Form **8879**

(Rev. January 2021)

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.

OMB No. 1545-0074

Submission Identification Number (SID)		·		
Taxpayer's name	Social sec	urity numb	er	
MAHESH BABU CHELLU	786-1	11-706	8	
Spouse's name	Spouse's	social secu	ırity number	•
Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you	ı are au	thorizina.)
Enter whole dollars only on lines 1 through 5.	(=::::::) = :::			/
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1 Adjusted gross income		. 1	103	,088.
2 Total tax			15	,466.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099			15	<u>,471.</u>
4 Amount you want refunded to you				5.
5 Amount you owe			OUR FOTU	<u>سما</u>
Part II Taxpayer Declaration and Signature Authorization (Be sure you get Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or am				
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accoupayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial in authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terpayment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amende Electronic Funds Withdrawal Consent.	for rejection of the the U.S. Treasurant indicated in the stitution to debit minate the author on requests must in the processing the payment.	e transmis y and its o e tax prep the entry to prization. To be received of the el- further ac	ssion, (b) the designated paration softo this according revoke (oved no late ectronic parknowledge	ne reason Financial tware for bunt. This cancel) a er than 2 yment of that the
Taxpayer's PIN: check one box only	1			
■ I authorize GLOBAL TAXES LLC to enter or gen	erate my PINI	1 7 (6 8	as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	erate my r m	Enter five don't ente	digits, but r all zeros	asiny
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.				
Your signature ► <u>mahashbabuchallue</u> Dat	e ► <u>02/28/2023</u>			
Spouse's PIN: check one box only				
I authorize to enter or gen	erate my DINI			as my
ERO firm name	erate my min [Enter five	digits, but	as my
signature on the income tax return (original or amended) I am now authorizing.		don't ente		
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.				
Spouse's signature ▶ Dat				
Practitioner PIN Method Returns Only—continue b	elow			
Part III Certification and Authentication — Practitioner PIN Method Only				
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9		1 9 8	9
	Don't	enter all ze	eros	
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual inc authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Provide	submitting this	return in a	accordance	am now with the
ERO's signature ▶ Dat	e ▶			
ERO Must Retain This Form — See Instruction				
Don't Submit This Form to the IRS Unless Requested	l To Do So			

Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

person is a child but not your dependent: Vour social security number Vour social security	Filing Status Check only one box.				ed filing separately (N				:	spou	se (QSS)	-
MAHESH BABU If joint return, spouse's first name and middle initial Last name Spouse's social security number Apt. no. Check here if you, or your or your or your or your or your spouse if thing jointly, want \$3 Received the during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) self; assessment of your your services); or (b) self; assessment of your your spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1958 Are blind Spouse Mas born before January 2, 1958 Is blind Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1958 Are blind Spouse Mas born before January 2, 1958 Is blind Dependents (see instructions) If more (1) First name Last name (2) Social security (3) Relationship to you Child tax credit Credit for other dependents, see instructions b Household employee wages not reported on Form(s) W-2. 11 119,008. Interest Total amount from Form(s) W-2, box 1 (see instructions) 11 119,008. Interest Total amount from Form(s) W-2, box 1 (see instructions) 11 119,008. Interest Total amount from Form(s) W-2, box 1 (see instructions) 11 119,008. Interest Total amount from Form(s) W-2, box 1 (see instructions) 12 139,008. Interest Total amount from Form(s) W-2, box 1 (see instructions) 12 139,008. Interest Total amount from Form(s) W-2, box 1 (see instructions) 13 139,008. Interest Total amount from Form(s) W-2, box 1 (see instructions) 14 159,008. Interest Total amount from Form(s) W-2, box 1 (see instructions) 15 159,008. Interest Total amount from Form(s) W-2, box 1 (see instructions) 15 159,008. Interest Total amount from Form(s) W-2, box 1 (see instructions) 15 159,008. Interest Total amount from Form(s) W-2, box 1 (see instructions) 15 159,008. Interest Total amount from Form(s) W-2,	0110 00%				your opouse. If you of	10011	54 110 11011 01	QOO DOX, OTHOR	1110 011	iia o	namo ii tin	5 qualityinig
If joint return, spouse's first name and middle initial Last name Last name Last name Apt. no. Presidential Election Campaign Check there in fyou, or your Spouse of first, jointly, warm 3 Apt. no. Check there in fyou, or your Spouse of filling jointly, warm 3 Apt. no. Check there in fyou, or your Spouse of filling jointly, warm 3 Apt. no. Check there in fyou, or your Spouse of filling jointly, warm 3 Apt. no. Check there in fyou, or your Spouse of filling jointly, warm 3 Apt. no. Check there in fyou, or your Spouse of filling jointly, warm 3 Apt. no. Check there in fyou, or your Spouse of the filling in filling	Your first name	and mi	ddle initial	Last na	me				You	ır soc	ial security	y number
If joint return, spouse's first name and middle initial Last name Apt. no. Presidential Election Campaign Apt. no. Check here of you, or your spouse of first, it is not provided and province/state/country Foreign proteid on the province/state/country Foreign proteid country Foreign proteid file Spouse Spouse if imigration Spouse Foreign province/state/country Foreign proteid country Town Spouse Standard Spouse Gas a reward, award, or payment for property or services); or (b) Self exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions) Yes No No No No No No No N	MAHESH I	BABU		CHEL	LU				78	6-1	1-7068	}
City Nown, or post office. If you have a foreign address, also complete spaces below. State ZiP code CT 06.042 Size Size CT 06.042 Size	If joint return, spouse's first name and middle initial Last name Sp			Spo	use's	social sec	urity number					
State City town, or post office. If you have a foreign address, also complete spaces below. CT	Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	Pre	siden	tial Electio	n Campaign
MANCHESTER CT	38 GIANNA DR											
MANCHESTER	City, town, or post office. If you have a foreign address, also co			mplete s	paces below.	Stat	e	ZIP code			0,	•
Spouse Standard Deduction Spouse Standard S	MANCHEST	CER				СТ		06042	box	belo	w will not o	•
Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, asset (c) and a sexchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Someone can claim:	Foreign country	/ name		F	Foreign province/state/	county	У	Foreign postal cod	de you	r tax		Spouse
Standard Deduction	Digital	At an	ny time during 2022, did you: (a) rece	eive (as	a reward, award, or	payn	nent for prope	rty or services);	or (b) s	ell,		
Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Dependents (see instructions): (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions): (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions): (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions): (3) Relationship (4) Check the box if qualifies for (see instructions): (3) Relationship (4) Check the box if qualifies for (see instructions): (4) Check the box if qualifies for (see instructions): (4) Check the box if qualifies for (see instructions): (4) Check the box if qualifies for (see instructions): (4) Check the box if qualifies for (see instructions): (4) Check the box if qualifies for (see instructions): (4) Check the box if qualifies for (see instructions): (4) Check the box if qualifies for (see instructions): (4) Check the box if qualifies for (see instructions): (4) Check the box if qualifies for (see instructions): (4) Check the box if qualifies for (see instructions): (4) Check the box if qualifies for (see instructions): (4) Check the box if qualifies for (see instructions): (4) Check the box if qualifies for (see instructions): (4) Check the box if qualifies for (see instructions): (4) Check the for instructions): (4) Check the box if qualifies for (see instructions): (4) Check the for instructions): (4) Check the for instructions): (4) Check the form form 811, instructions for form form 813, line 29: (4) Check the form form 811, instructions for form 813, line 29: (4) Check the form form fo	Assets	exch	ange, gift, or otherwise dispose of a	digital	asset (or a financial i	ntere	est in a digital	asset)? (See ins	tructio	าร.)	Yes	× No
Comparison Com	Standard Deduction						a dependent					
If more than four dependents, see instructions and check here	Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n before Januar	y 2, 19	58	Is blir	nd
If more than four dependents, see instructions and check here	Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check the	box if	qualifi	es for (see i	nstructions):
dependents, see instructions and check here	If more	(1) Fi	rst name Last name		number		to you	Child tax	credit	(Credit for oth	er dependents
see instructions and check here]
and check here]			<u>]</u>
Income 1a Total amount from Form(s) W-2, box 1 (see instructions)		. —										<u>]</u>
b Household employee wages not reported on Form(s) W-2 Attach Form(s) W-2 here, Also attach Forms W-2 here, Also attach Forms W-2G and Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Taxable dependent care benefits from Form 8839, line 29 f Employer-provided adoption benefits from Form 8839, line 29 f Wages from Form 8919, line 6 g Wages from Form 8919, line 6 f Other earned income (see instructions) d Nontaxable combat pay election (see instructions) d Add lines 1 a through 1h d It a 119,008. Attach Sch. B Tax-exempt interest d It a 119,008. Attach Sch. B Tax-exempt interest d It a 14 A distributions d It Ala distributions d It you elect to use the lump-sum election method, check here (see instructions) d It you elect to use the lump-sum election method, check here (see instructions) d It you denoted adoption benefits from Form 8995 or Form 8995	here]			<u>]</u>
Hattach Form(s) W-2 here. Also W-2 here. Also W-2 and W-2 and W-2 and Hosp-Rif tax was withheld. If you did not get a Form W-2, see instructions. Z Add lines 1 a through 1 h Attach Sch. B If required. 3a Qualified dividends 3a Qualified dividends 4a IRA distributions 4a IRA distributions 4a IRA distributions 4a IRA distributions 5a Deduction for Single or Married filing separately. Sizulges or Ma	Income	1a	* * * * * * * * * * * * * * * * * * * *	,	,					1a	11	9,008.
W-2 here. Also attach Forms W-2G and 1099-Ri f tax was withheld. If you did not get a Form W-2, see instructions W-2, See instructions. Attach Sch. B 2a		b	Household employee wages not re	eported	on Form(s) W-2 .				.	1b		
attach Forms W-2G and 1099-Ri if tax was withheld. If you did not get a Form M-2e and instructions. 9 Wages from Form 8919, line 6	٠,	С	Tip income not reported on line 1a	(see ins	structions)					1c		
1099-Rif tax was withheld. f Employer-provided adoption benefits from Form 8839, line 29 1f	attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d		
## was withheld. If you did not get a Form ## was withheld. If you did not get in the your was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you did not get a Form ## was withheld. If you do not get in the your was withheld. If you do not get in the your was withheld. If you do not get in the your was withheld. If you not get a Form ## was withheld. If you not get a Form ## was withheld. If you not get a Form ## was withheld. If you not get a Form ## was withheld. If you not get a Form ## was withheld. If you not get a Form ## was withheld. If you not get a Form ## wa		е	·		•							
See instructions See instruc		f	Employer-provided adoption benefits from Form 8839, line 29									
W-2, see instructions. I Nontaxable combat pay election (see instructions) Add lines 1a through 1h Attach Sch. B if required. 3a Qualified dividends 3a Qualified dividends 4a BA D Taxable interest 4b D Taxable amount 4b D Taxable amount 5a Pensions and annuities 5a Pensions and annuities 5a D Taxable amount 5b D Taxable amount 5b D Taxable amount 5c Social security benefits 6a D D Taxable amount 6b D Taxable amount 6c Social security benefits 6d D D Taxable amount 6d D		g							-			
Instructions. Z Add lines 1 a through 1h Attach Sch. B If required. 2a Tax-exempt interest			•	,						1h	_	0.
Attach Sch. B if required. 3a Qualified dividends 3a b ordinary dividends 3b B Taxable interest 4b Deduction for Single or Married filing separately, \$12,950 Capital gain or (loss). Attach Schedule D if required. In the solution of thousehold, \$19,400 Capital gain or (loss) attach Schedule 1, line 26 Subtract line 10 from line 9. This is your total income 11 Gualified business income deduction for Baybox under Standard Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 D Taxable income 15 D Taxable amount 4b D Taxable amount 5b D Taxable amount 6b D			• • • • • • • • • • • • • • • • • • • •	see instr	ructions)		<u>li</u>				1 1	0 000
If required. 3a Qualified dividends 3a b Ordinary dividends									-		+ ++	9,008.
dather distributions			· —									
Standard Deduction for—Single or Married filing separately, \$12,950 Married filing jointly or Qualifying source, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, \$200 the Add lines 12 and 13 Qualified business income deduction from Form 8995 or Form 8995-A Base Pensions and annuities . 5a	ii required.						-					
Comparison of the diling separately separa											_	
Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of Household, \$19,400 If you checked any box under <i>Standard Deduction</i> , Deduction, Single or Married filing separately, \$12,950 If you elect to use the lump-sum election method, check here (see instructions) Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 Subtract line 10 Separately, \$12,950 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 103,088 10 Adjustments to income from Schedule 1, line 26 11 Subtract line 10 from line 9. This is your adjusted gross income 12 Standard deduction or itemized deductions (from Schedule A) 13 Qualified business income deduction from Form 8995 or Form 8995-A 14 Add lines 12 and 13 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income	Standard Deduction for—											
separately, \$12,950 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 8 Other income from Schedule 1, line 10 8 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 103,088 10 Adjustments to income from Schedule 1, line 26 10 Head of Head of Household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 12 Standard deduction or itemized deductions (from Schedule A) 13 Qualified business income deduction from Form 8995 or Form 8995-A 14 Add lines 12 and 13 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income	Single or				mothod chock horo				$\dot{\Box}$	OD		
Married filing jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 103,088. Married filing jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 103,088. Married filing jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 10 10 10 10 10 10 10 10 10 10 10 10	separately,		•		·	`	,		片	7	1	
jointly or Qualifying spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your total income	. ,		,								_1	5 920
surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, Deduction, 15 Subtract line 10 from line 9. This is your adjusted gross income 11 Subtract line 10 from line 9. This is your adjusted gross income 11 Subtract line 10 from line 9. This is your adjusted gross income 11 Subtract line 10 from line 9. This is your adjusted gross income 11 Subtract line 10 from line 9. This is your adjusted gross income 11 Subtract line 10 from line 9. This is your taxable income 15 Subtract line 14 from line 11 from line 12 from line 11 from line 12 from line 13 from line 14 from line 14 from line 15 from line 16 from line 16 from line 16 from line 18 f	jointly or											
Head of household, \$19,400 If you checked any box under Standard Deduction, 15 Deduction, 15 Subtract line 10 from line 9. This is your adjusted gross income	surviving spouse,				•						+ + + + + + + + + + + + + + + + + + + +	<u> </u>
household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, 15 Subtract line 14 from line 11 lf zero or less enter -0- This is your taxable income.			•	,							10	3.088
13 Qualified business income deduction from Form 8995 or Form 8995-A	household,			-	-							
any box under Standard 14 Add lines 12 and 13	\$19,400 If you checked				`	,	5-A		.		†	_,,,,,,,
Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 90 138	any box under								.		1	2,950.
	Deduction,								.			

Form 1040 (2022	2)				Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3		. 16	15,466.
Credits	17	Amount from Schedule 2, line 3		. 17	
	18	Add lines 16 and 17		. 18	15,466.
	19	Child tax credit or credit for other dependents from Schedule 8812		. 19	
	20	Amount from Schedule 3, line 8		. 20	
	21	Add lines 19 and 20		. 21	
	22	Subtract line 21 from line 18. If zero or less, enter -0		. 22	15,466.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		. 23	0.
	24	Add lines 22 and 23. This is your total tax		. 24	15,466.
Payments	25	Federal income tax withheld from:			
-	а	Form(s) W-2	25a 15,4	71.	
	b	Form(s) 1099	25b		
	С	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		. 25d	15,471.
If	26	2022 estimated tax payments and amount applied from 2021 return		. 26	
If you have a qualifying child,	27	Earned income credit (EIC)	27		
attach Sch. EIC.	28		28		
	29	American opportunity credit from Form 8863, line 8	29		
	30	Reserved for future use	30		
	31		31		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refund	dable credits .	. 32	
	33	Add lines 25d, 26, and 32. These are your total payments		. 33	15,471.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount	you overpaid .	. 34	5.
neiulia	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check	•	35a	5.
Direct deposit?	b	Routing number 0 7 1 0 0 0 0 1 3 c Type: X C		rings	
See instructions.	d	Account number 6 7 9 8 9 8 8 5 3			
	36	Amount of line 34 you want applied to your 2023 estimated tax	36		
Amount	37	Subtract line 33 from line 24. This is the amount you owe .			
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions .		. 37	
	38		38		
Third Party		you want to allow another person to discuss this return with the IRS? Structions		alata balaw	⊠ No
Designee			. Yes. Comp	identification	INO
		signee's Phone no.	number (
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedu			
Here		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is base	d on all information o		,
	Yo	ur signature Date Your occupation			nt you an Identity IN, enter it here
Joint return?		SOFTWARE EN	GINEER	(see inst.)	
See instructions.	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occupation		If the IRS se	nt your spouse an
Keep a copy for your records.					ection PIN, enter it here
your records.				(see inst.)	
		one no. (630)267-6167 Email address MAHESHBABUSQ			T
Paid	Pre			ΓIN	Check if:
Preparer	VENK	ATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI (02/27/2023 PC	2470833	Self-employed
Use Only	Fir	m's name GLOBAL TAXES LLC		Phone no. (678)965-9522
	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816		Firm's EIN	88-2145487
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information.	EV 02/24/23 PRO		Form 1040 (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

MAHESH BABU CHELLU

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

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

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

	Sequence No. 01
Your soci	ial security number
786-11	-7068

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
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	ch Schedule E .	5	-15,920.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()		
b	Gambling	8b		
С		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	, , , ,	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	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	`	8n		
0	· / / / / / / / / / / / / / / / / / / /	80		
р	•	8p		
q	·	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form	- /		
	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
		8u		
Z	Other income. List type and amount:			
•		8z		
9	Total other income. Add lines 8a through 8z		9	15 000
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR.	or 1040-NR. line 8	10	-15,920.

Schedule 1 (Form 1040) 2022 Page **2**

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis governing			
	officials. Attach Form 2106	[12	1
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	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
İ	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			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
_	1041)			
Z	Other adjustments. List type and amount:			
25			O.F.	
25 26	Total other adjustments. Add lines 24a through 24z	-	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here an Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	Form 1040 of 1040-3n, lifte 10, of Form 1040-1nn, lifte 10a		20	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

2022	
Attachment Sequence No. 13	

Name(s)	shown on return						Your soci	ial security	number
MAHE	SH BABU CHELLU						786-1	1-7068	
Part	Income or Loss From Rental Real Estate an	d Ro	yalties						
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.								
	Did you make any payments in 2022 that would require you	to file	Form(s) 1	1099? 5	See ins	tructions .		. 🗌 Ye	es 🗵 No
B I	f "Yes," did you or will you file required Form(s) 1099? .							. ∐ Ye	es 🗌 No
1a	Physical address of each property (street, city, state, ZIF	od cod	e)						
Α	IBRAHIMPATNAM VIJAYAWADA ANDHRA PRADES	SH II	N 52145	56					
В									
C									
1b	Type of Property 2 For each rental real estate prope				Fa	ir Rental		nal Use	QJV
	(from list below) above, report the number of fair personal use days. Check the Q			_		Days	Da	ays	
_ <u>A</u>	if you meet the requirements to f			A		365		0	
B	qualified joint venture. See instru			В					<u> </u>
C				С					
	of Property:	4-1	5 1		7	O-16 D4-1			
	Single Family Residence 3 Vacation/Short-Term Ren	tai	5 Land	-		Self-Rental	!!\		
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (desc	ribe)		
						Propert	ies:		
Incom	ne:			Α		В			С
3	Rents received	3		4	80.				
4	Royalties received	4							
Exper	ises:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		5	00.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		3,5	00.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14			00.				
15	Supplies	15		4,0	00.				
16	Taxes	16							
17	Utilities	17		4,5	00.				
18	Depreciation expense or depletion	18							
19	Other (list)	19		1.6 4	00				
20	Total expenses. Add lines 5 through 19	20		16,4	00.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If								
	result is a (loss), see instructions to find out if you must file Form 6198	21		-15,9	20				
22	Deductible rental real estate loss after limitation, if any,	21		13,7	20.				
22	on Form 8582 (see instructions)	22	(15,92	20.)	()	(
23a	Total of all amounts reported on line 3 for all rental prope				23a		480.		
b	Total of all amounts reported on line 4 for all royalty prop	erties			23b				
C	Total of all amounts reported on line 12 for all properties				23c			-	
d	Total of all amounts reported on line 18 for all properties				23d				
e	Total of all amounts reported on line 20 for all properties				23e	16	5,400.		
24	Income. Add positive amounts shown on line 21. Do no						. 24	/	15 000
25	Losses. Add royalty losses from line 21 and rental real estat							(15,920.
26	Total rental real estate and royalty income or (loss). here. If Parts II, III, IV, and line 40 on page 2 do not								

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

26

-15,920.

Form CT-1040 Required Fields

The following fields are required to be automatically populated or completed for taxpayers to continue filing, or must be completed in response to the selection of other fields.

Required to be Automatically-Populated Fields

Each page of each form submitted to DRS must include the following automatically populated fields:

- 1. **Document Identification Numbers** Three occurrences of the Document Identification Number (DIN) must be on each page. The QR Code and two DINs must be on each scannable page. (See Document Identification Number and Quick Reference (QR) Code, on Page 4.)
- 2. **Social Security Number -** The Social Security Number must appear at the top of Form CT-1040, Pages 2, 3, and 4.
- 3. In addition, the following **Checklist for filing your Connecticut income tax return** must be included when hard copies of the form are printed. Taxpayers should not send the checklist to DRS with the return.

Do not send this sheet with your return.

Checklist for filing your Connecticut income tax return:

- 1. Be sure that Page 1 of your return is not printed on the back of this sheet.
- 2. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
- 3. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
- 4. Do not attach or send copies of forms W-2 or 1099.
- 5. Verify that the address lines on the return are correct and proper abbreviations are used.
- 6. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 18a through 18e, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
- 7. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
- 8. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return.
- Send all completed pages of CT-1040, Schedule CT-EITC, Schedule CT-CHET, Supplemental Schedule CT-1040WH, Schedule CT-IT Credit, Schedule CT-PE, Schedule CT-Dependent, and Form CT-6251. Send all four pages of your completed return, both pages of your completed CT-EITC schedule, the completed Schedule CT-CHET, and any other supporting schedules.
- 10. Make check payable to: Commissioner of Revenue Services
- 11. To ensure proper posting, write your SSN(s) (optional) and "2022 Form CT-1040" on your check.
- 12. To mail your return, use the following addresses:

For all tax returns with payment:

Department of Revenue Services

PO Box 2977

Hartford CT 06104-2977

For refunds and tax returns without payment:

Department of Revenue Services

PO Box 2976

Hartford CT 06104-2976

- 13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
- 14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 25a through 25d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited. Alpha characters are not allowed in Routing or Account Number fields.
- 15. When making payment using Form CT-1040V, **DO NOT** attach copies of your previously filed Form CT-1040.

Do not send this sheet with your return.

Page 7 of 41 Revised: 10/27/2022



10401222V011555



Form CT-1040 - 2022

Connecticut Resident Income Tax Return (Rev. 12/22)

Page 1 of 4

Other tax year, beginning: and ending:

Y S N FJ N MFS N HOH N QSS

786 - 11 - 7068 - -

MAHESH BABU CHELLU N Dec.

N Dec.

38 GIANNA DR N CT-8379 N CT-2210 N CT-19IT

USA N CT-1040 CRC N Federal N Schedule Form 1310 CT-Dependent

MANCHESTER CT 06042 -

1. Federal adjusted gross income (from federal Form 1040, Line 11, or federal Form 1040-SR, Line 11)	1.	103088
2. Additions to federal adjusted gross income (from Schedule 1, Line 38)	2.	0
3. Add Line 1 and Line 2	3.	103088
4. Subtractions from federal adjusted gross income (from Schedule 1, Line 50)	4.	0
5. Connecticut adjusted gross income: Line 4 subtracted from Line 3.	5.	103088
6. Income tax	6.	5435
7. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 59)	7.	0
8. Line 7 subtracted from Line 6. If Line 7 is greater than Line 6, "0" is entered.	8.	5435
9. Connecticut alternative minimum tax (from Form CT-6251)	9.	0
10. Add Line 8 and Line 9.	10.	5435
11. Credit for property taxes paid on your primary residence, motor vehicle, or both (from Schedule 3, Line 6	88) 11.	0
12. Line 11 subtracted from Line 10. If less than zero, "0" is entered.	12.	5435
13. Total allowable credits (from Schedule CT-IT Credit, Part 1, Line 11)	13.	0
14. Connecticut income tax: Line 13 subtracted from Line 12. If less than zero, "0" is entered.	14.	5435
15. Individual use tax (from Schedule 4, Line 69). If no tax is due, "0" is entered.	15.	0
16. Total tax: Add Line 14 and Line 15.	16.	5435



Form CT-1040, Page 2 of 4

17.

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5435

17. Amount from Line 16

Forms W-2, W-2G, and 1099 Information

Col. A - Employer or Payer's Fed. ID # Col. B - CT Wages, Tips, etc.

Col. C - CT Income Tax Withheld

18a.	82 - 1781660	•	119008	8319
18b.	-	•	0	0
18c.	-	•	0	0
18d.	-	•	0	0
18e.	-	•	0	0

18f. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) 18f.

18. Total Connecticut income tax withheld: Amounts in Column C.	18.	8319
19. All 2022 estimated tax payments and any overpayments applied from a prior year	19.	0
20. Payments made with Form CT-1040 EXT	20.	0
20a. Earned income tax credit (from Schedule CT-EITC, Line 16).	20a.	0
20b. Claim of right credit (from Form CT-1040 CRC, Line 6).	20b.	0
20c. Pass-through entity tax credit: (from Schedule CT-PE, Line 1). Schedule must be attached.	20c.	0
21. Total payments and refundable credits: Add Lines 18, 19, 20, 20a, 20b and 20c.	21.	8319
22. Overpayment: If Line 21 is more than Line 17, Line 17 subtracted from Line 21.	22.	2884
23. Amount of Line 22 you want applied to your 2023 estimated tax	23.	0
24. Amount of Line 22 you want applied as a CHET contribution (from Schedule CT-CHET, Line 4)	24.	0
24a. Total contributions of refund to designated charities (from Schedule 5, Line 70)	24a.	0
OF Befored Lines 22 24 and 24s subtracted from Line 22	25	2004

25. **Refund:** Lines 23, 24, and 24a subtracted from Line 22.

If you have not elected to direct deposit, a refund check will be issued and processing may be delayed.

25a. Acct. type Y Ck. N Sv. 25b. Rout. # 071000013 25c. Acct. # 679898853

25d. Refund going to a bank account outside the U.S. 25d. N

0 0	= '		
26. Tax due: If Line 17 is more that	n Line 21, Line 21 subtracted from Line 17.	26.	0
27. If late: Penalty entered. Line 26 multiplied by 10% (.10).		27.	0
28. If late: Interest entered.			
Line 26 multiplied by number of	months or fraction of a month late, then by 1% (.01).	28.	0
29. Interest on underpayment of es	timated tax (from Form CT-2210)	29.	0
30 Total amount due: Add Lines	26 through 29	30	0 00

Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Your signature		Date	Home/cell telephone number		
•	•				
Spouse's signature (if joint return)		Date	Daytime telephone number		
•		•	•		
Paid preparer's signature	Date	Telephone number	Paid Preparer's PTIN		
•VENKATA SAI PAVAN KUMAR D	•022723	• 6789659522	P02470833		
Paid preparer's name			FEIN		
VENKATA SAI PAVAN KUMAR DUDIPAL			882145487		
Firm's name, address and ZIP code GLOBAL TAXES	LLC		Self-employed		
• 245 ROONEY CT E E	BRUNSWI N	T 08816 -	N		

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

Form CT-1040, Page 3 of 4

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Schedule 1 - Modifications to Federal Adjusted Gross Income			
31. Interest on state and local government obligations other than Connect	icut	31.	0
32. Mutual fund exempt-interest dividends from non-Connecticut state or r		· ·	
obligations			0
33. Taxable amount of lump-sum distributions from qualified plans not incl	federal adjusted		
gross income		33.	0
34. Beneficiary's share of Connecticut fiduciary adjustment: Entered only i	f greater	r than zero. 34.	0
35. Loss on sale of Connecticut state and local government bonds		35.	0
36. Section 168(k) federal bonus depreciation deduction allowed for property	placed ir		0
36a. 80% of Section 179 federal deduction.		36a.	0
37. Other - specify ●		37.	0
38. Total additions: Add Lines 31 through 37.		38.	0
39. Interest on U.S. government obligations		39.	0
40. Exempt dividends from certain qualifying mutual funds derived from U.	-	-	0
41. Social Security benefit adjustment (from Social Security Benefit Adjust	ment Wo	•	0
42. Refunds of state and local income taxes		42.	0
43. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuition	es	43.	0
44. Military retirement pay		44.	0
45. 50% of income received from Connecticut Teachers' Retirement Syste 46. Beneficiary's share of Connecticut fiduciary adjustment: Entered only i		45. an zero. 46.	0
47. Gain on sale of Connecticut state and local government bonds	1 1000 1116	47.	0
48. CHET contributions made in 2022 or		47.	O
an excess carried forward from a prior year Acct. #:		48.	0
. ,			
48a. 25% of Section 168(k) federal bonus depreciation deduction added ba	ack in pre	eceding four years. 48a.	0
48b. 100% of pension or annuity income.		48b.	0
49. Other - specify ●			0
50. Total subtractions: Add Lines 39 through 49.		50.	0
Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions	;		
51. Modified Connecticut adjusted gross income		51.	0
		Col. A	Col. B
52. Qualifying jurisdiction's name and two-letter code 52.			
53. Non-Connecticut income included on Line 51 and reported on a			
qualifying jurisdiction's income tax return (from Schedule 2 worksheet)	53.	0	0
54. Line 53 divided by Line 51	54.	0.0000	0.0000
54. Ellie 55 divided by Ellie 51	04.	0.0000	0.0000
55. Income tax liability: Line 11 subtracted from Line 6.	55.	0	0
		_	_
56. Line 54 multiplied by Line 55	56.	0	0
57. Income tax paid to a qualifying jurisdiction	57.	0	0
50 1 50 1 50	50	^	2
58. Lesser of Line 56 or Line 57	58.	0	0
59. Total credit: Add Line 58, all columns.		59.	0

Form CT-1040, Page 4 of 4





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Schedule 3 - Property Tax Credit

Qualifying Property Name of Connecticut Tax Town or District Description of Property Date(s) Paid	Primary Res t ● •	sidence	•	Auto 1	•		Auto 2
Amount Paid	• 60.	0	• 61.	(• 0 62.		0
63. Total property tax paid: Add Lines 60), 61, and 62.				63.		0
64. Maximum property tax credit allowed					64.	•	300
65. Lesser of Line 63 or Line 64.					65.	•	0
66. Property tax credit limitation decimal an	mount: If zero, the amo	ount from L	ine 65 is e	entered on Line 68	66.	•	0.00
67. Line 65 multiplied by Line 66.					67.	•	0
68. Line 67 subtracted from Line 65.					68.		0
Schedule 4 - Individual Use Tax							
69a. Use tax at 1% (from Connecticut Inc	dividual Use Tax Work	sheet, Sed	ction A, Co	lumn 7)	69a.		0
69b. Use tax at 6.35% (from Connecticut	Individual Use Tax W	orksheet,	Section B,	Column 7)	69b.		0
69c. Use tax at 7.75% (from Connecticut	Individual Use Tax W	orksheet,	Section C,	Column 7)	69c.		0
69d. Use tax at 2.99% (from Connecticut	Individual Use Tax W	orksheet,	Section D,	Column 7)	69d.		0
69. Individual use tax: Add Lines 69a, 6 Schedule 5 - Contributions to Designa					69. •		0
70a. AR	itou onuntios				70a.		0
70b. OT					70b.		0
70c. ES/W					70c.		0
70d. BCR					70d.		0
70e. SNS					70e.		0
70f. MR					70f.		0
70g. CBS					70g.		0
70h. MHCIA					70h.		0
70. Total Contributions: Add Lines 70a Taxpayer email	a through 70h.				70.		0