

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name <b>KALYANA RAO BALLIKURAVA</b>	Social security number <b>195-27-4699</b>
Spouse's name	Spouse's social security number

## Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

<b>1</b> Adjusted gross income . . . . .	<b>1</b>	41,610.
<b>2</b> Total tax . . . . .	<b>2</b>	3,236.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	6,494.
<b>4</b> Amount you want refunded to you . . . . .	<b>4</b>	3,258.
<b>5</b> Amount you owe . . . . .	<b>5</b>	

## 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 

7	4	6	9	9
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 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ B KALYANA RAO Date ▶ 03/10/2024

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

- I authorize \_\_\_\_\_ to enter or generate my PIN 

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

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

2	2	2	4	9	6	0	8	2	7	1
---	---	---	---	---	---	---	---	---	---	---

  
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 [X] Single [ ] 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:

Form fields for personal information: Your first name and middle initial (KALYANA RAO), Last name (BALLIKURAVA), Your social security number (195-27-4699), Spouse's social security number, Home address (121 BALLYMEADE DR, WILMINGTON, DE 19810), and Presidential Election Campaign options.

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

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

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

Table for Dependents with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents.

Main income table with rows 1a through 15, including sub-rows 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b, 7, 8, 9, 10, 11, 12, 13, 14, 15. Total income: 41,610. Taxable income: 28,660.

Table with 2 columns: Line number and Amount. Rows 16-24 include Tax and Credits. Total tax is 3,236.

Table with 2 columns: Line number and Amount. Rows 25-33 include Payments. Total payments are 6,494.

Table with 2 columns: Line number and Amount. Rows 34-36 include Refund. Amount of refund is 3,258.

Table with 2 columns: Line number and Amount. Rows 37-38 include Amount You Owe. Total amount owed is 3,236.

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

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

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

# 2022 AR1000NR



# P1

## ARKANSAS INDIVIDUAL INCOME TAX RETURN Nonresident and Part Year Resident

### CHECK BOX IF AMENDED RETURN

Software ID

Jan. 1 - Dec. 31, 2022 or fiscal year ending \_\_\_\_\_, 20\_\_\_\_

PROSERIES

TAXPAYER INFORMATION	Primary's legal first name ● KALYANA RAO		MI ●	Last name ● BALLIKURAVA		Check if Deceased ● <input type="checkbox"/>		Primary's social security number ● 195-27-4699		
	Spouse's legal first name ●		MI ●	Last name ●		Check if Deceased ● <input type="checkbox"/>		Spouse's social security number ●		
	Mailing address (number and street, P.O. box or rural route) ● 121 BALLYMEADE DR							Check if address is outside U.S. <input type="checkbox"/>		
	City ● WILMINGTON		State or province ● DE		ZIP ● 19810		Foreign country name			
	Primary email				Secondary email					
	<b>ATTACH PAGE 1 AND 2 OF YOUR FEDERAL RETURN</b>				● <input type="checkbox"/> NONRESIDENT:		● <input checked="" type="checkbox"/> PART YEAR RESIDENT: Dates lived in AR:			
					List state of residence: _____		From: 07/01/2022 To: 12/31/2022			
	● <input type="checkbox"/> We will no longer automatically mail 1099-G forms. Instead, we ask that you get this information from our website (www.atap.arkansas.gov). Check the box if you still want us to mail you a paper Form 1099-G next year.									
	● <input type="checkbox"/> Check here if you want a tax booklet mailed to you next year.					● <input type="checkbox"/> Check this box if you have filed a state extension or an automatic federal extension				
	DL# / State ID 2227599		Your state DE		Issue date (mm/dd/yyyy) 09/29/2023		Expiration date (mm/dd/yyyy) 10/01/2025			
DL# / State ID _____		Spouse state _____		Issue date (mm/dd/yyyy) _____		Expiration date (mm/dd/yyyy) _____				
FILING STATUS	1. ● <input checked="" type="checkbox"/> Single (Or widowed before 2022 or divorced at end of 2022)				4. ● <input type="checkbox"/> Married filing separately on the same return					
	2. ● <input type="checkbox"/> Married filing joint (Even if only one had income)				5. ● <input type="checkbox"/> Married filing separately on different returns Enter spouse's name here and SSN above _____					
3. ● <input type="checkbox"/> Head of household (See instructions) If the qualifying person was your child, but not your dependent, enter child's name here: _____				6. ● <input type="checkbox"/> Surviving spouse with dependent child Year spouse died: (See instructions) _____						
PERSONAL TAX CREDITS	7A. <input checked="" type="checkbox"/> Yourself ● <input type="checkbox"/> 65 or over ● <input type="checkbox"/> 65 Special ● <input type="checkbox"/> Blind ● <input type="checkbox"/> Deaf <input type="checkbox"/> Head of household/surviving spouse (Filing status 3 only) (Filing status 6 only)									
	<input type="checkbox"/> Spouse ● <input type="checkbox"/> 65 or over ● <input type="checkbox"/> 65 Special ● <input type="checkbox"/> Blind ● <input type="checkbox"/> Deaf									
	Multiply number of boxes checked ..... 7A <input type="checkbox"/> X \$29 = <span style="float: right;">29 . 00</span>									
	<b>Dependents (Do not list yourself or spouse)</b>									
	First name		Last name		Dependent's social security number			Dependent's relationship to you		
1.										
2.										
3.										
4.										
5.										
7B. Multiply number of <b>DEPENDENTS</b> from above..... 7B ● <input type="checkbox"/> X \$29 = <span style="float: right;">00</span>										
7C. Multiply number of qualifying individuals from <b>AR1000RC5</b> (See instructions) ..... 7C ● <input type="checkbox"/> X \$500 = <span style="float: right;">00</span>										
7D. <b>TOTAL PERSONAL TAX CREDITS:</b> (Add lines 7A, 7B, and 7C. Enter total here and on line 34) ..... 7D <span style="float: right;">29 . 00</span>										



Primary SSN 195-27-4699

		(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only	(C) Arkansas Income Only	
<b>ROUND ALL AMOUNTS TO WHOLE DOLLARS</b>					
INCOME	8. Wages, salaries, tips, etc: (Attach W-2s) .....	8	● 41,610.00	● 20,080.00	
	9. Military pay: Primary ● [ ] 00 Spouse ● [ ] 00				
	10. Interest income: (If over \$1,500, attach AR4) .....	10	● [ ] 00	● [ ] 00	
	11. Dividend income: (If over \$1,500, attach AR4) .....	11	● [ ] 00	● [ ] 00	
	12. Alimony and separate maintenance received: .....	12	● [ ] 00	● [ ] 00	
	13. Business or professional income: (Attach federal Sch. C) .....	13	● [ ] 00	● [ ] 00	
	14. Capital gains/(losses) from stocks, bonds, etc: (Attach federal Sch. D) ..	14	● [ ] 00	● [ ] 00	
	15. Other gains or (losses): (See instructions) .....	15	● [ ] 00	● [ ] 00	
	16. Non-qualified IRA distributions and taxable annuities: (Attach all 1099Rs) ...	16	● [ ] 00	● [ ] 00	
	17. Military retirement: Primary ● [ ] 00 Spouse ● [ ] 00				
	18A. Primary employer pension plan(s)/qualified IRA(s): (Attach 1099Rs) Gross ● [ ] 00 Taxable ● [ ] 00 Less \$6,000	18A	● [ ] 00	● [ ] 00	
	18B. Spouse employer pension plan(s)/qualified IRA(s): (Attach 1099Rs) Gross ● [ ] 00 Taxable ● [ ] 00 Less \$6,000	18B	● [ ] 00	● [ ] 00	
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Sch. E) .....	19	● [ ] 00	● [ ] 00	
	20. Farm income: (Attach federal Sch. F) .....	20	● [ ] 00	● [ ] 00	
	21. Unemployment: .....	21	● [ ] 00	● [ ] 00	
	22. Other income/depreciation differences: (Attach Form AR-OI) .....	22	● [ ] 00	● [ ] 00	
	23. <b>TOTAL INCOME:</b> (Add lines 8 through 22) .....	23	● 41,610.00	● 20,080.00	
	24. <b>TOTAL ADJUSTMENTS:</b> (Attach Form AR1000ADJ) .....	24	● [ ] 00	● [ ] 00	
	25. <b>ADJUSTED GROSS INCOME:</b> (Subtract line 24 from line 23) .....	25	● 41,610.00	● 20,080.00	
	TAX COMPUTATION	26. Select tax table: (Select only one)	26		
		27. ● <input type="checkbox"/> Low income table (\$0), See line 26 instructions ● <input checked="" type="checkbox"/> Standard deduction (See instructions) ● <input type="checkbox"/> Itemized deductions (Attach AR3)	27	● 2,270.00	● [ ] 00
		28. <b>NET TAXABLE INCOME:</b> (Subtract line 27 from line 25) .....	28	● 39,340.00	● [ ] 00
		29. <b>TAX:</b> (Enter tax from tax table) .....	29	1,300.00	00
		30. Combined tax: (Add amounts from line 29, columns A and B) .....	30		1,300.00
		31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD) .....	31		00
32. Additional tax on IRA and qualified plan withdrawal and overpayment: (See Instructions) .....		32		00	
33. <b>TOTAL TAX:</b> (Add lines 30 through 32) .....	33		● 1,300.00		
TAX CREDITS	34. Personal tax credit(s): (Enter total from line 7D) .....	34		● 29.00	
	35. Child care credit: (Attach AR2441) .....	35		● [ ] 00	
	36. Other credits: (Attach AR1000TC) .....	36		● [ ] 00	
	37. <b>TOTAL CREDITS:</b> (Add lines 34 through 36) .....	37		● 29.00	
	38. <b>NET TAX:</b> (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0) .....	38		● 1,271.00	
APPORTIONMENT	38A. Enter the amount from line 25, Column C: .....	38A		● 20,080.00	
	38B. Enter the total amount from line 25, Columns A and B: .....	38B		● 41,610.00	
	38C. Divide line 38A by 38B: (See instructions) .....	38C	0.482576		
	38D. <b>APPORTIONED TAX LIABILITY:</b> (Multiply line 38 by line 38C) .....	38D		● 613.00	



Primary SSN 195-27-4699

PAYMENTS	39. Arkansas income tax withheld: (Attach copies of W-2, 1099R, W2-G,1099-PT, and/or AR-K1) ..... 39	●	1,040.	00
	40. Estimated tax paid or credit brought forward from 2021: ..... 40	●		00
	41. Payment made with extension: (See instructions) ..... 41	●		00
	42. <b>AMENDED RETURNS ONLY</b> - Previous payments: (See instructions) ..... 42	●		00
	43. Early childhood program: Certification number: _____ (Attach AR1000EC and AR2441) ..... 43	●		00
	44. <b>TOTAL PAYMENTS:</b> (Add lines 39 through 43) ..... 44	●	1,040.	00
45. <b>AMENDED RETURNS ONLY</b> - Previous refund: (See instructions) ..... 45	●		00	
46. Adjusted total payments: (Subtract line 45 from line 44) ..... 46	●	1,040.	00	

REFUND OR TAX DUE	47. <b>AMOUNT OF OVERPAYMENT/REFUND:</b> (If line 46 is greater than line 38D, enter difference) ..... 47	●	427.	00	
	48. Amount to be applied to 2023 estimated tax: ..... 48	●		00	
	49. Amount of Check-Off contributions: (Attach Form AR1000CO) ..... 49	●		00	
	50. <b>AMOUNT TO BE REFUNDED TO YOU:</b> (Subtract lines 48 and 49 from line 47) ..... <b>REFUND</b> 50	●	☺	427.	00
	51. <b>AMOUNT DUE:</b> (If line 46 is less than line 38D, enter difference; if over \$1,000, continue to 52A) ..... <b>TAX DUE</b> 51	●	☹		00
52A. <b>UEP:</b> Attach Form AR2210 or AR2210A. If required, enter exception in box 52A ● <input type="text"/> Penalty 52B ● <input type="text"/> 00					
52C. Add lines 51 and 52B: (See instructions) ..... <b>TOTAL DUE</b> 52C ● <input type="text"/> 00					

DIRECT DEPOSIT	Direct deposit allowed to U.S. banks only. Check if either deposit(s) will ultimately be placed in a foreign account. ● <input type="checkbox"/>			
	<b>Routing number 1</b> <input type="text"/> 0 <input type="text"/> 8 <input type="text"/> 3 <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 3 <input type="text"/> 7	<b>Account number 1</b> ● <input checked="" type="checkbox"/> Checking or ● <input type="checkbox"/> Savings <input type="text"/> 9 <input type="text"/> 0 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 7 <input type="text"/> 9 <input type="text"/> 5 <input type="text"/> 8	<b>Direct deposit 1 amt.</b> <input type="text"/> 427. <input type="text"/> 00	
	<b>Routing number 2</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Account number 2</b> ● <input type="checkbox"/> Checking or ● <input type="checkbox"/> Savings <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Direct deposit 2 amt.</b> <input type="text"/> <input type="text"/> 00	

**PLEASE 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.

PLEASE SIGN HERE	Primary's signature B KALYANA RAO	Date 03/10/2024	Telephone (302) 409-6580	<b>May the Arkansas Revenue Division discuss this return with the preparer?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Spouse's signature	Date	Telephone	

PAID PREPARER	Paid preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/10/2024		PTIN/ID number ● 843171965	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Preparer's name GLOBAL TAXES LLC		Telephone (678) 965-9522	<b>For Department Use Only</b> A <input type="text"/> ●	
	Address 245 ROONEY CT				
	City E BRUNSWICK	State NJ	ZIP 08816		
E-mail SYAM@GTAXFILE.COM					

<b>PAY ONLINE:</b> Please visit our secure website ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gov. ATAP allows taxpayers or their representatives to log on, make payments and manage their account online. ATAP is available 24 hours. <b>PAY BY MAIL: (See instructions)</b> <b>PAY BY CREDIT CARD: (See instructions)</b>	<b>Refund:</b> Arkansas State Income Tax P.O. Box 1000 Little Rock, AR 72203-1000	<b>Tax Due/No Tax:</b> Arkansas State Income Tax P.O. Box 2144 Little Rock, AR 72203-2144
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ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial: KALYANA RAO; Last Name: BALLIKURAVA; Primary's Social Security Number: 195-27-4699; Spouse's Legal First Name and Middle Initial: ; Last Name: ; Spouse's Social Security Number: ; Mailing Address: 121 BALLYMEADE DR; Telephone: (302) 409-6580; City: WILMINGTON; State or Province: DE; ZIP: 19810; Check if address is outside U.S. Foreign Country: [ ]

Table with 3 columns: Line number, Description, Amount. Row 1: Total Income (Form AR1000F or AR1000NR, Line 23) 41,610.00; Row 2: Net Tax (Form AR1000F or AR1000NR, Line 38) 613.00; Row 3: State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39) 1,040.00; Row 4: Refund (Form AR1000F or AR1000NR, Line 47) 427.00; Row 5: Tax Due (Form AR1000F or AR1000NR, Line 51) 00.

PART II - DECLARATION OF TAXPAYER

6a. [X] I consent that my refund be direct deposited as designated in the electronic portion of my 2022 Arkansas income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. The refund will be direct deposited to the bank account(s) shown on page 1 of the Form AR1000F/AR1000NR. 6b. [ ] I do not want direct deposit of my refund or I am not receiving a refund. 6c. [ ] I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT). 6d. [ ] I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).

If I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected, I understand my state return will be rejected also.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2022 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the State of Arkansas to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here: B KALYANA RAO, 03/10/2024; Spouse's Signature: , Date: ; Primary's Signature: , Date: ; Spouse's Signature: , Date: .

PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxpayer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge.

ERO'S Use Only: Signature: , Date: 03/10/2024; Check if paid preparer: [ ]; Check if self-employed: [ ]; Your SSN or PTIN: ; Firm's name and address: GLOBAL TAXES LLC, 245 ROONEY CT, E BRUNSWICK NJ 08816, 88-2145487 FEIN.

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only: Signature: SYAM PRIYA RAM SAGAR GUPTA TALLAM, Date: 03/10/2024; Check if self-employed: [ ]; Preparer's SSN or PTIN: P02082703; Firm's name and address: SYAM PRIYA RAM SAGAR GUPTA TALLAM, 245 ROONEY CT, E BRUNSWICK NJ 08816, 84-3171965 FEIN.

Filing Status [X] Single [ ] 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, address, and social security numbers for both filers.

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

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

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

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

Main income table with rows 1a through 15, including sub-rows for interest, dividends, and pension benefits, leading to total and taxable income.



Table with 2 columns: Line number and Amount. Rows 16-24 include Tax and Credits. Total tax is 3,236.

Table with 2 columns: Line number and Amount. Rows 25-33 include Payments. Total payments are 6,494.

Table with 2 columns: Line number and Amount. Rows 34-36 include Refund. Amount of refund is 3,258.

Table with 2 columns: Line number and Amount. Rows 37-38 include Amount You Owe. Total amount owed is 3,236.

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

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

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



# DELAWARE 2022

DIVISION OF REVENUE FORM PIT-NON

## DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



For Fiscal Year beginning \_\_\_\_\_ and ending \_\_\_\_\_ Amended Return  
Must include page 3

Your Taxpayer ID  
1 9 5 2 7 4 6 9 9

Spouse Taxpayer ID

**Filing Status (Must check one)**

1.  Single, Divorced, Widow(er) 3.  Married & Filing Separate Forms

Your First Name M.I. Last Name Suffix **Form PIT-UND**  
KALYANA RAO BALLIKURAVA  
Spouse First Name M.I. Last Name Suffix Attached

2.  Joint 5.  Head of Household

Present Home Address (Number and Street) Apartment #  
121 BALLYMEADE DR  
City State Zip Code  
WILMINGTON DE 19810

If you were a part-year resident in 2022, give the dates you resided in Delaware:

01-01-2022 07-01-2022  
mm-dd-yyyy mm-dd-yyyy

**SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN**

	FEDERAL COLUMN A		DELAWARE SOURCE INCOME/LOSS COLUMN B	
1. WAGES, SALARIES, TIPS, ETC.	1.	41610 .00	1.	21530 .00
2. INTEREST	2.	.00	2.	.00
3. DIVIDENDS	3.	.00	3.	.00
4. STATE REFUNDS, CREDITS OR OFFSETS OF STATE & LOCAL INCOME TAXES	4.	.00	4.	.00
5. ALIMONY RECEIVED	5.	.00	5.	.00
6. BUSINESS INCOME OR (LOSS) (See instructions)	6.	.00	6.	.00
7a. CAPITAL GAIN OR (LOSS)	7a.	.00	7a.	.00
7b. OTHER GAINS OR (LOSSES)	7b.	.00	7b.	.00
8. IRA DISTRIBUTIONS	8.	.00	8.	.00
9. TAXABLE PENSIONS AND ANNUITIES	9.	.00	9.	.00
10. RENTS, ROYALTIES, PARTNERSHIPS, S CORPS, ESTATES, TRUSTS, ETC.	10.	.00	10.	.00
11. FARM INCOME OR (LOSS)	11.	.00	11.	.00
12. UNEMPLOYMENT COMPENSATION (INSURANCE)	12.	.00	12.	.00
13. TAXABLE SOCIAL SECURITY BENEFITS	13.	.00	13.	.00
14. OTHER INCOME (State nature and source)	14.	.00	14.	.00
15. TOTAL INCOME - Add Line 1 through Line 14	15.	41610 .00	15.	21530 .00
16. TOTAL FEDERAL ADJUSTMENTS (See instructions)	16.	.00	16.	.00
17. FEDERAL ADJUSTED GROSS INCOME FOR DELAWARE PURPOSES Subtract Line 16 from Line 15	17.	41610 .00	17.	21530 .00

**SECTION B - ADDITIONS**

18. INTEREST RECEIVED ON OBLIGATIONS OF ANY STATE OTHER THAN DELAWARE	18.	.00	18.	.00
19. FIDUCIARY ADJUSTMENT, OIL DEPLETION	19.	.00	19.	.00
20. TOTAL - Add Line 18 to Line 19	20.	.00	20.	.00
21. Add Line 17 to Line 20	21.	41610 .00	21.	21530 .00

**SECTION C - SUBTRACTIONS**

22. INTEREST RECEIVED ON U.S. OBLIGATIONS	22.	.00	22.	.00
23. PENSION/RETIREMENT EXCLUSIONS (For a definition of eligible income, see instructions)	23.	.00	23.	.00
24. DELAWARE STATE TAX REFUND	24.	.00	24.	.00
25. Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward, etc.	25.	.00	25.	.00
26a. Taxable Social Security Benefits/Railroad Retirement Benefits/Higher Education Exclusion	26a.	.00	26a.	.00
26b. 529 Contribution to Delaware-sponsored Tuition Program or ABLE Program	26b.	.00	26b.	.00
27. TOTAL Add Line 22 through Line 26b	27.	.00	27.	.00
28. Subtract Line 27 from Line 21	28.	41610 .00	28.	21530 .00
29. EXCLUSION FOR CERTAIN PERSONS 60 AND OVER OR DISABLED (See instructions)	29.	.00	29.	.00
30a. COLUMN B- Subtract Line 29 from Line 28. This is your modified Delaware Source Income. Enter on Page 2, Line 42, Box A	30a.		30a.	21530 .00
30b. COLUMN A - Subtract Line 29 from Line 28. This is your Delaware Adjusted Gross Income. Enter on Page 2, Line 37 and Line 42, Box B	30b.	41610 .00		

**BALANCE DUE WITH PAYMENT ENCLOSED (LINE 59) MAIL COMPLETED FORM TO:**  
Delaware Division of Revenue  
PO Box 508, Wilmington, DE 19899-0508  
Make check payable to:  
Delaware Division of Revenue  
DFPITNON2022011555V1  
Revision 20221209

**REFUND (LINE 60) MAIL COMPLETED FORM TO:**  
Delaware Division of Revenue  
PO Box 8710  
Wilmington, DE 19899-8710

**ALL OTHER RETURNS MAIL COMPLETED FORM TO:**  
Delaware Division of Revenue  
PO Box 8711  
Wilmington, DE 19899-8711



# DELAWARE 2022

DIVISION OF REVENUE F O R M PIT-NON

## DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



### SECTION D - DEDUCTIONS

31. ENTER TOTAL ITEMIZED DEDUCTIONS (If Filing Status 3, See instructions)	31.	.00
32. ENTER FOREIGN TAXES PAID (See instructions)	32.	.00
33. ENTER CHARITABLE MILEAGE DEDUCTION (See instructions)	33.	.00
34. TOTAL - Add Line 31 through Line 33	34.	.00
35. ENTER FORM PIT-CRS TAX CREDIT ADJUSTMENT (See instructions)	35.	.00
36. Subtract Line 35 from Line 34. Enter here and on Line 38.	36.	.00

### SECTION E - CALCULATIONS

37. DELAWARE ADJUSTED GROSS INCOME - Enter amount from Line 30b here	37.	41610 .00
38. If you elect the STANDARD DEDUCTION check here <b>a.</b> <input checked="" type="checkbox"/> Filing Statuses 1, 3, & 5 enter \$3250; Filing Status 2 enter \$6500; If you elect the DELAWARE ITEMIZED DEDUCTIONS check here <b>b.</b> Enter amount from Line 36.	38.	3250 .00
39. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - See instructions) Check Box(es)- if SPOUSE was: 65 or over blind Check box(es) - if YOU were: 65 or over blind	39.	.00
40. TOTAL DEDUCTIONS - Add Line 38 to Line 39 and enter here	40.	3250 .00
41. TAXABLE INCOME - Subtract Line 40 from Line 37, and compute tax on this amount	41.	38360 .00
42. TAX LIABILITY COMPUTATION (See instructions)		
A. Line 30a 21530 .00	PRORATION DECIMAL (See instructions)	Tax Liability from Tax Rate Table/ Schedule Amount
B. Line 30b 41610 .00	= 0 . 5 1 7 4 X	1743 .00
43a. PERSONAL CREDITS If you are Filing Status 3, see instructions. Enter number of exemptions listed on Federal return 1 x \$110 = 110 Multiply this amount by the proration decimal on Line 42 ( x 0 . 5 1 7 4 ) and enter total here	43a.	57 .00
43b. CHECK BOX(ES) SPOUSE 60 or over (if filing status 2) SELF 60 or over Enter number of boxes checked on Line 43b x \$110 = Multiply this amount by the proration decimal on Line 42 ( x ) and enter total here	43b.	.00
44. TAX IMPOSED BY STATE OF Must attach copy of PIT-NNS and other state return - Part-Year Residents Only (See instructions)	44.	.00
45. OTHER NON-REFUNDABLE CREDITS (See instructions)	45.	.00
46. TOTAL NON-REFUNDABLE CREDITS - Add Line 43a through Line 45	46.	57 .00
47. BALANCE - Subtract Line 46 from Line 42. If Line 46 is greater than Line 42, enter 0.	47.	845 .00
48. DELAWARE TAX WITHHELD - (Attach W-2s/1099s)	48.	1090 .00
49. ESTIMATED TAX PAID & PAYMENTS WITH EXTENSIONS	49.	.00
50. S CORP PAYMENTS (See instructions)	50.	.00
51. REFUNDABLE BUSINESS CREDITS (See instructions)	51.	.00
52. CAPITAL GAINS TAX PAYMENTS (Attach form REW-EST)	52.	.00
53. TOTAL REFUNDABLE CREDITS - Add Line 48 through Line 52	53.	1090 .00
54. BALANCE DUE If Line 47 is greater than Line 53, Subtract Line 53 from Line 47 and enter here.	54.	.00
55. OVERPAYMENT If Line 53 is greater than Line 47, Subtract Line 47 from Line 53 and enter here.	55.	245 .00
56. CONTRIBUTIONS TO SPECIAL FUNDS (If electing a contribution, complete and attach PIT-NNS)	TOTAL 56.	.00
57. AMOUNT OF LINE 55 TO BE APPLIED TO 2023 ESTIMATED TAX ACCOUNT	ENTER 57.	.00
58. PENALTIES AND INTEREST DUE (If Line 54 is greater than \$800, see estimated tax instructions)	ENTER 58.	.00
59. NET BALANCE DUE - Add Line 54, Line 56, and Line 58	PAY IN FULL 59.	.00
60. NET REFUND - Subtract Lines 56, 57, and 58 from Line 55	ZERO DUE/TO BE REFUNDED 60.	245 .00

### SECTION F - DIRECT DEPOSIT INFORMATION

If you would like your refund deposited directly to your checking or savings account, complete below. See instructions for details.

ACCOUNT TYPE	ROUTING NUMBER	ACCOUNT NUMBER
<input checked="" type="checkbox"/> CHECKING		
<input type="checkbox"/> SAVINGS	0 8 3 0 0 0 1 3 7	9 0 5 6 7 7 9 5 8

Is this refund going to or through an account that is located outside of the United States?

YES  NO

PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN

BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete.

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SPOUSE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ BUSINESS PHONE NUMBER \_\_\_\_\_

\_\_\_\_\_ 302-409-6580

@ EMAIL ADDRESS \_\_\_\_\_

#### PAID PREPARER INFORMATION

SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/10/2024

PAID PREPARER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS 245 ROONEY CT E BRUNSWICK NJ

CITY STATE ZIP CODE

E BRUNSWICK NJ 08816

EIN, SSN or PTIN 843171965 PHONE NO. 678-965-9522

@ EMAIL ADDRESS \_\_\_\_\_

SYAM@GTAXFILE.COM



# DELAWARE 2022

DIVISION OF REVENUE FORM

## DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN



**FOR AMENDED RETURNS ONLY**

COLUMN B

61. <b>TOTAL REFUNDABLE CREDITS</b> - From Line 53	61.		.00
62. <b>AMOUNT PAID ON ORIGINAL RETURN</b>	62.		.00
63. <b>SUBTOTAL</b> - Add Lines 61 and 62	63.		.00
64. <b>REFUND RECEIVED</b> (If any, see instructions)	64.		.00
65. <b>Estimated tax carryover and/or Special Funds contributions</b> as shown on original return	65.		.00
66. <b>Subtract</b> Line 64 and Line 65 from Line 63	66.		.00
67. <b>BALANCE DUE</b> - If Line 47 is greater than Line 66, Subtract Line 66 from Line 47 and enter here	67.		.00
68. <b>OVERPAYMENT</b> - If Line 66 is greater than Line 47, Subtract Line 47 from Line 66 and enter here	68.		.00
69. <b>AMOUNT OF LINE 68 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT</b> (See Instructions)	69.		.00
70. <b>PENALTIES AND INTEREST DUE</b>	70.		.00
71. <b>NET BALANCE DUE</b> - Add Line 67 and Line 69 to Line 70	71.	<b>PAY IN FULL</b>	.00
72. <b>NET REFUND</b> - Subtract Line 69 and Line 70 from Line 68	72.	<b>ZERO DUE/TO BE REFUNDED</b>	.00

73. **Is an amended Federal return being filed?** Yes      No  
 If no, please explain. If the changes pertain to the Delaware return only, list the line numbers being amended.

74. **Has the Delaware Division of Revenue advised you your original return is being audited?** Yes      No  
 75. **Is this amended return being filed as a protective claim?** Yes      No  
 A detailed explanation of all changes must be provided in this space. All supporting schedules and/or documentation must be attached.

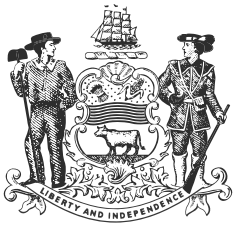
**NET BALANCE DUE WITH  
 PAYMENT ENCLOSED (LINE 71)  
 MAIL COMPLETED FORM TO:**   
 Delaware Division of Revenue  
 PO Box 508, Wilmington, DE 19899-0508  
 Make check payable to: Delaware Division of Revenue

**NET REFUND (LINE 72)  
 MAIL COMPLETED FORM TO:**   
 Delaware Division of Revenue  
 PO Box 8710  
 Wilmington, DE 19899-8710

**ALL OTHER RETURNS  
 MAIL COMPLETED FORM TO:**   
 Delaware Division of Revenue  
 PO Box 8711  
 Wilmington, DE 19899-8711

**PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN**





**DELAWARE** 2022  
 DIVISION OF REVENUE F O R M  
 PIT-NNS  
**DELAWARE NON-RESIDENT SCHEDULES**



FIRST NAME

LAST NAME

TAXPAYER ID

KALYANA RAO

BALLIKURAVA

1 9 5 2 7 4 6 9 9

**DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE**

Enter the credit in the highest to lowest amount order.

See the instructions and complete the worksheet prior to completing DE Schedule I.

1.	Tax imposed by State of	(Enter 2 character state name)	1.	.00
2.	Tax imposed by State of	(Enter 2 character state name)	2.	.00
3.	Tax imposed by State of	(Enter 2 character state name)	3.	.00
4.	Tax imposed by State of	(Enter 2 character state name)	4.	.00
5.	Tax imposed by State of	(Enter 2 character state name)	5.	.00
6.	Enter the total here and on Form PIT-NON, Page 2 Line 44. You must attach a copy of the other state return(s) with your Delaware tax return.		6.	.00

**DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)**

This schedule does not apply to the Non-Resident form. It is intentionally excluded.

**DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS**

See the instructions for ALL required documentation to attach.

See instructions for a description of each worthwhile fund listed below.

7.	A. Non-Game Wildlife	.00	H. DE National Guard	.00	O. Senior Trust Fund	.00
	B. Beau Biden Fund	.00	I. Juvenile Diabetes Fund	.00	P. Veterans Trust Fund	.00
	C. Emergency Housing	.00	J. Multiple Sclerosis Soc.	.00	Q. Protect DE's Child Fund	.00
	D. Breast Cancer Edu.	.00	K. Ovarian Cancer Fndn	.00	R. Food Bank of DE	.00
	E. Organ Donations	.00	L. 21st Fund for Children	.00	S. DE Hab For Humanity	.00
	F. Diabetes Education	.00	M. White Clay Creek	.00	T. B+ Childhood Cancer	.00
	G. Veterans Home	.00	N. Home of the Brave	.00	U. Combined Campaign for Justice	.00
8.	Enter the total Contribution amount here and on Form PIT-NON, Line 56			8.	.00	

This page MUST be sent in with your Delaware return if any of the schedules (above) are completed.



**DELAWARE** 2022  
 DIVISION OF REVENUE F O R M  
 PIT-NNS  
**DELAWARE NON-RESIDENT SCHEDULES**



**DE SCHEDULE IV - W-2 AND 1099-R INFORMATION**

Complete this Schedule listing all of your, and if applicable, your spouse's, forms W-2 and 1099-R showing Delaware Income Tax withheld. Forms W-2 and 1099-R showing income tax withheld must still be attached to the front of your return if you elect to file by paper. Failure to do so may delay the processing of your return.

TYPE	EMPLOYER NAME	EMPLOYER TAXPAYER ID	STATE	STATE WAGES	STATE WITHHOLDING	TAXPAYER OR SPOUSE
IRSW2	VIRTUSA CORPORATION	043512883	DE	21530	1090	X Taxpayer Spouse Taxpayer Spouse Taxpayer Spouse Taxpayer Spouse Taxpayer Spouse Taxpayer Spouse Taxpayer Spouse Taxpayer Spouse Taxpayer Spouse Taxpayer Spouse Taxpayer Spouse Taxpayer Spouse

**DE SCHEDULE V - DELAWARE S CORPORATION PAYMENTS**

Complete this Schedule by listing all estimated Delaware tax payments made by an S Corporation on behalf of you or your spouse. Failure to do so may delay the processing of your return.

S CORPORATION FEIN	NAME OF S CORPORATION	PAYEE ID	AMOUNT OF ESTIMATED PAYMENT
--------------------	-----------------------	----------	-----------------------------



Filing Status [X] Single [ ] 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:

Form fields for personal information: Your first name and middle initial (KALYANA RAO), Last name (BALLIKURAVA), Your social security number (195-27-4699), Spouse's social security number, Home address (121 BALLYMEADE DR, WILMINGTON, DE 19810), and Presidential Election Campaign options.

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

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

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

Table for Dependents with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents.

Main income table with rows 1a through 15, including sub-rows (2a-6a, 7-15) for detailed income and deduction reporting. Total taxable income is 28,660.

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 3,236.

Table for Payments (lines 25-33). Includes federal income tax withheld (6,494) and total payments (6,494).

If you have a qualifying child, attach Sch. EIC.

Table for Refund (lines 34-36). Shows overpaid amount of 3,258 and routing/account numbers for direct deposit.

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

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

Sign Here section with signature lines for taxpayer (B KALYANA RAO) and preparer, including date and occupation.

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