

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name PREETHAM PABBA	Social security number 664-31-7104
Spouse's name	Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

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

1 Adjusted gross income	1	19,991.
2 Total tax	2	613.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	800.
4 Amount you want refunded to you	4	187.
5 Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

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

1	7	1	0	4
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

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

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial PREETHAM Last name PABBA Your social security number 664 31 7104

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. 314 NORTH DUNCAN STREET Apt. no. 4 Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. STILLWATER State OK ZIP code 74075 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status [X] Single [] Head of household (HOH) [] Married filing jointly (even if only one had income) [] Married filing separately (MFS) [] Qualifying surviving spouse (QSS)
Check only one box.
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [] Yes [X] No

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

Age/Blindness You: [] Were born before January 2, 1959 [] Are blind Spouse: [] Was born before January 2, 1959 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes header 'Dependents (see instructions):' and a note 'If more than four dependents, see instructions and check here []'.

Income table with columns for description and amount. Rows include: 1a Total amount from Form(s) W-2, box 1 (19,991); b Household employee wages; c Tip income; d Medicaid waiver payments; e Taxable dependent care benefits; f Employer-provided adoption benefits; g Wages from Form 8919, line 6; h Other earned income (0); i Nontaxable combat pay election (1i); z Add lines 1a through 1h (19,991).

Table with columns for description and amount. Rows include: 2a Tax-exempt interest; 2b Taxable interest; 3a Qualified dividends; 3b Ordinary dividends; 4a IRA distributions; 4b Taxable amount; 5a Pensions and annuities; 5b Taxable amount; 6a Social security benefits; 6b Taxable amount.

Table with columns for description and amount. Rows include: 7 Capital gain or (loss); 8 Additional income from Schedule 1, line 10; 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income (19,991); 10 Adjustments to income from Schedule 1, line 26; 11 Subtract line 10 from line 9. This is your adjusted gross income (19,991); 12 Standard deduction or itemized deductions (from Schedule A) (13,850); 13 Qualified business income deduction from Form 8995 or Form 8995-A; 14 Add lines 12 and 13 (13,850); 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income (6,141).

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	613.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	613.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	613.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	613.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	800.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	800.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	800.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	187.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	187.
Direct deposit? See instructions.	b	Routing number 1 0 3 0 0 0 6 4 8 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 8 8 5 1 5 3 2 0 2		
	36	Amount of line 34 you want applied to your 2024 estimated tax	36	

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

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

Designee's name	Phone no.	Personal identification number (PIN)
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Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation STUDENT	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (661) 877-0102	Email address PREETHAM.PABBA@OKSTATE.EDU		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA	Date 03/30/2024	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Phone no. (678) 965-9522
Firm's EIN				



Oklahoma Individual Income Tax Declaration for Electronic Filing

NOTE: Do not mail Oklahoma Tax Return - Form 511 or Form 511-NR.

See instructions on Page 2 to determine if you are required to send Form 511-EF to the OTC.

2023
Form 511-EF

Your first name and middle initial PREETHAM	Last name PABBA
If a joint return, spouse's first name and middle initial	Last name
Mailing address (number and street, including apartment number, rural route or PO Box) 314 NORTH DUNCAN STREET 4	
City, State, ZIP STILLWATER OK 74075	

Your social security number:	664317104
Spouse's social security number:	
Filing status:	1
Total number of exemptions:	1

PART ONE - TAX RETURN INFORMATION (WHOLE DOLLARS ONLY)

1	Oklahoma Adjusted Gross Income (511, Line 7) or Adjusted Gross Income: All Sources (511-NR, Line 8)	1	19991	00
2	Oklahoma Income Tax and Use Tax (511, Line 20 or 511-NR, Line 24)	2	411	00
3	Oklahoma Income Tax Payments and Credits (511, Line 32 or 511-NR, Line 33)	3	531	00
4	Refund (511, Line 37 or 511-NR, Line 38)	4	120	00
5	Balance Due (511, Line 41 or 511-NR, Line 42)	5		00

For a balance due return with an electronic payment, complete line 6b below. The due date for an electronic payment is April 20th. For a balance due return with a non-electronic payment, enclose a payment with the 511-V and submit on or before the due date of April 15th. If the Internal Revenue Code (IRC) of the IRS provides for a later due date, your payment may be made by the later due date and will be considered timely. If the due date falls on a weekend or legal holiday when OTC offices are closed, your payment is due the next business day.

PART TWO - DECLARATION OF TAXPAYER

- 6a I consent that my refund be directly deposited as designated in the electronic portion of my 2023 Oklahoma income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- 6b I authorize the Oklahoma State 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 Oklahoma taxes owed on this return and/or a payment of estimated tax. 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.

If I have filed a balance due return, I understand that if the Oklahoma Tax Commission (OTC) does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

Under penalties of perjury, I declare I have compared the information contained on my return, with information I have provided to my Electronic Return Originator (ERO), and the amounts described in Part One above, agree with the amounts shown on the corresponding lines of my 2023 Oklahoma income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent that my return, including this declaration and accompanying schedules and statements, be sent to the OTC by my ERO.

In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the Oklahoma Tax Commission of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here:

_____ Your Signature	_____ Date	_____ Spouse's Signature (If joint return, both must sign)	_____ Date
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PART THREE - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare I have reviewed the above taxpayer's return and the entries on Form 511-EF are complete and correct to the best of my knowledge. (EROs who are collectors are not responsible for reviewing the taxpayer's return; however, they must ensure Form 511-EF accurately reflects the data on the return.) I have obtained the taxpayer's signature on Form 511-EF and I have provided the taxpayer with a copy of all forms and information to be filed with the OTC, and have followed all other requirements described in Pub. 1345, Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2023). If I am also a Paid Preparer, under penalties of perjury I declare 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 Paid Preparer declaration is based on all information of which I have any knowledge.

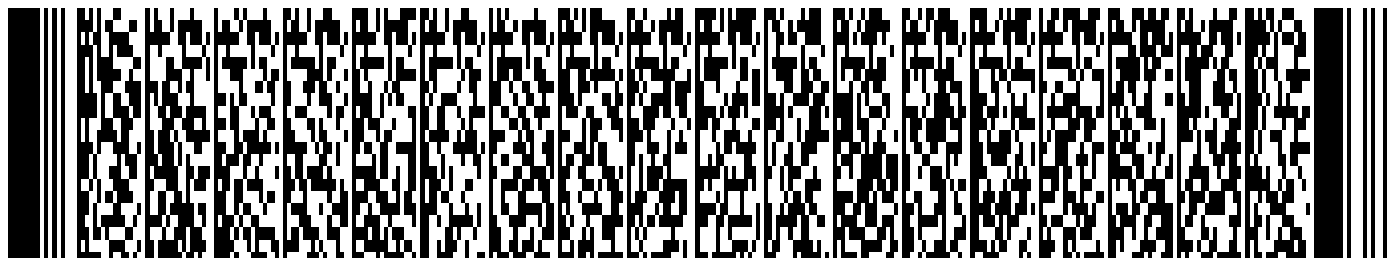
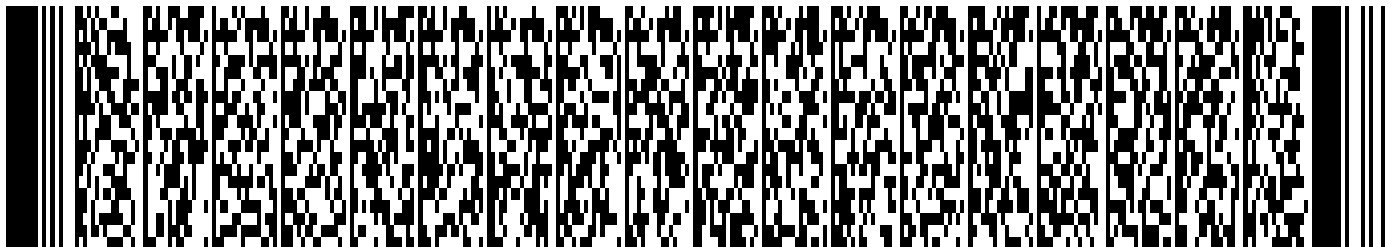
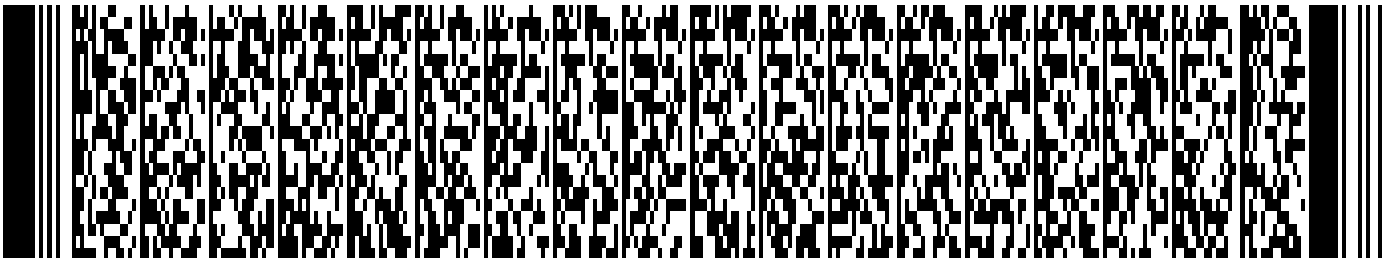
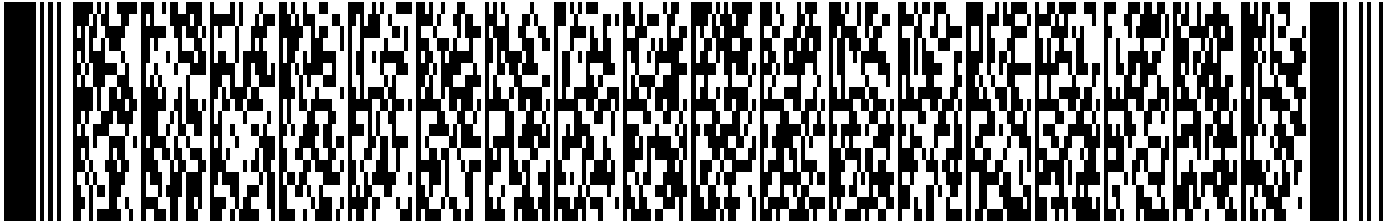
ERO Use Only	_____ ERO or Paid Preparer's Signature	03/30/2024 Date	_____ PTIN
Paid Preparer Use Only	_____ Paid Preparer Signature	03/30/2024 Date	P02082703 PTIN

Firm Name (or yours if self-employed): **SYAM PRIYA RAM SAGAR GUPTA**

Address and ZIP: **245 ROONEY CT E BRUNSWICK NJ 08816**

Phone Number: (**678**) **965-9522**

**FAILURE TO SUBMIT THIS PAGE
WILL DELAY PROCESSING OF YOUR RETURN**



Note: This is to be mailed with original return. Please DO NOT attach this sheet when filing the payment voucher, Form 511V.

Oklahoma Resident Income Tax Return

Form 511
2023



Your Social Security Number

664-31-7104

Place an 'X' in this box if this taxpayer is deceased →

Spouse's Social Security Number (joint return only)

Place an 'X' in this box if this taxpayer is deceased →

AMENDED RETURN!

Place an 'X' in this box if this is an amended 511. See Schedule 511-I. →

Name and Address - Please Print or Type

Your First Name	Middle Initial	Last Name	If a Joint Return, Spouse's First Name	Middle Initial	Last Name	
PREETHAM		PABBA				
Mailing Address (Number and street, including apartment number, rural route or PO Box)			City	State	ZIP or Postal Code	Country
314 NORTH DUNCAN STREET APT 4			STILLWATER	OK	74075	

Filing Status

1 Single

2 Married filing joint return (even if only one had income)

3 Married filing separate
(If spouse is also filing, list name and SSN in the boxes)

Name	SSN
<input type="text"/>	<input type="text"/>

4 Head of household with qualifying person

5 Qualifying widow(er) with dependent child
• Please list the year spouse died in box at right:

* Note: If claiming Special Exemption, see instructions on page 9 of 511 Packet.

	Regular	* Special	Blind	
Exemptions	Yourself	1 +		1 (a)
	Spouse			(b)
Number of dependents				(c)
Add the Totals from boxes (a), (b) and (c). Enter the TOTAL here:				1

Note: If you may be claimed as a dependent on another return, enter "0" in the Total box for your regular exemption.

Age 65 or Older? (Please see instructions) Yourself Spouse

Dependents - If more than four dependents, see instructions and place an 'X' here:

1. First Name	2. Last Name	3. Social Security Number	4. Date of Birth	5. Relationship to You
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PART ONE: TO ARRIVE AT OKLAHOMA ADJUSTED GROSS INCOME

		Round to Nearest Whole Dollar	
1	Federal adjusted gross income (from Federal 1040 or 1040-SR).....	1	19991 00
2	Oklahoma Subtractions (provide Schedule 511-A).....	2	00
3	Line 1 minus line 2.....	3	19991 00
4	Out-of-state income, except wages. Describe: _____ (Provide Federal schedule with detailed description; see instructions).....	4	00
5	Line 3 minus line 4.....	5	19991 00
6	Oklahoma Additions (provide Schedule 511-B).....	6	00
7	Oklahoma adjusted gross income (line 5 plus line 6)..... (If line 7 is different than line 1, provide a copy of your Federal return.)	7	19991 00

PART TWO: OKLAHOMA TAXABLE INCOME, TAX AND CREDITS

8	Oklahoma Adjustments (provide Schedule 511-C).....	8	00
9	Oklahoma income after adjustments (line 7 minus line 8).....	9	19991 00



Name(s) Shown
on Form 511: **PREETHAM PABBA**

Your Social Security Number: **664-31-7104**

PART TWO: OKLAHOMA TAXABLE INCOME, TAX AND CREDITS continued

STOP AND READ: If line 4 on page 1 is zero, complete lines 10-11. If line 4 is more than zero, see Schedule 511-E and do not complete lines 10-11.

10	Oklahoma itemized deductions (from Schedule 511-D, line 11) or Oklahoma standard deduction (Single or Married Filing Separate: \$6,350 • Married Filing Joint or Qualifying Widow(er): \$12,700 • Head of Household: \$9,350).....	10	6350	00
11	Exemptions: Enter the total number of exemptions claimed on page 1..... <input type="text" value="1"/> X \$1,000.....	11	1000	00
12	Total deductions and exemptions (add lines 10 and 11 or amount from Sch. 511-E, line 5).....	12	7350	00
13	Oklahoma Taxable Income (line 9 minus line 12)	13	12641	00
14	(a) Oklahoma Income Tax from Tax Table (see pages 27-38 of instructions) or if using Farm Income Averaging, enter tax from Form 573, line 22 and enter a "1" in box on line 14	14a	411	00
	(b) If paying the Health Savings Account additional 10% tax, add additional tax here and enter a "2" in box on line 14. If recapturing the Oklahoma Affordable Housing Tax Credit, add recaptured credit here and enter a "3" in box on line 14. If making an Oklahoma installment payment pursuant to IRC Section 965(h) and 68 OS Sec. 2368(K), add the installment payment here and enter a "4" in the box on line 14	14b		00
	Oklahoma Income Tax (line 14a plus line 14b)	14	411	00

STOP AND READ: If line 7 is equal to or larger than line 1, complete line 15. If line 7 is smaller than line 1, complete Schedules 511-F and 511-G.

15	Oklahoma child care/child tax credit (see instructions).....	15		00
16	Credit for taxes paid to another state (provide Form 511TX).....	16		00
17	Form 511CR - Other Credits Form. List 511CR line number claimed here:..... <input type="text"/>	17		00
18	Income Tax (line 14 minus lines 15-17) Do not enter less than zero	18	411	00
	DO NOT PAY THIS AMOUNT. PAYMENT IS FIGURED ON LINE 41.			

PART THREE: TAX, CREDITS AND PAYMENTS

19	Use tax due on Internet, mail order, or other out-of-state purchases..... (For use tax table, see page 14 of the Packet) If you certify that no use tax is due, place an 'X' here: <input checked="" type="checkbox"/>	19		00
20	Balance (add lines 18 and 19)	20	411	00
21	Oklahoma withholding (provide all W-2s, 1099s or other withholding statements) ..	21	491	00
22	2023 estimated tax payments (qualified farmer <input type="checkbox"/>)	22		00
23	2023 payment with extension	23		00
24	Low Income Property Tax Credit (provide Form 538-H).....	24		00
25	Sales Tax Relief Credit (provide Form 538-S).....	25	40	00
26	Natural Disaster Tax Credit (provide Form 576).....	26		00
27	Credit from Form 578	27		00
28	Oklahoma earned income credit (see instructions).....	28		00
29	Amount paid with original return plus additional paid after it was filed (amended return only).....	29		00



Name(s) Shown on Form 511: **PREETHAM PABBA**

Your Social Security Number: **664-31-7104**

PART THREE: TAX, CREDITS AND PAYMENTS continued

30	Payments and credits (add lines 21-29 from page 2).....	30	531	00
31	Overpayment, if any, as shown on original return and/or prior amended return(s) or as previously adjusted by Oklahoma (amended return only).....	31		00
32	Total payments and credits (line 30 minus 31).....	32	531	00

PART FOUR: REFUND

33	If line 32 is more than line 20, subtract line 20 from line 32. This is your overpayment.....	33	120	00
34	Amount of line 33 to be applied to 2024 estimated tax (original return only) (For further information regarding estimated tax, see page 5 of the 511 Packet.)	34		00

Schedule 511-H provides you with the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Please place the line number of the organization from Schedule 511-H in the box below. If you give to more than one organization, put a "99" in the box. Provide Schedule 511-H

35	Donations from your refund (total from Schedule 511-H).....	35		00
36	Total deductions from refund (add lines 34 and 35).....	36		00
37	Amount to be refunded to you (line 33 minus line 36).....	37	120	00

Refund Note: For Direct Deposit, verify your account and routing numbers are correct. If your direct deposit fails to process, you will receive a debit card. You can also choose to receive either a debit card or a paper check by placing an 'X' in the appropriate box below. **Note:** A minimum refund of \$10.00 is required to receive a paper check. If you request a paper check for an amount less than \$10.00, a debit card will be issued. If no options are selected, you will receive a debit card. See the 511 Packet for direct deposit, debit card and paper check information. Due to electronic banking rules, the OTC will not allow direct deposits to or through foreign financial institutions. If you use a foreign financial institution you will be issued a paper check.

Send my refund as a:

Debit Card

Paper Check

Is this refund going to or through an account that is located outside of the United States? Yes No

Direct Deposit my refund in my:

Checking Account Routing Number:

Savings Account Account Number:

PART FIVE: AMOUNT YOU OWE

38	If line 20 is more than line 32, subtract line 32 from line 20. This is your tax due.....	38		00
39	Underpayment of estimated tax interest (annualized installment method <input type="checkbox"/>).. (If you have an underpayment of estimated tax (line 39) & overpayment (line 33), see instructions.)	39		00
40	For delinquent payment add penalty of 5% \$ _____ plus interest of 1.25% per month \$ _____	40		00
41	Total tax, penalty and interest (add lines 38-40).....	41		00

Under penalty of perjury, I declare the information contained in this document, and all attachments and schedules, is true and correct to the best of my knowledge and belief. Place an 'X' in this box if the Oklahoma Tax Commission may discuss this return with your tax preparer.....

Taxpayer's Signature _____ Date _____	Spouse's Signature _____ Date _____	Paid Preparer's Signature _____ Date _____
Taxpayer's Occupation STUDENT	Spouse's Occupation _____	Paid Preparer's Address and Phone Number (678) 965-9522
Daytime Phone (optional) _____	Daytime Phone (optional) _____	245 ROONEY CT E BRUNSWICK NJ 08816
		Paid Preparer's PTIN P02082703

Do not staple documentation to this form. To attach items, please use a paper clip. Mailing Address for this form: PO Box 26800, Oklahoma City, OK 73126-0800

State of Oklahoma Claim for Credit/Refund of Sales Tax



Taxpayer's Social Security Number:

664-31-7104

If died in 2023 or 2024, enter date of death:

Spouse's Social Security Number:

If died in 2023 or 2024, enter date of death:

Instructions on page 3. Please read carefully as an incomplete form may delay your refund.

FORM

538-S

2023

Taxpayer's First Name	Middle Initial	Last Name	Spouse's First Name (If a Joint Return)	Middle Initial	Last Name
PREETHAM		PABBA			
Mailing Address (Number and street, including apartment number, or rural route)			City	State	ZIP
314 NORTH DUNCAN STREET APT 4			STILLWATER	OK	74075

PART 1: TAXPAYER INFORMATION

Physical Address in 2023 (If different than shown in mailing address section):

Place an 'X' if you or your spouse have a physical disability constituting a substantial handicap to employment (submit proof)

Place an 'X' if you or your spouse are 65 years of age or over Oklahoma resident for the entire year? yes no

PART 2: DEPENDENT Note: Do not enter the taxpayer or spouse as a dependent.

1. Dependents (first name, middle initial, last name) If you have additional dependents, provide schedule.	See Instructions			5. Yearly Income
	2. Age	3. Social Security Number	4. Relationship	

EXEMPTION INFORMATION QUALIFIED EXEMPTIONS...

A. Yourself.....	1
B. Spouse	
C. Number of dependents.....	
D. Total exemptions claimed (add A-C).....	1

PART 3: GROSS INCOME: Enter taxable and nontaxable gross income and assistance received by ALL members of your household in the year 2023.

See "Total gross household income" definition on page 3 for examples of income.

1	Enter total wages, salaries, fees, commissions, bonuses, and tips (including nontaxable income from your W-2s)
2	Enter total interest and dividend income received
3	Total of all dependents' income (from Part 2, column 5).....
4	Social Security payments (total including Medicare)
5	Railroad Retirement benefits
6	Other pensions, annuities and IRAs
7	Alimony
8	Unemployment benefits

YEARLY INCOME	
YOU MAY NOT ENTER NEGATIVE AMOUNTS.	
1	19991 00
2	00
3	00
4	00
5	00
6	00
7	00
8	00



Name(s) Shown on Form 538-S:
PREETHAM PABBA

Your Social Security Number:
664-31-7104

PART 3: GROSS INCOME: Enter taxable and nontaxable gross income and assistance received by ALL members of your household in the year 2023.

See "Total gross household income" definition on page 3 for examples of income.

9 Earned Income Credit (EIC) received in 2023.....
 10 Nontaxable sources of income (specify)
 11 Enter **gross** (positive) income from rentals, royalties, partnerships, estates & trusts, and gains from the sale or exchange of property (taxable & nontaxable) (provide Federal return including schedules)....
 12 Enter **gross** (positive) income from business and farm (provide Federal return including schedules).....
 13 Other income-including income of others living in your household (specify).....
 14 **Total gross household income** (Add lines 1-13).....

YEARLY INCOME	
YOU MAY NOT ENTER NEGATIVE AMOUNTS.	
9	00
10	00
11	00
12	00
13	00
14	19991 00

If line 14 is over income limits shown in steps 2 and 3 on page 3, no credit is allowed.

PART 4: SALES TAX CREDIT COMPUTATION (For households with gross income below allowable limits, see steps 2 and 3 on page 3.)

15 Total qualified exemptions claimed in Box D on page 1 x \$40 (credit claimed).....

15

DIRECT DEPOSIT OPTION: For those NOT filing a Form 511. See page 3 for Refund Information.

If you are filing a Form 511, carry the credit to Form 511, line 25.

Refund Note: For Direct Deposit, verify your account and routing numbers are correct. If your direct deposit fails to process, you will receive a debit card. You can also choose to receive either a debit card or a paper check by placing an 'X' in the appropriate box below. **Note:** A minimum refund of \$10.00 is required to receive a paper check. If you request a paper check for an amount less than \$10.00, a debit card will be issued. If no options are selected, you will receive a debit card. Due to electronic banking rules, the Oklahoma Tax Commission (OTC) will not allow direct deposits to or through foreign financial institutions. If you use a foreign financial institution you will be issued a paper check.

Send my refund as a: <input type="checkbox"/> Debit Card <input type="checkbox"/> Paper Check	Is this refund going to or through an account that is located outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Direct Deposit my refund in my: <input type="checkbox"/> Checking Account Routing Number: <input type="text"/> <input type="checkbox"/> Savings Account Account Number: <input type="text"/>

If the OTC may discuss this return with your tax preparer, place an 'X' here:

Under penalty of perjury, I declare the information contained in this document and any attachments is true and correct to the best of my knowledge and belief.

Taxpayer's Signature and Date	Spouse's Signature and Date
Occupation STUDENT	Occupation

Preparer's Signature and Date
 SYAM PRIYA RAM SAGAR GUPTA 03/30/2024