Form <b>8879</b>
(Rev. January 2021)
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#### Department of the Treasury Internal Revenue Service

# **IRS e-file Signature Authorization**

OMB No. 1545-0074

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	Social security number										
KALYANA RAO BALLIKURAVA	195-27-4699										
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.										
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 6,494.										
4 Amount you want refunded to you	<b>4</b> 3,258.										
5 Amount you owe											
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a copy of your return)										

Under penalties of periury. 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

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN

/ Ent	4 er fiv n't er	/e di	gits,	9 but	as my
-	1	6	0	0	

ERO firm name 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

Spouse's	PIN:	check	one	box	only
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I authorize

<sup>o</sup>	enter	or	generate	mv	PIN	

Date 🕨

03/10/2024

as mv Enter five digits, but don't enter all zeros

ERO firm name 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	spouse's signature 🕨							 				
Practitioner PIN Method Returns Only—continue below												
Part III Certific	ication and Authentication – Practitioner PIN Method Only											
ERO's EFIN/PIN. En	nter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2			6 nter a		2	7	1	

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 🕨	
Don	ERO Must Retain This For t Submit This Form to the IRS	rm — See Instructions S Unless Requested To Do So	0
For Demonstral, Deduction Act Notice	a a a success these materians in admissible and	DEV 07/00/00 DD0	Form 8870 (Day, 01 0001)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

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 provide and middle initial       Your stocial security number         Your framew and middle initial       Last name       Your social security number         YALYAN RAO       Packets       Packets       Packets         Home address fummer and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         121 EALLYMEADE DR       Residential Election Campaign       Check here if you, or your       Check here if you, or your         121 EALLYMEADE DR       Terestion country name       Foreign province/statis/country       Foreign province	LE 1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		urn 20	22	OMB No. 1545	5-0074	IRS Use	Only	—Do not v	write or staple	in this space.	
KALYANA       RAO       BALLIKURAVA       195-27-4699         if joir redurm, spouse's first name and middle initial       Last name       Spouse's social security number         Home address furmber and street), if you have a foreign address, also complete spaces below.       Apt. no.       Checkhor a you or spouse if film gloit/ly, want 35         121       BALLYRADE DE DR       Presidential Election Campaign of the provide dispose of a clight asset (or a financial interest in a digital asset)? (See instructions).       DE       19810         Freign coulting address, also complete spaces below.       State       DE       19810       Do below will not change space below.       State       Checkhor a you or spouse and abset of a digital asset? (See instructions).       Verial Security and the provide digital asset (or a financial interest in a digital asset?)? (See instructions).       Verial Security and the provide digital asset?         Calified       Assets       Someone can claim:       You as a dependent were a dual-status allen       Check tas credit       Check tas credit       Check tas credit       Security       Nees hour digital security or with the provide digital security or with the provide digital security and the provide digital asset?       Spouse film gloit asset (or a financial interest in a digital asset?)       Spouse film gloit asset (or a financial interest in a digital asset?       Spouse film gloit asset (or a financial interest in a digital asset?)       Spouse film gloit asset (or a financial interest in a digital asset?)       Spouse film Gl	Filing Status Check only one box.	lf yo	ou checked the MFS box, enter the na	ame of y	0.					,	spo	use (QSS)	0	
KLIYANA       RAO       BALLIKURAVA       195-27-49-9         If pirt return, spoke's first name and middle initial       Last name       Spoke's social security number         Home address (number and street), if you have a PO. box, see instructions.       Apt. no.       Presidential Election Campaign Checkton, or post office. If you have a foreign address, also complete spaces below.       State       2P code       Spoke's social security number         I21 BALLYREDDE DR       English       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gft, or otherwise dispose of a digital asset (or a financial interest in a digital asset?) (See instructions.)       Yee R No         Standard       Someone can called assume the Your spoke as a dependent       Yee R No         Dependents       Gene instructions;:       (9) Social security       (9) Beltionath       (9) Check the box f quilles for (see instructions)         If none       in Total amount from Form(s) W-2, box 1 (see instructions)       10       10       10         Dependents       Gene instructions;       (9) Social security       (9) Social security       10       10         Hone of the A       In Total amount from Form(s) W-2, box 1 (see instructions)       10       11       11       11       11         Hone of the A       In Total amount from Form(s) W-2, box 1 (see instructions)       10       <	Your first name		, ,	1	me						Your so	ocial securi	ty number	
If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Home address (number and street), if you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         121 EALLYNEADE DR       Presidential Election Campaign       Check here if you, or your       Check here if you, or your         121 EALLYNEADE DR       Presidential Election Campaign       Check here if you, or your       Spouse if fing jointy, want 38         VILLMINGTON       DE       1981.0       Spouse if many limits of the your tax or refund.       De box below with not change your tax or refund.         Standard       Someone can claim:       You as a dependent       Or you were a dual-status alien         Age/Blindness       You as dependent       You were a dual-status alien       (Pore generation electron anany 2, 1958)       Is blind         Dependents       Gene instructions:       (P) social security (P) secure instructions;       (P) social security (P) secure instructions;       Is dual-status alien         If mora       (I) First name       Last name       Pouse:       Vas born befors January 2, 1958       Is blind         Dependents       Gene instructions;       (P) social security (P)													-	
Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign Check here if you, or your spouse if Timing Jointy, want 35         City, two, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code       spouse if Timing Jointy, want 35         Foreign country name       Foreign province/state/county       Foreign postal code       you tax or minut.         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, gft, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes       Yes       No         Standard       Spouse itemizes on a separate return or you were a dual-status alien       Spouse itemizes on a separate return or you were a dual-status alien       Aps/Bindness       Yes       No         Dependents       (see instructions); (f) Finit name       (g) Social security       (g) Relationalip       (g) Check the box if qualifies for been dependent in our dependents, see instructions);       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a			s first name and middle initial											
121 BALLYMEADE DR       Check new fyou, or your											•			
121 BALLYMEADE DR       Check here if you, or your       Digital       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); Cise instructions.       Image: Cite of the 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); Cise instructions.       Image: Cite of the 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); Cise instructions.       Image: Cite of the 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); Cise instructions.       Image: Cite of the time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, esci (astructions);       Image: Cite of time during 2022, did you: (a) receive (astructions);       Image: Cite of time during 2022, did you: (a) receive (astructions);       Image: Cite of time during 2022, did you: (a) receive (astructions);       Image: Cite of time during 2022, did you: (a) receive (astructions);       Image: Cite of time during 2022, did you: (a) receive (astructions);       Image: Cite of time during 2022, did you: (a) receive (astructions);       Image: Cite of timage: Cite	Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Ap	ot. no.		Preside	ential Electi	on Campaigr	
City, town, or post office. If you have a foreign address, also complete spaces below.       State       2 p2 code       spouse if filing jointly, want \$3 tog to this fund. Checking a box below will not change a box box below below below box below below below below below below be	121 BALT	YME	ADE DR											
MILINGTON       DE       1910       box below will not change <sup>®</sup> Foreign country name       Foreign province/state/county       Foreign province/state/county       Proving province/state/county       <	-			mplete s	paces below.	Sta	te	ZIP co	de		•			
Foreign country name       Foreign province/state/county       Foreign postal code       you it as or refund.         Digital Asset or a financial interest in a digital asset/ (see instructions).       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).       Ves       No         Standard dependent       Spouse itemizes on a separate return or you were a dual-status allen       Age/Blindness       You is a dependent       (9) Check the box if qualifies for (see instructions):       (10) First name       Lis blind         Dependents       (see instructions):       (10) First name       Lis time       (10) First name       Check the box if qualifies for (see instructions):         In more       In ortal amount from Form(s) W-2, box 1 (see instructions)       In       In       In       In         Nucleon form(b)       M decicabi dwalver payments not reported on Form(s) W-2.       In       <	WILMINGT	'ON				DE	3	1981	0		•		•	
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). Uses       Ves       No         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Bindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (f) First name       Last name       (g) Social security       (a) Relationship       (d) Check the box if qualifies for (see instructionship;         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       .       1a       1, 610.         Vary Ener, Also       Household employee wages not reported on Form(s) W-2 (see instructions)       .       1a       1, 610.         W-2 here, Also       1d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       .       1a       1, 610.         W-2 hare Also       1g       Wages from Form 8919, line 6       .       1g       .       .         W-2 hare Also       1a       Tata framed income (see instructions)       .       1a       .       .       1a       .       .       1a<				F	oreign province/sta	ite/count	y			ode			0	
Assets       exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes       X No         Standard       Someone can claim:       Ovu as a dependent       Your spouse as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (a) Social security       (a) Relationship       (b) Check the box if qualifies for cele instructions,         If more       (1) First name       Last name       (a) Social security       (b) You       (c) Check the box if qualifies for cele instructions,         If more first name       Last name       (a) Social security       (b) Check the box if qualifies for cele instructions,       (b) Check the box if qualifies for cele instructions,         If more first name       Last name       (a) Social security       (b) Pousehold employee wages not reported on Form(s) W-2.       (b) Household employee wages not reported on Form(s) W-2.       (b) Household employee wages not reported on Form(s) W-2.       (b) Household epondent case heartist from Form (s) W-2.       (c) Tip income not reported on Form(s) W-2.       (c) Tip income not reported on Form(s) W-2.       (c) Tip income not reported on Form(s) W-2.       (c) Tip income not reported on Form (s) W-2.       (c) Tip income not reported on Form(s) W-2.							-	_				You	Spouse	
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Bindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (2) Relationship       (4) Check the box if qualifies for (see instructions):         If more       (1) First name       Last name       (2) Social security       (2) Relationship       (3) Relationship         dependents, see instructions;       (1) First name       Last name       (1) Check the box if qualifies for (see instructions)       (1) Check the box if qualifies for (see instructions)         and check	Digital Assets											_	X No	
Dependents from re than four dependents, see instructions):       (2) Social security number       (3) Relationship to you       (4) Check the box if qualifies for (see instructions): Child tax credit       Credit for other dependent dependents, see instructions:         and check here	Standard Deduction			•	— ·		•							
Dependents from re than four dependents, see instructions):       (2) Social security number       (3) Relationship to you       (4) Check the box if qualifies for (see instructions): Child tax credit       Credit for other dependent dependents, see instructions:         and check here	Age/Blindness	Vou	Were born before January 2, 1	958 F		Snouse	• 🗌 Was boi	rn hefor	a lanu	arv 3	1058	🗌 le b	lind	
Carper Indentity       (b) Instruction(s)       (c) Protect as a name       (c) Protect as a nam       (c) Protect as a name			· · · · · · · · · · · · · · · · · · ·	550 L	1	· ·				-				
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and check	dependents,													
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Attach Form(s)       c       Tip income not reported on line 1a (see instructions)       1c         W-2 here Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 face Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 G and       109-Ri ft ax       f       Employer-provided adoption benefits from Form 2441, line 26       1e         Mudicial waiver payments not reported on brown Song and apple line 6       1e       1g       1f         Was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1h       0.         W2 (see instructions)       1i       1g       1g       1g       1g         Wether earned income (see instructions)       1h       0.       1h       0.         W-2, see       in Nontaxable combat pay election (see instructions)       1h       0.       1k         Attach Sch. B       2a       Tax-exempt interest       2b       2b       2b         Attach Sch. B       2a       Tax-exempt interest       4a       b       Taxable amount       4b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       6b         Single or       ff y	Income									•			11,010.	
W-2 here. Also attach Forms       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and 109-Ri ft at was withheld.       Faxable dependent care benefits from Form 2441, line 26       1e         M-26 and 109-Ri ft at was withheld.       Gamma and the second and the seco	Attach Form(s)													
W-23 and 1099-R if tax was withheld.       e       Taxable dependent care benefits from Form 2441, line 26       1e         1099-R if tax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         was withheld.       g       Wages from Form 8919, line 6       1g         get a Form       h       Other earned income (see instructions)       11         was withheld.       g       Wages from Form 8919, line 6       1g         get a Form       h       Other earned income (see instructions)       11         w2.2, see       i       Nontaxable combat pay election (see instructions)       1i         z       Add lines 1a through 1h       1z       41, 610.         ztatach Sch. B       2a       b       Tax-exempt interest       2b         data IRA distributions       2a       b       Taxable amount       4b         standard       Sa       Qualified dividends       3a       b       Taxable amount       6b         Single or Married fling pointly or Qualifying spouse, St2,590       G       If you elect to use the lump-sum election method, check here (see instructions)       7       7         Married fling pointly or Qualifying spouse, St3,940       O       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9 <td< td=""><td>W-2 here. Also</td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	W-2 here. Also				-									
1099-Ri ftax       f       Employer-provided adoption benefits from Form 8839, line 29       1f         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1g         get a Form       h       Other earned income (see instructions)       1h       0.         W-2, see       i       Nontaxable combat pay election (see instructions)       1i       1k         wextrest       z       Add lines 1a through 1h       1z       41, 610.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Draxable interest       2b         4tach Sch. B       2a       Qualified dividends       3a       b       Ordinary dividends       3b         4tach Sch. B       2a       Tax-exempt interest       2a       b       Taxable amount       3b         4tach Sch. B       2a       IRA distributions       4a       b       Taxable amount       5b         4tandard       5a       Densions and annuities       5a       b       Taxable amount       5b         5andard       Social security benefits       6a       b       Taxable amount       5b         6b       Social security benefits       6a       b       Taxable amount       5b         1	W-2G and													
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In you do not       Image: A comment       Image: A comment       Image: A comment         W-2, see       i       Nontaxable combat pay election (see instructions)       Image: A comment       Image: A comment         W-2, see       i       Nontaxable combat pay election (see instructions)       Image: A comment       Image: A comment       Image: A comment         W-2, see       i       Nontaxable combat pay election (see instructions)       Image: A comment       Image: A comment       Image: A comment         W-2, see       isstandard       Z       Add lines 1a through 1h       Image: A comment       Image: A comment       Image: A comment         Attach Sch. B       2a       Tax-exempt interest       Image: A comment       Image: A		q			-						. 10	3		
W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i         Attach Sch. B       2a       1i       1z       41,610.         Attach Sch. B       2a       2a       b       Tax-exempt interest       2b         Attach Sch. B       2a       3a       b       Dordinary dividends       2b         if required.       3a       Qualified dividends       3a       b       Dordinary dividends       3b         4a       IRA distributions       4a       b       Dordinary dividends       3b       b         Standard Deduction for-Single or       5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b       5c         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7       7         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       41, 610.       10         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income       11       41, 610.         9       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income       11       41, 610. <td>get a Form</td> <td></td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td>	get a Form		•										0.	
z       Add lines 1a through 1h       1z       41,610.         Attach Sch. B       2a       Tax-exempt interest       2a       b       2b         if required.       3a       Qualified dividends       3a       b       0         4a       IRA distributions       4a       b       0       3b       3b         4a       IRA distributions       4a       b       Taxable interest       3b       3b         5a       Pensions and annuities       5a       b       Taxable amount       4b       4b         Standard       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         8       Other income from Schedule 1, line 10       10       10       10         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10       10         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10       11	W-2, see	i	Nontaxable combat pay election (s	see instr	uctions)		1i	i						
Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       4b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       5b         Married filing separately, \$12,950       5a       Other income from Schedule D if required. If not required, check here       7         Married filing jointly or Qualifying spouse, \$25,900       0       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       41, 610.         It you checked and of household, \$14,000       12       Standard deduction or itemized deductions (from Schedule A)       12       12, 950.         If you checked any box under Standard       13       Qualified business income eduction from Regos or Form 8995-A       13       14       12, 950.         14       12, 950.       15       Subtract line 11. If zero or less enter -0- This is your taxable income       12       12, 950.		z	Add lines 1a through 1h								. 12	z ·	41,610.	
total       total <tht dis<="" th=""> <th di<="" td=""><td>Attach Sch. B</td><td>2a</td><td></td><td>2a</td><td></td><td>bТ</td><td>axable interes</td><td>t.</td><td></td><td></td><td>. 2t</td><td>5</td><td></td></th></tht>	<td>Attach Sch. B</td> <td>2a</td> <td></td> <td>2a</td> <td></td> <td>bТ</td> <td>axable interes</td> <td>t.</td> <td></td> <td></td> <td>. 2t</td> <td>5</td> <td></td>	Attach Sch. B	2a		2a		bТ	axable interes	t.			. 2t	5	
Standard Deduction for-Deduction for-Single or Married filing separately, \$12,950.       5a       Pensions and annuities	if required.	3a	Qualified dividends	3a		b C	rdinary divide	nds .			. 3k	5		
Deduction for-       6a       Social security benefits       6a       b Taxable amount       6b         Single or Married filing separately, \$12,950       c       If you elect to use the lump-sum election method, check here (see instructions)       .       .       6b         Married filing jointly or Qualifying surviving spouse, \$25,900       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       .       .       7         Married filing jointly or Qualifying surviving spouse, \$25,900       8       Other income from Schedule 1, line 10       .       .       .       8         10       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       .       .       .       9       41, 610.         11       Subtract line 10 from line 9. This is your adjusted gross income       . <td></td> <td>4a</td> <td>IRA distributions</td> <td>4a</td> <td></td> <td>bТ</td> <td>axable amoun</td> <td>ıt</td> <td></td> <td></td> <td>. 4t</td> <td><b>b</b></td> <td></td>		4a	IRA distributions	4a		bТ	axable amoun	ıt			. 4t	<b>b</b>		
Single or Married filing separately, 7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         Married filing jointly or Qualifying surviving spouse, \$25,900       8       Other income from Schedule 1, line 10       7         Married filing jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       41, 610.         10       10       10       10       10         Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       11       41, 610.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       12, 950.         14       12, 950.       14       12, 950.       14       12, 950.	Standard	5a	Pensions and annuities	5a		bΤ	axable amoun	ıt			. 5k	5		
Married filing separately, \$12,950       c       If you elect to use the lump-sum election method, check here (see instructions)       .	Deduction for –	6a	Social security benefits	6a		bΤ	axable amoun	ıt			. 6k	5		
\$12,950       7       Capital gain of (loss). Attach Schedule D if required, the of required, check here       1       7         Married filing jointly or Qualifying souse, \$25,900       8       Other income from Schedule 1, line 10       8       9       41,610.         Married filing jointly or Qualifying souse, \$25,900       10       Adjustments to income from Schedule 1, line 26       9       41,610.         Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       10       11       41,610.         \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       12,950.         If you checked any box under standard box under standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         Deduction, box under standard       15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       28,660	Married filing	с	If you elect to use the lump-sum e	lection r	nethod, check he	ere (see	instructions)			. [				
Married filing jointly or Qualifying surviving spouse, \$25,900       8       Other income from Schedule 1, line 10       8         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       41,610.         10       Adjustments to income from Schedule 1, line 26       10         Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       41,610.         12       Standard deduction or itemized deductions (from Schedule A)       12       12,950.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       12,950.         15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15		7	Capital gain or (loss). Attach Schee	dule D if	required. If not re	equired	, check here			. [	7			
Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       41, 610.         10       Adjustments to income from Schedule 1, line 26       10       10         Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       41, 610.         12       12       12, 950.       12       12       12, 950.         If you checked any box under Standard       14       Add lines 12 and 13       14       12, 950.         14       12, 950.       14       28, 660.       15       28, 660.	Married filing	8	Other income from Schedule 1, lin	e10 .							. 8			
\$25,900       11       Subtract line 10 from line 9. This is your adjusted gross income       11       41,610.         Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       12       12,950.         If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       12,950.         14       12,950.       14       12,950.       14       12,950.         15       Subtract line 14 from line 11. If zero or less, enter -0- This is your taxable income       15       28,660.	Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your <b>total</b>	income	ə				. 9		41,610.	
Head of household, \$11       Subtract line 10 from line 9. This is your adjusted gross income       11       41,610.         12       Standard deduction or itemized deductions (from Schedule A)       12       12,950.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       Add lines 12 and 13       14       12,950.         15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       28		10	Adjustments to income from Sche	dule 1, l	ine 26						. 10	ס		
\$19,400       12       Standard deduction or itemized deductions (irom Schedule A)       12       12       12,950.         If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         14       Add lines 12 and 13       13       14       12,950.       14       12,950.         Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       28       660	Head of	11	Subtract line 10 from line 9. This is	s your <b>a</b>	djusted gross ind	come					. 11	1 .	41,610.	
If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       Add lines 12 and 13       14       12,950         Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15		12	Standard deduction or itemized	deducti	ons (from Sched	ule A)					. 12	2	12,950.	
Standard         14         Add lines 12 and 13         14         12,950           Deduction,         15         Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income         15         28         660	<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduction	ion from	Form 8995 or Fo	orm 899	5-A				. 13	3		
	Standard										. 14			
		15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 This i	s your t	axable incom	ne.	· ·	•	. 15	5	28,660.	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	3,	236.
Credits	17	Amount from Schedule 2, lin	ie3					17		
	18	Add lines 16 and 17						18	3,	236.
	19	Child tax credit or credit for	other dependen	its from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ie8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	3,	236.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	3,	236.
Payments	25	Federal income tax withheld	from:							
-	а	Form(s) W-2				25a 6	5,494.			
	b	Form(s) 1099				25b		]		
	с	Other forms (see instructions	s)			25c		1		
	d	Add lines 25a through 25c						25d	б,	494.
lf	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return .			26		
If you have a qualifying child,	27	Earned income credit (EIC)			No	27				
attach Sch. EIC.	28	Additional child tax credit fror				28		1		
	29	American opportunity credit	from Form 8863	3, line 8		29		1		
	30	Reserved for future use .		-		30		1		
	31	Amount from Schedule 3, lin				31		1 !		
	32	Add lines 27, 28, 29, and 31.				undable credits		32		
	33	Add lines 25d, 26, and 32. T						33	б,	494.
Defund	34	If line 33 is more than line 24						34	3,	258.
Refund	35a	Amount of line 34 you want	refunded to you	u. If Form 8888	3 is attached, che	ck here	. 🗆	35a	3,	258.
Direct deposit?	b	Routing number 0 8 3					Savings			
See instructions.	d	Account number 9 0 5					<u> </u>			
	36	Amount of line 34 you want a			ed tax	36				
Amount	37	Subtract line 33 from line 24								
You Owe	01	For details on how to pay, ge						37		
	38	Estimated tax penalty (see in				38				
Third Party	Do	you want to allow another	,							
Designee		structions					omplete b	below.	X No	
<b>J</b>	De	signee's		Phone		Pers	onal identi	fication		
	nar	nē		no.		num	ber (PIN)			
Sign		der penalties of perjury, I declare t								
Here	bel	ief, they are true, correct, and com	plete. Declaration			ased on all informati			,	0
	Yo	ur signature		Date	Your occupation				nt you an Iden IN, enter it her	
loint roturn?	В	KALYANA RAO		03/10/2024	SOFTWARE :	FNGINFFR		inst.)		<u> </u>
Joint return? See instructions.	Sp	ouse's signature. If a joint return, <b>k</b>	ooth must sian.	Date	Spouse's occupat		If the	IRS ser	nt your spouse	an
Keep a copy for	Op	oudo o digitataro. Il a joint rotani, k		Duito					ection PIN, ent	
your records.							(see	inst.)		
	Ph	one no. (302)409-658	0	Email address	BKRAO.CARE	ERS@GMAIL.CO	MC			
Daid	Pre	eparer's name	Preparer's signa	ture		Date	PTIN		Check if:	
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/10/2024	P0208	2703	Self-emp	ployed
Preparer	Firi	m's name GLOBAL TAX	XES LLC				Phor	ne no. (	678)965-	9522
Use Only	Fin	m's address 245 ROONE	Y CT E BRU	JNSWICK N	J 08816		Firm	's EIN	84-317	1965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 07/23/23 PRO			Form <b>10</b> 4	40 (2022

# **2022 AR1000NR** ARKANSAS INDIVIDUAL INCOME TAX RETURN Nonresident and Part Year Resident



							K BOX IF		
						AMENDE	D RETURN	_	Software ID
Jan.	1 - Dec. 31, 2022 or fiscal year ending _		_ , 20 •	•		•			PROSERIES
	Primary's legal first name	MI	Last name	Э		Ohaali if	Primary's social sec	urity n	umber
	•KALYANA RAO	•	• BALL	IKURA	AVA	Check if •  Deceased	• 195-27-4699	Э	
	Spouse's legal first name	MI	Last name	е			Spouse's social sec	urity n	umber
	•	•	•			Check if • Deceased	•		
	Mailing address (number and street, P.O. box o	or rural route)					Check if address is		
	•121 BALLYMEADE DR			outsic	10.0.				
		State or provi	nce		ZIP		Foreign country nam	ne	
z	• WILMINGTON	DE			•19810				
I O	Primary email	email	1						
TAXPAYER INFORMATION									
NFO				•□	NONRESIDEN	Т: (	X PART YEAR RESI	DENT:	Dates lived in AR:
	ATTACH PAGE 1 AND 2 OF YOU	R FEDERA	L RETURN						
PAY					state of residend				
TAX	• We will no longer automation	-							
	(www.atap.arkansas.gov)	. Check ti	he box if y	ou stil	l want us t	o mail you a	paper Form 1099	9-G n	ext year.
	● ┌── Check here if you want a ta	x booklet	mailed to y	/ou	• Che	ck this box if	you have filed a s	tate	extension
	next year.				or a	n automatic f	ederal extension		
	0007500			Issue	date oc		Expiration date	1.0	/01/2025
	DL# / State ID 2227599	Your state	DE	(mm/d	ld/yyyy)	9/29/2023	(mm/dd/yyyy) _	10	70172025
				Issue	date		Expiration date		
	DL# / State ID	Spouse state			ld/yyyy)		_ (mm/dd/yyyy) _		
					4.● □ N				
S	1.• X Single (Or widowed before 2022	larried filing sepa	rately on the same re	turn					
STATUS	2.• Married filing joint (Even if only		rately on different ret						
FILING	3. Head of household (See instruction	me here and SSN abo	ove _						
	If the qualifying person was you	vith dependent child							
	enter child's name here:				Y	ear spouse died:	(See instructions)		
	7A. X Yourself • 65 or over	• 6	5 Special	•	Blind •	Deaf	Head of househol (Filing status 3 only)	d/surv	iving spouse
	Spouse • 65 or over		5 Special		Blind •	Deaf	(Filing status 3 only)	(Filing	ı status 6 only)
			o Special		DIIIIU	Deal			
	Multiply number of boxes checked						7A1 X \$29 =		29.00
	Dependents (Do not list yourself	or enouso)							I
s				D			Danandantiana	1 - 41	- h in the second
TAX CREDITS	First name	Last name	e	Depende	ents social se	curity number	Dependent's re	ations	snip to you
CRI	1.								
TA	2.								
NAL	3.								
PERSONAL	3. 								
<b>B</b>	4.								
	5.								
	7B. Multiply number of <b>DEPENDENTS</b>	from above					7B • X \$29 =		00
								<u> </u>	
	7C. Multiply number of qualifying individu	als from <b>AR1</b>	000RC5 (See	instructi	ons)		7C • X \$500 =		00
	7D. TOTAL PERSONAL TAX CRED	ITS: (Add lin	ies 7A, 7B, and	17C. Ent	ter total here a	nd on line 34)	7D		29.00
		,	, ,			,	. –		== .  00



## Primary SSN \_\_\_\_\_\_\_195-27-4699

		ROUND ALL AMOUNTS TO WHOLE DOLLARS	(A)	) Primary/Joint Income		(B) Spouse's Incom Status 4 Only		(C)	Arkansas Income Only	,
	8.	Wages, salaries, tips, etc: (Attach W-2s)8	•	41,610.	00	•	00	•	20,080.	00
	9.	Military pay: Primary • 00 Spouse • 00								
	10.	Interest income: (If over \$1,500, attach AR4)10	•		00	•	00	•		00
	11.	Dividend income: (If over \$1,500, attach AR4)11	•		00	•	00	•		00
	12.	Alimony and separate maintenance received:	•		00	•	00	•		00
	13.	Business or professional income: (Attach federal Sch. C)	•		00	•	00	•		00
	14.	Capital gains/(losses) from stocks, bonds, etc: (Attach federal Sch. D)14	•		00	•	00	•		00
	15.	Other gains or (losses): (See instructions)	•		00	•	00	•		00
	16.	Non-qualified IRA distributions and taxable annuities: (Attach all 1099Rs) 16	•		00	•	00	•		00
INCOME	17.	Military retirement: <b>Primary</b> • 00 <b>Spouse</b> • 00								
Ň		Primary employer pension plan(s)/qualified IRA(s):(Attach 1099Rs)			00			•		00
					00			•		
		Spouse employer pension plan(s)/qualified IRA(s):(Attach 1099Rs) Gross	•		00	•	00	•		00
	19.	Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Sch. E) 19	•		00	•	00	•		00
	20.	Farm income: (Attach federal Sch. F)20	•		00	•	00	•		00
	21.	Unemployment:	•		00	•	00	•		00
	22.	Other income/depreciation differences: (Attach Form AR-OI)22	•		00	•	00	•		00
	23.	TOTAL INCOME: (Add lines 8 through 22)23	•	41,610.	00	•	00	•	20,080.	00
	24.	TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)24	•		00	•	00	•		00
	25.	ADJUSTED GROSS INCOME: (Subtract line 24 from line 23) 25	•	41,610.	00	•	00	•	20,080.	00
		Select tax table: (Select only one) 26								
		<ul> <li>Low income table (\$0), See line 26 instructions</li> <li>Standard deduction (See instructions)</li> </ul>								
NOI		<ul> <li>X Standard deduction (See instructions)</li> <li>Itemized deductions (Attach AR3)</li> <li>27</li> </ul>	•	2,270.	00	•	00			
PUTATION	28.	NET TAXABLE INCOME: (Subtract line 27 from line 25)	•	39,340.	00	•	00			
		TAX: (Enter tax from tax table)		1,300.			00			
TAX COM	30.	Combined tax: (Add amounts from line 29, columns A and B)							1,300.	00
		Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR			•		00			
		Additional tax on IRA and qualified plan withdrawal and overpayment: (Se			•	1 200	00 00			
-		TOTAL TAX: (Add lines 30 through 32)						•	1,300. 29.	
TS		Personal tax credit(s): (Enter total from line 7D) Child care credit: (Attach AR2441)						•	27.	00
RED		Other credits: (Attach AR1000TC)						•		00
TAX CREDITS		TOTAL CREDITS: (Add lines 34 through 36)					•	29.		
		<b>NET TAX:</b> (Subtract line 37 from line 33. If line 37 is greater than line 3						•	1,271.	00
ENT		Enter the amount from <b>line 25, Column C</b> :							20,080.	
APPORTIONMENT		Enter the total amount from line 25, Columns A and B:							41,610.	00
PORT	38C.	Divide line 38A by 38B: (See instructions)		38C		0.482576				
AF	38D.	APPORTIONED TAX LIABILITY: (Multiply line 38 by line 38C)					38D	•	613.	00



# Primary SSN \_\_\_\_\_\_195-27-4699

	39	. Arkansas income tax withheld: (Attach copies of W	-2, 10	99R	R, W2-0	G,1099-	PT, and/o	r AR-	K1)		39	•	1,040	. 00
	40	. Estimated tax paid or credit brought forward from 20	21:								40	•		00
	41	. Payment made with extension: (See instructions)									41	•		00
NTS	42	. AMENDED RETURNS ONLY - Previous paymen	nts: <b>(S</b> e	ee i	nstruc	tions) .					42	•		00
PAYMENTS	43	. Early childhood program: Certification number: (Attach AR1000EC and AR2441)									43	•		00
		. TOTAL PAYMENTS: (Add lines 39 through 43) .											1,040	. 00
	45	AMENDED RETURNS ONLY - Previous refund:	(See i	inst	ructior	າຣ)					45	•		00
		Adjusted total payments: (Subtract line 45 from line											1,040	. 00
		AMOUNT OF OVERPAYMENT/REFUND: (If line 4											427	. 00
l II		Amount to be applied to 2023 estimated tax:									-			
AX DUE	49	. Amount of Check-Off contributions: (Attach Form A	R1000	00	)			•		00	D			
REFUND OR TAX	50	AMOUNT TO BE REFUNDED TO YOU: (Subtr	act lir	nes	48 and	d 49 fro	m line 47	)	RE	FUNC	_ 50•	0	427.	. 00
	51	AMOUNT DUE: (If line 46 is less than line 38D, enter diff	ference	e; If o	over \$1,	, <b>000</b> , cor	ntinue to 52	2 <b>A)</b>	<b>TA</b>	K DUE	51	8		00
REI	52A	A. UEP: Attach Form AR2210 or AR2210A. If required, enter	r excep	otion	in box §	52A •	Penal	ty 52B	•		0	0		
	520	C. Add lines 51 and 52B: (See instructions)						ר	OTAL	DUE	52C	•		00
	Dir	ect deposit allowed to U.S. banks only. Check if either dep	osit(s)	will	ultimat	ely be p	laced in a f	oreigr	n accou	nt. •				
			. ,			Checkir		_	ings			_		
POSI		Routing number 1         Account num           0         8         3         0         0         1         3         7         ●         9         0         5         6	1 1	7	9 5	8						irect	deposit 1 a	
DIRECT DEPOSIT									•L		427.	. 00		
DIRE									irect	deposit 2 a	ımt.			
	•										•			00
		EASE SIGN HERE: Under penalties of perjury, I declare												· · ·
	info	I to the best of my knowledge and belief, they are true, co ormation of which preparer has any knowledge.	orrect a	and	comple	te. Decl	aration of	prepa	rer (oth	er tha	n taxp	ayer)	is based or	n all
LEASE		imary's signature KALYANA RAO			Date	/2024	· · ·	Telephone				-	e Arkansa Je Divisioj	
SIG		pouse's signature		_	03/10/2024 (302)40 Date Telephone				dis			cuss	this retur	n
	Pa	id preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/10	)/202	24		'ID numl 317196						Yes	X No	
	Pro	eparer's name GLOBAL TAXES LLC			phone					-		Depart	tment Use On	ily
R						(678	)965-95	22			A		•	
PAID PREPARER	AC	ldress 245 ROONEY CT												
PR	Cit							ZIP						
		BRUNSWICK NJ						088	16					
	E-I	Mail SYAM@GTAXFILE.COM												
PA	YO	NLINE:					Pofunda							
tax		risit our secure website ATAP (Arkansas Taxpayer Access Point) at www.ata rs or their representatives to log on, make payments and manage their acco s. PAY BY MAIL: (See instructions) PAY BY CREDIT CA	unt onlin	e. AT	AP is avai	ilable	P.O. Box 1	1000		Tax A F	Arkans P.O. Bo	as St ox 21	o <b>Tax:</b> ate Income <sup>-1</sup> 44 AR 72203-2 <sup>-1</sup>	





# ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

		CLARATION										
Primary's Le	gal First Name and Middle	Initial	Last Na		P	Primary's Social Security Number						
KALYAI				LIKURAVA		●195-27-4699 Spouse's Social Security Number						
Spouse's Le	gal First Name and Middle	Initial	Last Na	me	s	pouse	s Social S	ecurity Numbe	er			
					•	)						
Mailing Addr	CSS (Number and Street, P.O. Box	or Rural Route)				elepho						
121 BAI	LYMEADE DR					•(302)409-6580						
City		State or Province		ZIP		if address is outside U.S.						
WILMING	GTON	DE		19810	Foreign Cou	untry						
PART I -	TAX RETURN INFORM	<b>ATION</b> (Whole Dollars Or	nly)				<u> </u>					
1. Total	Income (Form AR1000F o	or AR1000NR, Line 23)				1		41,610.	00			
2. Net	Tax (Form AR1000F or AR	1000NR, Line 38)			2		613.	00				
1		m AR1000F or AR1000NR					•		00			
1	•			-			1	1,040.				
1	-	1000NR, Line 47)					-	427.	00			
i		1000NR, Line 51)				5			00			
PART II	- DECLARATION OF TA	XPAYER										
for the tax lia state return Under penal lines of the consent to n of Arkansas and if reject and/or trans return electi	I do not want direct deposi I authorize the State of Ark form (AR TAX PMT). I authorize the State of Ar Payment form (AR EST PM d a balance due return, I und ability and all applicable inter will be rejected also. ties of perjury, I declare that electronic portion of my 202 my ERO sending my return, sending my ERO and/or tra ed, the reason(s) for the reje- mitter the reason(s) for the reje-	n on page 1 of the Form AR it of my refund or I am not re- cansas Income Tax Section rkansas Income Tax Section MT) or Arkansas Extension derstand that if the State of erest and penalties. If I have the information I have given 22 Arkansas income tax retu- this declaration, and accom ansmitter an acknowledgem ection. If the processing of delay, or when the refund wa isclosure to the State of Ar cally.	eceiving to initiate on to initi Payment Arkansas e filed a j n my ERC urn. To th panying tent of rec my return as sent. Ir	a refund. debit entries to my account ate debit entries to my acc form (AR EXT PMT). s does not receive full and t oint federal and state return D and the amounts in Part I a ne best of my knowledge and schedules and statements to ceipt of transmission and ar n or refund is delayed, I aut addition, by using a comput	count as indic imely payment a and my feder above agree w d belief, my re to the State of <i>i</i> indication of w horize the State iter system and	ated o t of my ral retu- tith the eturn is Arkans whethe te of Ar d softw	n the Arka tax liability rn is reject amounts o true, corro tas. I also er or not m kansas to are to prep	ansas Estimate y, I will remain ted, I understa on the correspo ect, and comp consent to the y return is acco disclose to my pare and transi	ed Tax liable nd my onding lete. I s State epted, / ERO mit my			
Sign	B KALYANA RAO	03/10/2	2024									
Here	Primary's Signature	Date		Spouse's Sig	nature			Date	—			
PART III		LECTRONIC RETURN	ORIGIN	ATOR (ERO) AND PAID	PREPARER	2						
I declare tha am only a c the return. I with a copy examined tl	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		03/10	/2024	Check Check if paid if self-	$\square$ —							
Use	ERO'S Signature	Date		preparer employed	d	Yc	ur SSN or	PTIN	-			
Only	GLOBAL TAXES LLC	245 ROONEY CT		E BRUNSWICK NJ	08816	88-	214548 FEIN	7				
		at I have examined the above, correct, and complete. Th			0				st of			
Daid		03/10/	2024		P0208	2703	1					
	Preparer's Signature	Date						IN	_			
		ALLAM 245 ROONEY CT	1									
	Firm's name and addr						FEIN		_			
my knowled Paid Prepare	Ities of perjury, I declare that Ige and belief, they are true Preparer's Signature	e, correct, and complete. Th 03/10/ Date	is declara	ation is based on all informa Check if self- employed	ation of which <u>P0208</u> Prepa	l have	tatements, any knowl SSN or PT	edge. TN	st c			
Use On	<b>Y</b> SYAM PRIYA RAM SAGAR GUPTA T	ALLAM 245 ROONEY CT	1	E BRUNSWICK N	IJ 08816		84-317	71965				
1	Firm's name and addr	ess					FEIN					

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 provide and middle initial       Your stocial security number         Your framew and middle initial       Last name       Your social security number         YALYAN RAO       Packets       Packets       Packets         Home address fummer and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         121 EALLYNER.DE DR       Presidential Election Campaign       Check here if you, or your       Check here if you, or your         121 MILMINGTON       DE       19810       Do to this fund. Checking a to social security number         Foreign country name       Foreign province/statis/country       Foreign province/statis/country       Foreign province/statis/country       Foreign province/statis/country       If you checked the instructions).       If you checked the instructions in a sparate return or you were a dui-status allen         Age/Blindness You:       Ware born before January 2, 1958       Are bind       Spouse:       Was born before January 2, 1958       Is bind         Dependents       (p) First name       Last name       (p) Social security       (p) Check the bin it qualifies for (see instructions)       Id	LE 1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		urn 20	22	OMB No. 1545	5-0074	IRS Use	Only	—Do not v	write or staple	in this space.	
KALYANA       RAO       BALLIKURAVA       195-27-4699         if joir redurm, spouse's first name and middle initial       Last name       Spouse's social security number         Home address furmber and street), if you have a foreign address, also complete spaces below.       Apt. no.       Checkhor a you or spouse if film gloit/ly, want 35         121       BALLYRADE DE DR       Presidential Election Campaign of the provide dispose of a clight asset (or a financial interest in a digital asset)? (See instructions).       DE       19810         Freign coulting address, also complete spaces below.       State       DE       19810       Do below will not change space below.       State       Checkhor a you or spouse and abset of a digital asset? (See instructions).       Verial Security and the provide digital asset (or a financial interest in a digital asset?)? (See instructions).       Verial Security and the provide digital asset?         Calified       Assets       Someone can claim:       You as a dependent       Or opouse as a dependent       Or opouse as a dependent       Or opouse as a dependent         Deduction       Boouse Henricutions;       (B) Social security or opouse as a dependent       Or opouse as a dependent       Or opouse       (B) Relationship (B) Check the box if qualifies to reduct on the devendents, and the box if qualifies to reduct on the devendents, and check the asset of a first and the devendent see instructions;       (B) Relationship (B) Check the box if qualifies to redevendent then for optice on form(S) W-2.       <	Filing Status Check only one box.	lf yo	ou checked the MFS box, enter the na	ame of y	0.					,	spo	use (QSS)	0	
KLIYANA       RAO       BALLIKURAVA       195-27-49-9         If pirt return, spoke's first name and middle initial       Last name       Spoke's social security number         Home address (number and street), if you have a PO. box, see instructions.       Apt. no.       Presidential Election Campaign Checkton, or post office. If you have a foreign address, also complete spaces below.       State       2P code       Spoke's social security number         I21 BALLYREDDE DR       English       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gft, or otherwise dispose of a digital asset (or a financial interest in a digital asset?) (See instructions.)       Yee R No         Standard       Someone can called assume the Your spoke as a dependent       Yee R No         Dependents       Gene instructions;:       (9) Social security       (9) Beltionath       (9) Check the box f quilles for (see instructions)         If none       in Total amount from Form(s) W-2, box 1 (see instructions)       10       11       11         Dependents       is instructions       10       11       12         Harrow       10 First name       Lest name       10       11         Dependents       Gene instructions;       (9) Social security       (9) Social security       14       14, 510.         Hone of the Arrow       10 First name       L	Your first name		, ,	1	me						Your so	ocial securi	ty number	
If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Home address (number and street), if you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         121 EALLYNEADE DR       Presidential Election Campaign       Check here if you, or your       Check here if you, or your         121 EALLYNEADE DR       Presidential Election Campaign       Check here if you, or your       Spouse if fing jointy, want 38         VILLMINGTON       DE       1981.0       Spouse if many limits of the your tax or refund.       De box below with not change your tax or refund.         Standard       Someone can claim:       You as a dependent       Or you were a dual-status alien         Age/Blindness       You as dependent       You were a dual-status alien       (Pore generation electron anany 2, 1958)       Is blind         Dependents       Gene instructions:       (P) social security (P) secure instructions;       (P) social security (P) secure instructions;       Is dual-status alien         If mora       (I) First name       Last name       Pouse:       Vas born befors January 2, 1958       Is blind         Dependents       Gene instructions;       (P) social security (P)													-	
Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign Check here if you, or your spouse if Timing Jointy, want 35         City, two, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code       spouse if Timing Jointy, want 35         Foreign country name       Foreign province/state/county       Foreign postal code       you tax or minut.         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, gft, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes       Yes       No         Standard       Spouse itemizes on a separate return or you were a dual-status allen       Spouse itemizes on a separate return or you were a dual-status allen       Aps/Bindness       Yes       No         Dependents       (see instructions); (f) Finit name       (g) Social security       (g) Relationalip       (g) Check the box if qualifies for been dependent in our dependents, see instructions);       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a			s first name and middle initial											
121 BALLYMEADE DR       Check new fyou, or your											•			
121 BALLYMEADE DR       Check here if you, or your       Digital       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); Cise instructions.       Image: Cite of the 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); Cise instructions.       Image: Cite of the 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); Cise instructions.       Image: Cite of the time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, esci hartuctions.       Image: Cite of the time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, esci hartuctions.       Image: Cite of the time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, esci hartuctions.       Image: Cite of time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, esci hartuctions.       Image: Cite of the during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, esci hartuctions.       Image: Cite of time during 2022, did you: (a) receive (as a reward, award, or payment for prome you were a dual-status alien       Image: Cite of t	Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Ap	ot. no.		Preside	ential Electi	on Campaigr	
City, town, or post office. If you have a foreign address, also complete spaces below.       State       2 p2 code       spouse if filing jointly, want \$3 bg ob this Much. Checking a bg ob this Mu	121 BALT	YME	ADE DR											
MILINGTON       DE       1910       box below will not change <sup>®</sup> Foreign country name       Foreign province/state/county       Foreign province/state/county       Proving province/state/county       <	-			mplete s	paces below.	Sta	te	ZIP co	de		•			
Foreign country name       Foreign province/state/county       Foreign postal code       you it as or refund.         Digital Asset or a financial interest in a digital asset/ (see instructions).       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).       Ves       No         Standard dependent       Spouse itemizes on a separate return or you were a dual-status allen       Age/Blindness       You is a dependent       (9) Check the box if qualifies for (see instructions):       (10) First name       Lis blind         Dependents       (see instructions):       (10) First name       Lis time       (10) First name       Check the box if qualifies for (see instructions):         In more       In ortal amount from Form(s) W-2, box 1 (see instructions)       In       In       In       In         Nucleon form(b)       M decicabi dwalver payments not reported on Form(s) W-2.       In       <	WILMINGT	'ON				DE	3	1981	0		•		•	
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). Uses       Ves       No         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Bindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (f) First name       Last name       (g) Social security       (a) Relationship       (d) Check the box if qualifies for (see instructionship;         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       .       1a       1, 610.         Vary Ener, Also       Household employee wages not reported on Form(s) W-2 (see instructions)       .       1a       1, 610.         W-2 here, Also       1d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       .       1a       1, 610.         W-2 hare Also       1g       Wages from Form 8919, line 6       .       1g       .       .         W-2 hare Also       1a       Tata framed income (see instructions)       .       1a       .       .       1a       .       .       1a<				F	oreign province/sta	ite/count	y			ode			0	
Assets       exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes       X No         Standard       Someone can claim:       Ovu as a dependent       Your spouse as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (a) Social security       (a) Relationship       (b) Check the box if qualifies for cele instructions,         If more       (1) First name       Last name       (a) Social security       (b) You       (c) Check the box if qualifies for cele instructions,         If more first name       Last name       (a) Social security       (b) Check the box if qualifies for cele instructions,       (b) Check the box if qualifies for cele instructions,         If more first name       Last name       (a) Social security       (b) Pousehold employee wages not reported on Form(s) W-2.       (b) Household employee wages not reported on Form(s) W-2.       (b) Household employee wages not reported on Form(s) W-2.       (b) Household epondent case hearting from Form (s) W-2.       (c) Tip income not reported on Form (s) W-2.       (c) Tip income not reported on Form (s) W-2.       (c) Tip income not reported on Form (s) W-2.       (c) Tip income not reported on Form (s) W-2.       (c) Tip income not reported on Form (s) W-2.							-	_				You	Spouse	
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Bindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (2) Relationship       (4) Check the box if qualifies for (see instructions):         If more       (1) First name       Last name       (2) Social security       (2) Relationship       (3) Relationship         dependents, see instructions;       (1) First name       Last name       (1) Check the box if qualifies for (see instructions)       (1) Check the box if qualifies for (see instructions)         and check	Digital Assets											_	X No	
Dependents from re than four dependents, see instructions):       (2) Social security number       (3) Relationship to you       (4) Check the box if qualifies for (see instructions): Child tax credit       Credit for other dependent dependents, see instructions:         and check here	Standard Deduction			•	— ·		•							
Dependents from re than four dependents, see instructions):       (2) Social security number       (3) Relationship to you       (4) Check the box if qualifies for (see instructions): Child tax credit       Credit for other dependent dependents, see instructions:         and check here	Age/Blindness	Vou	Were born before January 2, 1	958 F		Snouse	• 🗌 Was boi	rn hefor	a lanu	arv 3	1058	🗌 le b	lind	
Dependents       (b) Instructions,       (c) Orall for other dependent,         than four       (c) First name       Last name       (c) Orall for other dependent,         see instructions       (c) First name       (c) Orall for other dependent,       (c) Orall for other dependent,         see instructions       (c) First name       (c) Orall for other dependent,       (c) Orall for other dependent,         here       (c) Orall for other dependent,       (c) Orall for other dependent,       (c) Orall for other dependent,         here       (c) Orall for other dependent,       (c) Orall for other dependent,       (c) Orall for other dependent,         here       (c) Orall for other dependent,       (c) Orall for other dependent,       (c) Orall for other dependent,         tatach Form(s)       (c) Orall for other dependent,       (c) Orall for other dependent,       (c) Orall for other dependent,         W-20 and       Taxable dependent care benefits from Form 2441, line 26       (c) Orall for other dependent,       (c) Orall for other dependent,         fig.       W-20 and       Gas from Form 8919, line 6       (c) Orall for other dependent,       (c) Orall for other dependent,         fig. orall for other dependent, form Form(s)       W-2 (see instructions)       (c) Orall for other dependent,       (c) Orall for other dependent,         fig. orall for other manont form B919, line 6       (c) Orall			· · · · · · · · · · · · · · · · · · ·	550 L	1	· ·				-				
If more       United the four       Define the four       Define the four         dependents, see instructions       Image: the four set of the f	-	(1) First series (1) Single se							,					
dependents, see instructions       Image: constructions and check here       Image: construction constructions and check here       Image: construction construction check here       Image: construction constructin constructin consten construction construction construction const		(1) -	Lasthane				,				cuit			
and check	dependents,													
here       Image: standard big		s ——												
Incontre       b       Household employee wages not reported on Form(s) W-2       1b         Attach Form(s)       c       Tip income not reported on line 1a (see instructions)       1c         W-2 here Also       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and       Taxable dependent care benefits from Form 2441, line 26       1d         109- Bit itax       f       Employer-provided adoption benefits from Form 8839, line 29       1f         get a Form       Motaxable combat pay election (see instructions)       1h       0.         y-2, see       instructions.       1i       1z       41, 610.         ztach Sch. B       2a       b       Taxable interest       2b         if required.       3a       b       Dordinary dividends       3b         a       Qualified dividends       5a       b       Taxable amount       6b         Standard beduction for       Sa al scurity benefits       5a       b       Taxable amount       6b         Standard beduction for       Sa al scurity benefits       6a       5a       b       Taxable amount       6b         Standard filing gen right or scome from Schedule 1, l	here													
Incontre       b       Household employee wages not reported on Form(s) W-2       1b         Attach Form(s)       c       Tip income not reported on line 1a (see instructions)       1c         W-2 here Also       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and       Taxable dependent care benefits from Form 2441, line 26       1d         109- Bit itax       f       Employer-provided adoption benefits from Form 8839, line 29       1f         get a Form       Motaxable combat pay election (see instructions)       1h       0.         y-2, see       instructions.       1i       1z       41, 610.         ztach Sch. B       2a       b       Taxable interest       2b         if required.       3a       b       Dordinary dividends       3b         a       Qualified dividends       5a       b       Taxable amount       6b         Standard beduction for       Sa al scurity benefits       5a       b       Taxable amount       6b         Standard beduction for       Sa al scurity benefits       6a       5a       b       Taxable amount       6b         Standard filing gen right or scome from Schedule 1, l		1a	Total amount from Form(s) W-2 b	ox 1 (se	e instructions)						1:	a .	41 610	
Attach Form(s)       c       Tip income not reported on line 1a (see instructions)       1c         W-2 here Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 face Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 G and       109-Ri ft ax       f       Employer-provided adoption benefits from Form 2441, line 26       1e         Mudicial waiver payments not reported on brown Song and apple line 6       1e       1g       1f         Was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1h       0.         W2 see instructions       instructions       in       1g       1g       1g         West a Form       Mages from Form 8919, line 6       in       1g       1g       1g         West a Kandard       Was sentructions)       in       1g       1g       1g       1g         West a Kandard       a       Nontaxable combat pay election (see instructions)       in       1z       41, 610.         West a Kandard       a       Qualified dividends       3a       b       Taxable amount       4b         Standard       f       Pensions and annuities       f       f       b       Taxable amount	Income									•			11,010.	
W-2 here. Also attach Forms       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and 109-Ri ft at was withheld.       Faxable dependent care benefits from Form 2441, line 26       1e         M-26 and 109-Ri ft at was withheld.       Gamma and the second and the second and the second and the second second and the second and the second and the second and the second instructions.       1d         M-26 and 109-Ri ft at was withheld.       Gamma and the second an	Attach Form(s)													
W-23 and 1099-R if tax was withheld.       e       Taxable dependent care benefits from Form 2441, line 26       1e         1099-R if tax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         was withheld.       g       Wages from Form 8919, line 6       1g         get a Form       h       Other earned income (see instructions)       11         was withheld.       g       Wages from Form 8919, line 6       1g         get a Form       h       Other earned income (see instructions)       11         w2.2, see       i       Nontaxable combat pay election (see instructions)       1i         z       Add lines 1a through 1h       1z       41, 610.         ztatach Sch. B       2a       b       Tax-exempt interest       2b         data IRA distributions       2a       b       Taxable amount       4b         standard       Sa       Qualified dividends       3a       b       Taxable amount       6b         Single or Married fling pointly or Qualifying spouse, St2,590       G       If you elect to use the lump-sum election method, check here (see instructions)       7       7         Married fling pointly or Qualifying spouse, St3,940       O       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9 <td< td=""><td>W-2 here. Also</td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	W-2 here. Also				-									
1099-Ri ftax       f       Employer-provided adoption benefits from Form 8839, line 29       1f         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1g         get a Form       h       Other earned income (see instructions)       1h       0.         W-2, see       i       Nontaxable combat pay election (see instructions)       1i       1k         wextrest       z       Add lines 1a through 1h       1z       41, 610.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Draxable interest       2b         4tach Sch. B       2a       Qualified dividends       3a       b       Ordinary dividends       3b         4tach Sch. B       2a       Tax-exempt interest       2a       b       Taxable amount       3b         4tach Sch. B       2a       IRA distributions       4a       b       Taxable amount       5b         4tandard       Social security benefits       6a       b       Taxable amount       5b         5a Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         512,950       Kardet filing <td>W-2G and</td> <td></td>	W-2G and													
Was withinked.       Wages from Form 8919, line 6       1g         get a Form       h       Other earned income (see instructions)       1i       1h       0.         W-2, see       i       Nontaxable combat pay election (see instructions)       1i       1z       41, 610.         W-2, see       instructions.       z       Add lines 1a through 1h       1z       41, 610.         Attach Sch. B       2a       Tax-exempt interest       2a       b       b       Taxable interest       2b         4tach Sch. B       2a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b       5b         Standard for-       6a       Social security benefits       6a       b       Taxable amount       6b         Married fling separateling separateling pointly or Qualifying separateling separate	1099-R if tax	f	•											
In you do not       Image: A comment       Image: A comment       Image: A comment         W-2, see       i       Nontaxable combat pay election (see instructions)       Image: A comment       Image: A comment         W-2, see       i       Nontaxable combat pay election (see instructions)       Image: A comment       Image: A comment       Image: A comment         W-2, see       i       Nontaxable combat pay election (see instructions)       Image: A comment       Image: A comment       Image: A comment         W-2, see       isstandard       Z       Add lines 1a through 1h       Image: A comment       Image: A comment       Image: A comment         Attach Sch. B       2a       Tax-exempt interest       Image: A comment       Image: A		q			-						. 10	3		
W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i         Attach Sch. B       2a       1i       1z       41,610.         Attach Sch. B       2a       2a       b       Tax-exempt interest       2b         Attach Sch. B       2a       3a       b       Dordinary dividends       2b         if required.       3a       Qualified dividends       3a       b       Dordinary dividends       3b         4a       IRA distributions       4a       b       Dordinary dividends       3b       b         Standard Deduction for-Single or       5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b       5c         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7       7         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       41, 610.       10         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income       11       41, 610.         9       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income       11       41, 610. <td>get a Form</td> <td></td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td>	get a Form		•										0.	
z       Add lines 1a through 1h       1z       41,610.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxalle interest       2b         if required.       3a       Qualified dividends       3a       b       Ordinary dividends       2b         4a       IRA distributions       4a       b       Ordinary dividends       3b       3b         5a       4a       IRA distributions       5a       b       Taxable amount       4b       4b         Standard       5a       Pensions and annuities       5a       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         8       Other income from Schedule 1, line 10       9       41,610.       9       41,610.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       41,610.       10         9       Adjustments to income from Schedule 1, line 26       10       11       41,610.       12       12,950.         19       Add lines 12, ab, 4b, 5b, 6b, 7, and 8. This is your	W-2, see	i	Nontaxable combat pay election (s	see instr	uctions)		1i	i						
Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       4b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       5b         Married filing separately, \$12,950       5a       Other income from Schedule D if required. If not required, check here       7         Married filing jointly or Qualifying spouse, \$25,900       0       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       41, 610.         It you checked any box under Standard       12       Standard deduction or itemized deductions (from Schedule A)       12       12, 950.         If you checked any box under Standard       13       Qualified business income deduction from Regos or Form 8995-A       13       14       12, 950.         14       12, 950.       15       Subtract line 11. If zero or less enter -0- This is your taxable income       12       12, 950.		z	Add lines 1a through 1h								. 12	z ·	41,610.	
total       total <tht dis<="" th=""> <th di<="" td=""><td>Attach Sch. B</td><td>2a</td><td></td><td>2a</td><td></td><td>bТ</td><td>axable interes</td><td>t.</td><td></td><td></td><td>. 2t</td><td>5</td><td></td></th></tht>	<td>Attach Sch. B</td> <td>2a</td> <td></td> <td>2a</td> <td></td> <td>bТ</td> <td>axable interes</td> <td>t.</td> <td></td> <td></td> <td>. 2t</td> <td>5</td> <td></td>	Attach Sch. B	2a		2a		bТ	axable interes	t.			. 2t	5	
Standard Deduction for-Deduction for-Single or Married filing separately, \$12,950.       5a       Pensions and annuities	if required.	3a	Qualified dividends	3a		b C	rdinary divide	nds .			. 3k	5		
Deduction for-       6a       Social security benefits       6a       b Taxable amount       6b         Single or Married filing separately, \$12,950       c       If you elect to use the lump-sum election method, check here (see instructions)       .       .       6b         Married filing jointly or Qualifying surviving spouse, \$25,900       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       .       .       7         Married filing jointly or Qualifying surviving spouse, \$25,900       8       Other income from Schedule 1, line 10       .       .       .       8         10       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       .       .       .       9       41, 610.         11       Subtract line 10 from line 9. This is your adjusted gross income       . <td></td> <td>4a</td> <td>IRA distributions</td> <td>4a</td> <td></td> <td>bТ</td> <td>axable amoun</td> <td>ıt</td> <td></td> <td></td> <td>. 4t</td> <td><b>b</b></td> <td></td>		4a	IRA distributions	4a		bТ	axable amoun	ıt			. 4t	<b>b</b>		
Single or Married filing separately, 7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         Married filing jointly or Qualifying surviving spouse, \$25,900       8       Other income from Schedule 1, line 10       7         Married filing jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       41, 610.         10       10       10       10       10         Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       11       41, 610.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       12, 950.         14       12, 950.       14       12, 950.       14       12, 950.	Standard	5a	Pensions and annuities	5a		bΤ	axable amoun	ıt			. 5k	5		
Married filing separately, \$12,950       c       If you elect to use the lump-sum election method, check here (see instructions)       .	Deduction for –	6a	Social security benefits	6a		bΤ	axable amoun	ıt			. 6k	5		
\$12,950       7       Capital gain of (loss). Attach Schedule D if required, the of required, check here       1       7         Married filing jointly or Qualifying souse, \$25,900       8       Other income from Schedule 1, line 10       8       9       41,610.         Married filing jointly or Qualifying souse, \$25,900       10       Adjustments to income from Schedule 1, line 26       9       41,610.         Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       10       11       41,610.         \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       12,950.         If you checked any box under standard box under standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         Deduction, box under standard       15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       28,660	Married filing	с	If you elect to use the lump-sum e	lection r	nethod, check he	ere (see	instructions)			. [				
Married filing jointly or Qualifying surviving spouse, \$25,900       8       Other income from Schedule 1, line 10       8         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       41,610.         10       Adjustments to income from Schedule 1, line 26       10         Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       41,610.         12       Standard deduction or itemized deductions (from Schedule A)       12       12,950.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       12,950.         15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15		7	Capital gain or (loss). Attach Schee	dule D if	required. If not re	equired	, check here			. [	7			
Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       41, 610.         10       Adjustments to income from Schedule 1, line 26       10       10         Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       41, 610.         12       12       12, 950.       12       12       12, 950.         If you checked any box under Standard       14       Add lines 12 and 13       14       12, 950.         14       12, 950.       14       28, 660.       15       28, 660.	Married filing	8	Other income from Schedule 1, lin	e10 .							. 8			
\$25,900       11       Subtract line 10 from line 9. This is your adjusted gross income       11       41,610.         Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       12       12,950.         If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       12,950.         14       12,950.       14       12,950.       14       12,950.         15       Subtract line 14 from line 11. If zero or less, enter -0- This is your taxable income       15       28,660.	Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your <b>total</b>	income	ə				. 9		41,610.	
Head of household, \$11       Subtract line 10 from line 9. This is your adjusted gross income       11       41,610.         12       Standard deduction or itemized deductions (from Schedule A)       12       12,950.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       Add lines 12 and 13       14       12,950.         15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       28		10	Adjustments to income from Sche	dule 1, l	ine 26						. 10	ס		
\$19,400       12       Standard deduction or itemized deductions (irom Schedule A)       12       12       12,950.         If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         14       Add lines 12 and 13       13       14       12,950.       14       12,950.         Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       28       660	Head of	11	Subtract line 10 from line 9. This is	s your <b>a</b>	djusted gross inc	come					. 11	1 .	41,610.	
If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       Add lines 12 and 13       14       12,950         Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15		12	Standard deduction or itemized	deducti	ons (from Sched	ule A)					. 12	2	12,950.	
Standard         14         Add lines 12 and 13         14         12,950           Deduction,         15         Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income         15         28         660	<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduction	ion from	Form 8995 or Fo	orm 899	5-A				. 13	3		
	Standard										. 14			
		15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 This i	s your t	axable incom	ne.	· ·	•	. 15	5	28,660.	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	3,2	36.
Credits	17	Amount from Schedule 2, lin	ie3					17		
	18	Add lines 16 and 17						18	3,2	36.
	19	Child tax credit or credit for	other dependen	its from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ie8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	3,2	36.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	3,2	36.
Payments	25	Federal income tax withheld	from:							
-	а	Form(s) W-2				<b>25a</b> 6	5,494.			
	b	Form(s) 1099				25b		]		
	с	Other forms (see instructions	s)			25c		1		
	d	Add lines 25a through 25c						25d	6,4	94.
lf	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return .			26		
If you have a qualifying child,	27	Earned income credit (EIC)			No	27				
attach Sch. EIC.	28	Additional child tax credit from				28		1		
	29	American opportunity credit	from Form 8863	3, line 8		29		1		
	30	Reserved for future use .		-		30		1		
	31	Amount from Schedule 3, lin				31		1		
	32	Add lines 27, 28, 29, and 31				undable credits		32		
	33	Add lines 25d, 26, and 32. T						33	6,4	94.
Defund	34	If line 33 is more than line 24						34	3,2	58.
Refund	35a	Amount of line 34 you want	refunded to you	u. If Form 8888	3 is attached, che	ck here	. 🗆	35a	3,2	58.
Direct deposit?	b	Routing number 0 8 3					Savings			
See instructions.	d	Account number 9 0 5					<b>J</b>			
	36	Amount of line 34 you want a			ed tax	36				
Amount	37	Subtract line 33 from line 24								
You Owe	0/	For details on how to pay, g						37		
	38	Estimated tax penalty (see ir				38		•		
Third Party	Do	you want to allow another	,							
Designee		structions					omplete b	below.	X No	
3	De	signee's		Phone		Pers	onal identi	fication		
	nar	nē		no.		num	ber (PIN)			
Sign		der penalties of perjury, I declare t								
Here		ief, they are true, correct, and com	plete. Declaration			ased on all informati			,	0
	Yo	ur signature		Date	Your occupation				nt you an Identit IN, enter it here	
Joint return?	В	KALYANA RAO		03/10/2024	SOFTWARE	ENGINEER		inst.)		
See instructions.	Sp	ouse's signature. If a joint return, <b>i</b>	ooth must sian.	Date	Spouse's occupat	-	If the	e IRS ser	nt your spouse a	an
Keep a copy for	-1-		g						ection PIN, enter	
your records.							(see	inst.)		
	Ph	one no. (302)409-658	0	Email address	BKRAO.CARE	ERS@GMAIL.CO	M			
Paid	Pre	eparer's name	Preparer's signa	ture		Date	PTIN		Check if:	
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/10/2024	P0208	2703	Self-emplo	oyed
Use Only	Fin	m's name GLOBAL TAX	XES LLC				Phor	ne no. (	678)965-9	9522
	Firi	m's address 245 ROONE	Y CT E BRU	JNSWICK N	J 08816		Firm	's EIN	84-3171	<u>965</u>
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 07/23/23 PRO			Form <b>104</b>	0 (2022







6	AFTY AND INDEPENDENCE	For Fisc	al Year beginnir	ng		and ending	5			Amende		urn
Your	Taxpayer ID		Spouse Taxpa	aver ID						Must include	page 3	
rour			Spouse raxpe					Filing Status (N	lust 🗸	check one)		
1	9 5 2 7 4 6 9	9					1. X	Single, Divorced, Widow(er	3.	Married & Filing	Separate F	orms
Vour	First Name	M.I.	Last Namo		Suffix	Form PIT-UND	2.	joint	5.	Head of Househ	old	
		IVI.I.	Last Name	777	SUIIIX	FORM PIT-OND	۷.	John	5.	HEAD OF HOUSEN	UIU	
	JYANA RAO Jse First Name	M.I.	BALLIKUR Last Name	AVA	Suffix	Attached						
Spot		101.1.	Last Name		Juliix	Autoricu						
Pres	ent Home Address (Numbe	r and Stree	(te	Anar	tment #	Check if	If you	were a part-year resic resided i			es you	
	BALLYMEADE DR			Apai		FULL-YEAR	01-	-01-2022		07-01-2	122	
City			State	Zip Code	2	Non-Resident in 2022		nm-dd-yyyy		mm-dd-yyy		
	MINGTON		DE	19810		III LULL		5555			,	
n±±				19010				FEDERAL		DELAWARES		
\$	SECTION A - INCOME AND A	DJUSTMEN	TS FROM FEDERA	L RETURN				COLUMN A		INCOME/ COLUM		
1.	WAGES, SALARIES, TIPS, ETC						1.	41610 .	00 1.		530	.00
2.	INTEREST						2.		00 2.			.00
3.	DIVIDENDS						3.		00 3.			.00
4.	STATE REFUNDS, CREDITS O	R OFFSETS C	OF STATE & LOCA	L INCOME TA	AXES		4.		00 4.			.00
5.	ALIMONY RECEIVED						5.		00 5.			.00
6.	BUSINESS INCOME OR (LOSS	<b>5)</b> (See instru	ictions)				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 AN	INUITIES					9.		00 9.			.00
10.	RENTS, ROYALTIES, PARTNE	RSHIPS, S CO	ORPS, ESTATES, T	RUSTS, ETC.			10.		00 10.			.00
11.	FARM INCOME OR (LOSS)						11.		00 11.			.00
12.	UNEMPLOYMENT COMPENS	ATION (INS	URANCE)				12.		00 12.			.00
13.	TAXABLE SOCIAL SECURITY	BENEFITS					13.		00 13.			.00
14.	OTHER INCOME (State nature	e and source	e)				14.		00 14.			.00
15.	TOTAL INCOME - Add Line 1	through Line	e 14				15.	41610 .	00 15.	21	530	.00
16.	TOTAL FEDERAL ADJUSTMEN	<b>ITS</b> (See inst	ructions)				16.		00 16.			.00
17.	FEDERAL ADJUSTED GROSS I	NCOME FOR	R DELAWARE PUR	POSES Subt	ract Line 16	from Line 15	17.	41610 .	00 17.	21	530	.00
Ð	SECTION B - ADDITIONS											
18.	INTEREST RECEIVED ON OBL	IGATIONS C	OF ANY STATE OT	HER THAN D	ELAWARE		18.		00 18.			.00
19.	FIDUCIARY ADJUSTMENT, O	IL DEPLETIO	N				19.		00 19.			.00
20.	TOTAL - Add Line 18 to Line 1	9					20.		00 20.			.00
21	Add Line 17 to Line 20						21.	41610 .	00 21.	21	530	.00
	SECTION C - SUBTRACTIONS											
22.	INTEREST RECEIVED ON U.S.	OBLIGATIO	NS				22.		00 22.			.00
23.	PENSION/RETIREMENT EXCL	USIONS (Fo	r a definition of el	igible incom	e, see instru	ctions)	23.		00 23.			.00
24.	DELAWARE STATE TAX REFU	ND					24.		00 24.			.00
25.	Fiduciary Adjustment, Work	c Opportuni	ty Credit, Delawa	are NOL Car	ryforward,	etc.	25.		00 25.			.00
26a.	Taxable Social Security Bene	fits/Railroad	l Retirement Ben	efits/Higher	Education E	xclusion	26a.		00 26a.			.00
26b.	529 Contribution to Delawar	e-sponsored	d Tuition Program	n or ABLE Pro	ogram		26b.		00 26b.			.00
27.	TOTAL Add Line 22 through L	ine 26b					27.		00 27.			.00
28.	Subtract Line 27 from Line 2	1					28.	41610 .	00 28.	21	530	.00
29.	EXCLUSION FOR CERTAIN PR	RSONS 60 A	AND OVER OR DIS	SABLED (See	instructions	5)	29.		00 29.			.00
30a.	COLUMN B- Subtract Line 29	from Line 2	8. This is your mo	odified Delaw	vare Source	Income.	Enter on Pa	age 2, Line 42, Box A	30a.	21	530	.00
30b.	<b>COLUMN A</b> - <b>Subtract</b> Line 29 This is your Delaware Adjuste			Enter on Pag	e 2, Line 37 ar	ıd Line 42, Box B	30b.	41610 .	00			
	BALANCE DUE 1 PAYMENT ENCLOSED (LIN MAIL COMPLETED FORI) Delaware Divisio PO Box 508, Wilmington, DE Make chech Delaware Division DFPITNON2022011555V1	<b>IE 59)</b> M <b>TO:</b> n of Revenue 19899-0508 c payable to:		MAIL COM Dela	<b>REFUND (LINE PLETED FORM</b> ware Division P ilmington, DE	TO: of Revenue O Box 8710			<b>D FORM</b> Division P		I	
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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 a. X 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.	<b>TAXABLE INCOME - Subtract</b> Line 40 from Line 37, and compute tax on this amount       41.							
42.	TAX LIABILITY COMPUTATION (See instructions)         PRORATION DECIMAL         Tax Liability from Tax Rate Table/							
	A. Line 30a 21530 .00 (See instructions) Schedule Amount							
	B.Line 30b 41610 .00 = 0 . 5 1 7 4 X 1743 .00	42.	902	.00				
43a.	<b>PERSONAL CREDITS</b> 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 0.5174 ) 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.								
44.	44.TAX IMPOSED BY STATE OFMust attach copy of PIT-NNS and other state return - Part-Year Residents Only (See instructions)44.							
45.	OTHER NON-REFUNDABLE CREDITS (See instructions)45.							
46.	TOTAL NON-REFUNDABLE CREDITS - Add Line 43a through Line 4546.							
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.								
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.					
AC	COUNT TYPE ROUTING NUMBER ACCOUNT NUMBER		Is this refund going to c					
Х	C CHECKING		through an account that located outside of the Uni					
	SAVINGS 083000137 905677958		States?					
	PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN		YES X N	00				
	BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS							
Uni	der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete. PAID PREPARER INFORMATION							
	SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/10/2024							
🕑 Y	OUR SIGNATURE		🛗 DATE					
	ADDRESS 245 ROONEY CT E BRUNSW	ICK :	NJ					
🔓 S	POUSE SIGNATURE DATE CITY	STATE	ZIP CODE					
ЭH		ŊJ	08816					
	302-409-6580 EIN, SSN or PTIN 843171965 & PHONE N	10. 67	8-965-9522					
	@ EMAIL ADDRESS @ EMAIL ADDRESS							
	SYAM@GTAXFILE.COM							
	DEPITNON2022021555V1							

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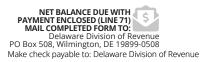




DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN

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







PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN







#### DELAWARE NON-RESIDENT SCHEDULES

FIRST NAME	LAST NAME	ТАХ	PAY	ERIC	)					
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 Delaware tax return.	2 Line 44. You must attach a copy of the other state return(s) with your	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.	Α.	Non-Game Wildlife	.00	Н.	DE National Guard
	В.	Beau Biden Fund	.00	١.	Juvenile Diabetes Fund
	C.	Emergency Housing	.00	J.	Multiple Sclerosis Soc.
	D.	Breast Cancer Edu.	.00	К.	Ovarian Cancer Fndn
	E.	Organ Donations	.00	L.	21st Fund for Children
	F.	Diabetes Education	.00	Μ.	White Clay Creek
	G.	Veterans Home	.00	Ν.	Home of the Brave

.00	Ο.	Senior Trust Fund	.00
.00	Ρ.	Veterans Trust Fund	.00
.00	Q.	Protect DE's Child Fund	.00
.00	R.	Food Bank of DE	.00
.00	S.	DE Hab For Humanity	.00
.00	Τ.	B+ Childhood Cancer	.00
.00	U.	Combined Campaign for Justice	.00

8.

.00

8. Enter the total Contribution amount here and on Form PIT-NON, Line 56

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







#### **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.

ТҮРЕ	EMPLOYER NAME	EMPLOYER TAXPAYER ID	STATE	STATE WAGES	STATE WITHHOLDING	TAXPAYER OR SPOUSE
TYPE IRSW2	EMPLOYER NAME VIRTUSA CORPORATION	EMPLOYER TAXPAYER ID 043512883	DE	STATE WAGES 21530		
						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
--------------------	-----------------------	----------	--------------------------------

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 province start name and middle initial       Your stocial security number         Your framma and middle initial       Bat name       Your social security number         YALYAN RAO       Pace Start name and middle initial       Last name       Spouse's social security number         Your framma and middle initial       Last name       Spouse's social security number         Home address frumher and street). If you have a P.O. box, see instructions.       Apt no.       Precidential Election Campaign         121 EALLYNER.DE DR       State       219 810       Dot this fund, Checking a to go to this fund, Checking a start of anothand interest in a digital asset(?) (See instructions).       Yes       No         Digital       At any time during 2022, did you: (a) receive (as a reward, avard, or payment for property or services); or (b) sell, exchange, gift, or therwise dispose of a digital asset(?) (See instructions).       Yes       No         Standard       Someore can claim:       (2) Social security       Your spouse as a dependent       Your spouse as a dependent       Your control on the displate asset(?) (Checking a set instructions).       Image: find neurotions in the displate asset(?)       Image: find neurotions in the displate asset(?)       Image: find neurotions in the displate a	LE 1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		urn 20	22	OMB No. 1545	5-0074	IRS Use	Only	—Do not v	vrite or staple	in this space.	
KALYANA       RAO       BALLIKURAVA       195-27-4699         if joir redurm, spouse's first name and middle initial       Last name       Spouse's social security number         Home address furmber and street, if you have a foreign address, also complete spaces below.       Apt no.       Checkton campaign         121       BALLYRADE DE Torrign control office. If you have a foreign address, also complete spaces below.       State       DE       19810         Foreign control office. If you have a foreign address, also complete spaces below.       State       DE       19810         Foreign control office. If you have a foreign address, also complete spaces below.       State       DE       19810         Foreign control office. If you have a foreign address, also complete spaces below.       State       DE       19810         Foreign control office. If you have a foreign province/statte/county       Foreign postal occ       Tord in starte.       DE         Assets       exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).       Vers is not reported on the box if qualifies for these instructions?         If more       If ord amount from Form(s) W-2, box 1 (see instructions).       (B Delationship (O Dick the box if qualifies for the endit checked address addre	Filing Status Check only one box.	lf yo	ou checked the MFS box, enter the na	ame of y	0.					,	spo	use (QSS)	0	
KALYANA       RAO       BALLIKURAVA       195-27-49:9         If pirt return, spokes is first name and middle initial       Last name       Spouse's social security number       Spouse's social security number         121       BALLYRADE DR       Residential Election Campaign       Check here if you, or your spouse if filing jointly, want 35       Spouse's social security number       Spouse if filing jointly, want 35         Digital Ast any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, asset (a social social')       Spouse it any constructions       Ver (a) You (b) sell, asset (b) sell, asset (c) as a dependent       Spouse it any constructions, (b) sell, asset (c) as a dependent       Spouse (c) Ver social social social social social's cocial social's cocial social's cocial's	Your first name		, ,	1	me						Your so	ocial securi	ty number	
If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Home address (number and street), if you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         121 EALLYMEADE DR       Check here if you, anyour       Check here if you, anyour       Spouse's social security number         Foreign control       DE       1983.0       Spouse's modeling if											-			
Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign Check here if you, or your spokes if filing jointly, want 39         City, twon, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code       Spoke if filing jointly, want 39         Foreign country name       Foreign province/state/country       Foreig			s first name and middle initial											
121 BALLYMEADE DR       Check new if you, or your       Check new if you and your of your       You on your       Check new if you       You       Source if filling objects       You       You       You       You       You       You       You       You       You       Source if your       You       You<											•			
121 BALLYMEADE DR       Check here if you, or you       Check here if	Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Ap	ot. no.		Preside	ential Electi	on Campaigr	
City, town, or post office. If you have a toreign address, also complete spaces below.       State       2 pr code       spouse if filling jointly, want S3 tog to this fund. Checking a box below will not change breign control frame         Foreign control name       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county       Image: County in the 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       No         Standard       Someone can claim:       You as a dependent       You spouse as a dependent       Image: County in the box if qualifies for (see instructions).       Yes       No         Deduction       Spouse itemizes on a separate return or you were a dual-status allen       Image: County in the box if qualifies for (see instructions).       Image: County in the box if qualifies for (see instructions).       Image: County in the box if qualifies for (see instructions).       Image: County in the box if qualifies for (see instructions).       Image: County in the box if qualifies for (see instructions).       Image: County in the during county in the county in the county in the box if qualifies for (see instructions).       Image: County in the during county in the county	121 BALT	YME	ADE DR											
MILINGTON       DE       1910       box below will not change <sup>-</sup> Foreign country name       Foreign province/state/country       Foreign province/state/country       Foreign province/state/country       pour tax or change <sup>-</sup> Digital       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       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Dependents       Gee instructions):       (I) Social security       (I) Fleationship       (I) Check the box if qualifies for (see instructions);         If more       (I) First name       Last name       (I) Social security       (I) Fleationship       (I) Check the box if qualifies for (see instructions);         If more       (I) First name       Last name       III       IIII       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	-			mplete s	paces below.	Sta	te	ZIP co	de		•			
Foreign country name       Foreign province/state/country       F	WILMINGT	'ON						1981	10010				•	
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). Uves X No         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Bindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (f) First name       Last name       number       (a) Relationship       (d) Check the box if qualifies for (see instructions):         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       41, 610.         Values Abord dependents, was withheld.       Top income not reported on Form(s) W-2 (see instructions)       1a       41, 610.         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       1a       1a         Vex Dere, Also       d       Dependent on Form(s) W-2 (see instructions)       1a       1a       1a         Wex Dere Also       Dependent on Form (SB) W-2 (see instructions)       1a       1a       1a       1a         Intermedition on gene on treported on Form (SB) W-2 (see instructions)       1a       1a       1a       1				F	oreign province/sta	ite/count	y					0		
Assets       exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)       Yes       No         Standard Deduction       Someone can claim:       Ova as a dependent       Your spouse as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (a) Social security       (a) Relationship       (b) Check the box if qualifies for (see instructions):       Credit for other dependent         If more       (1) First name       Last name       number       (b) You       Child tax credit       Credit for other dependent         If more first name       Last name       number       (c)       (c)       (c)       (c)         If a Total amount from Form(s) W-2, box 1 (see instructions)       .       1a       41, 610.       (c)         If was withheld.       f       Tip income not reported on line 1a (see instructions)       .       1a       41, 610.         W-2 there. Abord       f       Employer-provided adoption benefits from Form(s) W-2, box 1 (see instructions)       .       1a       41, 610.         W-2 there. Abord       f       Employer-provided adoption benefits from Form(s) W-2 (see instructions							-	_				You	Spouse	
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Bindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions):         If more       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions):         add check	Digital Assets												X No	
Dependents from re than four dependents, see instructions):       (2) Social security number       (3) Relationship to you       (4) Check the box if qualifies for (see instructions): Child tax credit       Credit for other dependent dependents, see instructions):         and check here	Standard Deduction			•			•							
Dependents from re than four dependents, see instructions):       (2) Social security number       (3) Relationship to you       (4) Check the box if qualifies for (see instructions): Child tax credit       Credit for other dependent dependents, see instructions):         and check here	Age/Blindness	Vou	Were born before January 2, 1	958 F		Snouse	• 🗌 Was boi	rn hefor	o lanu	arv 3	1058	🗌 le b	lind	
Carper Decine (reference)       (c) First name			· · · · · · · · · · · · · · · · · · ·	550 L	1	· ·				-				
If more       United that four       Deck table       Deck table       Deck table         dependents, see instructions       Image and check       Image and check       Image and check       Image and check         here       Image and check         here       Image and check         here       Image and check         here       Image and check         here       Image and check       Image and ch	-												,	
dependents, see instructions		(1) -	Lasthane								cuit			
and check	dependents,													
here       Image: standard big		s ——												
Incontre       b       Household employee wages not reported on Form(s) W-2       1b         Attach Form(s)       C       Tip income not reported on line 1a (see instructions)       1c         W-2 here Also       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and       Taxable dependent care benefits from Form 2441, line 26       1e         1099- Bit itax       Femployer-provided adoption benefits from Form 8839, line 29       1f         get a Form       Wages from Form 8919, line 6       1g         ye2, see       Nontaxable combat pay election (see instructions)       1h       0.         ye2, see       instructions.       z       Add lines 1a through 1h       1z       41, 610.         Attach Sch. B       2a       b       Tax-exempt interest       2b       2b         Attach Sch. B       a       Qualified dividends       3a       b       Taxable amount       4b         Standard beduction for       5a       b       Taxable amount       5b       5b         Getal security benefits       6a       b       Taxable amount       5b       5b         Standard beduction for       6a       Scala sec	here													
Incontre       b       Household employee wages not reported on Form(s) W-2       1b         Attach Form(s)       C       Tip income not reported on line 1a (see instructions)       1c         W-2 here Also       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and       Taxable dependent care benefits from Form 2441, line 26       1e         1099- Bit itax       Femployer-provided adoption benefits from Form 8839, line 29       1f         get a Form       Wages from Form 8919, line 6       1g         ye2, see       Nontaxable combat pay election (see instructions)       1h       0.         ye2, see       instructions.       z       Add lines 1a through 1h       1z       41, 610.         Attach Sch. B       2a       b       Tax-exempt interest       2b       2b         Attach Sch. B       a       Qualified dividends       3a       b       Taxable amount       4b         Standard beduction for       5a       b       Taxable amount       5b       5b         Getal security benefits       6a       b       Taxable amount       5b       5b         Standard beduction for       6a       Scala sec		1a	Total amount from Form(s) W-2 b	ox 1 (se	e instructions)						1:		41 610	
Attach Form(s)       c       Tip income not reported on line 1a (see instructions)       1c         W-2 here Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 face Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 Grand       109-Ri ft ax       f       Employer-provided adoption benefits from Form 2441, line 26       1e         Mudicial waiver payments not reported on line 6       f       fmployer-provided adoption benefits from Form 8839, line 29       1f         get a Form       g       Wages from Form 8919, line 6       fmployer-provided adoption benefits from Form 8839, line 29       1h       0.         W-2, see       in Nontaxable combat pay election (see instructions)       1i       1z       41, 610.         W-2, see       in Nontaxable combat pay election (see instructions)       1i       1z       41, 610.         Attach Sch. B       2a       Tax-exempt interest       2b       b       5b         Standard       4a       IRA distributions       4a       b       Taxable amount       4b         Standard filing       separatol, siz, social security benefits       6a       b       Taxable amount       6b         Single or Married filing       Social security benefits	Income								• •	•			11,010.	
W-2 here. Also attach Forms       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and 109-Ri ft at was withheld.       Faxable dependent care benefits from Form 2441, line 26       1e         M-26 and 109-Ri ft at was withheld.       Gamma and the second and the seco	Attach Form(s)													
W-23 and 1099-R if tax was withheld.       e       Taxable dependent care benefits from Form 2441, line 26       1e         1099-R if tax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         was withheld.       g       Wages from Form 8919, line 6       1g         get a Form       h       Other earned income (see instructions)       1l         was withheld.       g       Wages from Form 8919, line 6       1g         get a Form       h       Other earned income (see instructions)       1l         w2.2, see       i       Nontaxable combat pay election (see instructions)       1i         z       Add lines 1a through 1h       1z       41, 610.         ztatach Sch. B       2a       b       b Taxable interest       2b         da       IRA distributions       4a       b       Datable amount       4b         standard       Sa       Qualified dividends       5a       b       Taxable amount       5b         Single or Married fling pointly or Qualifying spouse, \$12,590       C If you elect to use the lump-sum election method, check here (see instructions)       7       7         Married fling pointly or Qualifying spouse, \$19,400       O ther income from Schedule 1, line 10       7       7         Subtract line	W-2 here. Also				-									
1099-Ri ftax       f       Employer-provided adoption benefits from Form 8839, line 29       1f         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1g         get a Form       h       Other earned income (see instructions)       1h       0.         W-2, see       i       Nontaxable combat pay election (see instructions)       1i       1k         wextrest       z       Add lines 1a through 1h       1z       41, 610.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Draxable interest       2b         diffequired.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         standard       Fersions and annuities       5a       b       Taxable amount       4b         separately.       Standard filing       Social security benefits       6a       b       Taxable amount       6b         separately.       F       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       11       41, 610.         separately.       S12,950       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10       25,900         get or household.       11       41, 610.       41, 610.	W-2G and													
Was withinked.       Wages from Form 8919, line 6       1g         get a Form       h       Other earned income (see instructions)       1i       1h       0.         W-2, see       i       Nontaxable combat pay election (see instructions)       1i       1z       41, 610.         W-2, see       instructions.       z       Add lines 1a through 1h       1z       41, 610.         Attach Sch. B       2a       Tax-exempt interest       2a       b       b       Taxable interest       2b         4tach Sch. B       2a       Qualified dividends       3a       b       Other earned income (see instructions)       3b         4tach Sch. B       2a       Tax-exempt interest       2a       b       Ordinary dividends       3b         4tandard       5a       Pensions and annuities       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       6b         Married filing separateling       c       If you elect to use the lump-sum election method, check here (see instructions)       7         Standard       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       8         Married filing jointly or       Qualifying spouse, St2, 900	1099-R if tax	f	•											
In you do find Image: A form   W-2, see i   Nottaxable combat pay election (see instructions)   W-2, see   instructions.   Z   Add lines 1 a through 1h   Attach Sch. B   2a   Maried filing   separately,   St2,950   Maried filing   Social security benefits   6a   Standard   Peduction for-   Single or   C    If you elect to use the lump-sum election method, check here (see instructions)   T   Capital gain or (loss). Attach Schedule D if required. If not required, check here   9   Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income   10   Subtract line 10 from line 9. This is your adjusted gross income   11   41, 610.   12   12, 950.   13   Qualified business income deductions from Some Mages or Form Some Secure of the model of household, \$13, 400   14   12, 950.   13   Qualified business income deductions from Some Secure of the model of thousehold, \$13, 400   14   15    16  <		q			-						. 10	1		
W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i         Attach Sch. B       2a       1i       1z       41,610.         Attach Sch. B       2a       2a       b       Tax-exempt interest       2b         Attach Sch. B       2a       3a       b       Dordinary dividends       2b         if required.       3a       Qualified dividends       3a       b       Dordinary dividends       3b         4a       IRA distributions       4a       b       Dordinary dividends       3b       b         Standard Deduction for-Single or       5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b       5c         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7       7         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       41, 610.       10         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income       11       41, 610.         9       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income       11       41, 610. <td>get a Form</td> <td></td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td>	get a Form		•										0.	
z       Add lines 1a through 1h       1z       41,610.         Attach Sch. B       2a       Tax-exempt interest       2a       b       2b         if required.       3a       Qualified dividends       3a       b       0       3b         4a       IRA distributions       4a       b       Taxable interest       3b       3b         5a       4a       IRA distributions       5a       b       Taxable amount       4b       4b         Standard       5a       9       Pensions and annuities       5a       b       Taxable amount       5b       5b         Standard       5a       Social security benefits       6a       b       Taxable amount       5b       6b         Married filing separately, \$12,950       Karide filing       Other income from Schedule 1, line 10       5       5       6       7         Married filing jointly or Qualifying surviving spouse, \$25,900       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       41, 610.       10         14       Adjustments to income from Schedule 1, line 26       10       11       41, 610.       12       12, 950.         16       Standard deduction or itemized deductions (from Schedule A)       12       12, 950. <t< td=""><td>W-2, see</td><td>i</td><td>Nontaxable combat pay election (s</td><td>see instr</td><td>uctions)</td><td></td><td>   1i</td><td>i  </td><td></td><td></td><td></td><td></td><td></td></t<>	W-2, see	i	Nontaxable combat pay election (s	see instr	uctions)		1i	i						
Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         if required.       4a       IRA distributions       4a       b       Taxable amount       4b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       5b         Sector for-       6a       Social security benefits       6a       b       Taxable amount       5b         Married filing separately, \$12,950       r       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         Married filing jointly or Qualifying spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       9       41, 610.         Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       11       41, 610.       12       12, 950.         14       Add lines 12 and 13       .       .       .       13       14       12, 950.         15       S		z						. 12	2	41,610.				
total       total <tht dis<="" th=""> <th di<="" td=""><td>Attach Sch. B</td><td>2a</td><td></td><td>2a</td><td></td><td></td><td></td><td></td><td></td><td></td><td>. 2k</td><td><b>b</b></td><td></td></th></tht>	<td>Attach Sch. B</td> <td>2a</td> <td></td> <td>2a</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>. 2k</td> <td><b>b</b></td> <td></td>	Attach Sch. B	2a		2a							. 2k	<b>b</b>	
Standard Deduction for-Deduction for-Single or Married filing separately, \$12,950.       5a       Pensions and annuities	if required.	3a	Qualified dividends	3a		b C	rdinary divide	nds .			. 3t	<b>)</b>		
Deduction for-       6a       Social security benefits       6a       b Taxable amount       6b         Single or Married filing separately, \$12,950       c       If you elect to use the lump-sum election method, check here (see instructions)       .       .       6b         Married filing jointly or Qualifying surviving spouse, \$25,900       8       Other income from Schedule 1, line 10       .       .       .       7         Married filing jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       41, 610.         10       Subtract line 10 from line 9. This is your adjusted gross income       .       .       11       41, 610.         \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       .       .       12       12, 950.         If you checked any box under <i>Standard</i> 13       Qualified business income deduction from Form 8995 or Form 8995-A       .       .       .       13         14       12, 950.       15       Subtract line 14 from line 11. If zero or less, enter -0- This is your taxable income       .       .       .       .       .       .       14       12, 950.		4a	IRA distributions	4a		bΤ	axable amoun	ıt			. 4k	<b>)</b>		
Single or Married filing separately, 7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         Married filing jointly or Qualifying surviving spouse, \$25,900       8       Other income from Schedule 1, line 10       7         Married filing jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       41, 610.         10       10       10       10       10         Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       11       41, 610.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       12, 950.         14       12, 950.       5       Subtract line 14 from line 11.       14       12, 950.	Standard	5a	Pensions and annuities	5a		bΤ	axable amoun	ıt			. 5t	<b>b</b>		
Married filing separately, \$12,950       c       If you elect to use the lump-sum election method, check here (see instructions)       .	Deduction for –	6a	Social security benefits	6a		bΤ	axable amoun	ıt			. 6k	<b>b</b>		
\$12,950       7       Capital gain of (loss). Attach Schedule D if required, the of required, check here       1       7         Married filing jointly or Qualifying souse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       41,610.         10       8       9       41,610.       10         Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       10         11       41,610.       11       41,610.         \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       12,950.         If you checked any box under standard       14       Add lines 12 and 13       14       12,950.         15       Subtract line 14 from line 11. If zero or less, enter -0- This is your taxable income       15       28,660	Married filing	с	If you elect to use the lump-sum e	lection r	nethod, check he	ere (see	instructions)			. [				
Married filing jointly or Qualifying surviving spouse, \$25,900       8       Other income from Schedule 1, line 10       8         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       41,610.         10       Adjustments to income from Schedule 1, line 26       10         Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       41,610.         12       Standard deduction or itemized deductions (from Schedule A)       12       12,950.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       12,950.         15       Subtract line 14 from line 11. If zero or less, enter -0- This is your taxable income       15		ely, <b>7</b> Consisted again or (loop). Attach Schedule D if required if not required check here							. [	7				
Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       41, 610.         10       Adjustments to income from Schedule 1, line 26       10       10         Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       41, 610.         12       12       12       12, 950.         If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       12, 950.       14       12, 950.         Deduction,       15       Subtract line 11 If zero or less enter -0- This is your taxable income       15	Married filing	8	Other income from Schedule 1, lin	e10 .							. 8			
\$25,900       11       Subtract line 10 from line 9. This is your adjusted gross income       11       41,610.         Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       12       12,950.         If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       12,950.         14       12,950.       14       12,950.       14       12,950.         15       Subtract line 14 from line 11. If zero or less, enter -0- This is your taxable income       15       28,660.	Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>							. 9		41,610.		
Head of household, \$11       Subtract line 10 from line 9. This is your adjusted gross income       11       41,610.         12       Standard deduction or itemized deductions (from Schedule A)       12       12,950.         If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       Add lines 12 and 13       12.       14       12,950.         15       Subtract line 14 from line 11.       If zero or less enter -0- This is your taxable income       15		10	Adjustments to income from Schedule 1, line 26							. 10	)			
\$19,400       12       Standard deduction or itemized deductions (irom Schedule A)       12       12       12,950.         If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         14       Add lines 12 and 13       13       14       12,950.         Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       28       660	Head of	11	Subtract line 10 from line 9. This is	s your <b>a</b>	djusted gross ind	come					. 11	I -	41,610.	
If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       Add lines 12 and 13       14       12,950         Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15		12	Standard deduction or itemized	deducti	i <b>ons</b> (from Sched	ule A)					. 12	2	12,950.	
Standard         14         Add lines 12 and 13         14         12,950           Deduction,         15         Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income         15         28         660	<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduction	ion from	Form 8995 or Fo	orm 899	5-A				. 13	3		
	Standard										. 14			
		15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 This i	s your t	axable incom	ne.		•	. 15	5	28,660.	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	3,2	236.
Credits	17	Amount from Schedule 2, lin	ie3					17		
	18	Add lines 16 and 17						18	3,2	236.
	19	Child tax credit or credit for	other dependen	its from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ie8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	3,2	236.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	3,2	236.
Payments	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a 6	5,494.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	б,4	494.
If you have a	26	2022 estimated tax payment	ts and amount a	applied from 20	21 return			26		
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		28				
	29	American opportunity credit	from Form 886	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	ie 15			31				
	32	Add lines 27, 28, 29, and 31	. These are you	r total other pa	ayments and ref	undable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your <b>t</b> o	otal payments				33	б,4	494.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	3,2	258.
neruna	35a	Amount of line 34 you want	refunded to yo	<b>u</b> . If Form 8888	3 is attached, che	ck here	🗆	35a	3,2	258.
Direct deposit?	b	Routing number 0 8 3	0 0 0 1	3 7	c Type: 🛛 🗙	Checking	Savings			
See instructions.	d	Account number 9 0 5 6 7 7 9 5 8 9								
	36	Amount of line 34 you want a	applied to your	2023 estimate	edtax	36				
Amount	37	Subtract line 33 from line 24	. This is the <b>am</b>	ount you owe						
You Owe		For details on how to pay, g						37		
	38	Estimated tax penalty (see ir	nstructions) .			38				
Third Party	Do	you want to allow another	person to dis	cuss this retu	rn with the IRS?	See				
Designee		structions	·			🗌 <b>Yes.</b> C	omplete k	below.	X No	
		signee's		Phone			onal identi	fication		
	nai			no.			ber (PIN)			
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here			piete. Deciaration	Date	Your occupation			• •	nt you an Identi	0
		bur signature							IN, enter it here	,
Joint return?	В	3 KALYANA RAO		03/10/2024	SOFTWARE ENGINEER			inst.)		
See instructions.	Sp	pouse's signature. If a joint return, <b>both</b> must sign. Date			Spouse's occupation If the				nt your spouse	
Keep a copy for your records.									ection PIN, ente	er it here
your rooorao.								inst.)		
		one no. (302)409-658		Email address	BKRAO.CARE	ERS@GMAIL.CO			Ohaal 'f	
Paid		eparer's name	Preparer's signa			Date	PTIN		Check if:	
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	03/10/2024			Self-emp	-
Use Only									678)965-	
	Fir	m's address 245 ROONE	Y CT E BRU	JNSWICK N	J 08816		Firm	's EIN	84-317	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 07/23/23 PRO			Form <b>104</b>	<b>10</b> (2022