rents received | 3 | | | 50. | | | | | |
| 4 | Royalties received | 4 | | | | | | | | |
| Expe | nses: | | | | | | | | | |
| 5 | Advertising | 5 | | | | | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | | | | | |
| 7 | Cleaning and maintenance | 7 | | 6 | 50. | | | | | |
| 8 | Commissions | 8 | | | | | | | | |
| 9 | Insurance | 9 | | | | | | | | |
| 10 | Legal and other professional fees | 10 | | | | | | | | |
| 11 | Management fees | 11 | | 9. | 50. | | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | | | | | |
| 13 | Other interest | 13 | | | | | | | | |
| 14 | Repairs | 14 | | 2,9 | 50. | | | | | |
| 15 | Supplies | 15 | | 2,2 | | | | | | |
| 16 | Taxes | 16 | | | | | | | | |
| 17 | Utilities | 17 | | 1,6 | 50. | | | | | |
| 18 | Depreciation expense or depletion | 18 | | | | | | | | |
| 19 | Other (list) | 19 | | | | | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 8,4 | 50. | | | | | |
| 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 | - | -8,0 | 00. | | | | | |
| 22 | Deductible rental real estate loss after limitation, if any, | | | | | | | | | |
| | on Form 8582 (see instructions) | 22 (| | 8,00 | 0.) | (|) | (| |) |
| 23a | Total of all amounts reported on line 3 for all rental prope | | | | 23a | | 450. | | | |
| b | Total of all amounts reported on line 4 for all royalty prop | | | | 23b | | | | | |
| С | 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 | | | | | |
| е | Total of all amounts reported on line 20 for all properties | | | | 23e | 8 | ,450. | | | |
| 24 | Income. Add positive amounts shown on line 21. Do no | | | | | | . 24 | | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estat | te losses fr | rom line | 22. E | nter to | otal losses her | e 25 | (| 8,00 | 0.) |
| 26 | Total rental real estate and royalty income or (loss). | | | | | | | | | |
| | here. If Parts II, III, IV, and line 40 on page 2 do not | | | | | | n | | _8 0 | |
| | SCHEDING LIFORM HIVIN IND 5 LITROPWICE INCHIDE this or | COLUMN IN T | いい エヘナつ | i an III | 10 /17 | 00 D20A 2 | 1 00 | i | | 1111 |

Iowa Department of Revenue

REV 03/02/23 PRO

Des Moines IA 50306-0466

206458041031251231232232 6

IA 1040ES

Individual Income Estimated Tax Payment Voucher **2023** INSTALLMENT **1 Due Date**: May 1, 2023

| | | | | SSN: | | 5 | 8 | 0 | 4 | 1 | 0 | 3 | 1 | 2 |
|--------------------------------------------------------------------|-----------------------|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|-------------------|------------|-----|------|------------|-------|-------|------|
| Print name: | BHOOMPALLY | , SINDHUJA | | | | | | | | | | | | |
| Address: | 6330 NW 10 |)6TH ST, 207 | | Period ending: | | | | | 1 | 2 | 3 | 1 | 2 | 3 |
| City, State, ZIP: | JOHNSTON I | A 50131 | | Payment amount | : [| | | | | | 8 | 9 | 0 | 0 |
| Phone: | 615-481-83 | 357 | | | | | | | | | | | | |
| Mail to: lowa Departme PO Box 10466 Des Moines IA REV 03/02/23 PRO | | Revenue to conve electronic banking | of Revenue. When the service of the | artment of a a one-time 002 (03/31/2022) | | | | | | | | | | |
| lowa Departme | nt of Reven | | | Individual In | | | | | | ax P | 'aym | ent \ | √ou | |
| 206458 | 041031251 | 753753535 P | | 2023 INST | ALL | _IVIE | IN I | 4 L | Jue | Dat | e: Ji | ine s | 5U, Z | .023 |
| | | | | SSN: | | 5 | 8 | 0 | 4 | 1 | 0 | 3 | 1 | 2 |
| Print name: | BHOOMPALLY | , SINDHUJA | | | | | | | | | | | | |
| Address: | 6330 NW 10 |)6TH ST, 207 | | Period ending: | | | | | 1 | 2 | 3 | 1 | 2 | 3 |
| City, State, ZIP: | JOHNSTON I | A 50131 | | Payment amount | : | | | | | | 8 | 9 | 0 | 0 |
| Phone: | 615-481-83 | 357 | | | | | | | | | | | | |
| Mail to: Iowa Departme PO Box 10466 Des Moines IA REV 03/02/23 PRO | | Revenue to conve electronic banking | of Revenue. When the Depart your check to transaction. 45-0 | rtment of a one-time 102 (03/31/2022) | | | | | | | | | | |
| lowa Departme | nt of Reven | ue | cut | here | | | | | | | - <u>-</u> | 04 | O E | S |
| 206458 | 041031251 | 7537535535 P | | Individual In 2023 INSTAL | | | | | | ax P | aym | ent \ | Vou | cher |
| Print name: | BHOOMPALLY | Z, SINDHUJA | | SSN: | | 5 | 8 | 0 | 4 | 1 | 0 | 3 | 1 | 2 |
| Address: | 6330 NW 10 |)6TH ST, 207 | | Period ending: | | | | | 1 | 2 | 3 | 1 | 2 | 3 |
| City, State, ZIP: | JOHNSTON I | TA 50131 | | Payment amoun | t: | | | | | | 8 | 9 | 0 | 0 |
| Phone: | 615-481-83 | 557 | | | | | | | | | | | | |
| Mail to: lowa Departme PO Box 10466 | INT ent of Revenue | Make checks par lowa Department by check, you aut | of Revenue. Wh | advantage of the contract of t | | | IIIII 2 II | | | | | | | |

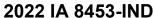
Revenue to convert your check to a one-time electronic banking transaction. 45-002 (03/31/2022)

Iowa Department of Revenue

206458041031251231232232 6

IA 1040ES
Individual Income Estimated Tax Payment Voucher
2023 INSTALLMENT 4 Due Date: January 31, 2024

| | | | SSN: | 5 | 8 | 0 | 4 | 1 | 0 | 3 | 1 | 2 |
|----------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---|---|---|---|---|---|---|---|---|
| Print name: | BHOOMPALLY | , SINDHUJA | _ | | | | | | | | | |
| Address: — | 6330 NW 10 | 6TH ST, 207 | Period ending: | | | | 1 | 2 | 3 | 1 | 2 | 3 |
| City, State, ZIP: | JOHNSTON I | A 50131 | Payment amount: 8 9 | | | | | | | | | 0 |
| Phone: | 615-481-835 | 57 | _ | | | | | | | | | |
| Mail to: Iowa Departmone PO Box 10466 Des Moines IA REV 03/02/23 PRO | | Make checks payable to: lowa Department of Revenue. by check, you authorize the De Revenue to convert your check electronic banking transaction. | epartment of k to a one-time | | | | | | | | | |
| | | cut he | re | | | | | | | | | |







tax.iowa.gov

| first name, middle initial, and las | st name: <u>SINDHUJA</u> | ВНООМРА | LLY | Spouse's first | name, m | niddle initial, and la | ast name: | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| Social Security Number: 580- | 41-0312 | | | Spouse's Soci | al Secur | rity Number: | | | | |
| e address, City, State, ZIP: 633 | 30 NW 106TH S | ST, 207 | | JOHNSTON IA 50131 | | | | | | |
| Part I Tax Return Information | ı | | | | | B. Spouse (filing status | | | A. You or Joint | |
| 1. Iowa Net Income (IA 104 | 0, line 26 A & B) | | | | 1E | В | .00 | 1A | 76,133 | |
| 2. Total Tax (IA 1040, line 4 | | | | | | | | | | |
| 3. Iowa Income Tax Withhel | | | | | | | | | | |
| 4. Amount to be Refunded (| (IA 1040, line 68) | | | | | | | 4 | | |
| 5. Total Amount Due (IA 10 | 40, line 73) | | | | | | | 5 | 3 | |
| Part II Declaration of Taxpaye | r (Be sure to keep a c | opy of the tax r | eturn.) | | | | | | | |
| | ct deposit or direct del | oit. | | | | | | | | |
| 7. I consent that my as an agent to red | refund be directly depositive the refund. | oosited as desi | gnated belov | w. If I have filed | a joint re | eturn, this is an irr | evocable a | appointme | nt of the other spo | |
| electronic payme authorization is to 3114 or idreft@io This electronic wi | nt of taxes to receive the remain in full force a wa.gov. Payment cand the remain from your bayour financial institution: | e confidential nd effect until le cellation reques nk account will | information notify IDR t sts must be i be identified | necessary to a to terminate the received no later d with the ACH (| inswer ir authoriz rthan fiv Compan | nquiries and reso ation. To cancel a re business days p y ID 4426004574. | olve issues a payment prior to the . If you cur | s related to I must co payment/s rently have | o the payment. ntact IDR at 515-2 settlement date. N e a debit block on | |
| Routing Number | | | The first | two digits mus | t be 01 | through 12 or 2 | 1 through | 32. | | |
| Account Number | | | | | | | | | | |
| Type of Account: | Savings □ | Checkii | ng 🗆 | | | | | | | |
| the amounts in Part I above ar attachments, and statements I (ERO). In addition, by using stransmission of my tax return e is rejected, I authorize IDR to understand that if IDR does not consent that my refund be dirrefund, or direct debit is dela understand that this declaratio | be sent to the lowa D software to prepare a electronically. I authori, o identify the reasons of receive full and time ectly deposited as des yed, I authorize IDR | epartment of R nd transmit my ze IDR to inforr for rejection s ely payment of signated in Par to disclose to | evenue (IDF) return elector my ERO at that the my tax liabil till and declower. | R) through the Inctronically, I con and/or transmitte eturn can be colity I will remain are that the infond/or transmitter | nternal Rasent to r when recreded liable for rmation r the rea | Revenue Service (the disclosure to my electronic retur and retransmitted the tax liability a shown in Part II is | (IRS) by m IDR of all m has bee I. If I have nd all appl s correct. | ny Electron I information n accepted if filed a balicable pen If the proces | ic Return Originat on pertaining to the d. In the event that alance due return alties and interest essing of my retur | |
| Your Signature | | Date | | Spauso Sig | natura | If a joint return, bo | ath must s | ian | Date | |
| Part III Declaration of Electric declare that I have reviewed only a collector, I am not restaxpayer's signature before su followed all other requirements 8453-IND should not be sent later, to which the IA 8453-INI that I have examined the abovare true, correct, and complete | the above taxpayer's ponsible for reviewing ibmitting this return to so described in the low to IDR, but must be reD relates was filed. It we taxpayer's return ar | tor (ERO) and return and that the IRS. I have a Modernized out the IRS and | t entries on d only declar e provided the e-File (MeF) ERO for a porty y available ing schedule | form IA 8453-IN are that this form that this form the taxpayer with Information for eriod of three yeto IDR upon request, attachments, | ND are on accurate a copy e-File Pears from puest. If I and state | complete and corrected to the of all forms and in roviders publication the due date of all am a paid prepara | ect to the data on the office of the contraction on the contraction of | best of my ne return. In to be filed restand that or the filing | v knowledge. If I a I have obtained th I with IDR and have the original form i g date, whichever of perjury, I decla | |
| ERO Signature | | Date | | Check if also paid preparer □ | | Check if self- employed □ | ERO PT | 'IN | | |
| Firm's name (or yours if self-employed) | LOBAL TAXES | LLC | | | | | FEIN | 88-214 | 15487 | |
| A -1 -1 O'-4 - O4 -4 - 71D | 45 ROONEY CT | E BRUNS | WICK NJ | 08816 | | | Phone Number | <u>(678</u>) | 965-9522 | |
| Paid Preparer | IYA RAM SAGAR GUPTA | | | 3/12/2023 | Che | eck if self- bloyed □ | | • | 02082703 | |
| Firm's name (or yours if | GLOBAL TAXES | LLC | | | | | FEIN | 84-31 | 71965 | |
| self-employed) | | | | | | | Phone | | | |

tax.iowa.gov



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

Instructions for Payment Vouchers

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

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

| | cut here cut here | | | | | | | | | | | | | |
|-------------------------------------|-------------------|---------------------|-----|------|----|-----|---|-------------------|---|---|---|--|--|--|
| lowa Department of Revenue | INT | REV 03/02/23 PRO | ual | Inco | me | Tax | | IA iyme | _ | _ | | | | |
| 200658041031251231224224 5 | | | | | | | | | | | | | | |
| | | SSN: | 5 | 8 | 0 | 4 | 1 | 0 | 3 | 1 | 2 | | | |
| Print name: BHOOMPALLY , SINDHUJA | | 5 | | | | | | | | | | | | |
| Address: 6330 NW 106TH ST, 207 | | Period ending: - | | | | 1 | 2 | 3 | 1 | 2 | 2 | | | |
| City, State, ZIP: JOHNSTON IA 50131 | | Payment amount: | | | | | | | 3 | 0 | 0 | | | |
| Phone: 615-481-8357 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

Mail to:

PO Box 9187 Des Moines IA 50306-9187 Make checks payable to:

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



| _ | | | 1040 Iowa Individual Income Tax Retu | rn , | | | | | | | | | | |
|-----------------------|--------------------|-------|-------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|------------|----------------------------------|-------------------|------------------|------------|------------------|------------------------|-------------------|------------------|
| | • | | peginning/ and ending/ spaces. You must fill in your Social Security Number (SSN). | / | | | ن (بيار 100 مور) د (بيار مور) | enter de la compa | PANCIA PICIDOS | er Etter 2 | de Billion i Web | racika da | XVIII DA CALLEDON | wa ∎iii |
| Your las | | | Your first name/middle initial: | | | | 11118464 | WWW | | Y WYW | 4 /4 N | | VIII)XXXII | W.7 |
| BHOC | | | | | | | | BALL. | | 377.88 | SIS AEKA | 10-10-1 | | |
| Spouse | 's last na | am | e: Spouse's first name/middle initial: | | | | | MAIL | SEACHSSAN | | MENTAL | MWW | | 700 E |
| 6330 |) NW | | dress (number and street, apartment, lot, or suite number) or PO Box: | | | | | | | | | | | |
| | ate, ZIP: ISTOI | | IA 50131 | | | | | | | | | | | |
| Spous | | | Your SSN: 580-41-0312 | | | _ | | | | | | | | |
| | | | us: Mark one box only | | | - | | | | | | | | |
| | 1 | | · | | _ | | | | | | | | | |
| 1 | <u> </u> | | ere you claimed as a dependent on another person's lowa return? Yes | No | \Box | Email Ad | | | | | | | | _ |
| 2 | _ | | ling a joint return. (Two-income families may benefit by using status 3 or 4.) | | | | | | spouse were | 65 or old | | | | |
| 3 | Married | d fil | ling separately on this combined return. Spouse use column B. | | | Residence | ce on 12/31/2 | 22: Cou | nty No. 77 | | School | District No | . 3231 | |
| 4 X | Married | d fil | ling separate returns. Spouse's name: DHEERAJ VIMMENTH | ALA | ▲ SSN: | 80 | 6-70-6 | 874 | | Net | t Income: | \$ | 0 | |
| 5 | Head o | f h | ousehold with qualifying person. If qualifying person is not claimed as a depend | ent on this | return, ent | er the per | son's name | and SS | N below. | | | | | |
| 6 | Qualify | ing | y widow(er) with dependent child. Name: | | | | SSN: | | | | | | | |
| Step 3 | Exempti | ior | ns | | | B. Spou | ise (Filing St | atus 3 (| ONLY) | | | A. You | or Joint | |
| | | | edit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3 | | | | X \$ 40 = | _ | | _ | - | <u> </u> | · · | 40 |
| | | | ach taxpayer who is 65 or older and/or 1 for each taxpayer who is blind | | | | X \$ 20 = | - | | | | _ | 20 = \$ | |
| | | | Enter 1 for each dependent | | | | X \$ 40 = | - | | _ | | _ | 40 = \$ | 4.0 |
| d. Er | iter first | naı | mes of dependents here | | | | e. Tota | Ī | | | | е | . Total \$ | 40 |
| Step 4 | Reporta | ble | e Social Security benefits as calculated on line 13 of Iowa Social Security | Norksheet | | B. Spous | se/Status 3 | 3 🛦 | | | A. You | or Joint A | <u> </u> | |
| Step 5 | | | w | ٠. ' | pouse/St | | Α. | You or | | 3. Spou | se/Status | 3 | A. Yo | ou or Joint |
| Gross | 1. | | Wages, salaries, tips, etc | | | | | 84, | <u>, 133</u> .00 | | | | | |
| Income | 2. | | Taxable interest income. If more than \$1,500, complete Sch. B | | | .00 | | | 00 | | | | | |
| | 3. | | Ordinary dividend income. If more than \$1,500, complete Sch. B | | | .00 | | | 00 | | | | | |
| | 4. | | Taxable alimony received | | | .00 | | | .00 | | Г | NOTE: | Use only | 1 |
| | 5. 6. | | Business income/(loss). See instructions | | | .00 | | | 00 | | | blue or l | | |
| | 7. | | Capital gain/(loss). See instructions | | | 00 | | | .00 | | | ink, no p or red in | | |
| | 8. | | Taxable IRA distributions | | | 00 | | | .00 | | L | or red ii | IK. |] |
| | 9. | | Taxable pensions and annuities | | | 00 | | | .00 | | | | | |
| | 10. | | Rents, royalties, partnerships, estates, etc. See instructions | 10 | | .00 | | 0 | .00 0 0 0 | | | | | |
| | 11. | | Farm income/(loss). See instructions | | | | | | | | | | | |
| | | | Unemployment compensation. See instructions | | | .00 | | | | | | | | |
| | 13. | | Gambling winnings | 13. | | .00 | | | .00 | | | | | |
| | 14. | | Other income, bonus depreciation, and section 179 adjustment | 14. | | .00 | | | .00 | | | | | |
| | 15. | | Gross Income. Add lines 1-14 | | | | | | 00 15 | | | .00 🛦 | 76, | 133 .00 |
| Step 6 | 16. | | Payments to an IRA, Keogh, or SEP | 16. | | .00 | | | .00 | | | | | |
| Adjust- ments to | o 17. | | Deductible part of self-employment tax. | 17. | | .00 | | | .00 | | | | | |
| Income | 18. | | Health insurance premium | 18. | | .00 | | | 0.00 | | | | | |
| | 19. | | Penalty on early withdrawal of savings | 19. | | .00 | | | .00 | | | | | |
| | 20 | | Alimony paid | 20. | | .00 | | | .00 | | | | | |
| | 21. | | Pension/retirement income exclusion | 21. | | .00 | A | | .00 | | | | | |
| | 22 | | Moving expense deduction from federal form 3903 | 22. | | .00 | | | .00 | | | | | |
| | 23. | | lowa capital gain deduction. Must include corresponding IA 100 schedule | 23. | | .00 | A | | .00 | | | | | |
| | 24. | | Other adjustments | | | .00 | | | .00 | | | | | |
| | 25. | | Total adjustments. Add lines 16-24 | | | | | | 25. | | | .00 🛦 | | 0.00 |
| | 26 | . | Net Income. Subtract line 25 from line 15 | | | | | | 26. | | | .00 🔺 - | 76, | 133.00 |
| Step 7 | 27. | | Federal income tax refund/overpayment received in 2022 | 27. | | .00 | A | | 828.00 | | | - | | .00 |
| Federal Taxes a | nd 28. | | Self-employment/household employment/other federal taxes | | | .00 | | | .00 | | | | | |
| Qualifie Deduction | | | Addition for federal taxes. Add lines 27 and 28 | | | | | | 29. | | | .00 | | 828.00 |
| | 30. | | Total. Add lines 26 and 29 | | | | | | 30. | | | .00 | 76 | ,961.00 |
| | 31. | | Federal tax withheld in 2022, federal estimated tax payments made in 2022, and federal taxes paid in 2023 for 2021, and prior years | 31. | | .00 | A | 1 ^ | 101 | | | - | | |
| | 32. | | in 2022, and federal taxes paid in 2022 for 2021 and prior years Qualified business income deduction. 75.0% (.75) of federal | 32. | | 00 | _ | ΤU | <u>, 421</u> .00 | | | | | |
| | | | amount. See instructions | _ | | .00 | | | .00 | | | | | |
| | 33. | | DPAD 199A(g) deduction. 75.0% (.75) of federal amount | | | | | | .00 | | | | | |
| | 34. | | Total federal tax and other qualified deductions. Add lines 31, 32, ar | | | | | | | | | .00 | | <u>, 421</u> .00 |
| | 35. | | Balance. Subtract line 34 from line 30. Enter here and on line 36, pa | ge 2 | | | | | 35. | | | .00 🛕 . | 66 | <u>, 540</u> .00 |



| Step 8 | IA 36. | 1040, page 2 BALANCE. From side 1, line 35 | | A. You or Joint B. Spouse | e/Status 3 .00 | A. You or Joint 66, 540.00 | |
|--------------------|---------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------|--------------------------|-------------------------------|--|
| Taxable Income | 37. | Deduction. Check one box Itemized.(Include IA Schedule A) | | | .00 🛦 | 2,210.00 | |
| | 38. | TAXABLE INCOME. SUBTRACT line 37 from line 36 | | | .00 | 64,330.00 | |
| Step 9 Tax, | 39. | Tax from tables or alternate tax | 3900 🛦 | 3,550.00 | | | |
| Credits, | 40. | lowa lump-sum tax. See instructions | 40. | .00 | | | |
| and Check- | 41. | lowa alternative minimum tax. Must include IA 6251 | 41. 00 🛦 | .00 | | | |
| off Contri- | 42. | Total tax. ADD lines 39, 40, and 41 | | | 00 | 3,550.00 | |
| butions | 43. | Total exemption credit amount(s) from Step 3, side 1 | | 40.00 | | | |
| | 44. | Tuition and textbook credit for dependents K-12 | 44. 00 🛦 | | | | |
| | 45. | Volunteer firefighter/EMS/reserve peace officer credit | | | | | |
| | 46. | Total credits. ADD lines 43, 44, and 45 | | | .00 | 40.00 | |
| | 47. | BALANCE. SUBTRACT line 46 from line 42. If less than zero. | | | .00 | 3,510.00 | |
| | 48. | Credit for nonresident or part-year resident. Must include IA 1 | 26 and federal return | 48. | .00 🛦 | .00 | |
| | 49. | BALANCE. SUBTRACT line 48 from 47. If less than zero, ent | | | .00 🛋 | 3,510.00 | |
| | 50. | Out-of-state tax credit. Must include IA 130. | | | .00 🛦 | .00 | |
| | 51. | BALANCE. SUBTRACT line 50 from 49. If less than zero, ent | | | | 3,510.00 | |
| | 52. | Other nonrefundable lowa credits. Must include IA 148 Tax C | | | | | |
| | 53. | BALANCE. SUBTRACT line 52 from line 51. If less than zero. | | | .00 .00 | 00 3,510.00 | |
| | 54. | School district surtax or EMS surtax. Take percentage from ta | | | .00 🛦 | 0.00 | |
| | 55. | Total state and local tax. ADD lines 53 and 54 | | | .00 🛦 | | |
| | 56. | TOTAL state and local tax before contributions. Combine colu | | | | 3,510.00 3,510.00 | |
| | 57. | Contributions will reduce your refund or add to the amount yo | | | - | 3,310 .00 | |
| | | Wildlife 57a: ▲ State Fair 57b: ▲ Firefighters/\ TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. A | Veterans 57c: ▲ Child Abuse Preded line 56 and line 57 and enter here. | | | 00 3,510 .00 | |
| Step 10 Credits | 59. | lowa Fuel Tax Credit. Must include IA 4136 | 59 | 00 | | | |
| | 60. | Check One: Child and Dependent Care Credit OR | | | | | |
| | | ▲ Early Childhood Development Credit | 6000 🔺 | 00 | | | |
| | 61. | lowa earned income tax credit. 15.0% (.15) of federal credit | 6100 _ | .00 | | | |
| | 62. | Other refundable credits. Include IA 148 and/or Schedule CC | 6200 🔺 | 00 | | | |
| | 63. | lowa income tax withheld | .00 = | 3,507 _. 00 | | | |
| | 64. | Estimated and voucher payments made for tax year 2022 | 6400 ▲ | 00 | | | |
| | 65. | TOTAL. ADD lines 59 through 64 and enter here | 6500 🔺 | 3,507.00 | | | |
| | 66. | TOTAL CREDITS. ADD columns A and B on line 65 and ente | | | | 3,507.00 | |
| Step 11 Refund | 67. | | • • | | | .00 | |
| | 68. | Amount of line 67 to be REFUNDED. | | REFUN | ND 68. ▲ | .00 | |
| | 68 | 8a. Routing number: | 68b. | Type Checking | Savings | | |
| | 68 | 8c. Account number: | | | | | |
| | 60 | Amount of line 67 to be applied to your 2023 estimated tax | 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 | | | | | |
| | 71. | | | | 71. | <u>5.</u> 00 | |
| | 72. | Penalty and interest 72a. Penalty00 | | .00 ADD. Enter total | _ | .00 | |
| | 73. | | | | | | |
| Step 13 | | e undersigned, declare under penalties of perjury or false certific plete. | cate, that I have examined this return, | and, to the best of my knowled | lge and belief, it | t is true, correct, and | |
| SIGN HERE | | | . 🗆 | AUTH DDT Day | בשמיום מור | woo /10 /0000 | |
| | Your | r signature Date C | Line Description Check if deceased Date of death | | AK GUPTA TALL | AMO 3 / 1 2 / 2 0 2 3 Date | |
| SIGN HERE | , Jul | | | | 2.1 | | |
| | Snor | use's signature Date C | Line Description Check if deceased Date of death | P02082703 Preparer's PTIN | 84 | -3171965 Firm's FEIN | |
| | Spot | | (615) 481-8357 | | 678) 965- | | |
| | | - | Daytime telephone number | | Daytime telephone number | | |

This return is due May 1st, 2023. Sign, enclose W-2s, and verify SSNs.

MAILING ADDRESS: Iowa Income Tax Document Processing,
PO BOX 9187, Des Moines IA 50306-9187

Make check payable to Iowa Department of Revenue



REV 03/02/23 PRO