

# IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

|   |                                       |
|---|---------------------------------------|
| Taxpayer's name<br>RAMANARAYANA POTTURU | Social security number<br>807-80-3660 |
| Spouse's name                           | Spouse's social security number       |

## Part I Tax Return Information — Tax Year Ending December 31, 2021 (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   | 153,459. |
| 2 Total tax   | 28,684.  |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 31,498.  |
| 4 Amount you want refunded to you                               | 2,814.   |
| 5 Amount you owe  |          |

## 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 

|   |   |   |   |   |
|---|---|---|---|---|
| 0 | 3 | 6 | 6 | 0 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.

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

Your signature ▶  Date ▶ 3/10/2022

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

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

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.

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

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

## Practitioner PIN Method Returns Only—continue below

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

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

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 8 | 7 | 2 | 7 | 8 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

 Don't enter all zeros

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

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

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

Form fields for personal information: Your first name and middle initial (RAMANARAYANA), Last name (POTTURU), Your social security number (807-80-3660), Spouse's social security number (654-99-1981), Home address (3 GRAHAM CT, PARSIPPANY, NJ, 07054), and Presidential Election Campaign options.

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? [ ] 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, 1957 [ ] Are blind Spouse: [ ] Was born before January 2, 1957 [ ] Is blind

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

Main tax calculation table with rows 1 through 15, including sections for Attach Sch. B if required and Standard Deduction for— with various income and deduction amounts.

|                                      |  |            |         |
|--------------------------------------|--|------------|---------|
| <b>16</b>                            | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____   | <b>16</b>  | 27,767. |
| <b>17</b>                            | Amount from Schedule 2, line 3   | <b>17</b>  |         |
| <b>18</b>                            | Add lines 16 and 17  | <b>18</b>  | 27,767. |
| <b>19</b>                            | Nonrefundable child tax credit or credit for other dependents from Schedule 8812   | <b>19</b>  |         |
| <b>20</b>                            | Amount from Schedule 3, line 8   | <b>20</b>  |         |
| <b>21</b>                            | Add lines 19 and 20  | <b>21</b>  |         |
| <b>22</b>                            | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b>  | 27,767. |
| <b>23</b>                            | Other taxes, including self-employment tax, from Schedule 2, line 21   | <b>23</b>  | 917.    |
| <b>24</b>                            | Add lines 22 and 23. This is your <b>total tax</b>   | <b>24</b>  | 28,684. |
| <b>25</b>                            | Federal income tax withheld from:  |            |         |
| <b>a</b>                             | Form(s) W-2  | <b>25a</b> | 31,256. |
| <b>b</b>                             | Form(s) 1099   | <b>25b</b> |         |
| <b>c</b>                             | Other forms (see instructions)   | <b>25c</b> | 242.    |
| <b>d</b>                             | Add lines 25a through 25c  | <b>25d</b> | 31,498. |
| <b>26</b>                            | 2021 estimated tax payments and amount applied from 2020 return  | <b>26</b>  |         |
| <b>27a</b>                           | Earned income credit (EIC)<br>Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/> | <b>27a</b> |         |
| <b>b</b>                             | Nontaxable combat pay election   | <b>27b</b> |         |
| <b>c</b>                             | Prior year (2019) earned income  | <b>27c</b> |         |
| <b>28</b>                            | Refundable child tax credit or additional child tax credit from Schedule 8812  | <b>28</b>  |         |
| <b>29</b>                            | American opportunity credit from Form 8863, line 8   | <b>29</b>  |         |
| <b>30</b>                            | Recovery rebate credit. See instructions   | <b>30</b>  |         |
| <b>31</b>                            | Amount from Schedule 3, line 15  | <b>31</b>  |         |
| <b>32</b>                            | Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>   | <b>32</b>  |         |
| <b>33</b>                            | Add lines 25d, 26, and 32. These are your <b>total payments</b>  | <b>33</b>  | 31,498. |
| <b>Refund</b>                        | <b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>   | <b>34</b>  | 2,814.  |
|                                      | <b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>   | <b>35a</b> | 2,814.  |
| Direct deposit?<br>See instructions. | <b>b</b> Routing number 021200339 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings   |            |         |
|                                      | <b>d</b> Account number 381057091927   |            |         |
|                                      | <b>36</b> Amount of line 34 you want <b>applied to your 2022 estimated tax</b>   | <b>36</b>  |         |
| <b>Amount You Owe</b>                | <b>37</b> <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions   | <b>37</b>  |         |
|                                      | <b>38</b> Estimated tax penalty (see instructions)   | <b>38</b>  |         |

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

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

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

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

|   |      |                                      |   |
|---|------|--------------------------------------|---|
| Your signature  | Date | Your occupation<br>SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date | Spouse's occupation                  | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Phone no. (302) 390-1807 Email address RAMANARAYANA.POTTURU@GMAIL.COM

**Paid Preparer Use Only**

|  |   |                    |                             |   |
|--|---|--------------------|-----------------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>03/10/2022 | PTIN<br>P02082703           | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>2530 Pebble Creek Ln Cumming GA 30041   |                    | Phone no.<br>(678) 965-9522 | Firm's EIN<br>30-1017196                            |

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **01**

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

Your social security number  
807-80-3660

**Part I Additional Income**

|           |   |           |          |
|-----------|---|-----------|----------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  | <b>1</b>  |          |
| <b>2a</b> | Alimony received . . . . .  | <b>2a</b> |          |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions) ▶ _____   |           |          |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  | <b>3</b>  | -73,402. |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   | <b>4</b>  |          |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   | <b>5</b>  |          |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  | <b>6</b>  |          |
| <b>7</b>  | Unemployment compensation . . . . .   | <b>7</b>  |          |
| <b>8</b>  | Other income:   |           |          |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> | ( )      |
| <b>b</b>  | Gambling income . . . . .   | <b>8b</b> |          |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b> |          |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> | ( )      |
| <b>e</b>  | Taxable Health Savings Account distribution . . . . .   | <b>8e</b> |          |
| <b>f</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8f</b> |          |
| <b>g</b>  | Jury duty pay . . . . .   | <b>8g</b> |          |
| <b>h</b>  | Prizes and awards . . . . .   | <b>8h</b> |          |
| <b>i</b>  | Activity not engaged in for profit income . . . . .   | <b>8i</b> |          |
| <b>j</b>  | Stock options . . . . .   | <b>8j</b> |          |
| <b>k</b>  | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . . | <b>8k</b> |          |
| <b>l</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8l</b> |          |
| <b>m</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8m</b> |          |
| <b>n</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8n</b> |          |
| <b>o</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8o</b> |          |
| <b>p</b>  | Taxable distributions from an ABLE account (see instructions) . . . . .   | <b>8p</b> |          |
| <b>z</b>  | Other income. List type and amount ▶ _____  | <b>8z</b> |          |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   | <b>9</b>  |          |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .   | <b>10</b> | -73,402. |

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

**Part II Adjustments to Income**

|            |  |            |            |  |
|------------|--|------------|------------|--|
| <b>11</b>  | Educator expenses . . . . .  |            | <b>11</b>  |  |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .  |            | <b>12</b>  |  |
| <b>13</b>  | Health savings account deduction. Attach Form 8889 . . . . .   |            | <b>13</b>  |  |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .  |            | <b>14</b>  |  |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .   |            | <b>15</b>  |  |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .   |            | <b>16</b>  |  |
| <b>17</b>  | Self-employed health insurance deduction . . . . .   |            | <b>17</b>  |  |
| <b>18</b>  | Penalty on early withdrawal of savings . . . . .   |            | <b>18</b>  |  |
| <b>19a</b> | Alimony paid . . . . .   |            | <b>19a</b> |  |
| <b>b</b>   | Recipient's SSN . . . . .  | ▶ _____    |            |  |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions) ▶ _____  |            |            |  |
| <b>20</b>  | IRA deduction . . . . .  |            | <b>20</b>  |  |
| <b>21</b>  | Student loan interest deduction . . . . .  |            | <b>21</b>  |  |
| <b>22</b>  | Reserved for future use . . . . .  |            | <b>22</b>  |  |
| <b>23</b>  | Archer MSA deduction . . . . .   |            | <b>23</b>  |  |
| <b>24</b>  | Other adjustments:   |            |            |  |
| <b>a</b>   | Jury duty pay (see instructions) . . . . .   | <b>24a</b> |            |  |
| <b>b</b>   | Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit . . . . .                                       | <b>24b</b> |            |  |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l . . . . .   | <b>24c</b> |            |  |
| <b>d</b>   | Reforestation amortization and expenses . . . . .  | <b>24d</b> |            |  |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .  | <b>24e</b> |            |  |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans . . . . .   | <b>24f</b> |            |  |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans . . . . .   | <b>24g</b> |            |  |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .  | <b>24h</b> |            |  |
| <b>i</b>   | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . . | <b>24i</b> |            |  |
| <b>j</b>   | Housing deduction from Form 2555 . . . . .   | <b>24j</b> |            |  |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .  | <b>24k</b> |            |  |
| <b>z</b>   | Other adjustments. List type and amount ▶ _____  | <b>24z</b> |            |  |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z . . . . .   |            | <b>25</b>  |  |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .   |            | <b>26</b>  |  |

**SCHEDULE 2  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **02**

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

**Your social security number**  
807-80-3660

**Part I Tax**

|          |  |          |  |
|----------|--|----------|--|
| <b>1</b> | Alternative minimum tax. Attach Form 6251 . . . . .                                    | <b>1</b> |  |
| <b>2</b> | Excess advance premium tax credit repayment. Attach Form 8962 . . . . .                | <b>2</b> |  |
| <b>3</b> | Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . . . . | <b>3</b> |  |

**Part II Other Taxes**

|           |   |           |      |
|-----------|---|-----------|------|
| <b>4</b>  | Self-employment tax. Attach Schedule SE . . . . .   | <b>4</b>  |      |
| <b>5</b>  | Social security and Medicare tax on unreported tip income. Attach Form 4137 . . . . .                                     | <b>5</b>  |      |
| <b>6</b>  | Uncollected social security and Medicare tax on wages. Attach Form 8919 . . . . .   | <b>6</b>  |      |
| <b>7</b>  | Total additional social security and Medicare tax. Add lines 5 and 6 . . . . .  | <b>7</b>  |      |
| <b>8</b>  | Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required . . . . .                              | <b>8</b>  |      |
| <b>9</b>  | Household employment taxes. Attach Schedule H . . . . .   | <b>9</b>  |      |
| <b>10</b> | Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . .  | <b>10</b> |      |
| <b>11</b> | Additional Medicare Tax. Attach Form 8959 . . . . .   | <b>11</b> | 917. |
| <b>12</b> | Net investment income tax. Attach Form 8960 . . . . .   | <b>12</b> |      |
| <b>13</b> | Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 . . . . . | <b>13</b> |      |
| <b>14</b> | Interest on tax due on installment income from the sale of certain residential lots and timeshares . . . . .              | <b>14</b> |      |
| <b>15</b> | Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 . . . . .           | <b>15</b> |      |
| <b>16</b> | Recapture of low-income housing credit. Attach Form 8611 . . . . .  | <b>16</b> |      |

*(continued on page 2)*



**Part II Other Taxes** *(continued)*

|           |   |            |           |
|-----------|---|------------|-----------|
| <b>17</b> | Other additional taxes:   |            |           |
| <b>a</b>  | Recapture of other credits. List type, form number, and amount ► _____  | <b>17a</b> |           |
| <b>b</b>  | Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions . . . . .  | <b>17b</b> |           |
| <b>c</b>  | Additional tax on HSA distributions. Attach Form 8889 . . . . .   | <b>17c</b> |           |
| <b>d</b>  | Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 . . . . .   | <b>17d</b> |           |
| <b>e</b>  | Additional tax on Archer MSA distributions. Attach Form 8853 . . . . .  | <b>17e</b> |           |
| <b>f</b>  | Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 . . . . .  | <b>17f</b> |           |
| <b>g</b>  | Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property . . . . .   | <b>17g</b> |           |
| <b>h</b>  | Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A . . . . .                                      | <b>17h</b> |           |
| <b>i</b>  | Compensation you received from a nonqualified deferred compensation plan described in section 457A . . . . .  | <b>17i</b> |           |
| <b>j</b>  | Section 72(m)(5) excess benefits tax . . . . .  | <b>17j</b> |           |
| <b>k</b>  | Golden parachute payments . . . . .   | <b>17k</b> |           |
| <b>l</b>  | Tax on accumulation distribution of trusts . . . . .  | <b>17l</b> |           |
| <b>m</b>  | Excise tax on insider stock compensation from an expatriated corporation . . . . .  | <b>17m</b> |           |
| <b>n</b>  | Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 . . . . .  | <b>17n</b> |           |
| <b>o</b>  | Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR . . . . .   | <b>17o</b> |           |
| <b>p</b>  | Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund . . . . .                                    | <b>17p</b> |           |
| <b>q</b>  | Any interest from Form 8621, line 24 . . . . .  | <b>17q</b> |           |
| <b>z</b>  | Any other taxes. List type and amount ► _____   | <b>17z</b> |           |
| <b>18</b> | Total additional taxes. Add lines 17a through 17z . . . . .   |            | <b>18</b> |
| <b>19</b> | Additional tax from Schedule 8812 . . . . .   |            | <b>19</b> |
| <b>20</b> | Section 965 net tax liability installment from Form 965-A . . . . .   | <b>20</b>  |           |
| <b>21</b> | Add lines 4, 7 through 16, 18, and 19. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . . . . |            | <b>21</b> |

917.

**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business  
(Sole Proprietorship)**

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service (99)

▶ Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

|  |  |   |
|--|--|---|
| Name of proprietor<br>RAMANARAYANA POTTURU   |  | Social security number (SSN)<br>807-80-3660 |
| <b>A</b> Principal business or profession, including product or service (see instructions)<br>SOFTWARE SERVICES  | <b>B</b> Enter code from instructions<br>▶ 5   1   9   1   0   0 |   |
| <b>C</b> Business name. If no separate business name, leave blank.<br>POTTURU SOFTWARES  | <b>D</b> Employer ID number (EIN) (see instr.)                   |   |
| <b>E</b> Business address (including suite or room no.) ▶ 3 GRAHAM CT<br>City, town or post office, state, and ZIP code PARSIPPANY, NJ 07054   |  |   |
| <b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶   |  |   |
| <b>G</b> Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |   |
| <b>H</b> If you started or acquired this business during 2021, check here <input type="checkbox"/>   |  |   |
| <b>I</b> Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               |  |   |
| <b>J</b> If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |

**Part I Income**

|  |   |  |
|--|---|--|
| 1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/> | 1 |  |
| 2 Returns and allowances   | 2 |  |
| 3 Subtract line 2 from line 1  | 3 |  |
| 4 Cost of goods sold (from line 42)  | 4 |  |
| 5 <b>Gross profit.</b> Subtract line 4 from line 3   | 5 |  |
| 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)   | 6 |  |
| 7 <b>Gross income.</b> Add lines 5 and 6   | 7 |  |

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

|  |     |         |  |     |          |
|--|-----|---------|--|-----|----------|
| 8 Advertising  | 8   |         | 18 Office expense (see instructions)   | 18  | 1,650.   |
| 9 Car and truck expenses (see instructions)  | 9   | 12,992. | 19 Pension and profit-sharing plans  | 19  |          |
| 10 Commissions and fees  | 10  |         | 20 Rent or lease (see instructions):   |     |          |
| 11 Contract labor (see instructions)   | 11  |         | a Vehicles, machinery, and equipment   | 20a |          |
| 12 Depletion   | 12  |         | b Other business property  | 20b | 9,600.   |
| 13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)  | 13  |         | 21 Repairs and maintenance   | 21  |          |
| 14 Employee benefit programs (other than on line 19)   | 14  |         | 22 Supplies (not included in Part III)   | 22  |          |
| 15 Insurance (other than health)   | 15  |         | 23 Taxes and licenses  | 23  |          |
| 16 Interest (see instructions):  |     |         | 24 Travel and meals:   |     |          |
| a Mortgage (paid to banks, etc.)   | 16a |         | a Travel   | 24a |          |
| b Other  | 16b |         | b Deductible meals (see instructions)  | 24b | 4,800.   |
| 17 Legal and professional services   | 17  |         | 25 Utilities   | 25  | 1,860.   |
| 28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a   | 28  |         | 26 Wages (less employment credits)   | 26  |          |
| 29 Tentative profit or (loss). Subtract line 28 from line 7  | 29  |         | 27a Other expenses (from line 48)  | 27a | 42,500.  |
| 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.<br><b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30   | 30  |         | 27b <b>Reserved for future use</b>   | 27b |          |
| 31 <b>Net profit or (loss).</b> Subtract line 30 from line 29.<br>• If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If a loss, you <b>must</b> go to line 32.  | 31  |         | 28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a | 28  | 73,402.  |
| 32 If you have a loss, check the box that describes your investment in this activity. See instructions.<br>• If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited. |     |         | 29 Tentative profit or (loss). Subtract line 28 from line 7                                | 29  | -73,402. |
|  |     |         | 31 <b>Net profit or (loss).</b> Subtract line 30 from line 29.                             | 31  | -73,402. |
|  |     |         | 32a <input checked="" type="checkbox"/> All investment is at risk.                         |     |          |
|  |     |         | 32b <input type="checkbox"/> Some investment is not at risk.                               |     |          |



**Part III Cost of Goods Sold** (see instructions)

**33** Method(s) used to value closing inventory:    **a**  Cost    **b**  Lower of cost or market    **c**  Other (attach explanation)

**34** Was there any change in determining quantities, costs, or valuations between opening and closing inventory?     Yes     No  
If "Yes," attach explanation . . . . .

|   |           |  |
|---|-----------|--|
| <b>35</b> Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . . | <b>35</b> |  |
| <b>36</b> Purchases less cost of items withdrawn for personal use . . . . .   | <b>36</b> |  |
| <b>37</b> Cost of labor. Do not include any amounts paid to yourself . . . . .  | <b>37</b> |  |
| <b>38</b> Materials and supplies . . . . .  | <b>38</b> |  |
| <b>39</b> Other costs . . . . .   | <b>39</b> |  |
| <b>40</b> Add lines 35 through 39 . . . . .   | <b>40</b> |  |
| <b>41</b> Inventory at end of year . . . . .  | <b>41</b> |  |
| <b>42</b> <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .       | <b>42</b> |  |

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

**43** When did you place your vehicle in service for business purposes? (month/day/year)    ► 01/01/2019

**44** Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:

**a** Business    23,200    **b** Commuting (see instructions)    . . . . .    **c** Other    23,800

**45** Was your vehicle available for personal use during off-duty hours?     Yes     No

**46** Do you (or your spouse) have another vehicle available for personal use?.     Yes     No

**47a** Do you have evidence to support your deduction?     Yes     No

**b** If "Yes," is the evidence written?     Yes     No

**Part V Other Expenses.** List below business expenses not included on lines 8–26 or line 30.

|   |           |         |
|---|-----------|---------|
| BACK OFFICE OPERATIONAL EXPENSES  |           | 42,500. |
|   |           |         |
|   |           |         |
|   |           |         |
|   |           |         |
|   |           |         |
|   |           |         |
|   |           |         |
|   |           |         |
|   |           |         |
| <b>48</b> <b>Total other expenses.</b> Enter here and on line 27a . . . . . | <b>48</b> | 42,500. |

**Additional Medicare Tax**

▶ If any line does not apply to you, leave it blank. See separate instructions.  
 ▶ Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.  
 ▶ Go to [www.irs.gov/Form8959](http://www.irs.gov/Form8959) for instructions and the latest information.

Name(s) shown on return

RAMANARAYANA POTTURU

Your social security number

807-80-3660

**Part I Additional Medicare Tax on Medicare Wages**

|          |   |          |          |          |
|----------|---|----------|----------|----------|
| <b>1</b> | Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 . . . . .   | <b>1</b> | 226,861. |          |
| <b>2</b> | Unreported tips from Form 4137, line 6 . . . . .  | <b>2</b> |          |          |
| <b>3</b> | Wages from Form 8919, line 6 . . . . .  | <b>3</b> |          |          |
| <b>4</b> | Add lines 1 through 3 . . . . .   | <b>4</b> | 226,861. |          |
| <b>5</b> | Enter the following amount for your filing status:<br>Married filing jointly . . . . . \$250,000<br>Married filing separately . . . . . \$125,000<br>Single, Head of household, or Qualifying widow(er) . . . . . \$200,000 | <b>5</b> | 125,000. |          |
| <b>6</b> | Subtract line 5 from line 4. If zero or less, enter -0- . . . . .   | <b>6</b> |          | 101,861. |
| <b>7</b> | Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II . . . . .  | <b>7</b> |          | 917.     |

**Part II Additional Medicare Tax on Self-Employment Income**

|           |   |           |  |  |
|-----------|---|-----------|--|--|
| <b>8</b>  | Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.) . . . . .   | <b>8</b>  |  |  |
| <b>9</b>  | Enter the following amount for your filing status:<br>Married filing jointly . . . . . \$250,000<br>Married filing separately . . . . . \$125,000<br>Single, Head of household, or Qualifying widow(er) . . . . . \$200,000 | <b>9</b>  |  |  |
| <b>10</b> | Enter the amount from line 4 . . . . .  | <b>10</b> |  |  |
| <b>11</b> | Subtract line 10 from line 9. If zero or less, enter -0- . . . . .  | <b>11</b> |  |  |
| <b>12</b> | Subtract line 11 from line 8. If zero or less, enter -0- . . . . .  | <b>12</b> |  |  |
| <b>13</b> | Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III . . . . .  | <b>13</b> |  |  |

**Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation**

|           |   |           |  |  |
|-----------|---|-----------|--|--|
| <b>14</b> | Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) . . . . .  | <b>14</b> |  |  |
| <b>15</b> | Enter the following amount for your filing status:<br>Married filing jointly . . . . . \$250,000<br>Married filing separately . . . . . \$125,000<br>Single, Head of household, or Qualifying widow(er) . . . . . \$200,000 | <b>15</b> |  |  |
| <b>16</b> | Subtract line 15 from line 14. If zero or less, enter -0- . . . . .   | <b>16</b> |  |  |
| <b>17</b> | Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV . . . . .  | <b>17</b> |  |  |

**Part IV Total Additional Medicare Tax**

|           |   |           |  |      |
|-----------|---|-----------|--|------|
| <b>18</b> | Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V . . . . . | <b>18</b> |  | 917. |
|-----------|---|-----------|--|------|

**Part V Withholding Reconciliation**

|           |  |           |          |      |
|-----------|--|-----------|----------|------|
| <b>19</b> | Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 . . . . .  | <b>19</b> | 3,531.   |      |
| <b>20</b> | Enter the amount from line 1 . . . . .   | <b>20</b> | 226,861. |      |
| <b>21</b> | Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages . . . . .  | <b>21</b> | 3,289.   |      |
| <b>22</b> | Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages . . . . .  | <b>22</b> |          | 242. |
| <b>23</b> | Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) . . . . .  | <b>23</b> |          |      |
| <b>24</b> | <b>Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions) . . . . . | <b>24</b> |          | 242. |

**Net Investment Income Tax—  
Individuals, Estates, and Trusts**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form8960](http://www.irs.gov/Form8960) for instructions and the latest information.

Name(s) shown on your tax return

RAMANARAYANA POTTURU

Your social security number or EIN

807-80-3660

- Part I Investment Income**  Section 6013(g) election (see instructions)  
 Section 6013(h) election (see instructions)  
 Regulations section 1.1411-10(g) election (see instructions)

|           |   |           |           |  |
|-----------|---|-----------|-----------|--|
| <b>1</b>  | Taxable interest (see instructions)   |           | <b>1</b>  |  |
| <b>2</b>  | Ordinary dividends (see instructions)   |           | <b>2</b>  |  |
| <b>3</b>  | Annuities (see instructions)  |           | <b>3</b>  |  |
| <b>4a</b> | Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)                                | <b>4a</b> |           |  |
| <b>b</b>  | Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) | <b>4b</b> |           |  |
| <b>c</b>  | Combine lines 4a and 4b   |           | <b>4c</b> |  |
| <b>5a</b> | Net gain or loss from disposition of property (see instructions)  | <b>5a</b> |           |  |
| <b>b</b>  | Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)           | <b>5b</b> |           |  |
| <b>c</b>  | Adjustment from disposition of partnership interest or S corporation stock (see instructions)                               | <b>5c</b> |           |  |
| <b>d</b>  | Combine lines 5a through 5c   |           | <b>5d</b> |  |
| <b>6</b>  | Adjustments to investment income for certain CFCs and PFICs (see instructions)  |           | <b>6</b>  |  |
| <b>7</b>  | Other modifications to investment income (see instructions)   |           | <b>7</b>  |  |
| <b>8</b>  | Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7  |           | <b>8</b>  |  |

**Part II Investment Expenses Allocable to Investment Income and Modifications**

|           |   |           |           |  |
|-----------|---|-----------|-----------|--|
| <b>9a</b> | Investment interest expenses (see instructions)         | <b>9a</b> |           |  |
| <b>b</b>  | State, local, and foreign income tax (see instructions) | <b>9b</b> |           |  |
| <b>c</b>  | Miscellaneous investment expenses (see instructions)    | <b>9c</b> |           |  |
| <b>d</b>  | Add lines 9a, 9b, and 9c                                |           | <b>9d</b> |  |
| <b>10</b> | Additional modifications (see instructions)             |           | <b>10</b> |  |
| <b>11</b> | Total deductions and modifications. Add lines 9d and 10 |           | <b>11</b> |  |

**Part III Tax Computation**

|                            |   |            |          |    |
|----------------------------|---|------------|----------|----|
| <b>12</b>                  | Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0- | <b>12</b>  |          | 0. |
| <b>Individuals:</b>        |   |            |          |    |
| <b>13</b>                  | Modified adjusted gross income (see instructions)   | <b>13</b>  | 153,459. |    |
| <b>14</b>                  | Threshold based on filing status (see instructions)   | <b>14</b>  | 125,000. |    |
| <b>15</b>                  | Subtract line 14 from line 13. If zero or less, enter -0-   | <b>15</b>  | 28,459.  |    |
| <b>16</b>                  | Enter the smaller of line 12 or line 15   | <b>16</b>  |          | 0. |
| <b>17</b>                  | Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions)                                | <b>17</b>  |          | 0. |
| <b>Estates and Trusts:</b> |   |            |          |    |
| <b>18a</b>                 | Net investment income (line 12 above)   | <b>18a</b> |          |    |
| <b>b</b>                   | Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)  | <b>18b</b> |          |    |
| <b>c</b>                   | Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-   | <b>18c</b> |          |    |
| <b>19a</b>                 | Adjusted gross income (see instructions)  | <b>19a</b> |          |    |
| <b>b</b>                   | Highest tax bracket for estates and trusts for the year (see instructions)  | <b>19b</b> |          |    |
| <b>c</b>                   | Subtract line 19b from line 19a. If zero or less, enter -0-   | <b>19c</b> |          |    |
| <b>20</b>                  | Enter the smaller of line 18c or line 19c   | <b>20</b>  |          |    |
| <b>21</b>                  | Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions)                         | <b>21</b>  |          |    |

**Additional information from your 2021 Federal Tax Return****Schedule C (SOFTWARE SERVICES): Profit or Loss from Business****Line 18****Itemization Statement**

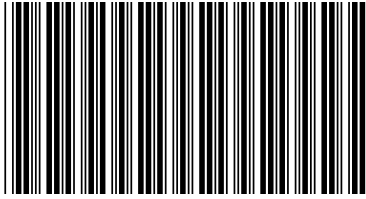
| Description        | Amount        |
|--------------------|---------------|
| PRINTING EQUIPMENT | 1,650.        |
| <b>Total</b>       | <b>1,650.</b> |

**Schedule C (SOFTWARE SERVICES): Profit or Loss from Business****Line 20b****Itemization Statement**

| Description      | Amount        |
|------------------|---------------|
| RENT (\$800*12M) | 9,600.        |
| <b>Total</b>     | <b>9,600.</b> |

**Schedule C (SOFTWARE SERVICES): Profit or Loss from Business****Line 25****Itemization Statement**

| Description           | Amount        |
|-----------------------|---------------|
| PHONE BILL (\$80*12M) | 960.          |
| ELECTRICTY(\$75*12M)  | 900.          |
| <b>Total</b>          | <b>1,860.</b> |



2022 NJ-1040-ES-V PAYMENT VOUCHER

0120101010

Payment by Credit Card

You may pay your 2021 New Jersey income taxes or make payment of estimated tax for 2022 by credit card by visiting the Division's website at nj.gov/taxation.

Payment by E-Check

You may pay your 2021 New Jersey income taxes or make a payment of estimated tax for 2022 by e-check. This option is available on the Division's Website at: nj.gov/taxation. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. Do not use the payment voucher if you pay your taxes by e-check.

Payment by Check

If you are paying your 2022 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

If you are married/civil union couple, filing jointly, be sure that the Social Security number which is first on this payment voucher is the Social Security number on your check and is listed first when filing your Income Tax return.

DO NOT CUT THIS PAGE

New Jersey Gross Income Tax Declaration of Estimated Tax Voucher NJ-1040-ES-V

807-80-3660 POTT POTTURU, RAMANARAYANA 3 GRAHAM CT PARSIPPANY NJ 07054

1555 2022

Calendar Year - Due Voucher April 18, 2022 1

Make check payable to "State of New Jersey - TGI". Write your Social Security number and tax year on your check.

Indicate the return for which payment is being made by checking the appropriate box:

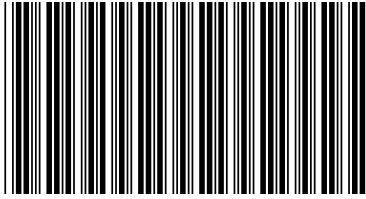
State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222

R X NJ-1040 N NJ-1040-NR NJ-1080-C F NJ-1041 NJ-1041SB

Enter amount of payment here:

658.00





2022 NJ-1040-ES-V PAYMENT VOUCHER

0120101010

Payment by Credit Card

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DO NOT CUT THIS PAGE

New Jersey Gross Income Tax Declaration of Estimated Tax Voucher NJ-1040-ES-V

807-80-3660 POTT POTTURU, RAMANARAYANA 3 GRAHAM CT PARSIPPANY NJ 07054

1555 2022

Calendar Year - Due Voucher June 15, 2022 2

Make check payable to "State of New Jersey - TGI". Write your Social Security number and tax year on your check.

Indicate the return for which payment is being made by checking the appropriate box:

State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222

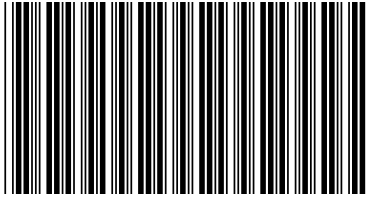
R X NJ-1040 N NJ-1040-NR NJ-1080-C F NJ-1041 NJ-1041SB

Enter amount of payment here:

658.00







0120101010

# 2022 NJ-1040-ES-V PAYMENT VOUCHER

### Payment by Credit Card

You may pay your 2021 New Jersey income taxes or make payment of estimated tax for 2022 by credit card by visiting the Division's website at [nj.gov/taxation](http://nj.gov/taxation).

### Payment by E-Check

You may pay your 2021 New Jersey income taxes or make a payment of estimated tax for 2022 by e-check. This option is available on the Division's Website at: [nj.gov/taxation](http://nj.gov/taxation). Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.**

### Payment by Check

If you are paying your 2022 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

If you are married/civil union couple, filing jointly, be sure that the Social Security number which is first on this payment voucher is the Social Security number on your check and is listed first when filing your Income Tax return.

**DO NOT CUT THIS PAGE**

New Jersey Gross Income Tax  
Declaration of Estimated Tax Voucher  
NJ-1040-ES-V

807-80-3660 POTT  
POTTURU, RAMANARAYANA  
3 GRAHAM CT  
PARSIPPANY NJ 07054

1555 2022

Calendar Year - Due Voucher  
September 15, 2022 **3**

Make check payable to "State of New Jersey - TGI".  
Write your Social Security number and tax year on your check.

Indicate the return for which payment is being made by checking the appropriate box:

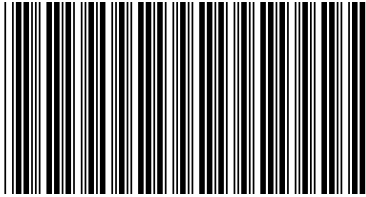
State of New Jersey  
Division of Taxation  
Revenue Processing Center  
PO Box 222  
Trenton, NJ 08646-0222

R  NJ-1040 N  NJ-1040-NR  NJ-1080-C F  NJ-1041  NJ-1041SB

Enter amount of payment here:

658.00





0120101010

### 2022 NJ-1040-ES-V PAYMENT VOUCHER

#### Payment by Credit Card

You may pay your 2021 New Jersey income taxes or make payment of estimated tax for 2022 by credit card by visiting the Division's website at [nj.gov/taxation](http://nj.gov/taxation).

#### Payment by E-Check

You may pay your 2021 New Jersey income taxes or make a payment of estimated tax for 2022 by e-check. This option is available on the Division's Website at: [nj.gov/taxation](http://nj.gov/taxation). Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.**

#### Payment by Check

If you are paying your 2022 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

If you are married/civil union couple, filing jointly, be sure that the Social Security number which is first on this payment voucher is the Social Security number on your check and is listed first when filing your Income Tax return.

**DO NOT CUT THIS PAGE**

New Jersey Gross Income Tax  
Declaration of Estimated Tax Voucher  
NJ-1040-ES-V

807-80-3660 POTT  
POTTURU, RAMANARAYANA  
3 GRAHAM CT  
PARSIPPANY NJ 07054

1555 2022

Calendar Year - Due Voucher  
January 17, 2023 **4**

Make check payable to "State of New Jersey - TGI".  
Write your Social Security number and tax year on your check.

Indicate the return for which payment is being made by checking the appropriate box:

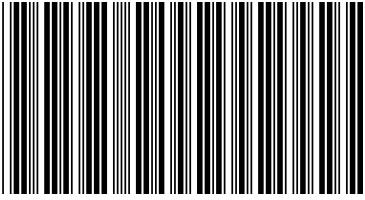
State of New Jersey  
Division of Taxation  
Revenue Processing Center  
PO Box 222  
Trenton, NJ 08646-0222

R  NJ-1040 N  NJ-1040-NR  NJ-1080-C F  NJ-1041  NJ-1041SB

Enter amount of payment here:

658.00





0130201010

### 2021 NJ-1040-V PAYMENT VOUCHER

#### Payment by Credit Card

You may pay your 2021 New Jersey income taxes or make payment of estimated tax for 2022 by credit card by visiting the Division's website at [nj.gov/taxation](http://nj.gov/taxation).

#### Payment by E-Check

You may pay your 2021 New Jersey income taxes or make a payment of estimated tax for 2022 by e-check. This option is available on the Division's Website at: [nj.gov/taxation](http://nj.gov/taxation). Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.**

#### Payment by Check

If you are paying your 2021 New Jersey income taxes, with your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 111, Trenton, NJ 08645-0111.

If you are paying your 2021 New Jersey income taxes, separate from your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 643, Trenton, NJ 08646-0643.

If you are making your first installment payment of estimated tax for 2022, use separate checks or money orders for each payment. Send your 2022 estimated tax payment with a NJ-1040-ES voucher to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

### DO NOT CUT THIS PAGE

New Jersey Gross Income Tax  
Resident Payment Voucher  
NJ-1040-V

807-80-3660 POTT  
POTTURU, RAMANARAYANA  
3 GRAHAM CT  
PARSIPPANY, NJ 07054

1555 2021

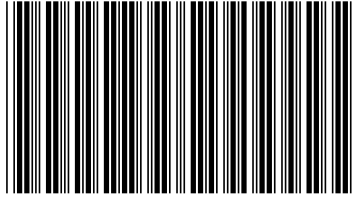
Make your check payable to "State of New Jersey – TGI".  
Write your Social Security number and tax year on your check.

State of New Jersey  
Division of Taxation  
Revenue Processing Center  
PO Box 643  
Trenton, NJ 08646-0643

Enter amount of payment here:

2630.00





040MP01210

For Privacy Act Notification, See Instructions

Your Social Security Number (required)  
807803660

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)  
POTTURU RAMANARAYANA

Spouse's/CU Partner's SSN (if filing jointly)  
654991981

County/Municipality Code (See Table page 50)  
0101

Home Address (Number and Street, including apartment number)  
3 GRAHAM CT

City, Town, Post Office State ZIP Code  
PARSIPPANY NJ 07054

Driver's License Number (Voluntary) (See instructions)  
P67856390006852

- Federal extension filed.
- The address above is a foreign address.
- Your address has changed.
- Death certificate is enclosed.
- Do not want a paper form next year.
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
- NJ-1040-O is enclosed.

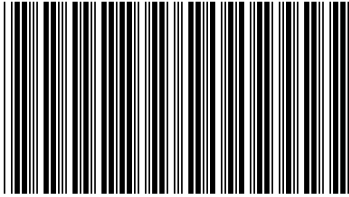
**Gubernatorial Elections Fund** Note: This does not reduce your refund or increase your balance due.

|   |                   |     |    |
|---|-------------------|-----|----|
| Do you want to designate \$1 to the Gubernatorial Elections Fund? | You               | Yes | No |
| If joint return, does your spouse want to designate \$1?          | Spouse/CU Partner | Yes | No |

**Direct Deposit Information**

|  |      |   |
|--|------|---|
| dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)                    | dd1. | 4 |
| dd2. Account type (C for checking, S for savings)  | dd2. |   |
| dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States | dd3. |   |
| dd4. Routing number  | dd4. |   |
| dd5. Account number  | dd5. |   |





040MP02210

Name(s) as shown on Form NJ-1040  
POTTURU RAMANARAYANA

Your Social Security Number  
807803660

1555

Part-year residents, provide months/days you were a New Jersey resident during 2021:  
From: To:

Fiscal year filers only:  
Enter month of your year end 2 0 2 2

**Filing Status**  
Fill in only one.

- 1. Single
  - 2. Married/CU Couple, filing joint return
  - 3.  Married/CU Partner, filing separate return
  - 4. Head of Household
  - 5. Qualifying Widow(er)/Surviving CU Partner
- Indicate the year of your spouse's/CU partner's death: 2019 2020

654991981  
Enter spouse's/CU partner's SSN

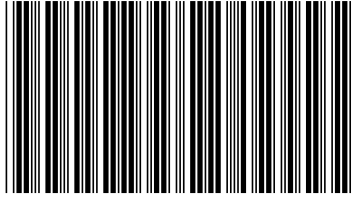
**Exemptions**

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

|  |                                     |      |                   |                  |   |             |               |
|--|-------------------------------------|------|-------------------|------------------|---|-------------|---------------|
| 6. Regular   | <input checked="" type="checkbox"/> | Self | Spouse/CU Partner | Domestic Partner | 1 | x \$1,000 = | <u>1000</u>   |
| 7. Senior 65+ (Born in 1956 or earlier)                                |                                     | Self | Spouse/CU Partner |                  |   | x \$1,000 = | _____         |
| 8. Blind/Disabled  |                                     | Self | Spouse/CU Partner |                  |   | x \$1,000 = | _____         |
| 9. Veteran   |                                     | Self | Spouse/CU Partner |                  |   | x \$6,000 = | _____         |
| 10. Qualified Dependent Children                                       |                                     |      |                   |                  |   | x \$1,500 = | _____         |
| 11. Other Dependents   |                                     |      |                   |                  |   | x \$1,500 = | _____         |
| 12. Dependents Attending Colleges (See instructions)                   |                                     |      |                   |                  |   | x \$1,000 = | _____         |
| 13. Total Exemption Amount (Add totals from the lines at 6 through 12) |                                     |      |                   |                  |   | 13.         | <u>1000</u> . |

14. Dependent Information. Provide the following information for each dependent.

|    | Last Name, First Name, Middle Initial | Social Security Number | Birth Year | No Health Insurance |
|----|---------------------------------------|------------------------|------------|---------------------|
| a. | _____                                 |                        |            |                     |
| b. | _____                                 |                        |            |                     |
| c. | _____                                 |                        |            |                     |
| d. | _____                                 |                        |            |                     |



040MP03210

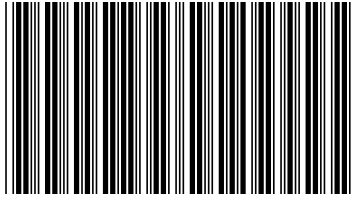
Name(s) as shown on Form NJ-1040  
POTTURU RAMANARAYANA

Your Social Security Number  
807803660

1555

|  |           |        |                                      |
|--|-----------|--------|--------------------------------------|
| 15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)             | 15.       | 227800 | .                                    |
| 16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)   | 16a.      | .      | .                                    |
| 16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a                                       | 16b.      | .      | .                                    |
| 17. Dividends  | 17.       | .      | .                                    |
| 18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)   | 18.       | .      | .                                    |
| 19. Net gains or income from disposition of property (Schedule NJ-DOP, line 4)   | 19.       | .      | .                                    |
| 20a. Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)   | 20a.      | .      | .                                    |
| 20b. Excludable pension, annuity, and IRA distributions/withdrawals  | 20b.      | .      | .                                    |
| 21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)    | 21.       | .      | .                                    |
| 22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1) | 22.       | .      | .                                    |
| 23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)                            | 23.       | .      | .                                    |
| 24. Net Gambling Winnings (See instructions)   | 24.       | .      | .                                    |
| 25. Alimony and Separate Maintenance Payments received   | 25.       | .      | .                                    |
| 26. Other (Enclose documents) (See instructions)   | 26.       | .      | .                                    |
| 27. Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)  | 27.       | 227800 | .                                    |
| 28a. Pension/Retirement Exclusion (See instructions)   | 28a.      | .      | .                                    |
| 28b. Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)  | 28b.      | .      | .                                    |
| 28c. Total Exclusion Amount (Add lines 28a and 28b)  | 28c.      | .      | .                                    |
| 29. New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)  | 29.       | 227800 | .                                    |
| 30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.)   | 30.       | 1000   | .                                    |
| 31. Medical Expenses (See Worksheet F and instructions)  | 31.       | .      | .                                    |
| 32. Alimony and Separate Maintenance Payments (See instructions)   | 32.       | .      | .                                    |
| 33. Qualified Conservation Contribution  | 33.       | .      | .                                    |
| 34. Health Enterprise Zone Deduction   | 34.       | .      | .                                    |
| 35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)   | 35.       | 0      | .                                    |
| 36. Organ/Bone Marrow Donation Deduction (See instructions)  | 36.       | .      | .                                    |
| 37. Total Exemptions and Deductions (Add lines 30 through 36)  | 37.       | 1000   | .                                    |
| 38. Taxable Income (Subtract line 37 from line 29)   | 38.       | 226800 | .                                    |
| 39a. Total Property Taxes (18% of Rent) Paid (See instructions page 23)  | 39a.      | 1080   | .                                    |
| 39b. Block   | .         | .      | .                                    |
| 39b. Lot   | .         | .      | .                                    |
| 39b. Qualifier   |           |        | Fill in if you completed Worksheet G |
| 39c. County/Municipality Code  |           |        |                                      |
| 39d. Indicate your residency status during 2021 (fill in only one)   | Homeowner | Tenant | Both                                 |
| 40. Property Tax Deduction (From Worksheet H) (See instructions)   | 40.       | 1080   | .                                    |
| 41. New Jersey Taxable Income (Subtract line 40 from line 38)  | 41.       | 225720 | .                                    |
| 42. Tax on Amount on line 41 (Tax Table page 52)   | 42.       | 12252  | .                                    |
| 43. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)                                   | 43.       | .      | .                                    |
| Enter Code   |           |        |                                      |
| 44. Balance of Tax (Subtract line 43 from line 42)   | 44.       | 12252  | .                                    |
| 45. Sheltered Workshop Tax Credit  | 45.       | .      | .                                    |
| 46. Gold Star Family Counseling Credit (See instructions)  | 46.       | .      | .                                    |
| 47. Credit for Employer of Organ/Bone Marrow Donor (See instructions)  | 47.       | .      | .                                    |
| 48. Total Credits (Add lines 45 through 47)  | 48.       | .      | .                                    |
| 49. Balance of Tax After Credits (Subtract line 48 from line 44) If zero or less, make no entry  | 49.       | 12252  | .                                    |
| 50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0                     | 50.       | 0      | .                                    |
| 51. Interest on Underpayment of Estimated Tax  | 51.       | .      | .                                    |
| Fill in if Form NJ-2210 is enclosed  |           |        |                                      |
| 52. Shared Responsibility Payment (See instructions) <b>REQUIRED</b> Enclose Schedule HCC and fill in <b>X</b>                         | 52.       | 0      | .                                    |





040MP04210

Name(s) as shown on Form NJ-1040  
POTTURU RAMANARAYANA

Your Social Security Number  
807803660

1555

|  |                            |         |
|--|----------------------------|---------|
| 53. Total Tax Due (Add lines 49 through 52)  | 53.                        | 12252 . |
| 54. Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)  | 54.                        | 9622 .  |
| 55. Property Tax Credit (See instructions page 23)   | 55.                        | .       |
| 56. New Jersey Estimated Tax Payments/Credit from 2020 tax return  | 56.                        | .       |
| 57. New Jersey Earned Income Tax Credit (See instructions)   | 57.                        | .       |
| Fill in if you had the IRS calculate your federal earned income credit   |                            |         |
| Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit  |                            |         |
| 58. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)   | 58.                        | .       |
| 59. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)                                      | 59.                        | .       |
| 60. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)                                    | 60.                        | .       |
| 61. Wounded Warrior Caregivers Credit (See instructions)   | 61.                        | .       |
| 62. Pass-Through Business Alternative Income Tax Credit (See instructions)   | 62.                        | .       |
| 63. Child and Dependent Care Credit (See instructions)   | 63.                        | .       |
| Fill in if you are a CU couple claiming the Child and Dependent Care Credit  |                            |         |
| 64. Total Withholdings, Credits, and Payments (Add lines 54 through 63)  | 64.                        | 9622 .  |
| 65. If line 64 is less than line 53, you have tax due. Subtract line 64 from line 53 and enter the amount you owe                  | 65.                        | 2630 .  |
| If you owe tax, you can still make a donation on lines 68 through 75.  |                            |         |
| 66. If the total on line 64 is more than line 53, you have an overpayment. Subtract line 53 from line 64 and enter the overpayment | 66.                        | .       |
| 67. Amount from line 66 you want to credit to your 2022 tax  | 67.                        | .       |
| 68. Contribution to N.J. Endangered Wildlife Fund  | \$10 \$20 Other            | 68.     |
| 69. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse  | \$10 \$20 Other            | 69.     |
| 70. Contribution to N.J. Vietnam Veterans' Memorial Fund   | \$10 \$20 Other            | 70.     |
| 71. Contribution to N.J. Breast Cancer Research Fund   | \$10 \$20 Other            | 71.     |
| 72. Contribution to U.S.S. New Jersey Educational Museum Fund  | \$10 \$20 Other            | 72.     |
| 73. Other Designated Contribution (See instructions)   | \$10 \$20 Other Enter Code | 73.     |
| 74. Other Designated Contribution (See instructions)   | \$10 \$20 Other Enter Code | 74.     |
| 75. Other Designated Contribution (See instructions)   | \$10 \$20 Other Enter Code | 75.     |
| 76. Total Adjustments to Tax Due/Overpayment amount (Add lines 67 through 75)  | 76.                        | .       |
| 77. Balance due (If line 65 is more than zero, add line 65 and line 76)  | 77.                        | 2630 .  |
| 78. Refund amount (If line 66 is more than zero, subtract line 76 from line 66)  | 78.                        | .       |

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

\_\_\_\_\_  
Your Signature Date

\_\_\_\_\_  
Spouse's/CU Partner's Signature (required if filing jointly) Date

\_\_\_\_\_  
Paid Preparer's Signature Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703  
Firm's Name Firm's Federal Employer Identification Number

GLOBAL TAXES LLC 30-1017196

**Tax Due Address**  
Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:  
State of New Jersey  
Division of Taxation  
Revenue Processing Center - Payment  
PO Box 111  
Trenton, NJ 08645-0111  
Include Social Security number and make check or money order payable to:  
State of New Jersey - TGI  
You can also make a payment on our website:  
nj.gov/taxation

**Refund or No Tax Due Address**  
Use the labels provided with the envelope and mail to:  
New Jersey Division of Taxation  
Revenue Processing Center - Refunds  
PO Box 555  
Trenton, NJ 08647-0555

**Schedule NJ-BUS-1**  
(Form NJ-1040)

New Jersey Gross Income Tax  
Business Income Summary Schedule

**2021**

|                 |  |   |  |   |  |
|-----------------|--|---|--|---|--|
| <b>Part I</b>   |  | <b>Net Profits From Business</b>  |  | List the net profit (loss) from business(es). See instructions.   |  |
|                 | Business Name  | Social Security Number/<br>Federal EIN                                    | Profit or (Loss)   |   |  |
| 1.              | POTTURU SOFTWARES  | 807803660   | -78,202.   |   |  |
| 2.              |  |   |  |   |  |
| 3.              |  |   |  |   |  |
| 4.              | Net Profit or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 18, NJ-1040. If loss, make no entry on line 18.)  |   | 4.   | -78,202.  |  |
| <b>Part II</b>  |  | <b>Distributive Share of Partnership Income</b>                           |  | List the distributive share of income (loss) from partnership(s). See instructions.   |  |
|                 | Partnership Name   | Federal EIN   | Share of Partnership<br>Income or (Loss)                   | Share of Pass-Through<br>Business Alternative<br>Income Tax   |  |
| 1.              |  |   |  |   |  |
| 2.              |  |   |  |   |  |
| 3.              |  |   |  |   |  |
| 4.              | Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 21, NJ-1040. If loss, make no entry on line 21.)          |   | 4.   |   |  |
| 5.              | Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 62, NJ-1040.)                             |   | 5.   |   |  |
| <b>Part III</b> |  | <b>Net Pro Rata Share of S Corporation Income</b>                         |  | List the pro rata share of income (usable loss) from S corporation(s). See instructions.  |  |
|                 | S Corporation Name   | Federal EIN   | Pro Rata Share of S Corporation<br>Income or (Usable Loss) | Share of Pass-Through Business<br>Alternative Income Tax  |  |
| 1.              |  |   |  |   |  |
| 2.              |  |   |  |   |  |
| 3.              |  |   |  |   |  |
| 4.              | Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 22, NJ-1040. If loss, make no entry on line 22.) |   | 4.   |   |  |
| 5.              | Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 62, NJ-1040.)                             |   | 5.   |   |  |
| <b>Part IV</b>  |  | <b>Net Gains or Income From Rents, Royalties, Patents, and Copyrights</b> |  | List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property:<br>1 – Rental real estate 2 – Royalties 3 – Patents 4 – Copyrights |  |
|                 | Source of Income or Loss. If rental real estate, enter physical address of property.   | Social Security Number/<br>Federal EIN                                    | Type – Enter<br>number from<br>list above                  | Income or (Loss)  |  |
| 1.              |  |   |  |   |  |
| 2.              |  |   |  |   |  |
| 3.              |  |   |  |   |  |
| 4.              | Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, NJ-1040. If loss, make no entry on line 23.)  |   | 4.   |   |  |

**Keep a copy of this schedule for your records**

|   |                                       |
|---|---------------------------------------|
| Name(s) as shown on Form NJ-1040<br>POTTURU, RAMANARAYANA | Social Security Number<br>807-80-3660 |
|---|---------------------------------------|

**Schedule NJ-BUS-2**  
(Form NJ-1040)

New Jersey Gross Income Tax  
Alternative Business Calculation Adjustment

**2021**

| Part I Income (Loss)                               |   | Column A                           |      | Column B                           |           |
|--|---|------------------------------------|------|------------------------------------|-----------|
|  |   | Reportable Regular Business Income |      | Alternative Business Income (Loss) |           |
| 1.   | Net Profits From Business   | 1a.                                | 0.   | 1b.                                | -78,202.  |
| 2.   | Distributive Share of Partnership Income                          | 2a.                                | 0.   | 2b.                                | 0.        |
| 3.   | Net Pro Rata Share of S Corporation Income                        | 3a.                                | 0.   | 3b.                                | 0.        |
| 4.   | Net Gain or Income From Rents, Royalties, Patents, and Copyrights | 4a.                                | 0.   | 4b.                                | 0.        |
| 5.   | Loss Carryforward From Tax Year 2020                              |                                    |      | 5b.                                | ( )       |
| 6.   | Totals  | 6a.                                | 0.   | 6b.                                | -78,202.  |
| <b>Part II Adjustment Calculation</b>              |   |                                    |      |                                    |           |
| 7.   | Total Regular Business Income                                     | 7.                                 | 0.   |                                    |           |
| 8.   | Total Alternative Business Income/(Loss) (If loss, enter zero)    | 8.                                 | 0.   |                                    |           |
| 9.   | Business Increment (Subtract line 8 from line 7)                  | 9.                                 | 0.   |                                    |           |
| 10.  | Adjustment Percentage   | 10.                                | 0.50 |                                    |           |
| 11.  | Alternative Business Calculation Adjustment (Line 9 x 0.50)       | 11.                                | 0.   |                                    |           |
| <b>Part III Loss Carryforward to Tax Year 2022</b> |   |                                    |      |                                    |           |
| 12.  | Loss Carryforward to Tax Year 2022                                | 12.                                |      | (                                  | 78,202. ) |

**Instructions**

- Line 1a. Enter the amount from line 18, Form NJ-1040.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from line 21, Form NJ-1040.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from line 22, Form NJ-1040.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from line 23, Form NJ-1040.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from line 12 of your 2020 Schedule NJ-BUS-2 (Form NJ-1040).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2021 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040.
- Line 12. If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

If your income on line 29 is at or below the filing threshold,  
do not complete this schedule.

|  |                                    |
|--|------------------------------------|
| Name as Shown on Return<br>POTTURU, RAMANARAYANA | Social Security No.<br>807-80-3660 |
|--|------------------------------------|

**Part I**

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2021 (See instructions for line 52, NJ-1040.) Part-year residents include only months as a New Jersey resident.

- Yes. You do not owe a shared responsibility payment. Fill in the oval at line 52, NJ-1040, and enclose this schedule with your return.
- No. Continue to Part II.

**Part II**

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 52, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

**QuickZoom** to Shared Responsibility Payment Calculation Worksheet . . . . .  \_\_\_\_\_

| Name               | SSN   | Jan   | Feb                      | Mar                      | Apr                      | May                      | Jun                      | Jul                      | Aug                      | Sep                      | Oct                      | Nov                      | Dec                      |
|--------------------|-------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                    |       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | Check box if this individual is under 18 . . . . .                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | Check box if this individual is under 18 . . . . .                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | Check box if this individual is under 18 . . . . .                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | Check box if this individual is under 18 . . . . .                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | Check box if this individual is under 18 . . . . .                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | Check box if this individual is under 18 . . . . .                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | Check box if this individual is under 18 . . . . .                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | Check box if this individual is under 18 . . . . .                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | Check box if this individual is under 18 . . . . .                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | Check box if this individual is under 18 . . . . .                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | Check box if this individual is under 18 . . . . .                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | Check box if this individual is under 18 . . . . .                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | Check box if this individual is under 18 . . . . .                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | Check box if this individual is under 18 . . . . .                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | Check box if this individual is under 18 . . . . .                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |

**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business  
(Sole Proprietorship)**

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service (99)

▶ Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

|  |  |   |
|--|--|---|
| Name of proprietor<br>RAMANARAYANA POTTURU   |  | Social security number (SSN)<br>807-80-3660 |
| <b>A</b> Principal business or profession, including product or service (see instructions)<br>SOFTWARE SERVICES  | <b>B</b> Enter code from instructions<br>▶ 5   1   9   1   0   0 |   |
| <b>C</b> Business name. If no separate business name, leave blank.<br>POTTURU SOFTWARES  | <b>D</b> Employer ID number (EIN) (see instr.)                   |   |
| <b>E</b> Business address (including suite or room no.) ▶ 3 GRAHAM CT<br>City, town or post office, state, and ZIP code PARSIPPANY, NJ 07054   |  |   |
| <b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶   |  |   |
| <b>G</b> Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |   |
| <b>H</b> If you started or acquired this business during 2021, check here <input type="checkbox"/>   |  |   |
| <b>I</b> Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               |  |   |
| <b>J</b> If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |

**Part I Income**

|  |   |  |
|--|---|--|
| 1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/> | 1 |  |
| 2 Returns and allowances   | 2 |  |
| 3 Subtract line 2 from line 1  | 3 |  |
| 4 Cost of goods sold (from line 42)  | 4 |  |
| 5 <b>Gross profit.</b> Subtract line 4 from line 3   | 5 |  |
| 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)   | 6 |  |
| 7 <b>Gross income.</b> Add lines 5 and 6   | 7 |  |

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

|  |     |         |  |     |          |
|--|-----|---------|--|-----|----------|
| 8 Advertising  | 8   |         | 18 Office expense (see instructions)   | 18  | 1,650.   |
| 9 Car and truck expenses (see instructions)  | 9   | 12,992. | 19 Pension and profit-sharing plans  | 19  |          |
| 10 Commissions and fees  | 10  |         | 20 Rent or lease (see instructions):   |     |          |
| 11 Contract labor (see instructions)   | 11  |         | a Vehicles, machinery, and equipment   | 20a |          |
| 12 Depletion   | 12  |         | b Other business property  | 20b | 9,600.   |
| 13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)  | 13  |         | 21 Repairs and maintenance   | 21  |          |
| 14 Employee benefit programs (other than on line 19)   | 14  |         | 22 Supplies (not included in Part III)   | 22  |          |
| 15 Insurance (other than health)   | 15  |         | 23 Taxes and licenses  | 23  |          |
| 16 Interest (see instructions):  |     |         | 24 Travel and meals:   |     |          |
| a Mortgage (paid to banks, etc.)   | 16a |         | a Travel   | 24a |          |
| b Other  | 16b |         | b Deductible meals (see instructions)  | 24b | 4,800.   |
| 17 Legal and professional services   | 17  |         | 25 Utilities   | 25  | 1,860.   |
| 28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a   | 28  |         | 26 Wages (less employment credits)   | 26  |          |
| 29 Tentative profit or (loss). Subtract line 28 from line 7  | 29  |         | 27a Other expenses (from line 48)  | 27a | 42,500.  |
| 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.<br><b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30   | 30  |         | 27b <b>Reserved for future use</b>   | 27b |          |
| 31 <b>Net profit or (loss).</b> Subtract line 30 from line 29.<br>• If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If a loss, you <b>must</b> go to line 32.  | 31  |         | 28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a | 28  | 73,402.  |
| 32 If you have a loss, check the box that describes your investment in this activity. See instructions.<br>• If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited. |     |         | 29 Tentative profit or (loss). Subtract line 28 from line 7                                | 29  | -73,402. |
|  |     |         | 31 <b>Net profit or (loss).</b> Subtract line 30 from line 29.                             | 31  | -73,402. |
|  |     |         | 32a <input checked="" type="checkbox"/> All investment is at risk.                         |     |          |
|  |     |         | 32b <input type="checkbox"/> Some investment is not at risk.                               |     |          |



**Part III Cost of Goods Sold** (see instructions)

**33** Method(s) used to value closing inventory:    **a**  Cost    **b**  Lower of cost or market    **c**  Other (attach explanation)

**34** Was there any change in determining quantities, costs, or valuations between opening and closing inventory?  
If "Yes," attach explanation . . . . .  **Yes**     **No**

|   |           |  |
|---|-----------|--|
| <b>35</b> Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . . | <b>35</b> |  |
| <b>36</b> Purchases less cost of items withdrawn for personal use . . . . .   | <b>36</b> |  |
| <b>37</b> Cost of labor. Do not include any amounts paid to yourself . . . . .  | <b>37</b> |  |
| <b>38</b> Materials and supplies . . . . .  | <b>38</b> |  |
| <b>39</b> Other costs . . . . .   | <b>39</b> |  |
| <b>40</b> Add lines 35 through 39 . . . . .   | <b>40</b> |  |
| <b>41</b> Inventory at end of year . . . . .  | <b>41</b> |  |
| <b>42</b> <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .       | <b>42</b> |  |

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

**43** When did you place your vehicle in service for business purposes? (month/day/year)    ▶ 01/01/2019

**44** Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:

**a** Business    23,200    **b** Commuting (see instructions)    . . . . .    **c** Other    23,800

**45** Was your vehicle available for personal use during off-duty hours? . . . . .  **Yes**     **No**

**46** Do you (or your spouse) have another vehicle available for personal use?. . . . .  **Yes**     **No**

**47a** Do you have evidence to support your deduction? . . . . .  **Yes**     **No**

**b** If "Yes," is the evidence written? . . . . .  **Yes**     **No**

**Part V Other Expenses.** List below business expenses not included on lines 8–26 or line 30.

|   |           |         |
|---|-----------|---------|
| BACK OFFICE OPERATIONAL EXPENSES  |           | 42,500. |
|   |           |         |
|   |           |         |
|   |           |         |
|   |           |         |
|   |           |         |
|   |           |         |
|   |           |         |
|   |           |         |
|   |           |         |
| <b>48</b> <b>Total other expenses.</b> Enter here and on line 27a . . . . . | <b>48</b> | 42,500. |

**Additional information from your 2021 Federal Tax Return****Schedule C (SOFTWARE SERVICES): Profit or Loss from Business****Line 18****Itemization Statement**

| Description        | Amount        |
|--------------------|---------------|
| PRINTING EQUIPMENT | 1,650.        |
| <b>Total</b>       | <b>1,650.</b> |

**Schedule C (SOFTWARE SERVICES): Profit or Loss from Business****Line 20b****Itemization Statement**

| Description      | Amount        |
|------------------|---------------|
| RENT (\$800*12M) | 9,600.        |
| <b>Total</b>     | <b>9,600.</b> |

**Schedule C (SOFTWARE SERVICES): Profit or Loss from Business****Line 25****Itemization Statement**

| Description           | Amount        |
|-----------------------|---------------|
| PHONE BILL (\$80*12M) | 960.          |
| ELECTRICTY(\$75*12M)  | 900.          |
| <b>Total</b>          | <b>1,860.</b> |