#### Department of the Treasury Internal Revenue Service

### **IRS e-file Signature Authorization**

OMB No. 1545-0074

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

Submission Identification Number (SID)

Taynaver's name

Taxpayer's name	Social security number					
RAMESH KOMAKULA	146-06-4466					
Spouse's name	Spouse's social security number					
SWAROOPA RANI KOMAKULA	469-51-9189					
Part I Tax Return Information – Tax Year Ending December 31, 2022 (E	nter year you are authorizing.)					
Enter whole dollars only on lines 1 through 5.						
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
<b>1</b> Adjusted gross income	<b>1</b> 144,887.					
<b>2</b> Total tax	<b>2</b> 17,109.					
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 14,429.					
4 Amount you want refunded to you	4					
<b>5</b> Amount you owe	<b>5</b> 2,680.					
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

				ERO firm name	<b>. . .</b>	En
X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	
			-			16

	6	4	4	6	6	as				
Enter five digits, but don't enter all zeros										

9

as mv

9 1

1 8

Enter five digits, but don't enter all zeros

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

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

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN ERO firm name

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

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

Spouse's signature 🕨	Date ►	
	ethod Returns Only—continue below	
Part III Certification and Authentication – Pr	ctitioner PIN Method Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by y	ur five-digit self-selected PIN.	

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						
				-	0070 /=	04.0004

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

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Tax</b>		ım 20	22	OMB No. 1545-	0074	IRS Use Only	—Do not v	vrite or staple in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly u checked the MFS box, enter the na on is a child but not your dependent	ame of y						spo	lifying surviving use (QSS) s name if the qualifying
Your first name	and mi	ddle initial	Last nar	ne					Your so	ocial security number
RAMESH			KOMA	KULA					146-	06-4466
If joint return, sp	ouse's	first name and middle initial	Last nar	ne					Spouse	's social security number
SWAROOPA	RAI	IV	KOMA	KULA					469-	51-9189
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			A	Apt. no.	Preside	ntial Election Campaigr
15026 PI	UMS	LONE DR								here if you, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete sp	baces below.	Sta	te	ZIP c	ode		if filing jointly, want \$3 this fund. Checking a
EDEN PRA	IRI	Ξ			MN	1	553	47	0	ow will not change
Foreign country	name		F	oreign province/	/state/coun	ty	Foreig	n postal code	your ta	x or refund.
										You Spouse
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a								🗌 Yes 🛛 No
Standard	Som	eone can claim: 🗌 You as a de	pendent	Your s	pouse as	a dependent				
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-st	tatus alien	I				
Age/Blindness	You:	Were born before January 2, 1	958	Are blind	Spouse	: 🗌 Was bor	n befo	ore January 2	2. 1958	Is blind
Dependents				(2) Social se	-	(3) Relationshi		,	,	ifies for (see instructions):
If more		irst name Last name		numbe	,	to you		Child tax ci	redit	Credit for other dependents
than four	AKH	IILA KOMAKULA		468-53-	4191	Daughter				X
dependents,				100 00	1191	Daughteer				
see instructions and check	;									
here										
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)					. 1a	114,534.
meome	b	Household employee wages not re	eported (	on Form(s) W-2	2				. 1b	
Attach Form(s) W-2 here, Also	с	Tip income not reported on line 1a	(see ins	structions) .					. 10	;
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2 (	(see instru	ictions)			. 1c	1
W-2G and	е	Taxable dependent care benefits f	rom For	m 2441, line 26	<b>3</b>				. 1e	•
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, lir	ne 29 .				. 1f	
If you did not	g	Wages from Form 8919, line 6 .							. 19	1
get a Form	h	Other earned income (see instruction	ons) .						. 1h	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<b>1</b> i				
	z	Add lines 1a through 1h							. 1z	
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interest			. 2b	87.
if required.	3a		3a		<b>b</b> C	ordinary divider	ids .		. 3b	)
	4a	IRA distributions	4a		b T	axable amount			. 4b	)
Standard	5a	Pensions and annuities	5a		-	axable amount			. 5b	
• Single or	6a	Social security benefits	6a		_ b T	axable amount		· · · _	. 6b	
Married filing	С	If you elect to use the lump-sum e			`	,		L	_	
separately, \$12,950	7	Capital gain or (loss). Attach Schee	dule D if	required. If not	t required	, check here		L	7	
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, lin							. 8	31,104.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•	tal incom	е	· ·		. 9	145,725.
surviving spouse, \$25,900	10	Adjustments to income from Sche	-				· ·		. 10	
Head of household,	11	Subtract line 10 from line 9. This is	•						. 11	
\$19,400	12	Standard deduction or itemized					· ·		. 12	
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deducti			Form 899	5-A			. 13	
Standard	14	Add lines 12 and 13							. 14	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 Thi	is is your	taxable incom	е.		. 15	112,273.

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

Form **1040** (2022)

Form 1040 (2022	2)									Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	15,	,934.
Credits	17	Amount from Schedule 2, lin	e3				-	17		
	18	Add lines 16 and 17						18	15,	,934.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		500.
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21		500.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	15,	,434.
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21 .			23	1,	,675.
	24	Add lines 22 and 23. This is	your total tax					24		,109.
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				<b>25a</b> 1.	4,429.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	14,	429.
If you have a	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return			26		
If you have a qualifying child,	27	Earned income credit (EIC)			No	27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin				31				
	32	Add lines 27, 28, 29, and 31.	. These are your	total other pa	ayments and refu	undable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	otal payments				33	14,	,429.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34		
neruna	35a	Amount of line 34 you want	refunded to you	u. If Form 8888	is attached, che	ck here	🗆	35a		
Direct deposit?	b	Routing number X X X	X X X X	XX	c Type:	] Checking	Savings			
See instructions.	d	Account number X X X	X X X X	XXXX	X X X X X	XX				
	36	Amount of line 34 you want a	applied to your	2023 estimate	edtax	36				
Amount	37	Subtract line 33 from line 24	. This is the <b>am</b>	ount you owe.						
You Owe		For details on how to pay, go	o to <i>www.irs.go</i>	v/Payments or	see instructions			37	2,	,680.
	38	Estimated tax penalty (see in	nstructions) .			38				
<b>Third Party</b>	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?					
Designee	ins	tructions				<b>Yes.</b> C	complete b	pelow.	X No	
	De: nar	signee's		Phone no.			sonal identit ber (PIN)	ication		
0		der penalties of perjury, I declare t	hat I have examine				. ,	the bee	t of my know	lodgo opd
Sign		ief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation		If the	IRS ser	nt you an Ide	ntity
							Prote	ection P	IN, enter it he	
Joint return?					SOFTWARE H	ENGINEER	(see	inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>k</b>	ooth must sign.	Date	Spouse's occupat	ion			nt your spous action PIN, er	
your records.					MEDICAL DEV	VICE ASSEMBL	1	inst.)		
	Ph	one no. (952) 380-678	9	Email address		_		,		
		parer's name	Preparer's signat		INTOMATOTAL	<u>JAHOO.COM</u> Date	PTIN		Check if:	
Paid			- repair o orginal						Self-en	nploved
Preparer										
	Cim	n'enamo CT∩⊡⊼T ⊡⊼∖	YES ITC				Dhar			
Use Only		m's name GLOBAL TAX n's address 245 ROONE		INSWICK N	J 08816			ie no. 's EIN		

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 for instructions and the latest information.

OMB No. 1545-0074

2022	
Attachment Sequence No. <b>01</b>	

Name	ial s	ecurity number		
RAMI	ESH & SWAROOPA RANI KOMAKULA 1-	46-06	5-44	66
Pa	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a		. [	2a	

Za			Za	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	31,104.
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	
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	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		
I	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			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
ο	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			
	1040, line 1a or 1d	8s ( )		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF	l, or 1040-NR, line 8	10	31,104.

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	e-basis	governme	ent	
	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	838.
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			. <b>19a</b>	
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)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
С					
	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			
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	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				
	1041)	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			. 26	838.
	BAA	REV 0	3/22/23 PRO	Schedule	e 1 (Form 1040) 2022

SCHE	DULE	2
(Form	1040)	

Department of the Treasury

Internal Revenue Service

### **Additional Taxes**

OMB No. 1545-0074

2

20

Attachment

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

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

Sequence No. 02 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number RAMESH & SWAROOPA RANI KOMAKULA 146-06-4466 Part I Tax 1 Alternative minimum tax. Attach Form 6251 . . . 1 2 Excess advance premium tax credit repayment. Attach Form 8962 . . . . . . . . 2 3 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . 3 Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	1,675.
5	Social security and Medicare tax on unreported tip income.Attach Form 4137 <b>5</b>		
6	Uncollected social security and Medicare tax on wages. AttachForm 89196		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here $\ldots$	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
		ontini	ued on page 2)

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

Schedule 2 (Form 1040) 2022

Par	t II Other Taxes (continued)			
17	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:			
		17a		
b	Recapture of federal mortgage subsidy, if you sold your home			
		17b	_	
	Additional tax on HSA distributions. Attach Form 8889	17c	_	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853 .	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
I	Tax on accumulation distribution of trusts	171		
m	Excise tax on insider stock compensation from an expatriated			
		17m	-	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	_	
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170		
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q	_	
z	Any other taxes. List type and amount:			
		17z		
18	Total additional taxes. Add lines 17a through 17z		18	
19	Reserved for future use		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your <b>total other taxe</b>		<b>C</b> (	
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b BAA	REV 03/22/23 PRO	21 Schedu	1,675. ule 2 (Form 1040) 202

SCHE	DULE	A
(Form	1040)	

## Itemized Deductions

SCHEDULE A		Itemized Deductions		(	DMB No. 1545-0074	
(Form 1040)	_	Go to www.irs.gov/ScheduleA for instructions and the latest in Attach to Form 1040 or 1040-SR.	nformation.		2022	
	Department of the Treasury       Attach to Form To40 of T040-Sh.         Internal Revenue Service       Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.		5. j	Attachment Sequence No. <b>07</b>		
Name(s) shown on					ocial security number	
	SWA	ROOPA RANI KOMAKULA		146-	06-4466	
Medical	4	<b>Caution:</b> Do not include expenses reimbursed or paid by others.	4			
and Dental		Medical and dental expenses (see instructions)	1	-		
Expenses		Multiply line 2 by 7.5% (0.075)	3			
		Subtract line 3 from line 1. If line 3 is more than line 1, enter -0		. 4		
Taxes You		State and local taxes.				
Paid		State and local income taxes or general sales taxes. You may include				
	-	either income taxes or general sales taxes on line 5a, but not both. If				
		you elect to include general sales taxes instead of income taxes,				
		check this box	<b>5a</b> 5,511			
		State and local real estate taxes (see instructions)	<b>5b</b> 6,301	·		
		State and local personal property taxes	<b>5c</b> <b>5d</b> 11,812	_		
		Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing	5d 11,812	•		
	C	separately)	5e 10,000			
	6	Other taxes. List type and amount:	10,000	-		
			6			
	7			. 7	10,000.	
Interest You Paid Caution: Your mortgage interest deduction may be limited. See instructions.	a	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box	8a 22,314 8b	-		
	c	Points not reported to you on Form 1098. See instructions for special rules	8c 8d 8e 22,314 9	- -		
		Add lines 8e and 9		. 10	22,314.	
Gifts to Charity	11	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11 300			
Caution: If you made a gift and got a benefit for it,	12	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500	12			
see instructions.		Carryover from prior year	13			
		Add lines 11 through 13			300.	
Casualty and Theft Losses		Casualty and theft loss(es) from a federally declared disaster (other disaster losses). Attach Form 4684 and enter the amount from line 1 instructions	8 of that form. See	e     15		
Other	16	Other-from list in instructions. List type and amount:				
Itemized Deductions				16		
Total	17	Add the amounts in the far right column for lines 4 through 16. Also, e			00.000	
Itemized Deductions	18	Form 1040 or 1040-SR, line 12       If use the second	standard deduction	, ,	32,614.	

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

Schedule A (Form 1040) 2022

SCHEE	DULE	С
(Form	1040)	

Department of the Treasury

## Profit or Loss From Business

(Sole Proprietorship)

	OMB	No.	1545	6-0074
_	-	-	-	-

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

Attachment Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065. Sequence No. 09 Internal Revenue Service Name of proprietor Social security number (SSN) 146-06-4466 RAMESH KOMAKULA Α Principal business or profession, including product or service (see instructions) B Enter code from instructions IT CONSULTING 5 1 8 2 1 0 С Business name. If no separate business name, leave blank. D Employer ID number (EIN) (see instr.) 8 8 3 1 1 8 0 2 2 RK IT CONSULTING SERVICES LLC Business address (including suite or room no.) 15026 PLUMSTONE DR Е City, town or post office, state, and ZIP code EDEN PRAIRIE, MN 55347 F (3) Other (specify) Accounting method: (1) 🗙 Cash (2) Accrual G Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses . X Yes No н If you started or acquired this business during 2022, check here Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . . . . . . . . . . . . Yes X No L. If "Yes," did you or will you file required Form(s) 1099? . . . . . . . . . . Yes 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 85,986. Form W-2 and the "Statutory employee" box on that form was checked . . . . . . . . . 1 2 2 85,986. 3 Subtract line 2 from line 1 3 4 Cost of goods sold (from line 42) 4 5 5 85,986. 6 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . 7 85,986. 7 Gross income. Add lines 5 and 6 Part II **Expenses.** Enter expenses for business use of your home **only** on line 30. 8 Advertising . . . . . 8 18 Office expense (see instructions) . 18 19 19 Pension and profit-sharing plans . 9 Car and truck expenses 9 7,392. (see instructions) . . . 20 Rent or lease (see instructions): 10 29. 10 Vehicles, machinery, and equipment 20a Commissions and fees . а 11 Contract labor (see instructions) 11 b Other business property . . . 20b 3,094. 12 Depletion . . . . 12 21 Repairs and maintenance . . . 21 Depreciation and section 179 13 22 Supplies (not included in Part III) . 22 expense deduction (not 23 Taxes and licenses . . . . . 23 included in Part III) (see 13 24 Travel and meals: instructions) 4,742. а Travel. . . . 24a Employee benefit programs 14 (other than on line 19) 14 h Deductible meals (see 440. 15 Insurance (other than health) 15 instructions) . . . . . . . 24b 2,400. 7,063. 25 25 16 Interest (see instructions): Utilities . . . . . . . . 26 Mortgage (paid to banks, etc.) 16a Wages (less employment credits) 26 а 29,722. 16b b Other . . . . . . 27a Other expenses (from line 48) . . 27a 17 Legal and professional services 17 b Reserved for future use . . 27b 54,882. 28 **Total expenses** before expenses for business use of home. Add lines 8 through 27a . . . . 28 29 29 31,104. 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: . Use the Simplified and (b) the part of your home used for business: Method Worksheet in the instructions to figure the amount to enter on line 30 . 30 31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you 31 31,104. checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3. • If a loss, you **must** go to line 32. 32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule **32a** All investment is at risk. SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. **32b** Some investment is not at risk. If you checked 32b, you must attach Form 6198. Your loss may be limited.

REV 03/22/23 PRO

Schedu	le C (Form 1040) 2022			Page <b>2</b>
Part	III Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: <b>a</b> Cost <b>b</b> Lower of cost or market <b>c</b> Other (atta	ich exp	olanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing invento If "Yes," attach explanation	,	. 🗌 Yes	🗌 No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car or are not required to file Form 4562 for this business. See the instructions for line 1 Form 4562.			
43	When did you place your vehicle in service for business purposes? (month/day/year) _08/01/2016			
44	Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used you vehicle during 2022, enter the number of miles you used you vehicle during 2022, enter the number of miles you vehicle during 2022, enter the number of miles you vehicle during 2022, enter the number of miles you vehicle during 2022, enter the number of miles you vehicle during 2022, enter the number of miles you vehicle during 2022, enter the number of	vehicle	for:	
а	Business <u>12,292</u> b Commuting (see instructions) c C			548
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 lin	e 30.		
Bu	siness Miscellaneous			4,199.
GI	FTS			707.
BA	CK OFFICE OPERATION EXPENSES			18,450.
Mi	scellaneous			6,366.
48	Total other expenses. Enter here and on line 27a	48		29,722.

SCHEDULE	SE
(Form 1040)	

## Self-Employment Tax

OMB No. 1545-0074

2

Go to www.irs.gov/ScheduleSE for instructions and the latest informat	ion.
Attach to Form 1040, 1040-SR, or 1040-NR	

	Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.		Attachment Sequence No. <b>17</b>
	f person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR) Social security number of perso	_	
	CSH KOMAKULA with self-employment income		46-06-4466
Part	Self-Employment Tax		
Note:	If your only income subject to self-employment tax is church employee income, see instructions for how	w to r	eport your income
and th	e definition of church employee income.		
Α	If you are a minister, member of a religious order, or Christian Science practitioner <b>and</b> you filed Form \$400 or more of <b>other</b> net earnings from self-employment, check here and continue with Part I		
	nes 1a and 1b if you use the farm optional method in Part II. See instructions.	1	1
1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b	( )
Skip li	ne 2 if you use the nonfarm optional method in Part II. See instructions.		
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	2	31,104.
3	Combine lines 1a, 1b, and 2	3	31,104.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 .	4a	28,725.
	<b>Note:</b> If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
С	Combine lines 4a and 4b. If less than \$400, <b>stop</b> ; you don't owe self-employment tax. <b>Exception:</b> If less than \$400 and you had <b>church employee income</b> , enter -0- and continue .	4c	28,725.
5a	Enter your church employee income from Form W-2. See instructions for definition of church employee income5a		
b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0	5b	0.
6	Add lines 4c and 5b	6	28,725.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2022	7	147,000
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$147,000 or more, skip lines 8b through 10, and go to line 11		
b	Unreported tips subject to social security tax from Form 4137, line 10 8b		
С	Wages subject to social security tax from Form 8919, line 10    8c		
d	Add lines 8a, 8b, and 8c	8d	140,206.
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	6,794.
10	Multiply the <b>smaller</b> of line 6 or line 9 by 12.4% (0.124)	10	842.
11	Multiply line 6 by 2.9% (0.029)	11	833.
12	Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4	12	1,675.
13	Deduction for one-half of self-employment tax.		
	Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040),         13         838.		
Part			
Farm	<b>Optional Method.</b> You may use this method <b>only</b> if <b>(a)</b> your gross farm income <sup>1</sup> wasn't more than D, <b>or (b)</b> your net farm profits <sup>2</sup> were less than \$6,540.		
14	Maximum income for optional methods	14	6,040
15	Enter the <b>smaller</b> of: two-thirds ( <sup>2</sup> / <sub>3</sub> ) of gross farm income <sup>1</sup> (not less than zero) <b>or</b> \$6,040. Also, include this amount on line 4b above	15	
and al	<b>Irm Optional Method.</b> You may use this method <b>only</b> if <b>(a)</b> your net nonfarm profits <sup>3</sup> were less than \$6,540 so less than 72.189% of your gross nonfarm income, <sup>4</sup> <b>and (b)</b> you had net earnings from self-employment east \$400 in 2 of the prior 3 years. <b>Caution:</b> You may use this method no more than five times.	-	
16	Subtract line 15 from line 14	16	
17	Enter the <b>smaller</b> of: two-thirds ( <sup>2</sup> / <sub>3</sub> ) of gross nonfarm income <sup>4</sup> (not less than zero) <b>or</b> the amount on line 16. Also, include this amount on line 4b above	17	
<sup>1</sup> From	Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.		ox 14, code A.

<sup>2</sup> From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A-minus the amount you would have entered on line 1b had you not used the optional method. REV 03/22/23 PRO

**SCHEDULE 8812** (Form 1040)

Department of the Treasury

• If zero or less, enter -0-.

11 12

13

14

### **Credits for Qualifying Children** and Other Dependents

OMB No. 1545-0074

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

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

2 Attachment Sequence No. 47

10

11

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Ο.

0.

500.

15,934.

500.

Internal	Internal Revenue Service Go to www.irs.gov/schedule8812 for instructions and the latest information.			S	equence No. 41
Name(s	) shown on return		Your s	ocial	security number
RAME	SH & SWAROO	DPA RANI KOMAKULA	146-	06-	4466
Par	rt I Child Ta	ax Credit and Credit for Other Dependents			
1	Enter the amound	nt from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	144,887.
2a	Enter income fr	om Puerto Rico that you excluded			
b	Enter the amound	nts from lines 45 and 50 of your Form 2555	0.		
c	Enter the amound	nt from line 15 of your Form 4563			
d	Add lines 2a thi	rough 2c		2d	0.
3	Add lines 1 and	2d	. [	3	144,887.
4	Number of qual	ifying children under age 17 with the required social security number 4	0		
5	Multiply line 4	by \$2,000		5	
6	Number of othe	er dependents, including any qualifying children who are not under age			
	17 or who do no	ot have the required social security number	1		
	Caution: Do no	t include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid	lent		
	alien. Also, do r	not include anyone you included on line 4.			
7	Multiply line 6	by \$500		7	500.
8	Add lines 5 and	7		8	500.
9	Enter the amound	nt shown below for your filing status.			
	<ul> <li>Married filing</li> </ul>	jointly—\$400,000			
	• All other filing	g statuses—\$200,000 ∫		9	400,000.
10	Subtract line 9 f	from line 3.			

• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.

Is the amount on line 8 more than the amount on line 11? . .

Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. **X** Yes. Subtract line 11 from line 8. Enter the result.

Enter the amount from the Credit Limit Worksheet A

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19. If the amount on line 12 is more than the amount on line 14, you may be able to take the additional child tax credit on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

. . . . .

**No. STOP.** You cannot take the child tax credit, credit for other dependents, or additional child tax credit.

Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents .

For Paperwork Reduction Act Notice, see your tax return instructions. Schedule 8812 (Form 1040) 2022 BAA REV 03/22/23 PRO

Schedu	le 8812 (Form 1040) 2022		Page <b>2</b>
Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lin	e 27	🔲
16a	Subtract line 14 from line 12. If zero, <b>stop here</b> ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a	0.
b 17 18a b 19	Number of qualifying children under 17 with the required social security number:       x \$1,500.         Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.       Enter -0- on line 27         Enter -0- on line 27       .       .         TIP: The number of children you use for this line is the same as the number of children you used for line 4.         Enter the smaller of line 16a or line 16b       .         Earned income (see instructions)       .         Is the amount on line 18a more than \$2,500?         No.         No.         Leave line 19 blank and enter -0- on line 20.	16b 17	
20	<ul> <li>❑ Yes. Subtract \$2,500 from the amount on line 18a. Enter the result</li></ul>	20	Puerto Pico
Part		S OT I	vuerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,         boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If         your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see         instructions.       21		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 .		
23	Add lines 21 and 22		
24	1040 and1040-SR filers:Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11.1040-NR filers:Enter the amount from Schedule 3 (Form 1040), line 11.24		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the <b>larger</b> of line 20 or line 25	26	
Part	II-C Additional Child Tax Credit		
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	
	BAA REV 03/22/23 PRO Sct	edule 8	812 (Form 1040) 2022

88 Form Department of the Treasury

## Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

Go to www.irs.gov/Form8889 for instructions and the latest information

	Attachment Sequence No. <b>52</b>				
curity number of HSA beneficiary.					
pouses hav	e HSAs, see instructions				
	1100				

20

Internal	Revenue Service	/111	S	equence No. <b>52</b>
	If		ave HSA	f HSA beneficiary. As, see instructions.
	ESH KOMAKULA re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance C			
Part	<b>HSA Contributions and Deduction.</b> See the instructions before completing the and both you and your spouse each have separate HSAs, complete a separate			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) due	ring 2022.		_
	See instructions	[	_ Sel	f-only 🛛 Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made unextended due date of your tax return that were for 2022. <b>Do not</b> include employer contributions through a cafeteria plan, or rollovers. See instructions	tributions,	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of <b>every</b> month during were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,650 (\$ family coverage). <b>All others</b> , see the instructions for the amount to enter	\$7,300 for	3	7,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Fe lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during a include any amount contributed to your spouse's Archer MSAs	2022, also	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	[	5	7,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and h coverage under an HDHP at any time during 2022, see the instructions for the amount to ent		6	7,300.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family under an HDHP at any time during 2022, enter your additional contribution amount. See inst		7	
8	Add lines 6 and 7		8	7,300.
9	Employer contributions made to your HSAs for 2022	7,300.		
10	Qualified HSA funding distributions		44	7 000
11	Add lines 9 and 10	-	11	7,300.
12 13	Subtract line 11 from line 8. If zero or less, enter -0	-	12 13	0.
15	<b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instruction		13	0.
Part	<b>II HSA Distributions.</b> If you are filing jointly and both you and your spouse each		rate F	ISAs, complete
	a separate Part II for each spouse.			
14a	Total distributions you received in 2022 from all HSAs (see instructions)		14a	4,486.
b	Distributions included on line 14a that you rolled over to another HSA. Also include ar contributions (and the earnings on those excess contributions) included on line 14a withdrawn by the due date of your return. See instructions	that were	14b	
с	Subtract line 14b from line 14a	-	14c	4,486.
15	Qualified medical expenses paid using HSA distributions (see instructions)	+	15	4,486.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, in amount in the total on Schedule 1 (Form 1040), Part I, line 8f	nclude this	16	0.
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additiona</b> <b>Tax</b> (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on lin are subject to the additional 20% tax. Also, include this amount in the total on Schedule 1040), Part II, line 17c	e 2 (Form	17b	
Part	completing this part. If you are filing jointly and both you and your spouse each complete a separate Part III for each spouse.	h have sepa		
18	Last-month rule		18	
19	Qualified HSA funding distribution		19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, I		20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedul 1040), Part II, line 17d		21	

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

## Schedule C (IT CONSULTING): Profit or Loss from Business

Ln 24b: 50% limit	Itemization Statement
Description	Amount
MEALS	4,800.
Total	4,800.

### Schedule C (IT CONSULTING): Profit or Loss from Business

Line 10	Itemization Statement		
Description	Amount		
SERVICE FEE	29.		
Total	29.		

#### Schedule C (IT CONSULTING): Profit or Loss from Business

Line 21

Description	Amount
Office Maintenance	1,844.
CAR REPAIR	1,250.
То	tal 3,094.

#### Schedule C (IT CONSULTING): Profit or Loss from Business

Line 25	l	temization Statement
Description		Amount
HOME UTILITIES		823.
PHONE BILLS		1,200.
INTERNET BILLS		950.
Gas Expenses		788.95
Eden Prairie Utility Bill - Water & Sewage		1,320.64
Minnesota Valley Electric - Electric		1,980.
	Total	7,063.

#### Itemization Statement

**Itemization Statement** 

## **Income Tax Return Payment**

#### **Pay by Check**

- Make your check payable to "Minnesota Revenue."
- Print the last four digits of your Social Security number in the memo line of your check.
- Mail your payment and the voucher below to the address on the voucher.

**Note:** Your payment may be delayed if your voucher information is missing or incorrect. When printing the voucher, set your printer to "Actual size" (not "Shrink oversized pages").

#### Scan Line

The scan line is the most important part of the voucher. When submitting your voucher make sure the scan line:

- Is printed with 66 digits characters, symbols, or masking are unacceptable.
- Is not cut off or missing.

#### **Pay Electronically**

- Pay electronically from your bank account. Go to **www.revenue.state.mn.us** and type **make a payment** into the Search box. Choose **Bank Account** from the menu. We do not charge for this service.
- Pay by credit card or debit card. Go to **www.revenue.state.mn.us** and type **make a payment** into the Search box. Choose **Credit or Debit Card** from the menu. A third party processes these payments and charges a fee for this service.
- Pay by ACH credit transfer through your financial institution. Go to **www.revenue.state.mn.us** and type **ACH Credit** into the Search box.

REV 03/25/23 PRO

Cut carefully along this line to detach. Your check authorizes us to make a one-time electronic fund transfer from your account.

1031



#### **Income Tax Return Payment**

RAMESH KOMAKULA SWAROOPA RANI KOMAKULA 15026 PLUMSTONE DR EDEN PRAIRIE MN 5534 Preparer Tax Identification Number:

KOMAKULA DR MN 55347	Social Security Number (required): Spouse's Social Security Number:	146064466 469519189
	Tax-Year End:	123122

Make check payable to: Minnesota Revenue

P.O. Box 64054, St. Paul, MN 55164-0054

Amount of Che

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



RAME SH Your First Name and Initial	KOMAKUI Last Name	A	146064466 Your Social Security Number	02081969 Your Date of Birth (MM/DD/YYYY)
SWAROOPA RANI If a Joint Return, Spouse's First Name ar	Monthead Initial Komakui Spouse's Last Na	<u>A</u>	469519189 Spouse's Social Security Number	01131973
15026 PLUMSTONE Current Home Address			Check if Address is:	New Foreign
EDEN PRAIRIE			MN State	<u>55347</u> ZIP Code
2022 Federal Filing Stat	us (place an X in one bo	():		
(1) Single (2) Married Fil Dependents (see instru	Spouse Name Spouse SSN		(4) Head of Household	d (5) Qualifying Widow(er)
AKHILA Dependent 1 First Name	KOMAKULA Dependent 1 Last Name			DAUGHTER Dependent 1 Relationship to You
Dependent 2 First Name	Dependent 2 Last Name	2	Dependent 2 SSN	Dependent 2 Relationship to You
Dependent 3 First Name	Dependent 3 Last Name	2	Dependent 3 SSN	Dependent 3 Relationship to You
Your Code Spouse's Code	for the party of your choice. It will help on <b>Political Party Code Numbers:</b> Republican11	andidates for state offices pay car Democratic/Farmer-Labor 12 Independence 13	npaign expenses. This will not incre Grassroots/Legalize Cannabis 1 Libertarian1	4 Legal Marijuana Now 17
From Your Federal Retu	I <b>rn</b> (see instructions)			
$\frac{114534}{\text{A. Wages, salaries, tips, etc.}}$	O B. IRA, pensions, and annuities	C. Unemployme	0 nt D. Fee	112273 deral taxable income
1 Federal adjusted gross	i <b>ncome</b> (from line 11 of federal Fo	orm 1040 and 1040-SR)		<b>1</b> ■ <u>144887</u>
<b>2</b> Additions to income fro	m line 10 of Schedule M1M and l	ne 9 of Schedule M1MB <i>(se</i>	e instructions)	2
<b>3</b> Add lines 1 and 2				<b>3</b> <u>144887</u>
4 Itemized deductions (fr	om Schedule M1SA) or your stand	lard deduction (see instruct	tions)	<b>4</b> <u>28915</u>

5	Exemptions (determine from instructions)	5	4450
6	State income tax refund from line 1 of federal Schedule 1	6 🔳	
7	Subtractions from line 32 of Schedule M1M and line 21 of Schedule M1MB (see instructions)	7 🔳	
8	Total subtractions. Add lines 4 through 7	8	33365
9	Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank.	9	111522
10	Tax from the table or schedules in the Form M1 instructions	10	6988



11	Alternative minimum tax (enclose Schedule M1MT)		.11 🔳	
				6988
12 13	Add lines 10 and 11		.12	
10	Part-year residents and nonresidents: From Schedule M1NR			
	line 13, from line 28 on line 13a, and from line 29 on line 13		13	6988
	0	<u>^</u>		
	13a 🖩 0_ 13b 🗖	0		
14	Other taxes, such as recapture amounts and the tax on lump	o-sum distributions (check appropriate boxes)		
	(a) Schedule M1HOME (b) Schedule M1529	(c) Schedule M1LS	14	
			17	
15	Tax before credits. Add lines 13 and 14		15	6988
16	Amount from line 19 of Schedule M1C, Nonrefundable Cred	its (enclose Schedule M1C)	16	
17	Subtract line 16 from line 15 (if result is zero or less, leave bl	(ank)	17	6988
18	Nongame Wildlife Fund contribution (see instructions)	(IIIK)		
	This will reduce your refund or increase the amount you ow	e	18	
				6000
19	Add lines 17 and 18		19	6988
20	Minnesota income tax withheld. Complete and enclose Sche Minnesota withholding from Forms W-2, 1099, and W-2G and		20	5087
	winnesota withiolding norn forms w-2, 1099, and w-20 and		20	
21	Minnesota estimated tax and extension payments made for	2022	21	
22	Amount from line 12 of Schedule M1REF, Refundable Credit	s (see instructions; enclose Schedule M1REF)	22	
22	Tatal records Add lines 20 through 22		22	5087
23 24	Total payments. Add lines 20 through 22		23	
	For direct deposit, complete line 25		24	
25	Direct deposit of your refund (you must use an account not			
	Checking Savings Routing Number	Account Number		
26	_		26	1922
26 27	AMOUNT YOU OWE. If line 19 is more than line 23, subtract Penalty amount from Schedule M15 (see instructions). Also		20	<u> </u>
	this amount from line 24 or add it to line 26 (enclose Schedu		27	21
IF Y	OU PAY ESTIMATED TAX and want part of your refund credite			
28	Amount from line 24 you want sent to you		28	
			20 -	
29 Tayn	Amount from line 24 you want applied to your 2023 estimat ayer(s): I declare that this return is correct and complete to th		29	
талр		ie best of my knowledge and benef.		
Veri	Signature	Spouse's Signature (If Filing Jointly)	Date (AAA	1/DD/YYYY)
		-	Date (IVIIV	1/00/1111)
	23806789 me Phone	RKOMAKULA@YAHOO.COM Email Address		
Paid I	Preparer's Signature	Date (MM/DD/YYYY)	PTIN or V	ITA/TCE # (required)
Data		Dranney's Freed Address		
Prepa	arer'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		
-	Include a copy of your 2022 federal return and schedules.	with the preparer or the third-party designee indic	ated on my federa	Il return.
L	Mail to: Minnesota Individual Income Tax, Mail Station 001 REV 03/25/23 PRO	<b>0, 600 N. Robert St., St. Paul, MN 55145-0010</b> 1031		



## 2022 Schedule M1SA, Minnesota Itemized Deductions

Medical and Dental Expenses         1       Medical and dental expenses (see instructions)         2       Adjusted gross income (see instructions)         2       144887	0
	0
2 Adjusted gross income (see instructions) 2144887	0
	0
<b>3</b> Multiply line 2 by $10\%$ (10) <b>3</b> 14489	0
<ul> <li>3 Multiply line 2 by 10% (.10)</li></ul>	
Taxes You Paid	
<b>5</b> Real estate taxes (see instructions) <b>5</b> ■6301	
6 Personal property taxes (see instructions) 6 ■	
7 Add lines 5 and 6 6301	
8 Enter the lesser of line 7 or \$10,000 (\$5,000 if Married Filing Separately) 8 ■6301	
9 Other taxes. List the type and amount	
10 Add lines 8 and 9	6301
Interest You Paid	
11       Home mortgage interest and points on federal Form 1098       11       22314	
12 Home mortgage interest and points not reported to you on Form 1098	
(see instructions) 12	
13   Investment interest expense	00014
14         Add lines 11 through 13         14	22314
Charitable Contributions	
<b>15</b> Charitable contributions by cash or check <i>(see instructions)</i> <b>15</b> 300	
16 Charitable contributions by other than cash or check (see instructions) 16	
17 Carryover of charitable contributions from a prior year 17	
<b>18</b> Add lines 15 through 17 <b>18</b>	300
Casualty and Theft Losses	
19 Casualty or theft loss (enclose Schedule M1CAT) 19	
Unreimbursed Employee Business Expenses	
20 Unreimbursed employee expenses (enclose Schedule M1UE) 20 ■	
21 Adjusted gross income (see instructions) 2121	
<b>22</b> Multiply line 21 by 2% (.02)	
22 Waltiply line 21 by 2/3 (.02)	0
Other Miscellaneous Deductions	
24 Other miscellaneous deductions (see instructions)	
List type and amount	
<b>25</b> Add lines 4, 10, 14, 18, 19, 23, and 24	28915
26 Complete the worksheet in the instructions if Line 1 of Form M1	
is more than \$206,050 (\$103,025 if your filing status is Married Filing Separately)	
27 Subtract line 26 from line 25. Enter the result here and on line 4 of Form M1	28915
Rev. 1/23 REV 03/25/23 PRO 1031	



## 2022 Schedule M1W, Minnesota Income Tax Withheld

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

RAMESH Your First Name and Initial	KOMAKULA Last Name	146064466 Your Social Security Number	
SWAROOPA RANI	KOMAKULA	469519189	
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	b1 ×	<b>c1 MN</b> 7158934	d1114534_	e15087_
	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 (fror	n line 5 on page 2)		
	Total Minnesota tax	withheld on all Fo	orms W-2 (add amounts in line 1, co	lumn E)	<b>1</b> ■5087
2	Minnocota tay with	hold on Forms 1000	), W-2G, and 1042-S. If you have mo	ro than four forms, complete line	6 on the back
2				C	
	A	1010 6 1	B		D
	If the Form 1099, W-2G	, or 1042-5 is for:	Payer's seven-digit Minnesota Tax ID	Income amount (see the table on	Minnesota tax withheld
	• you, enter 1		Number (if unknown, contact the pay	ver) the back for amounts to include)	(round to nearest whole dol
	<ul> <li>spouse, enter</li> </ul>				
	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	d 1042-S (from line 6 on page 2)		
	Total Minnesota tax	withheld on all 10	<b>199, W-2G, and 1042-S</b> (add amoun	ts in line 2, column D)	2
3			erships, S corporations, and fiducia		
	1 5	,			3
4	Total. Add the Minn				
	Enter the total here	and on line 20 of F	orm M1		<b>4</b> 5087
			Include this schedule wit		
			If required, include Schedu		
	DE: //		102	1	



# **2022 Schedule M15, Underpayment of Estimated Income Tax** For Individuals (Form M1)

RA	MESH KOM	AKULA		146064460	5		
Your First Name and Initial		Last Name		Social Security Number			
Rec	uired Annual Payment						
1	Minnesota income tax for <b>2022</b> (from line 17 of Form M1) 1				6988		
2	Minnesota withholding and credits for 2022 (add lines 20 and		5087				
3	Subtract line 2 from line 1. If less than \$500, STOP HERE; you		1901				
4	4 Multiply line 1 by 90% (.90). Farmers and commercial fishermen: Multiply line 1 by 66.7% (.667)						
5	Minnesota income tax for 2021 (from line 17 of Form M1). Se gross income was more than \$150,000 or if you did not file a	6112					
6	Required annual payment. Amount from line 4 or line 5, whi	6	6112				
	<ul> <li>If line 6 is less than or equal to line 2, STOP HERE; you do not owe an underpayment penalty.</li> <li>If line 6 is more than line 2, continue with line 7 or line 13, depending on which method you use.</li> </ul>						
-	ional Short Method (see instructions to determine which m				0		
	Quarterly estimated tax payments you made for 2022						
	Add line 2 and line 7			8	5087		
9	Total underpayment for the year. Subtract line 8 from line 6 ( <i>if result is zero or less</i> , <b>STOP HERE</b> ; you do not owe an under	navment penalty)			1025		
10	Multiply line 9 by 2% (.02)						
	<ul> <li>If the amount on line 9 will be paid on or after April 15, 20</li> </ul>			······································			
	• If the amount was paid before April 15, 2023, use the follo and enter the result on line 11:	,					
	Amount on line 9 Number of days paid before 4/15/23						
	.00. x x	008			0		
12	Penalty. Subtract line 11 from line 10. Enter result here and o	on line 27 of Form N	И1		21		
		А	В	С	D		
Reg	ular Method	April 18, 2022	June 15, 2022	Sept. 15, 2022	Jan. 17, 2023		
13	Enter 25% (.25) of line 6 in each column OR use the annualized income installment worksheet on the back of this form. If you use the worksheet or are a farmer or fisherman, see instructions	ł					
14	Credits. See instructions	۱ <u> </u>					
15	<b>Overpayment.</b> If line 14 is more than line 13, subtract line 13 from line 14. Enter the result here and add it to line 14 in the next column. Overpayments in any quarter following an underpayment must first be applied to making up previous underpayments	i					
16	Underpayment. If line 14 is less than line 13, subtract line 14 from line 13. Enter the result here and go to line 17 below						
17	Enter the date of payment or April 15, 2023, whichever is earlier ( <i>see instructions</i> ) 17	,					
18	Number of days between the payment due date and the date on line 17 18						
19	Divide line 18 by 365. The result is a decimal 19						
20	Multiply line 19 by 3% (.03). Enter as a decimal 20	)					
21	Multiply line 20 by line 16						
22	Penalty. Add columns A-D on line 21. Enter result here and o	n line 27 of Form N	11				
	You must include this schedule with your Form M1.	1031			_		