

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 SRIKANTH LAKKAKULA | Social security number 794-28-6710 |
| Spouse's name CHANDANA LAKKAKULA | Spouse's social security number 889-35-0579 |

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 | 1 | 150,110. |
| 2 Total tax | 2 | 17,460. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 20,685. |
| 4 Amount you want refunded to you | 4 | 3,225. |
| 5 Amount you owe | 5 | |

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 8 | 6 | 7 | 1 | 0 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- 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 GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 5 | 0 | 5 | 7 | 9 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- 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.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 1 | 8 | 9 | 5 | 2 | 3 | 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 [X] Married filing jointly [] 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:

Personal information section including name, social security numbers, and address for SRIKANTH LAKKAKULA and spouse CHANDANA LAKKAKULA.

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... [] 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

Dependents table with columns for (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, and Credit for other dependents. Entry for KHYATHI LAKKAKULA, Daughter.

Income section table with rows 1a through 1z. Total amount from Form(s) W-2, box 1 is 161,410.

Table for tax-exempt interest (2a), qualified dividends (3a), IRA distributions (4a), pensions and annuities (5a), and social security benefits (6a).

Table for taxable interest (2b), ordinary dividends (3b), taxable amounts (4b, 5b, 6b), capital gain (7), other income (8), total income (9), adjusted gross income (11), standard deduction (12), and taxable income (15).

| | | | | |
|------------------------|-----------|--|-----------|---------|
| Tax and Credits | 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 18,560. |
| | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 18,560. |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 | 19 | 500. |
| | 20 | Amount from Schedule 3, line 8 | 20 | 600. |
| | 21 | Add lines 19 and 20 | 21 | 1,100. |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 17,460. |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 0. |
| | 24 | Add lines 22 and 23. This is your total tax | 24 | 17,460. |

| | | | | |
|-----------------|-----------|---|------------|---------|
| Payments | 25 | Federal income tax withheld from: | | |
| | a | Form(s) W-2 | 25a | 20,685. |
| | b | Form(s) 1099 | 25b | |
| | c | Other forms (see instructions) | 25c | |
| | d | Add lines 25a through 25c | 25d | 20,685. |
| | 26 | 2022 estimated tax payments and amount applied from 2021 return | 26 | |
| | 27 | Earned income credit (EIC) | 27 | |
| | 28 | Additional child tax credit from Schedule 8812 | 28 | |
| | 29 | American opportunity credit from 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. These are your total other payments and refundable credits | 32 | |
| | 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 20,685. |

| | | | | |
|--------------------------------------|------------|---|----------------|---|
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 3,225. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 3,225. |
| Direct deposit? See instructions. | b | Routing number 1 2 1 0 0 0 3 5 8 | c Type: | <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |
| | d | Account number 3 2 5 0 6 1 3 2 8 5 8 7 | | |
| | 36 | Amount of line 34 you want applied to your 2023 estimated tax | 36 | |

| | | | | |
|-----------------------|-----------|---|-----------|--|
| Amount You Owe | 37 | Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions | 37 | |
| | 38 | Estimated tax penalty (see instructions) | 38 | |

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|---|--------------------------------------|---------------------|---|
| Your signature | Date | Your occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| | | SOFTWARE DEVELOPER | |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| | | HOME MAKER | |
| Phone no. (571) 314-2710 | Email address SRIKANTH8012@GMAIL.COM | | |

Paid Preparer Use Only

| | | | | |
|-----------------------------------|------------------------------------|------------|----------------|--|
| Preparer's name | Preparer's signature | Date | PTIN | Check if: |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA RAM SAGAR GUPTA TALLAM | 04/05/2023 | P02082703 | <input type="checkbox"/> Self-employed |
| Firm's name | Firm's address | | Phone no. | Firm's EIN |
| GLOBAL TAXES LLC | 245 ROONEY CT E BRUNSWICK NJ 08816 | | (678) 965-9522 | 84-3171965 |

**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

SRIKANTH & CHANDANA LAKKAKULA

Your social security number

794-28-6710

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 | -11,300. |
| 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 | -11,300. |

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 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SRIKANTH & CHANDANA LAKKAKULA

Your social security number
794-28-6710

Part I Nonrefundable Credits

| | | | |
|----------|--|-----------|------|
| 1 | Foreign tax credit. Attach Form 1116 if required | 1 | |
| 2 | Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 | 2 | 600. |
| 3 | Education credits from Form 8863, line 19 | 3 | |
| 4 | Retirement savings contributions credit. Attach Form 8880 | 4 | |
| 5 | Residential energy credits. Attach Form 5695 | 5 | |
| 6 | Other nonrefundable credits: | | |
| a | General business credit. Attach Form 3800 | 6a | |
| b | Credit for prior year minimum tax. Attach Form 8801 | 6b | |
| c | Adoption credit. Attach Form 8839 | 6c | |
| d | Credit for the elderly or disabled. Attach Schedule R | 6d | |
| e | Alternative motor vehicle credit. Attach Form 8910 | 6e | |
| f | Qualified plug-in motor vehicle credit. Attach Form 8936 | 6f | |
| g | Mortgage interest credit. Attach Form 8396 | 6g | |
| h | District of Columbia first-time homebuyer credit. Attach Form 8859 | 6h | |
| i | Qualified electric vehicle credit. Attach Form 8834 | 6i | |
| j | Alternative fuel vehicle refueling property credit. Attach Form 8911 | 6j | |
| k | Credit to holders of tax credit bonds. Attach Form 8912 | 6k | |
| l | Amount on Form 8978, line 14. See instructions | 6l | |
| z | Other nonrefundable credits. List type and amount: _____ _____ | 6z | |
| 7 | Total other nonrefundable credits. Add lines 6a through 6z | 7 | |
| 8 | Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 | 8 | 600. |

(continued on page 2)

Part II Other Payments and Refundable Credits

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

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0074

2022
Attachment
Sequence No. **13**

Name(s) shown on return

SRIKANTH & CHANDANA LAKKAKULA

Your social security number

794-28-6710

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 SRINAGAR GUNTUR ANDHRA PRADESH IN 522002

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 | 650. | |
| 4 | Royalties received | 4 | | |
| Expenses: | | | | |
| 5 | Advertising | 5 | | |
| 6 | Auto and travel (see instructions) | 6 | | |
| 7 | Cleaning and maintenance | 7 | 1,250. | |
| 8 | Commissions | 8 | | |
| 9 | Insurance | 9 | | |
| 10 | Legal and other professional fees | 10 | | |
| 11 | Management fees | 11 | 1,650. | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | |
| 13 | Other interest | 13 | | |
| 14 | Repairs | 14 | 3,850. | |
| 15 | Supplies | 15 | 2,950. | |
| 16 | Taxes | 16 | | |
| 17 | Utilities | 17 | 2,250. | |
| 18 | Depreciation expense or depletion | 18 | | |
| 19 | Other (list) _____ | 19 | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | 11,950. | |
| 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 | -11,300. | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (11,300.) | () |
| 23a | Total of all amounts reported on line 3 for all rental properties | 23a | 650. | |
| 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 | 11,950. | |
| 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 | (11,300.) | |
| 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 | | -11,300. |

Child and Dependent Care Expenses

Department of the Treasury Internal Revenue Service

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

2022 Attachment Sequence No. 21

Go to www.irs.gov/Form2441 for instructions and the latest information.

Name(s) shown on return

SRIKANTH & CHANDANA LAKKAKULA

Your social security number

794-28-6710

A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under Married Persons Filing Separately. If you meet these requirements, check this box . . .

B If you or your spouse was a student or was disabled during 2022 and you're entering deemed income of \$250 or \$500 a month on Form 2441 based on the income rules listed in the instructions under If You or Your Spouse Was a Student or Disabled, check this box . . .

Part I Persons or Organizations Who Provided the Care—You must complete this part. If you have more than three care providers, see the instructions and check this box . . .

Table with 5 columns: (a) Care provider's name, (b) Address, (c) Identifying number, (d) Was the care provider your household employee in 2022?, (e) Amount paid. Row 1: CHILDRENS MANOR MONTESSORI SCHOOL, 4465 MONTGOMERY RD ELLICOTT CITY MD 21043, 30-0175485, Yes, 3,885.

Did you receive dependent care benefits? No Complete only Part II below. Yes Complete Part III on page 2 next.

Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040). If you incurred care expenses in 2022 but didn't pay them until 2023, or if you prepaid in 2022 for care to be provided in 2023, don't include these expenses in column (d) of line 2 for 2022. See the instructions.

Part II Credit for Child and Dependent Care Expenses 2 Information about your qualifying person(s). If you have more than three qualifying persons, see the instructions and check this box

Table with 4 columns: (a) Qualifying person's name, (b) Qualifying person's social security number, (c) Check here if the qualifying person was over age 12 and was disabled, (d) Qualified expenses. Row 1: KHYATHI LAKKAKULA, 962-94-9086, No, 3,885.

Summary table for Part II with rows 3-11. Row 3: Add the amounts in column (d) of line 2. Row 4: Enter your earned income. Row 5: If married filing jointly, enter your spouse's earned income. Row 6: Enter the smallest of line 3, 4, or 5. Row 7: Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11. Row 8: Enter on line 8 the decimal amount shown below that applies to the amount on line 7. Row 9a: Multiply line 6 by the decimal amount on line 8. Row 9b: If you paid 2021 expenses in 2022, complete Worksheet A. Row 9c: Add lines 9a and 9b and enter the result. Row 10: Tax liability limit. Row 11: Credit for child and dependent care expenses.

**SCHEDULE 8812
(Form 1040)**

**Credits for Qualifying Children
and Other Dependents**

OMB No. 1545-0074

2022

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Name(s) shown on return

Your social security number

SRIKANTH & CHANDANA LAKKAKULA

794-28-6710

Part I Child Tax Credit and Credit for Other Dependents

| | | | | |
|-----------|---|-----------|----------|----------|
| 1 | Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR | | 1 | 150,110. |
| 2a | Enter income from Puerto Rico that you excluded | 2a | | |
| b | Enter the amounts from lines 45 and 50 of your Form 2555 | 2b | 0. | |
| c | Enter the amount from line 15 of your Form 4563 | 2c | | |
| d | Add lines 2a through 2c | 2d | 0. | |
| 3 | Add lines 1 and 2d | 3 | 150,110. | |
| 4 | Number of qualifying children under age 17 with the required social security number | 4 | 0 | |
| 5 | Multiply line 4 by \$2,000 | 5 | | |
| 6 | Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number | 6 | 1 | |
| | Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4. | | | |
| 7 | Multiply line 6 by \$500 | 7 | 500. | |
| 8 | Add lines 5 and 7 | 8 | 500. | |
| 9 | Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 } | 9 | 400,000. | |
| 10 | Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. } | 10 | 0. | |
| 11 | Multiply line 10 by 5% (0.05) | 11 | 0. | |
| 12 | Is the amount on line 8 more than the amount on line 11? | 12 | 500. | |
| | <input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. | | | |
| | <input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result. | | | |
| 13 | Enter the amount from the Credit Limit Worksheet A | 13 | 17,960. | |
| 14 | Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents | 14 | 500. | |

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

| | | | |
|------------|--|------------|--------------------------|
| 15 | Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 | | <input type="checkbox"/> |
| 16a | Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 | 16a | 0. |
| b | Number of qualifying children under 17 with the required social security number: _____ x \$1,500. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 | 16b | |
| | TIP: The number of children you use for this line is the same as the number of children you used for line 4. | | |
| 17 | Enter the smaller of line 16a or line 16b | 17 | |
| 18a | Earned income (see instructions) | 18a | |
| b | Nontaxable combat pay (see instructions) | 18b | |
| 19 | Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result | 19 | |
| 20 | Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,500 or more? <input type="checkbox"/> No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21. | 20 | |

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

| | | | | |
|-----------|---|-----------|-----------|--|
| 21 | Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions. | | 21 | |
| 22 | Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 | 22 | | |
| 23 | Add lines 21 and 22 | 23 | | |
| 24 | 1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. } | 24 | | |
| 25 | Subtract line 24 from line 23. If zero or less, enter -0- | 25 | | |
| 26 | Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27. | 26 | | |

Part II-C Additional Child Tax Credit

| | | | |
|-----------|--|--|-----------|
| 27 | This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 | | 27 |
|-----------|--|--|-----------|

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8889 for instructions and the latest information.

2022
Attachment
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.
794-28-6710

SRIKANTH LAKKAKULA

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

| | | |
|-----------|--|---|
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions | <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family |
| 2 | HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions | 2 0. |
| 3 | If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter | 3 7,300. |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs | 4 0. |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0- | 5 7,300. |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter | 6 7,300. |
| 7 | If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions | 7 |
| 8 | Add lines 6 and 7 | 8 7,300. |
| 9 | Employer contributions made to your HSAs for 2022 | 9 900. |
| 10 | Qualified HSA funding distributions | 10 |
| 11 | Add lines 9 and 10 | 11 900. |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 6,400. |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. | 13 0. |

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

| | | |
|------------|--|------------|
| 14a | Total distributions you received in 2022 from all HSAs (see instructions) | 14a |
| b | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions | 14b |
| c | Subtract line 14b from line 14a | 14c |
| 15 | Qualified medical expenses paid using HSA distributions (see instructions) | 15 |
| 16 | Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f | 16 |
| 17a | If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/> | |
| b | Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c | 17b |

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

| | | |
|-----------|--|-----------|
| 18 | Last-month rule | 18 |
| 19 | Qualified HSA funding distribution | 19 |
| 20 | Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f | 20 |
| 21 | Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d | 21 |

Paid Preparer's Due Diligence Checklist

*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*

**To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
Go to www.irs.gov/Form8867 for instructions and the latest information.**

OMB No. 1545-0074

For tax year
20 _____

Attachment
Sequence No. **70**

| | | |
|---|--|---|
| Taxpayer name(s) shown on return SRIKANTH & CHANDANA LAKKAKULA | | Taxpayer identification number 794-28-6710 |
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | | Preparer tax identification number P02082703 |

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

| | Yes | No | N/A |
|--|-------------------------------------|-------------------------------------|--------------------------|
| 1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| a Did you make reasonable inquiries to determine the correct, complete, and consistent information? | <input type="checkbox"/> | <input type="checkbox"/> | |
| b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____ | | | |
| 6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| a Did you complete the required recertification Form 8862? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

| | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.) | <input type="checkbox"/> | <input type="checkbox"/> | |
| b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? | <input type="checkbox"/> | <input type="checkbox"/> | |
| c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

| | Yes | No | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| 10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

| | Yes | No |
|--|--------------------------|--------------------------|
| 13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? | <input type="checkbox"/> | <input type="checkbox"/> |

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

| | Yes | No |
|--|--------------------------|--------------------------|
| 14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? | <input type="checkbox"/> | <input type="checkbox"/> |

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - 1. A copy of this Form 8867.
 - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

| | Yes | No |
|---|-------------------------------------|--------------------------|
| 15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



221010013

Keep this form for your records. Do not send this form to the State of Maryland unless specifically requested to do so. See Instructions.

Print Using Blue or Black Ink Only.

SRIKANTH First Name, LAKKAKULA Last Name, 794286710 SSN/Taxpayer Identification Number, CHANDANA Spouse's First Name, LAKKAKULA Spouse's Last Name, 889350579 SSN/Taxpayer Identification Number

Part I Tax Return Information (whole dollars only)

- 1. Amount of overpayment to be applied to 2023 estimated tax ... 1. 00
2. Amount of overpayment to be refunded to you ... REFUND 2. 1367
3. Total amount due (Pay in full by April 15, 2023. See instructions.) ... 3. 00

Part II Taxpayer Declaration and Signature Authorization

Under penalties of perjury, I declare that I have compared the information contained on my electronic return with the information that I provided to my Electronic Return Originator (ERO) or entered on-line and that the name(s) and amounts described above agree with the amounts shown on the corresponding lines of my 2022 Maryland electronic income tax return.

Your PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 86710 as my signature on my tax year 2022 electronically filed income tax return.

[] I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Your signature Date

Spouse's PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 50579 as my signature on my tax year 2022 electronically filed income tax return.

[] I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Spouse's signature Date

Practitioner PIN Method Returns Only

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. 51895231989

I certify this numeric entry is my PIN, which is my signature for the tax year 2022 electronically filed income tax return for the taxpayer(s). I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-file Providers.

ERO's signature Date 04052023

DO NOT MAIL



225020013

\$

OR FISCAL YEAR BEGINNING _____ 2022, ENDING _____

794286710 Your Social Security Number 889350579 Spouse's Social Security Number

SRIKANTH Your First Name MI

LAKKAKULA Your Last Name

CHANDANA Spouse's First Name MI

LAKKAKULA Spouse's Last Name

Does your name match the name on your social security card? If not, to ensure you get credit for your personal exemptions, contact SSA at 1-800-772-1213 or visit www.ssa.gov.

8663 TOWN AND COUNTRY BLVD Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

E ELLICOTT CITY MD 21043 Current Mailing Address Line 2 (Apt No., Suite No., Floor No.) City or Town State ZIP Code + 4

Foreign Country Name Foreign Province/State/County

Foreign Postal Code

REQUIRED: Maryland Physical address of taxing area as of December 31, 2022 or last day of the taxable year for fiscal year taxpayers. See Instruction 6. Part-year residents see Instruction 26.

1400 HOWARD 4 Digit Political Subdivision Code (See Instruction 6) Maryland Political Subdivision (See Instruction 6)

8663 TOWN AND COUNTRY BLVD Maryland Physical Address Line 1 (Street No. and Street Name) (No PO Box)

E Maryland Physical Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box)

ELLICOTT CITY MD 21043 HOWARD City State ZIP Code + 4 Maryland County

FILING STATUS

CHECK ONE BOX

See Instruction 1 if you are required to file.

- 1. Single (If you can be claimed on another person's tax return, use Filing Status 6.)
2. Married filing joint return or spouse had no income
3. Married filing separately, Spouse SSN
4. Head of household
5. Qualifying widow(er) with dependent child
6. Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7.)

PART-YEAR RESIDENT

See Instruction 26.

Dates of Maryland Residence (MM DD YYYY) FROM TO

Other state of residence:

If you began or ended legal residence in Maryland in 2022 place a P in the box. MILITARY: If you or your spouse has non-Maryland military income, place an M in the box.

Enter Military Income amount here:



NAME SRIKANTH & CHANDANA LAKKAKULA SSN 794286710

EXEMPTIONS
See Instruction 10. Check appropriate box(es). **NOTE:** If you are claiming dependents, you **must attach the Dependents' Information Form 502B** to this form to receive the applicable exemption amount.

A. Yourself Spouse Enter number checked 2 See Instruction 10 **A. \$** 3200 .00

B. 65 or over 65 or over

Blind Blind Enter number checked X \$1,000 **B. \$** _____ .00

C. Enter number from line 3 of Dependent Form 502B 1 See Instruction 10 **C. \$** 1600 .00

D. Enter Total Exemptions (Add A, B and C.) 3 **Total Amount. D. \$** 4800 .00

MARYLAND HEALTH CARE COVERAGE
See Instruction 3.

Check here If you do not have health care coverage DOB (mm/dd/yyyy)

Check here If your spouse does not have health care coverage DOB (mm/dd/yyyy)

Check here I authorize the Comptroller of Maryland to share information from this tax return with the Maryland Health Benefit Exchange for the purpose of determining pre-eligibility for no-cost or low-cost health care coverage.

E-mail address

INCOME
See Instruction 11.

1. Adjusted gross income from your federal return **1.** 150110 .00

1a. Wages, salaries and/or tips **1a.** 161410 .00

1b. Earned income **1b.** _____ .00

1c. Capital Gain or (loss) **1c.** _____ .00

1d. Taxable Pensions, IRAs, Annuities (**Attach Form 502R.**) **1d.** _____ .00

1e. Place a "Y" in this box if the amount of your investment income is more than \$10,300 .

ADDITIONS TO MARYLAND INCOME
See Instruction 12.

2. Tax-exempt interest on state and local obligations (bonds) other than Maryland **2.** _____ .00

3. State retirement pickup **3.** _____ .00

4. Lump sum distributions (from worksheet in Instruction 12.) **4.** _____ .00

5. Other additions (Enter code letter(s) from Instruction 12.) _____ **5.** _____ .00

6. Total additions (Add lines 2 through 5. See instructions.) **6.** _____ .00

7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.) **7.** 150110 .00

SUBTRACTIONS FROM MARYLAND INCOME
See Instruction 13.

8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 **8.** _____ .00

9. Child and dependent care expenses **9.** 3000 .00

10a. Pension exclusion from worksheet (13A) **10a.** Yourself Spouse **10a.** _____ .00

10b. Pension exclusion from worksheet (13E) **10b.** Yourself Spouse **10b.** _____ .00

11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 **11.** _____ .00

12. Income received during period of nonresidence (See Instruction 26.) **12.** _____ .00

13. Subtractions from attached Form 502SU **13.** _____ .00

14. Two-income subtraction from worksheet in Instruction 13 **14.** 1200 .00

15. Total subtractions (Add lines 8 through 14. See instructions.) **15.** 4200 .00

16. Maryland adjusted gross income (Subtract line 15 from line 7.) **16.** 145910 .00

DEDUCTION METHOD
See Instruction 16.

All taxpayers must select one method and check the appropriate box.

STANDARD DEDUCTION METHOD (Enter amount on line 17.)

ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.)

17a. Total federal itemized deductions (from line 17, federal Schedule A) . **17a.** _____ .00

17b. State and local income taxes (See Instruction 14.) **17b.** _____ .00

Subtract line 17b from line 17a and enter amount on line 17.

17. Deduction amount (Part-year residents see Instruction 26 (l and m).) **17.** 4850 .00

18. Net income (Subtract line 17 from line 16.) **18.** 141060 .00

19. Exemption amount from Exemptions area (See Instruction 10.) **19.** 4800 .00

20. Taxable net income (Subtract line 19 from line 18.) **20.** 136260 .00



225020213

NAME SRIKANTH & CHANDANA LAKKAKULA SSN 794286710

| | | | | |
|---|---|-------|-------|-----|
| MARYLAND TAX COMPUTATION | 21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II) | 21. | 6420 | .00 |
| | 22. Earned income credit (EIC) (See Instruction 18.) | 22. | | .00 |
| | <input type="checkbox"/> Check this box if you are claiming the Maryland Earned Income Credit, but do not qualify for the federal Earned Income Credit. | | | |
| | <input type="checkbox"/> Check this box if you are claiming the Maryland Earned Income Credit with a qualifying child. | | | |
| | 23. Poverty level credit (See Instruction 18.) | 23. | | .00 |
| | 24. Other income tax credits for individuals from Part AA, line 14 of Form 502CR (Attach Form 502CR.) | 24. | 127 | .00 |
| | 25. Business tax credits You must file this form electronically to claim business tax credits on Form 500CR. | | | |
| | 26. Total credits (Add lines 22 through 25.) | 26. | 127 | .00 |
| 27. Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0. | 27. | 6293 | .00 | |
| LOCAL TAX COMPUTATION | 28. Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by your local tax rate .0 0320 or use the Local Tax Worksheet | 28. | 4360 | .00 |
| | 29. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) | 29. | | .00 |
| | 30. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) | 30. | | .00 |
| | 31. Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.) | 31. | | .00 |
| | 32. Total credits (Add lines 29 through 31.) | 32. | | .00 |
| | 33. Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0 | 33. | 4360 | .00 |
| | 34. Total Maryland and local tax (Add lines 27 and 33.) | 34. | 10653 | .00 |
| CONTRIBUTIONS See Instruction 20. | 35. Contribution to Chesapeake Bay and Endangered Species Fund | 35. | | .00 |
| | 36. Contribution to Developmental Disabilities Services and Support Fund | 36. | | .00 |
| | 37. Contribution to Maryland Cancer Fund. | 37. | | .00 |
| | 38. Contribution to Fair Campaign Financing Fund | 38. | | .00 |
| 39. Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.) | 39. | 10653 | .00 | |
| | 40. Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms and attach if MD tax is withheld.) | 40. | 12020 | |
| | 41. 2022 estimated tax payments , amount applied from 2021 return, payment made with an extension request, and Form MW506NRS | 41. | | |
| | 42. Refundable earned income credit (from worksheet in Instruction 21) | 42. | | |
| | 43. Refundable income tax credits from Part CC, line 10 of Form 502CR (Attach Form 502CR and/or Schedule K-1 (Forms 510/511), if applicable. See Instruction 21.) | 43. | | |
| | 44. Total payments and credits (Add lines 40 through 43.) | 44. | 12020 | |
| | 45. Balance due (If line 39 is more than line 44, subtract line 44 from line 39. See Instruction 22.) | 45. | | |
| | 46. Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.) | 46. | 1367 | |
| REFUND | 47. Amount of overpayment TO BE APPLIED TO 2023 ESTIMATED TAX. | 47. | | |
| | 48. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 47 from line 46.) See line 51 REFUND | 48. | 1367 | |
| AMOUNT DUE | 49. Check here <input type="checkbox"/> if you are attaching Form 502UP. Enter interest charges from line 18, _____ or for late filing _____ or homebuyer withdrawal penalty _____ | 49. | | |
| | 50. TOTAL AMOUNT DUE (Add lines 45 and 49.) IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV. | 50. | | |



225020313

NAME SRIKANTH & CHANDANA LAKKAKULA SSN 794286710

DIRECT DEPOSIT OF REFUND (See Instruction 22.) **Verify that all account information is correct and clearly legible.** If you are requesting direct deposit of your refund, complete the following. **For Splitting Direct Deposit**, use Form 588.

▶ Check here if you authorize the State of Maryland to issue your refund by direct deposit.

▶ Check here if this refund will go to an account outside of the United States.

51a. Type of account: ▶ Checking Savings **51b.** Routing Number (9-digits) ▶ 121000358

51c. Account Number ▶ 325061328587

51d. Name(s) as it appears on the bank account _____

▶ 5713142710 _____
Daytime telephone no. Home telephone no. CODE NUMBERS (3 digits per line)

Check here if you authorize your preparer to discuss this return with us. Check here ▶ if you authorize your paid preparer not to file electronically. Check here ▶ if you agree to receive your 1099G Income Tax Refund statement electronically (See Instruction 24.)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Your signature Date

GLOBAL TAXES LLC
Printed name of the Preparer / or Firm's name

SYAM PRIYA RAM SAGAR GUPTA TALLAM
Signature of preparer other than taxpayer **(Required by Law)**

Spouse's signature Date

245 ROONEY CT
Street address of preparer or Firm's address

E BRUNSWICK NJ 08816
City, State, ZIP Code + 4

6789659522 ▶ P02082703
Telephone number of preparer Preparer's PTIN **(Required by Law)**

For returns filed without payments, mail your completed return to:

To make an online payment, scan the QR code below and follow instructions.

Comptroller of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, MD 21411-0001

For returns filed with payments, attach check or money order to Form PV. Make checks payable to Comptroller of Maryland. Do not attach Form PV or check/money order to Form 502. Place Form PV with attached check/money order on TOP of Form 502 and mail to:

Comptroller of Maryland
Payment Processing
PO Box 8888
Annapolis, MD 21401-8888



22502B013

794286710

Your Social Security Number

889350579

Spouse's Social Security Number

Print Using Blue or Black Ink Only

SRIKANTH

Your First Name

MI

LAKKAKULA

Your Last Name

CHANDANA

Spouse's First Name

MI

LAKKAKULA

Spouse's Last Name

Summary

1. Enter the total number checked below for Regular dependents (4) 1
2. Enter the total number checked below for dependents 65 or over (5) 2
3. Total dependent exemptions (Add lines 1 and 2 and enter the total here and on line (C) of the Exemptions area of Form 502, 505 or 515.) 3

Dependents (If a dependent listed below is age 65 or over, check both 4 and 5.)

| | | | | |
|----|-------------------------------------|-----------------------------|---|--|
| 1. | First Name KHYATHI | MI | Last Name LAKKAKULA | Check here <input type="checkbox"/> if this dependent does not have health care coverage |
| 2. | Social Security Number 962949086 | Relationship 3. DAUGHTER | Regular 4. <input checked="" type="checkbox"/> | 65 or over 5. <input type="checkbox"/> |
| | | | DOB (MM/DD/YYYY) | |

| | | | | |
|----|------------------------|--------------|------------------|--|
| 1. | First Name | MI | Last Name | Check here <input type="checkbox"/> if this dependent does not have health care coverage |
| 2. | Social Security Number | Relationship | Regular | 65 or over |
| | | | DOB (MM/DD/YYYY) | |

| | | | | |
|----|------------------------|--------------|------------------|--|
| 1. | First Name | MI | Last Name | Check here <input type="checkbox"/> if this dependent does not have health care coverage |
| 2. | Social Security Number | Relationship | Regular | 65 or over |
| | | | DOB (MM/DD/YYYY) | |

| | | | | |
|----|------------------------|--------------|------------------|--|
| 1. | First Name | MI | Last Name | Check here <input type="checkbox"/> if this dependent does not have health care coverage |
| 2. | Social Security Number | Relationship | Regular | 65 or over |
| | | | DOB (MM/DD/YYYY) | |

| | | | | |
|----|------------------------|--------------|------------------|--|
| 1. | First Name | MI | Last Name | Check here <input type="checkbox"/> if this dependent does not have health care coverage |
| 2. | Social Security Number | Relationship | Regular | 65 or over |
| | | | DOB (MM/DD/YYYY) | |

| | | | | |
|----|------------------------|--------------|------------------|--|
| 1. | First Name | MI | Last Name | Check here <input type="checkbox"/> if this dependent does not have health care coverage |
| 2. | Social Security Number | Relationship | Regular | 65 or over |
| | | | DOB (MM/DD/YYYY) | |



22502C013

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794286710 Your Social Security Number

889350579 Spouse's Social Security Number

SRIKANTH Your First Name MI

LAKKAKULA Your Last Name

CHANDANA Spouse's First Name MI

LAKKAKULA Spouse's Last Name

Read Instructions for Form 502CR. Note: You must complete and submit pages 1 through 4 of this form to receive credit for the items listed.

PART A - TAX CREDITS FOR INCOME TAXES PAID TO OTHER STATES AND LOCALITIES

If you were a part-year resident, do not claim a credit for tax paid on nonresident income you included on line 12 of the Form 502.

If you are claiming a credit for taxes paid to multiple states and/or localities, see instructions.

- 1. Enter your taxable net income from line 20, Form 502 (or line 10, Form 504). 1. 0.00
2. Taxable net income in other state. Write on this line only the net income which is taxable in both the other state and Maryland. 2. 0.00
3. Revised taxable net income (Subtract line 2 from line 1.) If less than zero, enter zero. 3. 0.00
4. Enter the Maryland tax from line 21, Form 502 (or line 11, Form 504). This is the Maryland tax based on your total income for the year. 4. 0.00
5. Tax on amount on line 3. Compute the Maryland tax that would be due on the revised taxable net income by using the Maryland Tax Table or Computation Worksheet contained in the instructions for Forms 502 or 504. Do not include the local income tax 5. 0.00
6. Tentative State tax credit (Subtract line 5 from line 4.) If less than zero, enter zero. 6. 0.00
7. Enter the Local tax from line 28, Form 502 (or line 18, Form 504). This is the Local tax based on your total income for the year. 7. 0.00
8. Local tax on amount on line 3. Compute the Local tax that would be due on the revised taxable net income by multiplying line 3 by your Local tax rate .0 ____ 8. 0.00
9. Tentative Local tax credit (Subtract line 8 from line 7.) If less than zero, enter zero. 9. 0.00
10. Tentative Total tax credit (Add line 6 and line 9.) 10. 0.00
11. Total state and local tax shown on tax return(s) filed with the state of (Enter 2-letter state code, code must be entered for credit to be allowed) Enter the amount of your 2022 income tax liability (after deducting any credits for personal exemptions) to the other state and locality in the other state (where applicable). Do not enter state or locality tax withheld from your W-2 forms. It is important that a copy of the tax return that was filed with the other state and/or locality be attached to your Maryland return. 11. 0.00
12. Credit for income tax paid to other state and/or locality. Your credit for taxes paid to another state and/or locality is the smaller of the tax actually paid (line 11) or the reduction in Maryland tax resulting from the exclusion of income in the other state and/or locality (line 10). Write the lesser of line 11 or line 10. 12. 0.00

State and Local Credits Allowed

- 13. State Credit for Income Tax Paid to other state (Lesser of line 6 or line 12). Enter on line 1, Part AA. 13. 0.00
14. Local Credit for Income Tax Paid to other state (Subtract line 13 from line 12.) Enter on line 1, Part BB 14. 0.00



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NAME SRIKANTH & CHANDANA LAKKAKULA SSN 794286710

PART B - CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES

1. Enter your federal adjusted gross income from line 1 of Form 502 or line 17, column 1 of Form 505 or Form 515. 1. 150110 .00
2. Enter your federal Child and Dependent Care Credit from federal Form 2441 2. 600 .00
3. Enter the decimal amount from the chart in the instructions that applies to the amount on line 1 3. .2112
4. Multiply line 2 by line 3. Enter here and on Part AA, line 2. 4. 127 .00

PART C - QUALITY TEACHER INCENTIVE CREDIT

Enter the Name of Qualified Employer

- | | Taxpayer A | Taxpayer B |
|--|------------|------------|
| 1. Enter the Maryland public school system or a State or local correctional facility or qualified juvenile facility in which you are employed and teach 1. | _____ | _____ |
| 2. Enter amount of tuition paid to: _____ 2. | _____ .00 | _____ .00 |
| Name of Institution(s) | | |
| 3. Enter amount of tuition reimbursement 3. | _____ .00 | _____ .00 |
| 4. Subtract line 3 from line 2 4. | _____ .00 | _____ .00 |
| 5. Maximum Credit 5. | 1500 .00 | 1500 .00 |
| 6. Enter the lesser of line 4 or line 5 here. 6. | _____ .00 | _____ .00 |
| 7. Total (Add amounts from line 6, for Taxpayers A and B). Enter here and on Part AA, line 3 7. | _____ .00 | |

PART D - CREDIT FOR AQUACULTURE OYSTER FLOATS

1. Enter the amount paid to purchase an aquaculture oyster float(s) Enter here and on Part AA, line 4. This credit is limited. See Instructions. 1. _____ .00

PART E - LONG-TERM CARE INSURANCE CREDIT: (THIS IS A ONE-TIME CREDIT.)

Answer the questions and see instructions below before completing Columns A through E for each person for whom you paid long-term care insurance premiums.

- Question 1** - Did the insured individual have long-term care insurance prior to July 1, 2000? Yes No
- Question 2** - Is the credit being claimed for the insured individual in this year by any other taxpayer? Yes No
- Question 3** - Has credit been claimed **by anyone** for the insured individual in any other tax year? Yes No
- Question 4** - Is the insured individual for whom the credit is being claimed a nonresident of Maryland? Yes No

If you answered YES to any of the above questions, that insured person does NOT qualify for the credit.

Complete Columns A through D only for insured individuals who qualify for credit. Enter in Column E the lesser of the amount of premium paid for each insured person or:

- \$450 for those insured who are 40 or less, as of 12/31/22
- \$500 for those insured who are over age 40, as of 12/31/22

Add the amounts in Column E and enter the total on line 5 (total) and on Part AA, line 5.

| Column A Name of Qualifying Insured Individual | Age | Column B Social Security No. of Insured | Column C Relationship to Taxpayer | Column D Amount of Premium Paid | Column E Credit Amount |
|---|---------|--|--------------------------------------|------------------------------------|---------------------------|
| 1. _____ | ▶ _____ | ▶ _____ | _____ | _____ .00 | 1. _____ .00 |
| 2. _____ | ▶ _____ | ▶ _____ | _____ | _____ .00 | 2. _____ .00 |
| 3. _____ | ▶ _____ | ▶ _____ | _____ | _____ .00 | 3. _____ .00 |
| 4. _____ | ▶ _____ | ▶ _____ | _____ | _____ .00 | 4. _____ .00 |
| | | | | TOTAL | 5. _____ .00 |

PART F - CREDIT FOR PRESERVATION AND CONSERVATION EASEMENTS

PTE members may not use the Form 502CR to claim this credit.

Taxpayer A

Taxpayer B

- | | | |
|---|-----------|--------------|
| 1. Enter the portion of the total current-year conveyance amount, and any carryover from prior year(s), attributable to each taxpayer 1. | _____ .00 | 1. _____ .00 |
| 2. Enter the amount of any payment received for the easement by each taxpayer during 2022. 2. | _____ .00 | 2. _____ .00 |
| 3. Subtract line 2 from line 1 3. | _____ .00 | 3. _____ .00 |
| 4. Enter the amount from line 21 of Form 502; line 32c of Form 505; line 33 of Form 515; line 13 of Form 504 or \$5,000, whichever is less. See instructions . . . 4. | _____ .00 | 4. _____ .00 |
| 5. Enter the lesser of line 3 or 4 here. (If you itemize deductions, see Instruction 14.) 5. | _____ .00 | 5. _____ .00 |
| 6. Total (Add amounts from line 5 for Taxpayers A and B). Enter here and on Part AA, line 6 6. | _____ .00 | |
| 7. Excess credit carryover. Subtract line 6 from the sum of lines 3A and 3B. 7. | _____ .00 | |



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PART G - VENISON DONATION - FEED THE HUNGRY ORGANIZATIONS TAX CREDIT

1. Enter the amount up to \$50 per deer of qualified expenses to butcher and process an antlerless deer for human consumption. Enter here and on Part AA, line 7. This credit is limited. See Instructions.
Number of antlerless deer donated 1. .00

PART H - COMMUNITY INVESTMENT TAX CREDIT ** must attach required certification

This credit is limited to individual taxpayers who have elected not to claim this credit on Form 500CR. If you have an Excess Carryover on Form 500CR attributable to any credit other than the Community Investment Tax Credit (CITC), you are not eligible to claim the CITC on Form 502CR. You must use Form 500CR. Also, PTE members may not elect to use Form 502CR to claim the CITC.

1. Enter the amount of Excess CITC Carryover from 2021. 1. .00
2. Amount of approved contributions. 2. .00
3. Enter 50% of line 2. 3. .00
4. Enter the amount from line 3 or \$250,000, whichever is less. 4. .00
5. Add line 1 and line 4. Enter the result here and on Part AA, line 8. 5. .00

PART I - ENDOW MARYLAND TAX CREDIT **must attach required certification

This credit is limited to individual taxpayers who have elected not to claim this credit on Form 500CR.

1. Enter the amount of Excess Endow Maryland Tax Credit Carryover from 2021. 1. .00
2. Amount of approved donation to a qualified permanent endowment fund. 2. .00
3. Enter 25% of line 2. 3. .00
4. Enter the amount from line 3 or \$50,000, whichever is less. 4. .00
5. Add line 1 and line 4. Enter the result here and on Part AA, line 9. 5. .00

Note: Line 2 of Part I requires an addition to income. See Instruction 12.

PART J - PRECEPTORS IN AREAS WITH HEALTH CARE WORKFORCE SHORTAGES TAX CREDIT ** must attach required certification

1. Physician Preceptorship Tax Credit: Enter amount certified by Maryland Department of Health (See Instructions for specific requirements.) 1. .00
2. Nurse Practitioner Preceptorship Tax Credit: Enter amount certified by Maryland Department of Health (See Instructions for specific requirements.) 2. .00
3. Physician Assistant Preceptorship Tax Credit: Enter amount certified by Maryland Department of Health (See Instructions for specific requirements.) 3. .00
4. Add line 1, 2, and 3. Enter the result here and on Part AA, line 10. 4. .00

PART K - INDEPENDENT LIVING TAX CREDIT ** must attach required certification

1. Credit (Certified by the Maryland Department of Housing and Community Development) Enter here and on Part AA, line 11. 1. .00

PART L - ENDOWMENTS OF MARYLAND HISTORICALLY BLACK COLLEGES AND UNIVERSITIES TAX CREDIT ** must attach required certification

1. Credit (Certified by the Office of The Comptroller). Enter here and on Part AA line 12. 1. .00

PART M - SENIOR TAX CREDIT

1. Enter the credit claimed here and on Part AA, line 13 (See Instructions) 1. .00

PART AA - INCOME TAX CREDIT SUMMARY

1. Enter the amount from Part A, line 13 (If more than one state, see Instructions.) 1. .00
2. Enter the amount from Part B, line 4 2. 127 .00
3. Enter the amount from Part C, line 7 3. .00
4. Enter the amount from Part D, line 1 4. .00
5. Enter the amount from Part E, line 5. 5. .00
6. Enter the amount from Part F, line 6. 6. .00
7. Enter the amount from Part G, line 1 7. .00
8. Enter the amount from Part H, line 5 8. .00
9. Enter the amount from Part I, line 5. 9. .00
10. Enter the amount from Part J, line 4. 10. .00
11. Enter the amount from Part K, line 1 11. .00
12. Enter the amount from Part L, line 1 12. .00



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NAME SRIKANTH & CHANDANA LAKKAKULA SSN 794286710

- 13. Enter the amount from Part M, line 1. 13. _____ .00
- 14. Total (Add lines 1 through 13.) Enter this amount on line 24 of Form 502; line 14 of Form 504;
line 34 of Form 505 or line 35 of Form 515 14. 127 .00

PART BB – LOCAL INCOME TAX CREDIT SUMMARY

- 1. Enter the amount from Part A, line 14 (If more than one state, see Instructions.) 1. _____ .00
Enter this amount on line 31 of Form 502; line 19 of Form 504.

PART CC- REFUNDABLE INCOME TAX CREDITS

- 1. Student Loan Debt Relief Tax Credit (See Instructions.). Enter the amount and attach certification. ▶ 1. _____ .00
- 2. Heritage Structure Rehabilitation Tax Credit (See Instructions for Form 502S). Attach certification(s). ▶ 2. _____ .00
- 3. Refundable Business Income Tax Credit (See Instructions for Form 500CR.) **You must file your return electronically to claim a business income tax credit.**
- 4. IRC Section 1341 Repayment Credit. (See Instructions and Administrative Release 40.) Attach documentation ▶ 4. _____ .00
- 5. Catalytic Revitalization Projects and Historic Revitalization Tax Credit
(See Instructions for required attachments) ▶ 5. _____ .00
- 6. Flow-through Nonresident PTE tax (See Instructions for required attachments.) ▶ 6. _____ .00
- 7. Refundable credit for Child and Dependent Care Expenses. (See Instructions.) ▶ 7. _____ .00
- 8. Refundable credit for Child with disability (See worksheet 21C Instructions). ▶ 8. _____ .00
- 9. PTE Tax paid on members' distributive or pro rata shares of income ▶ 9. _____ .00
- 10. Total. (Add lines 1 through 9.) Enter this amount on line 43 of Form 502, line 46 of Form 505
or line 51 of Form 515. 10. _____ .00