Form 8879
(Rev. January 2021)
Department of the Treesury

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

Submission Identification Number (SID)

T.....

Taxpay	er's name	Social securit	y numbe	er					
SAI	KRISHNA ADIKOPPULA	588-61	-8352						
Spouse	's name	Spouse's soc	ial secu	rity number					
Part	Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.)								
Enter	whole dollars only on lines 1 through 5.	, ,		3,					
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.								
1	Adjusted gross income		1	81,601.					
2	Total tax		2	10,726.					
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	12,696.					
4	Amount you want refunded to you		4	1,970.					
5	Amount you owe		5						
Part	Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)								

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

Taxpayer's PIN: check one box only

authorize	GLOBAL TAXES	LLC	to enter or generate my PIN	l
		ERO firm name		

1	8	3	5	2	
Ent don	er fiv n't er	ve di Iter a	gits, all ze	but ros	as

my

as mv

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 🕨

XI

Date 🕨

Spouse's PIN: check one box only

I authorize

+~	ontor	~ "	aonorata	
ιΟ	enter	or	generate	IIIY PIIN

Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

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

Spouse's signa	ature 🕨 🛛 Da	ate 🕨	•				 		
	Practitioner PIN Method Returns Only—continue	bel	ow						
Part III Ce	ertification and Authentication – Practitioner PIN Method Only								
ERO's EFIN/P	IN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2			6 all ze	 9	8	9

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 🕨	
	O Must Retain This Form — Se nit This Form to the IRS Unless		
For Department Poduction Act Nation and Vo	r tox roturn instructions	BEV 01/00/22 DBO	Earm 8879 (Pay 01 2021)

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

E1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		_m 202	2	OMB No. 1545	-0074	IRS Use (Only—D	o not w	rite or staple i	n this space.
Filing Status	X S	Single Married filing jointly	Married	filing separately (N	/IFS)	Head of	house	nold (HOF	ł) 🗌		ifying surv ıse (QSS)	iving
one box.	pers	u checked the MFS box, enter the n on is a child but not your dependent	,	ur spouse. If you cl	neck	ed the HOH or	QSS	box, ente	r the o	child's	name if th	e qualifying
Your first name	and mi	ddle initial	Last name	e					Y	our so	cial securit	y number
SAI KRIS	SHNA		ADIKO	PPULA					5	88-6	51-8352	2
lf joint return, s	oouse's	first name and middle initial	Last name	e					S	pouse'	s social sec	urity number
	•	r and street). If you have a P.O. box, see	instruction	s.			A	pt. no.				on Campaign
4119 MEA											iere if you, if filing ioin	or your tly, want \$3
City, town, or p EAGAN	ost offic	ce. If you have a foreign address, also co	omplete spa	ices below.	Sta MN	-	ZIP c 551		to	o go to		Checking a
Foreign country	name		For	reign province/state/o				n postal co			or refund.	0
	• ·										You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a									Yes	X No
Standard		eone can claim: You as a de	-	Your spouse		_	,	,		,		
Deduction		Spouse itemizes on a separate retur	n or you w	vere a dual-status a	alien							
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	use	Was bor		ore Janua			🗌 Is bli	-
Dependents		,		(2) Social security number		(3) Relationsh to you	ip (4			· · ·		instructions):
lf more than four	(1) FI	irst name Last name		Hambol		10 900		Child ta		IL .		ner dependents
dependents,								C			C	<u>–</u>
see instructions and check	s ——							C			C	<u>–</u>
here								C			[آ
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see i	instructions)						1a	9	91,901.
Attach Form(s)	b	Household employee wages not re					• •	• •		1b		
W-2 here. Also	c d	Tip income not reported on line 1a Medicaid waiver payments not rep	•	,		· · · ·				1c 1d	-	
attach Forms W-2G and	e	Taxable dependent care benefits f			ISUU		• •	• •	• •	10		
1099-R if tax	f	Employer-provided adoption bene			•		• •		• •	1f		
was withheld.	g	Wages from Form 8919, line 6 .			•		• •		• •	1g		
lf you did not get a Form	9 h	Other earned income (see instruct			•					1h		0.
W-2, see	i	Nontaxable combat pay election (s	,			11						
instructions.	z	A shell the second as the second section of the								1z	9	91,901.
Attach Sch. B	2a		2a		b Ta	axable interest	: .			2b		
if required.	3a		3a		b 0	rdinary divide	nds .			3b		
	4a	IRA distributions	4a		b Ta	axable amoun	t			4b		
Standard	5a	Pensions and annuities	5a		b T	axable amoun	t			5b		
• Single or	6a	, _	6a			axable amoun	t		· .	6b	-	
Married filing separately,	c _	If you elect to use the lump-sum e		-	•	,	• •		· []	-		
\$12,950	7	Capital gain or (loss). Attach Sche					• •	• •	. 🗆	7	1	0 200
 Married filing jointly or 	8	Other income from Schedule 1, lin					• •	• •		8		0,300.
Qualifying surviving spouse,	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 Adjustments to income from Sche		-			• •		• •	10	6	31,601.
\$25,900	11	Subtract line 10 from line 9. This is					• •	• •	• •	11		1 601
 Head of household, 	12	Standard deduction or itemized					• •	• •		12		<u>81,601.</u> 12,950.
\$19,400 • If you checked	13	Qualified business income deduct				5-A	• •			13		. ۵٫۶٫۰۰۰
any box under Standard	14	Add lines 12 and 13								14		2,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer				axable incom	ie .			15		58,651.

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

Form **1040** (2022)

Form 1040 (2022	2)								F	Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 🗌 881	4 2 4972	3		16	10,72	26.
Credits	17	Amount from Schedule 2, lir	ne3					17		
	18	Add lines 16 and 17						18	10,72	26.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lir	ne8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	10,72	26.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your total tax					24	10,72	26.
Payments	25	Federal income tax withheld								
•	а	Form(s) W-2				25a 12	,696.			
	b	Form(s) 1099				25b		1		
	с	Other forms (see instruction	s)			25c		1		
	d	Add lines 25a through 25c						25d	12,69	96.
lf	26	2022 estimated tax payment	ts and amount a	pplied from 20	021 return			26		
If you have a l qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit	from Form 8863	3, line 8		29		1		
	30	Reserved for future use .				30		1		
	31	Amount from Schedule 3, lir				31		1		
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments	· · · ·			33	12,69	96.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	1,9	70.
neiuliu	35a	Amount of line 34 you want	refunded to you	u. If Form 8888	3 is attached, che	ck here	. 🗆	35a	1,9	70.
Direct deposit?	b	Routing number 0 8 1					Savings			
See instructions.	d	Account number 3 5 5			1 6		-			
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount vou owe						
You Owe		For details on how to pay, g						37		
	38	Estimated tax penalty (see ir	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See				
Designee		structions	•				omplete k	elow.	X No	
		signee's		Phone			onal identif	ication		
		ne		no.			ber (PIN)			
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com			1 2 0		,			0
Here		· · ·		Date	1			· ·	nt you an Identity	
	10	ur signature		Date	Your occupation				IN, enter it here	y
Joint return?		SOFTWARE ENGIN		ENGINEER	(see	inst.)				
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse a	
Keep a copy for your records.							Ident (see		ection PIN, enter	it here
, our 1000, doi			-					1151.)		
		one no. (816)328-134		Email address	SAIKRISHNA92.AI	DIKOPPULA@GMAIL.C			Observation 16	
Paid		eparer's name	Preparer's signat		a	Date	PTIN		Check if:	
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	01/18/2023	P02082		Self-emplo	
Use Only		m's name GLOBAL TA			- 00011				678)965-9	
			Y CT E BRU	INSWICK N			Firm	s EIN	88-2145	
Go to www.irs.ge	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/09/23 PRO			Form 1040	J (2022)

SCHE	DULE	1
(Form	1040)	

Additional Income and Adjustments to Income

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074 2 \bigcirc

Attachment

	Sequence No. 01
Your soc	ial security number
588-61	-8352

Department of the Treasury Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR

SAI	KRISHNA ADIKOPPULA		588-61-	-83	52
Pa	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes		1	1	
2a	Alimony received			a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta			5	-10,300.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation		1	7	
8	Other income:				
а	Net operating loss	8a ()		
b	Gambling	8b			
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
	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	81			
m	Olympic and Paralympic medals and USOC prize money (see				
		8m			
n	Section 951(a) inclusion (see instructions)	8n			
0	Section 951A(a) inclusion (see instructions)	80			
р	Section 461(I) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
S	Nontaxable amount of Medicaid waiver payments included on Form	0- (
		8s (/		
τ	Pension or annuity from a nonqualifed deferred compensation plan or				
	a nongovernmental section 457 plan	8t			
	Wages earned while incarcerated	8u			
Z	Other income. List type and amount:	8z			
0	Total other income Add lines to through the				
9	Total other income. Add lines 8a through 8z			9	10 200
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	, or 1040-INR,		0	-10,300.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee			ernment		
	officials. Attach Form 2106				12	
13	Health savings account deduction. Attach Form 8889				13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
15	Deductible part of self-employment tax. Attach Schedule SE				15	
16	Self-employed SEP, SIMPLE, and qualified plans				16	
17	Self-employed health insurance deduction				17	
18	Penalty on early withdrawal of savings				18	
19a	Alimony paid				19a	
b	Recipient's SSN					
с	Date of original divorce or separation agreement (see instructions):					
20	IRA deduction				20	
21	Student loan interest deduction				21	
22	Reserved for future use				22	
23	Archer MSA deduction				23	
24	Other adjustments:					
а		24a				
b	Deductible expenses related to income reported on line 8I from the					
		24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
g	Contributions by certain chaplains to section 403(b) plans	24g				
ĥ	Attorney fees and court costs for actions involving certain unlawful					
		24h				
i	Attorney fees and court costs you paid in connection with an award					
	from the IRS for information you provided that helped the IRS detect					
	tax law violations	24i				
j	Housing deduction from Form 2555	24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
		24k				
z	Other adjustments. List type and amount:					
		24z				
25	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your adjustments to income					
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	<u> </u>	<u> </u>	<u></u>	26	
	ВАА	REV	01/09/23 P	RO	Schedul	e 1 (Form 1040) 20

(,	(110111	i cintal i cal cota		• •				10303, 11211103	, etc.,	2(
	nent of the Treasury Revenue Service		Go to www	Attach to Form 1040, <i>.irs.gov/ScheduleE</i> for					nformation.		Attachm Sequend	ent ce No. 13
.,) shown on return										al security i	number
	KRISHNA AD	-	-							88-6	1-8352	
Part	Note: If yo	ou are in	the business of	tal Real Estate and renting personal proper 835 on page 2, line 40.			C . See	instru	ctions. If you are	an indiv	vidual, repo	ort farm
	•	any payments in 2022 that would require you to file Form(s) 1099? See instructions										
B							• •	• •		• •	. <u> </u>	s 🗌 No
1 a			,	(street, city, state, ZIF	o code	e)						
A	PRAGATHI NAGAR HYDERABAD IN 500072											
B												
С												
1b	Type of Prope (from list below			ntal real estate prope ort the number of fair i				Fa	air Rental	Personal Use Days		QJV
Α	3	,		e days. Check the QJ			Α		365		0	
B	5			the requirements to fi			B		505			
			qualified joir	nt venture. See instru	ctions	s. –	C					
	of Property:						•					
	Single Family R	esidenc	e 3 Vaca	tion/Short-Term Rent	tal	5 Land		7	Self-Rental			
	Multi-Family Re					6 Roya			Other (describ	e)		
		0.0.000										
_									Properties	:		
Incom							Α		В			C
3					3		6	00.				
		ived .			4							
Exper												
5					5							
6		•	,		6							
7	•				7		1,0	00.				
8					8							
9					9							
10					10							
11					11		8	00.				
12				c. (see instructions)	12							
13					13			0.0				
14					14			00.				
15					15		2,5	00.				
16					16 17		2 0	00.				
17 18					17		٥, ٥	00.				
10 19	•	xpense	or depietion		10							
20	Other (list)	s Add li	nes 5 through	19	20		10,9	0.0				
					20		10,9	00.				
21				nd/or 4 (royalties). If find out if you must								
					21		-10,3	00.				
22				ter limitation, if any,	21		2070					
				· · · · · · · · · ·	22	(10,30	00.))	()
23a	Total of all am	ounts re	ported on line	3 for all rental prope	rties			23a		600.		
b	Total of all am	ounts re	ported on line	4 for all royalty prope	erties			23b				
С	Total of all am	ounts re	ported on line	12 for all properties				23c				
d	Total of all am	ounts re	ported on line	18 for all properties				23d				
е								23e	10,	900.		
24				wn on line 21. Do no t						24		
25	Losses. Add r	oyalty lo	sses from line 2	21 and rental real estat	e loss	es from lin	ne 22. E	Inter to	otal losses here	25	(1	LO,300.)

20	Losses. Add royally losses from line 21 and rental real estate losses from line 22. Enter total losses here
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result
	here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on
	Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .

For Paperwork Reduction Act Notice, see the separate instructions.

26

-10,300.

SCHEDULE E (Form 1040)

Supplemental Income and Loss (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, ote \

С							
1b	Type of Property (from list below)	2	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.		Fair Rental Days	Personal Use Days	QJV
Α	3			Α	365	0	
В				В			
С			quained joint venture. See instructions.	С			
_							

OMB No. 1545-0074

2022
Attachmont

DEPARTMENT OF REVENUE n

2022 Form M1, Individual Income Tax Do not use staples on anything you submit.



-	KRISHNA st Name and Initial	ADIKOPPULA Last Name	588618352 Your Social Security Number	12011992 Your Date of Birth (MM/DD/YYYY)
If a Joint	Return, Spouse's First Name and Init	ial Spouse's Last Name	Spouse's Social Security Numl	ber Spouse's Date of Birth
	<u>MEADOWLARK PT</u> Home Address		Check if Address is:	New Foreign
EAGA City	AN		MN State	<u>55122</u> ZIP Code
2022	Federal Filing Status	(place an X in one box):		
) Single (2) Married Filing Jo	Spouse Name Spouse SSN		old (5) Qualifying Widow(er)
Depe	endents (see instruction	ons):		
Depend	lent 1 First Name	Dependent 1 Last Name	Dependent 1 SSN	Dependent 1 Relationship to You
Depend	lent 2 First Name	Dependent 2 Last Name	Dependent 2 SSN	Dependent 2 Relationship to You
Depend	lent 3 First Name	Dependent 3 Last Name	Dependent 3 SSN	Dependent 3 Relationship to You
Your Co	F	Political Party Code Numbers: Democra Republican11 Independ	s for state offices pay campaign expenses. This will not in tic/Farmer-Labor 12 Grassroots/Legalize Cannab lence Libertarian	is 14 Legal Marijuana Now 17
A \\/20	91901 es, salaries, tips, etc.	0 B. IRA, pensions, and annuities	0 C. Unemployment D.	68651 Federal taxable income
A. Wag	es, salaries, tips, etc.	B. IRA, pensions, and annullies	c. onemployment D.	rederal taxable income
1	Federal adjusted gross inco	me (from line 11 of federal Form 104	0 and 1040-SR)	1∎81601
2	Additions to income from lin	e 10 of Schedule M1M and line 9 of	Schedule M1MB (see instructions)	. 2
3	Add lines 1 and 2			3 81601
4	Itemized deductions (from S	Schedule M1SA) or your standard de	duction (see instructions)	. 4∎12900
5	Exemptions (determine from	instructions)		. 5∎
6	State income tax refund from	n line 1 of federal Schedule 1		. 6 🔳
7	Subtractions from line 32 of	Schedule M1M and line 21 of Sched	ule M1MB (see instructions)	7 🔳
8	Total subtractions. Add lines	4 through 7		812900
9	Minnesota taxable income.	Subtract line 8 from line 3. If zero or	less, leave blank.	. 9 68701
10	Tax from the table or schedu	ules in the Form M1 instructions		10 4268



11	Alternative minimum tax (enclose Schedule M1MT)		11 🔳 💷	
12	Add lines 10 and 11		10	4268
12 13	Full-year residents: Enter the amount from line 12 on line 13			
	Part-year residents and nonresidents: From Schedule M1NR, e			10.00
	line 13, from line 28 on line 13a, and from line 29 on line 13b $% \left(1,2,2,2,3,2,3,3,3,3,3,3,3,3,3,3,3,3,3,3,$	(enclose Schedule M1NR)	13	4268
	13a∎0 13b∎(0		
14	Other taxes, such as recapture amounts and the tax on lump-	— sum distributions (check appropriate boxes)		
	(a) Schedule M1HOME (b) Schedule M1529	(c) Schedule M1LS	14 🔳	
15	Tax before credits. Add lines 13 and 14		15	4268
16	Amount from line 19 of Schedule M1C, Nonrefundable Credit	s (enclose Schedule M1C)	16	
17	Subtract line 16 from line 15 (if result is zero or less, leave bla	nk)	17	4268
18	Nongame Wildlife Fund contribution (see instructions)			
	This will reduce your refund or increase the amount you owe		18	
19	Add lines 17 and 18		19	4268
20	Minnesota income tax withheld. Complete and enclose Sched	lule M1W to report		
	Minnesota withholding from Forms W-2, 1099, and W-2G and S	Schedules KPI, KS, and KF	20	4889
21	Minnesota estimated tax and extension payments made for 2	2022	21	
22	Amount from line 12 of Schedule M1REF, Refundable Credits	(see instructions; enclose Schedule M1REF)	22 🗖	
23 24	Total payments. Add lines 20 through 22 REFUND . If line 23 is more than line 19, subtract line 19 from		23	4009
24	For direct deposit, complete line 25		24	621
25	Direct deposit of your refund (you must use an account not a			
	X Checking Savings 08100003	2 355008161816		
	Routing Number	Account Number		
	AMOUNT YOU OWE. If line 19 is more than line 23, subtract l		26	
27	Penalty amount from Schedule M15 (see instructions). Also su this amount from line 24 or add it to line 26 (enclose Schedule		27	
IF Y	OU PAY ESTIMATED TAX and want part of your refund credited		27	
	Amount from line 24 you want sent to you		28 🗖	
			20 -	
	Amount from line 24 you want applied to your 2023 estimate ayer(s): I declare that this return is correct and complete to the		29	
Tanp				
Your	Signature	Spouse's Signature (If Filing Jointly)	Date (MN	//DD/YYYY)
	53281343	SAIKRISHNA92.ADIKOPPULA		,
	me Phone	Email Address		
<u>SY</u>	AM PRIYA RAM SAGAR GUPTA TALLAM Preparer's Signature	01182023 Date (MM/DD/YYYY)	<u>P0208</u>	32703 (ITA/TCE # (required)
	89659522	SYAM@GTAXFILE.COM	PTINOIV	TTAY I'CE # (Tequileu)
	irer's Daytime Phone	Preparer's Email Address		
	I do not want my paid preparer to file my return electronically.	I authorize the Minnesota Department of Revenue	e to discuss this tax	<pre>c return</pre>
	Include a copy of your 2022 federal return and schedules.	with the preparer or the third-party designee indic	cated on my federa	al return.
	Mail to: Minnesota Individual Income Tax, Mail Station 0010			
	REV 01/03/23 PRO	1031		

DEPARTMENT OF REVENUE



2022 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

SAI KRISHNA	ADIKOPPULA	588618352
Your First Name and Initial	Last Name	Your Social Security Number
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF showing Minnesota income tax withheld, complete this schedule to determine line 20 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. DO NOT send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

	Α	B—Box 13	C—Box 15	D—Box 16	E—Box 17
	If the Form W-2 is for:	If Retirement Plan	Employer's seven-digit Minnesota	State wages, tips, etc.	Minnesota tax withheld
	• you, enter 1	box is checked,	Tax ID Number	(round to nearest whole dollar)	(round to nearest whole dollar)
	• spouse, enter 2	mark an X below.			
	a1 <u>1</u>	b1	c1 MN5304166	d191901	e14889
	a2	b2	c2 MN	d2	e2
	a3	b3	c3 MN	d3	e3
	a4	b4	c4 MN	d4	e4
	a5	b5	c5 MN	d5	e5
	Subtotal for addition	nal Forms W-2 (fron	n line 5 on page 2)		
	Total Minnesota tax	withheld on all Fo	rms W-2 (add amounts in line 1, c	olumn E)	1 ■4889
2	Minnesota tax with	held on Forms 1099	, W-2G, and 1042-S. If you have m	ore than four forms, complete line	6 on the back.
	Α		В	C	D
	If the Form 1099, W-2G	, or 1042-S is for:	Payer's seven-digit Minnesota Tax I	D Income amount <i>(see the table on</i>	Minnesota tax withheld
	• you, enter 1		Number (if unknown, contact the p	ayer) the back for amounts to include)	(round to nearest whole dollar,
	• spouse, enter 2				
	a1		b1 MN	c1	d1
	a2		b2 MN	c2	d2
	a3		b3 MN	c3	d3
	a4		b4 MN	c4	d4
	Subtotal for addition	nal 1099, W-2G, and	1 1042-S (from line 6 on page 2) .		
	Total Minnesota tax	withheld on all 10	99, W-2G, and 1042-S (add amou	nts in line 2, column D)	2
3			erships, S corporations, and fiduc		
		•			3
4	Total. Add the Minn				4889
			Include this schedule wi		
			If required, include Sched	•	
Ĺ	REV 01/03	3/23 PRO	103	31	