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 security number**
RANJITH KUMAR NAGAPURI	325-91-6929
Spouse's name	**Spouse's social security number**
SAHITHI MANTRI	889-03-5783

Part I **Tax Return Information — Tax Year Ending December 31,** 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income	1	125,283.
2	Total tax	2	10,596.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	13,783.
4	Amount you want refunded to you	4	3,187.
5	Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

☒ I authorize GLOBAL TAXES LLC (**ERO firm name**) to enter or generate my PIN 1 6 9 2 9 (**Enter five digits, but don't enter all zeros**) as my signature on the income tax return (original or amended) I am now authorizing.

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

Your signature ▶ Ranj Date ▶ 02/04/2022

Spouse's PIN: check one box only

☒ I authorize GLOBAL TAXES LLC (**ERO firm name**) to enter or generate my PIN 3 5 7 8 3 (**Enter five digits, but don't enter all zeros**) as my signature on the income tax return (original or amended) I am now authorizing.

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

Spouse's signature ▶ Sahithi Date ▶ 02/04/2022

Practitioner PIN Method Returns Only—continue below

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

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9

Don't enter all zeros

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

ERO's signature ▶ Date ▶

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

Form **1040** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return **2022** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.
☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial	Last name	Your social security number
RANJITH KUMAR	NAGAPURI	325-91-6929
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
SAHITHI	MANTRI	889-03-5783

Home address (number and street). If you have a P.O. box, see instructions.		Apt. no.
4810 S 118TH AVE		
City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
AVONDALE	AZ	85323
Foreign country name	Foreign province/state/county	Foreign postal code

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ **You** ☐ **Spouse**

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ **Yes** ☒ **No**

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

Age/Blindness **You:** ☐ Were born before January 2, 1958 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1958 ☐ Is blind

Dependents (see instructions):
If more than four dependents, see instructions and check here . . ☐

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Child tax credit	(4) Credit for other dependents
DHEV S	NAGAPURI	864-55-4938	Son	☒	☐
				☐	☐
				☐	☐
				☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

Attach Sch. B if required.

Standard Deduction for—
- 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 *Standard Deduction*, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)			1a	138,112.
b	Household employee wages not reported on Form(s) W-2			1b	
c	Tip income not reported on line 1a (see instructions)			1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)			1d	
e	Taxable dependent care benefits from Form 2441, line 26			1e	
f	Employer-provided adoption benefits from Form 8839, line 29			1f	
g	Wages from Form 8919, line 6			1g	
h	Other earned income (see instructions)			1h	0.
i	Nontaxable combat pay election (see instructions)	1i			
z	Add lines 1a through 1h			1z	138,112.
2a	Tax-exempt interest	2a		b Taxable interest 2b	
3a	Qualified dividends	3a	131.	b Ordinary dividends 3b	133.
4a	IRA distributions	4a		b Taxable amount 4b	
5a	Pensions and annuities	5a		b Taxable amount 5b	
6a	Social security benefits	6a		b Taxable amount 6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐				
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐			7	-1,962.
8	Other income from Schedule 1, line 10			8	-11,000.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**			9	125,283.
10	Adjustments to income from Schedule 1, line 26			10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**			11	125,283.
12	**Standard deduction or itemized deductions** (from Schedule A)			12	25,900.
13	Qualified business income deduction from Form 8995 or Form 8995-A			13	
14	Add lines 12 and 13			14	25,900.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**			15	99,383.

Tax and Credits

16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐			16	13,095.
17	Amount from Schedule 2, line 3			17	
18	Add lines 16 and 17			18	13,095.
19	Child tax credit or credit for other dependents from Schedule 8812			19	2,000.
20	Amount from Schedule 3, line 8			20	499.
21	Add lines 19 and 20			21	2,499.
22	Subtract line 21 from line 18. If zero or less, enter -0-			22	10,596.
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	10,596.

Payments

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

25	Federal income tax withheld from:				
a	Form(s) W-2	25a	13,783.		
b	Form(s) 1099	25b			
c	Other forms (see instructions)	25c			
d	Add lines 25a through 25c			25d	13,783.
26	2022 estimated tax payments and amount applied from 2021 return			26	
27	Earned income credit (EIC)	27			
28	Additional child tax credit from Schedule 8812	28			
29	American opportunity credit from Form 8863, line 8	29			
30	Reserved for future use	30			
31	Amount from Schedule 3, line 15	31			
32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**			32	
33	Add lines 25d, 26, and 32. These are your **total payments**			33	13,783.

Refund

Direct deposit? See instructions.

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**			34	3,187.
35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐			35a	3,187.
b	Routing number 0 2 1 2 0 0 3 3 9 — c Type: ☒ Checking ☐ Savings				
d	Account number 3 8 1 0 3 7 9 3 7 7 9 7				
36	Amount of line 34 you want **applied to your 2023 estimated tax**	36			

Amount You Owe

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

Third Party Designee

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

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

Sign Here

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

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		SOFTWARE ENGINEER	

Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
		TEACHER	

Phone no. (848)214-0687 Email address RANN.KUM@GMAIL.COM

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	02/04/2023	P02082703	☐ Self-employed

Firm's name GLOBAL TAXES LLC — Phone no. (678)965-9522

Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 — Firm's EIN 88-2145487

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. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
RANJITH KUMAR NAGAPURI & SAHITHI MANTRI	325-91-6929

Part 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. Attach Schedule E			5	-11,000.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
a	Net operating loss	8a	( )		
b	Gambling	8b			
c	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	( )		
e	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			
l	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	8l			
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
o	Section 951A(a) inclusion (see instructions)	8o			
p	Section 461(l) 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-SR, or 1040-NR, line 8			10	-11,000.

Part II Adjustments to Income

11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
c	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:				
a	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			
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d			
e	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**. Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a			26	

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
RANJITH KUMAR NAGAPURI & SAHITHI MANTRI	325-91-6929

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441			2	
3	Education credits from Form 8863, line 19			3	499.
4	Retirement savings contributions credit. Attach Form 8880			4	
5	Residential energy credits. Attach Form 5695			5	
6	Other nonrefundable credits:				
a	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
c	Adoption credit. Attach Form 8839	6c			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
e	Alternative motor vehicle credit. Attach Form 8910	6e			
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f			
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
l	Amount on Form 8978, line 14. See instructions	6l			
z	Other nonrefundable credits. List type and amount:	6z			
7	Total other nonrefundable credits. Add lines 6a through 6z			7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20			8	499.

(continued on page 2)

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962			9	
10	Amount paid with request for extension to file (see instructions)			10	
11	Excess social security and tier 1 RRTA tax withheld			11	
12	Credit for federal tax on fuels. Attach Form 4136			12	
13	Other payments or refundable credits:				
a	Form 2439	13a			
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b			
c	Reserved for future use	13c			
d	Credit for repayment of amounts included in income from earlier years	13d			
e	Reserved for future use	13e			
f	Deferred amount of net 965 tax liability (see instructions)	13f			
g	Reserved for future use	13g			
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h			
z	Other payments or refundable credits. List type and amount:	13z			
14	Total other payments or refundable credits. Add lines 13a through 13z			14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31			15	

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/ScheduleD* for instructions and the latest information.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074
2022
Attachment Sequence No. **12**

Name(s) shown on return: RANJITH KUMAR NAGAPURI & SAHITHI MANTRI
Your social security number: 325-91-6929

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ **Yes** ☒ **No**
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked	1,367.	3,062.		-1,695.
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked				

4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** in the instructions	6	( )
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back	7	-1,695.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked	1,270.	1,537.		-267.
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked				
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked				

11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	12	
13 Capital gain distributions. See the instructions	13	
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions	14	( )
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back	15	-267.

Part III **Summary**

16 Combine lines 7 and 15 and enter the result . . . . 16 -1,962.

• If line 16 is a **gain**, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.

• If line 16 is a **loss**, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.

• If line 16 is **zero**, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.

17 Are lines 15 and 16 **both** gains?

☐ **Yes.** Go to line 18.

☐ **No.** Skip lines 18 through 21, and go to line 22.

18 If you are required to complete the **28% Rate Gain Worksheet** (see instructions), enter the amount, if any, from line 7 of that worksheet 18

19 If you are required to complete the **Unrecaptured Section 1250 Gain Worksheet** (see instructions), enter the amount, if any, from line 18 of that worksheet 19

20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?

☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16. **Don't** complete lines 21 and 22 below.

☐ **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the **smaller** of:

• The loss on line 16; or
• ($3,000), or if married filing separately, ($1,500) 21 (1,962.)

Note: When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?

☒ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16.

☐ **No.** Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

Go to *www.irs.gov/Form8949* for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2022

Attachment Sequence No. **12A**

Name(s) shown on return	Social security number or taxpayer identification number
RANJITH KUMAR NAGAPURI & SAHITHI MANTRI	325-91-6929

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, *or* C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☒ **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ **(B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☐ **(C)** Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the **Note** below and see *Column (e)* in the separate instructions.	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). **See the separate instructions.** (f) Code(s) from instructions	(g) Amount of adjustment	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
Robinhood Securities LLC	01/01/22	12/12/22	1,367.	3,062.			-1,695.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked)			1,367.	3,062.			-1,695.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side	**Social security number or taxpayer identification number**
RANJITH KUMAR NAGAPURI & SAHITHI MANTRI	325-91-6929

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II **Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- [x] **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- [ ] **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- [ ] **(F)** Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the **Note** below and see *Column (e)* in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). **See the separate instructions.** (f) Code(s) from instructions	(g) Amount of adjustment	(h) **Gain or (loss)** Subtract column (e) from column (d) and combine the result with column (g).
Robinhood Securities LLC	01/01/21	12/12/22	1,270.	1,537.			-267.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked)			1,270.	1,537.			-267.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0074
2022
Attachment Sequence No. **13**

Name(s) shown on return: RANJITH KUMAR NAGAPURI & SAHITHI MANTRI

Your social security number: 325-91-6929

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

A Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . . . . . ☐ **Yes** ☒ **No**

B If "Yes," did you or will you file required Form(s) 1099? . . . . ☐ **Yes** ☐ **No**

1a Physical address of each property (street, city, state, ZIP code)

A	PRAKASH NAGAR,BEGUMPET HYDERABAD TELANGANA IN 500016
B	
C	

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

Type of Property:

1 Single Family Residence
2 Multi-Family Residence
3 Vacation/Short-Term Rental
4 Commercial
5 Land
6 Royalties
7 Self-Rental
8 Other (describe)

			Properties: A	**B**	**C**
Income:					
3	Rents received	3	600.		
4	Royalties received	4			
Expenses:					
5	Advertising	5			
6	Auto and travel (see instructions)	6			
7	Cleaning and maintenance	7	1,500.		
8	Commissions	8			
9	Insurance	9			
10	Legal and other professional fees	10			
11	Management fees	11	1,200.		
12	Mortgage interest paid to banks, etc. (see instructions)	12			
13	Other interest	13			
14	Repairs	14	3,000.		
15	Supplies	15	2,600.		
16	Taxes	16			
17	Utilities	17	3,300.		
18	Depreciation expense or depletion	18			
19	Other (list)	19			
20	Total expenses. Add lines 5 through 19	20	11,600.		
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	-11,000.		
22	Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions)	22	(11,000.)	( )	( )

23a	Total of all amounts reported on line 3 for all rental properties	23a	600.
b	Total of all amounts reported on line 4 for all royalty properties	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	11,600.
24	**Income.** Add positive amounts shown on line 21. **Do not** include any losses	24	
25	**Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(11,000.)
26	**Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26	-11,000.

SCHEDULE 8812 (Form 1040)

Department of the Treasury
Internal Revenue Service

Credits for Qualifying Children and Other Dependents

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

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

OMB No. 1545-0074

2022

Attachment Sequence No. **47**

Name(s) shown on return	Your social security number
RANJITH KUMAR NAGAPURI & SAHITHI MANTRI	325-91-6929

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR			1	125,283.
2a	Enter income from Puerto Rico that you excluded	2a			
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.		
c	Enter the amount from line 15 of your Form 4563	2c			
d	Add lines 2a through 2c			2d	0.
3	Add lines 1 and 2d			3	125,283.
4	Number of qualifying children under age 17 with the required social security number	4	1		
5	Multiply line 4 by $2,000			5	2,000.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	0		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by $500			7	
8	Add lines 5 and 7			8	2,000.
9	Enter the amount shown below for your filing status. • Married filing jointly—$400,000 • All other filing statuses—$200,000			9	400,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • 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.			10	0.
11	Multiply line 10 by 5% (0.05)			11	0.
12	Is the amount on line 8 more than the amount on line 11?			12	2,000.
	☐ **No. STOP.** You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.				
	☒ **Yes.** Subtract line 11 from line 8. Enter the result.				
13	Enter the amount from the **Credit Limit Worksheet A**			13	12,596.
14	Enter the smaller of line 12 or 13. **This is your child tax credit and credit for other dependents** **Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.**			14	2,000.

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.

Part II-A Additional Child Tax Credit for All Filers

Caution: 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 line 27 ☐		
16a	Subtract line 14 from line 12. If zero, **stop here**; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a	0.
b	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	16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the **smaller** of line 16a or line 16b	17	
18a	Earned income (see instructions) — 18a		
b	Nontaxable combat pay (see instructions) — 18b		
19	Is the amount on line 18a more than $2,500? ☐ **No.** Leave line 19 blank and enter -0- on line 20. ☐ **Yes.** Subtract $2,500 from the amount on line 18a. Enter the result — 19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result	20	
	Next. On line 16b, is the amount $4,500 or more? ☐ **No.** If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the **smaller** of line 17 or line 20 on line 27. ☐ **Yes.** If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.		

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto 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 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 — 22		
23	Add lines 21 and 22 — 23		
24	**1040 and 1040-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 **larger** of line 20 or line 25	26	
	Next, enter the **smaller** of line 17 or line 26 on line 27.		

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	

Form **8863**

Department of the Treasury
Internal Revenue Service

Education Credits
(American Opportunity and Lifetime Learning Credits)

Attach to Form 1040 or 1040-SR.
Go to *www.irs.gov/Form8863* for instructions and the latest information.

OMB No. 1545-0074
2022
Attachment Sequence No. **50**

Name(s) shown on return: RANJITH KUMAR NAGAPURI & SAHITHI MANTRI

Your social security number: 325-91-6929

CAUTION *Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.*

Part I Refundable American Opportunity Credit

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30			1	
2	Enter: $180,000 if married filing jointly; $90,000 if single, head of household, or qualifying surviving spouse	2			
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	3			
4	Subtract line 3 from line 2. If zero or less, **stop**; you can't take any education credit	4			
5	Enter: $20,000 if married filing jointly; $10,000 if single, head of household, or qualifying surviving spouse	5			
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)			6	
7	Multiply line 1 by line 6. **Caution:** If you were under age 24 at the end of the year **and** meet the conditions described in the instructions, you **can't** take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box ☐			7	
8	**Refundable American opportunity credit.** Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below			8	

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)			9	
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19			10	2,496.
11	Enter the smaller of line 10 or $10,000			11	2,496.
12	Multiply line 11 by 20% (0.20)			12	499.
13	Enter: $180,000 if married filing jointly; $90,000 if single, head of household, or qualifying surviving spouse	13	180,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	14	125,283.		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	54,717.		
16	Enter: $20,000 if married filing jointly; $10,000 if single, head of household, or qualifying surviving spouse	16	20,000.		
17	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)			17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions)			18	499.
19	**Nonrefundable education credits.** Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3			19	499.

Name(s) shown on return: RANJITH KUMAR NAGAPURI & SAHITHI MANTRI

Your social security number: 325-91-6929

CAUTION ***Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.***

Part III Student and Educational Institution Information. See instructions.

20 Student name (as shown on page 1 of your tax return)
SAHITHI MANTRI

21 Student social security number (as shown on page 1 of your tax return)
889-03-5783

22 Educational institution information (see instructions)

a. Name of first educational institution	b. Name of second educational institution (if any)
American College of Education	
(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 101 West Ohio Street Suite 1200 INDIANAPOLIS IN 46204	**(1)** Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
(2) Did the student receive Form 1098-T from this institution for 2022? ☒ Yes ☐ No	**(2)** Did the student receive Form 1098-T from this institution for 2022? ☐ Yes ☐ No
(3) Did the student receive Form 1098-T from this institution for 2021 with box 7 checked? ☐ Yes ☒ No	**(3)** Did the student receive Form 1098-T from this institution for 2021 with box 7 checked? ☐ Yes ☐ No
(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (**2**) or (**3**). You can get the EIN from Form 1098-T or from the institution. 20-3020572	**(4)** Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (**2**) or (**3**). You can get the EIN from Form 1098-T or from the institution.

23 Has the American opportunity credit been claimed for this student for any 4 prior tax years?
☐ Yes — **Stop!** Go to line 31 for this student. ☒ No — Go to line 24.

24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2022 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.
☒ Yes — Go to line 25. ☐ No — **Stop!** Go to line 31 for this student.

25 Did the student complete the first 4 years of postsecondary education before 2022? See instructions.
☒ Yes — **Stop!** Go to line 31 for this student. ☐ No — Go to line 26.

26 Was the student convicted, before the end of 2022, of a felony for possession or distribution of a controlled substance?
☐ Yes — **Stop!** Go to line 31 for this student. ☐ No — Complete lines 27 through 30 for this student.

CAUTION *You **can't** take the American opportunity credit and the lifetime learning credit for the **same student** in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.*

American Opportunity Credit

27	Adjusted qualified education expenses (see instructions). **Don't enter more than $4,000**	27	
28	Subtract $2,000 from line 27. If zero or less, enter -0-	28	
29	Multiply line 28 by 25% (0.25)	29	
30	If line 28 is zero, enter the amount from line 27. Otherwise, add $2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	30	

Lifetime Learning Credit

31	Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	2,496.

Form **4952**

Department of the Treasury
Internal Revenue Service

Investment Interest Expense Deduction

Go to *www.irs.gov/Form4952* for the latest information.

Attach to your tax return.

OMB No. 1545-0191

2022

Attachment Sequence No. **51**

Name(s) shown on return	Identifying number
RANJITH KUMAR NAGAPURI & SAHITHI MANTRI	325-91-6929

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2022 (see instructions)	1	697.
2	Disallowed investment interest expense from 2021 Form 4952, line 7	2	
3	**Total investment interest expense.** Add lines 1 and 2	3	697.

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	133.		
b	Qualified dividends included on line 4a	4b	131.		
c	Subtract line 4b from line 4a			4c	2.
d	Net gain from the disposition of property held for investment	4d			
e	Enter the **smaller** of line 4d or your net capital gain from the disposition of property held for investment. See instructions	4e			
f	Subtract line 4e from line 4d			4f	0.
g	Enter the amount from lines 4b and 4e that you elect to include in investment income. See instructions			4g	
h	Investment income. Add lines 4c, 4f, and 4g			4h	2.
5	Investment expenses (see instructions)			5	
6	**Net investment income.** Subtract line 5 from line 4h. If zero or less, enter -0-			6	2.

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2023. Subtract line 6 from line 3. If zero or less, enter -0-	7	695.
8	**Investment interest expense deduction.** Enter the **smaller** of line 3 or line 6. See instructions	8	2.

Form **8867**

(Rev. November 2022)

Department of the Treasury
Internal Revenue Service

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
Go to *www.irs.gov/Form8867* for instructions and the latest information.

OMB No. 1545-0074

For tax year 20 ____

Attachment Sequence No. **70**

Taxpayer name(s) shown on return	Taxpayer identification number
RANJITH KUMAR NAGAPURI & SAHITHI MANTRI	325-91-6929
Preparer's name	**Preparer tax identification number**
SYAM PRIYA RAM SAGAR GUPTA TALLAM	P02082703

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I–V for the benefit(s) claimed (check all that apply). ☐ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☐ HOH

		Yes	No	N/A
1	Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.)	☒	☐	
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	☒	☐	☐
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	☒	☐	
4	Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "**Yes**," answer questions 4a and 4b. If "**No**," go to question 5.)	☐	☒	
a	Did you make reasonable inquiries to determine the correct, complete, and consistent information?	☐	☐	
b	Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	☐	☐	
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	☒	☐	
	List those documents provided by the taxpayer, if any, that you relied on:			
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	☒	☐	
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?	☒	☐	☐
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)			
a	Did you complete the required recertification Form 8862?	☐	☐	☐
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	☐	☐	☐

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

		Yes	No	N/A
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? **(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)**	☐	☐	
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	☐	☐	
c	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	☐	☐	☐

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

		Yes	No	N/A
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	☒	☐	
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	☒	☐	☐
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	☒	☐	☐

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

		Yes	No
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	☐	☐

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

		Yes	No
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	☐	☐

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);

B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;

C. Submit Form 8867 in the manner required; **and**

D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.

1. A copy of this Form 8867.
2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

		Yes	No
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	☒	☐

Form **1098** | **Mortgage Interest Statement** | **2022**

► Not a required statement - Use for import purposes
►Data will not transfer year to year if imported in prior year
► Keep for your records

Name(s) Shown on Return	Your Social Security No.
RANJITH KUMAR NAGAPURI & SAHITHI MANTRI	325-91-6929

Ownership

Owned by (check one):
[X] Taxpayer [ ] Spouse [ ] Joint

Statement Information

RECIPIENT'S/LENDER'S Name
PENNYMAC LOAN SERVICES, LLC

Street address
P O BOX 514387

City: LOS ANGELES State: CA ZIP code: 90051-4387

Telephone number

RECIPIENT'S federal identification number: 26-2049351

PAYER'S social security number: 325-91-6929

PAYER'S/BORROWER'S name
RANJITH KUMAR NAGAPURI

Street address
4810 S 118TH AVE

City: AVONDALE State: AZ ZIP code: 85323

7 The address above is the same as the address of the property securing the mortgage . . . . [X]
(If not, enter the property address in box 8)

1 Mortgage interest received from payer(s): 6,927.

2 Outstanding mortgage principal: 368,802.00

3 Mortgage origination date: 04/19/2022

4 Refund of overpaid interest:

5 Mortgage insurance premiums: 540.88

6 Points paid on purchase of principal residence:

8 Address of the property securing this mortgage (if different than your mailing address shown)
Street address: 4810 S 118TH AVE
City: AVONDALE, State: AZ ZIP code: 85323

9 If the property securing the mortgage has no address, provide a description of the property below
1

Account number

10 Property tax: 862.

11 Mortgage Acquisition Date:

Mortgage Use

Note: For an office in home deduction, manually enter Form 1098 expenses on Form 8829.

1 Mortgage was used to finance (check one):

a [X] Main home **b** [ ] Second home **c** [ ] Business activity
d [ ] Rental activity **e** [ ] Farm activity **f** [ ] Farm rental activity
g [ ] Royalty activity **h** [ ] Other

2 If mortgage used to finance a business, farm, rental activity, royalty activity, or farm rental, **double-click** to link to the activity . . . . .

a Schedule C, Business . . . . .
b Schedule F, Farm . . . . .
c Schedule E, Rental or Royalty . . . . .
d Form 4835, Farm Rental . . . . .

Rental of Owner-Occupied or Vacation Home

1 If mortgage was used to finance a rental activity, was the rental an owner-occupied or a vacation home? . . . . . [ ] Yes [ ] No [X] NA

2 If yes, complete lines 2a and 2b:

a Mortgage interest qualifying for main or second home treatment . . . . .
b Mortgage interest **not** qualifying for main or second home treatment . . . . .

Mortgage Insurance Premiums Information

1 Did the home loan close after December 31, 2006? . . . . . [X] Yes [ ] No

Form **1098** **Mortgage Interest Statement** **2022**

► Not a required statement - Use for import purposes
►Data will not transfer year to year if imported in prior year
► Keep for your records

Name(s) Shown on Return	Your Social Security No.
RANJITH KUMAR NAGAPURI & SAHITHI MANTRI	325-91-6929

Ownership

Owned by (check one):
[X] Taxpayer [ ] Spouse [ ] Joint

Statement Information

RECIPIENT'S/LENDER'S Name
FIRSTBANK MORTGAGE PARTNERS

Street address
PO BOX 77404

City	State	ZIP code
EWING	NJ	08628

Telephone number

RECIPIENT'S federal identification number
21-0534340

PAYER'S social security number
325-91-6929

PAYER'S/BORROWER'S name
RANJITH KUMAR NAGAPURI

Street address
4810 S 118TH AVE

City	State	ZIP code
AVONDALE	AZ	85323

7 The address above is the same as the address of the property securing the mortgage . . . . [ ]
(If not, enter the property address in box 8)

1 Mortgage interest received from payer(s): 399.

2 Outstanding mortgage principal: 368,802.00

3 Mortgage origination date: 04/19/2022

4 Refund of overpaid interest

5 Mortgage insurance premiums

6 Points paid on purchase of principal residence: 1,353.

8 Address of the property securing this mortgage (if different than your mailing address shown)

Street address
4810 S 118TH AVE

City	State	ZIP code
AVONDALE	AZ	85232

9 If the property securing the mortgage has no address, provide a description of the property below
01

Account number

10 Property tax

11 Mortgage Acquisition Date: 04/26/22

Mortgage Use

Note: For an office in home deduction, manually enter Form 1098 expenses on Form 8829.

1 Mortgage was used to finance (check one):
- **a** [X] Main home
- **b** [ ] Second home
- **c** [ ] Business activity
- **d** [ ] Rental activity
- **e** [ ] Farm activity
- **f** [ ] Farm rental activity
- **g** [ ] Royalty activity
- **h** [ ] Other

2 If mortgage used to finance a business, farm, rental activity, royalty activity, or farm rental, **double-click** to link to the activity . . . .
- **a** Schedule C, Business . . . .
- **b** Schedule F, Farm . . . .
- **c** Schedule E, Rental or Royalty . . . .
- **d** Form 4835, Farm Rental . . . .

Rental of Owner-Occupied or Vacation Home

1 If mortgage was used to finance a rental activity, was the rental an owner-occupied or a vacation home? . . . . [ ] Yes [ ] No [X] NA

2 If yes, complete lines 2a and 2b:
- **a** Mortgage interest qualifying for main or second home treatment . . . .
- **b** Mortgage interest **not** qualifying for main or second home treatment . . . .

Mortgage Insurance Premiums Information

1 Did the home loan close after December 31, 2006? . . . . [ ] Yes [ ] No

Arizona Form
AZ-8879

E-file Signature Authorization (Arizona Forms 140, 140A, 140EZ, 140NR and 140PY)

2022

Do not mail this form to the Arizona Department of Revenue. ***The ERO must retain this document a minimum of four years.***

Your First Name and Initial	Last Name	Enter your SSN(s).	Your Social Security Number*
RANJITH KUMAR	NAGAPURI		325 91 6929
Your Spouse's First Name and Initial (if filed joint)	Last Name		Spouse's Social Security No.*
SAHITHI	MANTRI		889 03 5783

*Do Not Truncate

PART 1 – PURPOSE ***(If you are e-filing a Small Business Income Tax Return, also complete Form AZ-8879 SBI)***

- To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.
- To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

PART 2 – TAX RETURN INFORMATION

1 Arizona Adjusted Gross Income	125,283 00	
2 Balance Of Tax	2,215 00	
3 Arizona Income Tax Withheld	5,447 00	

Check box 4 or box 5:

4 ☒ **REFUND:** *Enter the amount of refund*	3,232 00
5 ☐ **AMOUNT YOU OWE:** *Enter the amount owed*	00

PART 3 – FINANCIAL INSTITUTION INFORMATION

Must be present when requesting direct debit or deposit.

☐ Foreign Account Deposit/Debit: See instructions below.

TYPE OF ACCOUNT: ☒ Checking ☐ Savings

ROUTING NUMBER: 0 2 1 2 0 0 3 3 9

ACCOUNT NUMBER: 3 8 1 0 3 7 9 3 7 7 9 7

DIRECT DEBIT REQUEST DATE:

DIRECT DEBIT PAYMENT AMOUNT: $ .00

Box 4 Checkbox – Refund: You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

Box 5 Checkbox – Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your account. If you are due a refund, we will send you a check instead. If you owe tax, ***you must mail a check to the Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.***

PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION ***(Sign only after completing Part 2)***

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2022, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

6a ☒ I consent that my refund be directly deposited as designated in the electronic portion of my 2022 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

6b ☐ I do not want direct deposit of my refund or I am not receiving a refund.

6c ☐ I authorize the Arizona Department of Revenue (ADOR) 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 Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of my tax liability by April 18, 2023, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, my state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.

I authorize GLOBAL TAXES LLC
(ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2022. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return, I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

PLEASE SIGN HERE

➔ YOUR PEN AND INK SIGNATURE DATE

➔ SPOUSE'S PEN AND INK SIGNATURE DATE

DO NOT STAPLE ANY ITEMS TO THE RETURN.

Place any required federal and AZ schedules or other documents after Form 140.

Arizona Form 140 — Resident Personal Income Tax Return

FOR CALENDAR YEAR **2022**

82F ☐ Check box 82F if filing under extension   OR FISCAL YEAR BEGINNING 2022 AND ENDING . 66F

	Your First Name and Middle Initial	Last Name	Your Social Security Number
1	RANJITH KUMAR	NAGAPURI	325 91 6929
	Spouse's First Name and Middle Initial (if box 4 or 6 checked)	Last Name	Spouse's Social Security No.
1	SAHITHI	MANTRI	889 03 5783

Enter your SSN(s).

	Current Home Address - number and street, rural route	Apt. No.	Daytime Phone (with area code)
2	4810 S 118TH AVE		94 (848)214-0687

	City, Town or Post Office	State	ZIP Code	Last Names Used in Last Four Prior Year(s) (if different)
3	AVONDALE	AZ	85323	97

FILING STATUS

- 4 ☒ Married filing joint return   4a ☐ Injured Spouse Protection of Joint Overpayment
- 5 ☐ Head of household. Enter name of qualifying child or dependent on next line:
- 6 ☐ Married filing separate return. Enter spouse's name and Social Security Number above.
- 7 ☐ Single

REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88

81 PM   80 RCVD

Exemptions 8, 9, and 11a - Dependents 10a and 10b

Enter the number claimed. Do not put a check mark.

- 8 ☐ Age 65 or over (you and/or spouse)
- 9 ☐ Blind (you and/or spouse)
- 10a 1 Dependents: Under age of 17.   10b ☐ Dependents: Age 17 and over.
- 11a ☐ Qualifying parents and grandparents

If completing lines 8, 9, and 11a, also complete lines 38, 39, and 41. For lines 10a and 10b, also complete line 49.

(**Box 10a and 10b**): Dependent Information. See instructions. **For more space, check the box ☐ and complete page 4, Part 1.**

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)		(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2022	(e) ✓ Dependent Age included in: 1 (Box 10a)	2 (Box 10b)	(f) ✓ if you did not claim this person on your federal return due to educational credits
10c	DHEV S	NAGAPURI	864-55-4938	Son	12	☒	☐	☐
10d						☐	☐	☐
10e						☐	☐	☐

(**Box 11a**): Qualifying parents and grandparents. See instructions. **For more space, check the box ☐ and complete page 4, Part 2.**

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)		(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2022	(e) ✓ IF AGE 65 OR OVER	(f) ✓ IF DIED IN 2022
11b						☐	☐
11c						☐	☐

Additions

12	**Federal adjusted gross income (from your federal return)**	12	125,283 00
13	Small Business Income: 13S ☐ check the box if you are filing Arizona Form 140-SBI and enter the amount from Form 140-SBI, line 10	13	00
14	Modified federal adjusted gross income. Subtract line 13 from line 12	14	125,283 00
15	Non-Arizona municipal interest	15	00
16	Partnership Income adjustment. See instructions	16	00
17	Total federal depreciation	17	00
18	Other Additions to Income: Complete *Other Additions to Arizona Gross Income* schedule on page 5	18	00
19	**Subtotal:** Add lines 14 through 18 and enter the total	19	125,283 00

Subtractions

20	Total net capital gain or (loss). See instructions	20	-1,962 00		
21	Total net short-term capital gain or (loss). See instructions	21	-1,695 00		
22	Total net long-term capital gain or (loss). See instructions	22	-267 00		
23	Net long-term capital gain from assets acquired *after* December 31, 2011. See instructions.	23	0 00		
24	Multiply line 23 by 25% (.25) and enter the result			24	0 00
25	Net capital gain - qualified small business			25	00
26	Recalculated Arizona depreciation			26	00
27	Partnership Income adjustment			27	00
28	Interest on U.S. obligations			28	00
29a	Exclusion for fed., AZ state or local govt. pensions			29a	00
29b	Exclusion for retired/retainer pay uniform services			29b	00
30	U.S. Social Security or Railroad Retirement Act			30	00
31	Certain wages of American Indians			31	00
32	Pay received for being an active service member			32	00
33	Net operating loss adjustment			33	00
34	Contributions: 34a 529 plans 00; 34b 529A (ABLE) 00; add 34a and 34b			34c	00

This box may be blank or may contain a printed barcode of data from your return.

Your Name (as shown on page 1)	Your Social Security Number
RANJITH KUMAR NAGAPURI & SAHITHI MANTRI	325-91-6929

	35	Subtract lines 24 through 34c from line 19	35	125,283 00
	36	Other Subtractions from Income. Complete *Other Subtraction from Arizona Gross Income* schedule on page 6	36	00
Exemptions	37	Subtract line 36 from line 35. Enter the difference	37	125,283 00
	38	Age 65 or over: Multiply the number in box 8 by $2,100	38	00
	39	Blind: Multiply the number in box 9 by $1,500	39	00
	40	Other Exemptions. See instructions 40E ☐ Multiply the number in box 40E by $2,300	40	00
	41	Qualifying parents and grandparents: Multiply the number in box 11a by $10,000	41	00
	42	**Arizona adjusted gross income:** Subtract lines 38 through 41 from line 37. If less than zero, enter "0"	42	125,283 00
Balance of Tax	43	**Deductions:** ***Check box and enter amount.*** See instructions 43I ☐ **ITEMIZED** 43S ☒ **STANDARD**	43	25,900 00
	44	If you checked box 43S and claim charitable contributions, check 44C ☐ **Complete page 3.** See instructions	44	00
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"	45	99,383 00
	46	Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables	46	2,715 00
	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 32	47	00
	48	Subtotal of tax: Add lines 46 and 47. Enter the total	48	2,715 00
	49	Dependent Tax Credit. See instructions	49	100 00
	50	Family income tax credit (from the worksheet - see instructions)	50	00
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 64	51	400 00
	52	**Balance of tax:** Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than line 48, enter "0"	52	2,215 00
Total Payments and Refundable Credits	53	2022 AZ income tax withheld	53	5,447 00
	54	2022 AZ estimated tax payments 54a ____ 00 Claim of Right 54b ____ 00 Add 54a and 54b	54c	00
	55	2022 AZ extension payment (Form 204)	55	00
	56	Increased Excise Tax Credit (from the worksheet - see instructions)	56	00
	57	Property Tax Credit from Arizona Form 140PTC	57	00
	58	Other refundable credits: Check the box(es) and enter the total amount 581 ☐ 308-I 582 ☐ 349	58	00
	59	**Total payments and refundable credits:** Add lines 53 through 58. Enter the total	59	5,447 00
Tax Due or Overpayment	60	**TAX DUE:** If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines 61, 62 and 63	60	00
	61	**OVERPAYMENT:** If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment	61	3,232 00
	62	Amount of line 61 to be applied to 2023 estimated tax	62	00
	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference	63	3,232 00

Voluntary Gifts — 64 - 74 Voluntary Gifts to:

		Solutions Teams Assigned to Schools 64	00	Arizona Wildlife 65	00
Child Abuse Prevention 66	00	Domestic Violence Services 67	00	Political Gift 68	00
Neighbors Helping Neighbors 69	00	Special Olympics 70	00	Veterans' Donations Fund 71	00
I Didn't Pay Enough Fund 72	00	Sustainable State Parks and Road Fund 73	00	Spay/Neuter of Animals 74	00

75 Political Party (if amount is entered on line 68 - check only one): 751 ☐ Democratic 752 ☐ Libertarian 753 ☐ Republican

Penalty	76	Estimated payment penalty	76	00
	77	771 ☐ Annualized/Other 772 ☐ Farmer or Fisherman 773 ☐ Form 221 included		
	78	Add lines 64 through 74 and 76; enter the total	78	00
Refund or Amount Owed	79	**REFUND:** Subtract line 78 from line 63. If less than zero, enter amount owed on line 80	79	3,232 00

Direct Deposit of Refund: ***Check box 79A*** if your deposit will be ultimately placed in a **foreign account**; see instructions. 79A ☐

98 C ☒ Checking or S ☐ Savings — ROUTING NUMBER: 0 2 1 2 0 0 3 3 9 — ACCOUNT NUMBER: 3 8 1 0 3 7 9 3 7 7 9 7

80 **AMOUNT OWED:** Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write your SSN on payment; and include with your return .... 80 — 00

PLEASE SIGN HERE

Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

YOUR SIGNATURE	DATE	OCCUPATION: SOFTWARE ENGINEER
SPOUSE'S SIGNATURE	DATE	SPOUSE'S OCCUPATION: TEACHER

PAID PREPARER'S SIGNATURE	SYAM PRIYA RAM SAGAR GUPTA TALLAM
DATE	02042023
FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)	GLOBAL TAXES LLC
PAID PREPARER'S STREET ADDRESS	245 ROONEY CT
PAID PREPARER'S TIN	88-2145487
PAID PREPARER'S CITY / STATE / ZIP CODE	E BRUNSWICK NJ 08816
PAID PREPARER'S PHONE NUMBER	(678)965-9522

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode).
If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

2022 Form 140 Dependent and Other Exemption Information

Include page 4 with your return if:

- You are listing additional dependents (for box 10a and 10b) from page 1.
- You are listing additional qualifying parents and grandparents (for box 11a) from page 1.
- You are claiming *Other Exemptions* on page 2, line 40.

Part 1: Dependents (Box 10a and 10b) continued from page 1

*Information used to compute your allowable **Dependent Tax Credit** on page 2, line 49.*
NOTE: If you have more than three qualifying dependents, you ***must*** complete Part 1 *and* the worksheet in the instructions, to compute your Dependent Tax Credit on line 49.

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)		(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2022	(e) ✓ Dependent Age included in: 1 (Box 10a)	(e) 2 (Box 10b)	(f) ✓ IF YOU DID NOT CLAIM THIS PERSON ON YOUR FEDERAL RETURN DUE TO EDUCATIONAL CREDITS
10f						☐	☐	☐
10g						☐	☐	☐
10h						☐	☐	☐
10i						☐	☐	☐
10j						☐	☐	☐
10k						☐	☐	☐
10l						☐	☐	☐
10m						☐	☐	☐
10n						☐	☐	☐
10o						☐	☐	☐
10p						☐	☐	☐

Part 2: Qualifying parents and grandparents (Box 11a) continued from page 1

Additional qualifying parents and grandparents information used to compute your allowable exemption on page 2, line 41.

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)		(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2022	(e) ✓ IF AGE 65 OR OVER	(f) ✓ IF DIED IN 2022
11d						☐	☐
11e						☐	☐
11f						☐	☐
11g						☐	☐
11h						☐	☐
11i						☐	☐

Part 3: Other Exemptions

*Information used to compute your allowable **Other Exemptions** on page 2, line 40.*

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)		(b) SOCIAL SECURITY NO.	(c) ✓ AGE 65 OR OVER (see instructions) C1	(c) C2	(d) ✓ STILLBORN CHILD IN 2022
1				☐	☐	☐
2				☐	☐	☐
3				☐	☐	☐
4				☐	☐	☐
5				☐	☐	☐
6				☐	☐	☐
7				☐	☐	☐
8				☐	☐	☐
9				☐	☐	☐
10				☐	☐	☐

Enter the total number of individuals listed in Part 3 in box 40E on page 2, line 40.

Arizona Form
301

Nonrefundable Individual Tax Credits and Recapture for Forms 140, 140PY, 140NR and 140X

2022

Include with your return.

For the calendar year 2022 or fiscal year beginning 2022 and ending .

Your Name as shown on Form 140, 140PY, 140NR or 140X	Your Social Security Number
RANJITH KUMAR NAGAPURI	325 91 6929
Spouse's Name as shown on Form 140, 140PY, 140NR or 140X (if a joint return)	Spouse's Social Security Number
SAHITHI MANTRI	889 03 5783

Part 1 Nonrefundable Individual Tax Credits Available: Enter total available tax credits.

			(a) Current Year Credit	(b) Available Carryover	(c) Total Available Credit (a) + (b)
1	Military Reuse Zone Credit	Form 306 ▶ 1			00
2	Credit for Increased Research Activities – Individuals	Form 308-I ▶ 2			00
3	Credit for Taxes Paid to Another State or Country	Form 309 ▶ 3			00
4	Credit for Solar Energy Devices	Form 310 ▶ 4			00
5	Agricultural Water Conservation System Credit	Form 312 ▶ 5			00
6	Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets	Form 319 ▶ 6			00
7	Credit for Contributions to Qualifying Charitable Organizations	Form 321 ▶ 7			00
8	Credit for Contributions Made or Fees Paid to Public Schools	Form 322 ▶ 8	400		400 00
9	Credit for Contributions to Private School Tuition Organizations	Form 323 ▶ 9			00
10	Agricultural Pollution Control Equipment Credit	Form 325 ▶ 10			00
11	Credit for Donation of School Site	Form 331 ▶ 11			00
12	Credit for Employing National Guard Members	Form 333 ▶ 12			00
13	Credit for Business Contributions by an S Corporation to School Tuition Organizations - Individual	Form 335-I ▶ 13			00
14	Credit for Solar Energy Devices – Commercial and Industrial Applications	Form 336 ▶ 14			00
15	Credit for Investment in Qualified Small Businesses	Form 338 ▶ 15			00
16	Credit for Donations to the Military Family Relief Fund	Form 340 ▶ 16			00
17	Credit for Business Contributions by an S Corporation to School Tuition Organizations for Displaced Students or Students with Disabilities - Individual	Form 341-I ▶ 17			00
18	Renewable Energy Production Tax Credit	Form 343 ▶ 18			00
19	Credit for New Employment	Form 345 ▶ 19			00
20	Additional Credit for Increased Research Activities for Basic Research Payments	Form 346 ▶ 20			00
21	Credit for Contributions to Certified School Tuition Organizations (for contributions that exceed the allowable credit on Arizona Form 323)	Form 348 ▶ 21			00
22	Credit for Contributions to Qualifying Foster Care Charitable Organizations	Form 352 ▶ 22			00
23	Healthy Forest Production Tax Credit	Form 353 ▶ 23			00
24	Affordable Housing Tax Credit	Form 354 ▶ 24			00
25	Credit for Entity-Level Income Tax	Form 355 ▶ 25			00
26	Reserved	26			
27	**Total available nonrefundable tax credits:** Add lines 1 through 25	27			400 00

Continued on page 2 ➔

IMPORTANT ***You must include Form 301 and the corresponding credit form(s) for which you computed your credit(s) with your individual income tax return.***

Your Name (as shown on page 1)	Your Social Security Number
RANJITH KUMAR NAGAPURI & SAHITHI MANTRI	325-91-6929

Part 2 Application of Tax Credits and Recapture: Enter tax, recapture tax, and tax credits used this taxable year.

28	Tax from Form 140, line 46; or Form 140PY, line 56; or Form 140NR, line 56; or Form 140X, line 37	28	2,715 00
29	Tax from Recapture of Credit for Qualified Facilities from Form 349, Part 7, line 19	29	00
30	Tax from Recapture of Credit for Affordable Housing from Form 354, Part 2, line 12	30	00
31	Reserved. Do not enter an amount on this line	31	
32	Recapture Total: Add lines 29 and 30. Enter here and on Form 140, line 47; or Form 140PY, line 57; or Form 140NR, line 57; or Form 140X, line 38	32	00
33	Subtotal: Add lines 28 and 32	33	2,715 00
34	Family Income Tax Credit from Form 140, line 50; or Form 140PY, line 60; or Form 140X, box 40a; ***plus*** Dependent Tax Credit from Form 140, line 49; or Form 140PY, line 59; or Form 140NR, line 59; or Form 140X, box 40b	34	100 00
35	Subtract line 34 from line 33. Enter the difference. If less than zero, enter "0"	35	2,615 00

Nonrefundable Tax Credits Used This Taxable Year: Enter amounts actually used from Part 1.

36	Military Reuse Zone Credit	Form 306 ►	36	00
37	Credit for Increased Research Activities – Individuals	Form 308-I ►	37	00
38	Credit for Taxes Paid to Another State or Country	Form 309 ►	38	00
39	Credit for Solar Energy Devices	Form 310 ►	39	00
40	Agricultural Water Conservation System Credit	Form 312 ►	40	00
41	Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets	Form 319 ►	41	00
42	Credit for Contributions to Qualifying Charitable Organizations	Form 321 ►	42	00
43	Credit for Contributions Made or Fees Paid to Public Schools	Form 322 ►	43	400 00
44	Credit for Contributions to Private School Tuition Organizations	Form 323 ►	44	00
45	Agricultural Pollution Control Equipment Credit	Form 325 ►	45	00
46	Credit for Donation of School Site	Form 331 ►	46	00
47	Credit for Employing National Guard Members	Form 333 ►	47	00
48	Credit for Business Contribution by an S Corporation to School Tuition Organizations - Individual	Form 335-I ►	48	00
49	Credit for Solar Energy Devices – Commercial and Industrial Applications	Form 336 ►	49	00
50	Credit for Investment in Qualified Small Businesses	Form 338 ►	50	00
51	Credit for Donations to the Military Family Relief Fund: Enter the smaller of Form 301, Part 1, line 16 or Part 2, line 33	Form 340 ►	51	0 00
52	Credit for Business Contributions by an S Corporation to School Tuition Organizations for Displaced Students or Students with Disabilities - Individual	Form 341-I ►	52	00
53	Renewable Energy Production Tax Credit	Form 343 ►	53	00
54	Credit for New Employment	Form 345 ►	54	00
55	Additional Credit for Increased Research Activities for Basic Research Payments	Form 346 ►	55	00
56	Credit for Contributions to Certified School Tuition Organizations (for contributions that exceed the maximum allowable credit on Arizona Form 323)	Form 348 ►	56	00
57	Credit for Contributions to Qualifying Foster Care Charitable Organizations	Form 352 ►	57	00
58	Healthy Forest Production Tax Credit	Form 353 ►	58	00
59	Affordable Housing Tax Credit	Form 354 ►	59	00
60	Credit for Entity-Level Income Tax	Form 355 ►	60	00
61	Reserved		61	

62	**Tax credits used from Form 301:** Add lines 36 through 60	62	400 00
63	**Tax credits used from Form 301-SBI**, line 69	63	00
64	**Total Tax Credits Used:** add lines 62 and 63. Enter this amount on Form 140, line 51; or Form 140PY, line 61; or Form 140NR, line 60, or Form 140X, line 41. **Total credits used cannot be more than line 35**	64	400 00

Arizona Form 322	Credit for Contributions Made or Fees Paid to Public Schools	2022

Include with your return.

- Do not use this form for contributions to private school tuition organizations.
- Use Form 323 for contributions to private school tuition organizations.

For the calendar year 2022 or fiscal year beginning 2022 and ending .

Your Name as shown on Form 140, 140NR, 140PY or 140X	Your Social Security Number
RANJITH KUMAR NAGAPURI	325 91 6929
Spouse's Name as shown on Form 140, 140NR, 140PY or 140X (if joint return)	Spouse's Social Security Number
SAHITHI MANTRI	889 03 5783

Part 1 Current Year's Credit

A. Cash contributions made or fees paid January 1, 2022 through December 31, 2022.

- If you are married and filing separate returns, be sure to include **all** cash contributions or fees paid by you and your spouse.
- Do **not** include those cash contributions or fees paid for which you or your spouse claimed a credit on the 2021 tax return.
- If you made cash contributions or paid fees to more than three public schools, complete the Continuation Sheet on page 3 and include it with the credit form. *If you made more than ten (10) contributions or paid fees to the same public school, see instructions.*

	(a) Date of Contribution MM/DD/2022	(b) Public School CTDS Code	(c) Name of Public School to which you made contributions or paid fees	(d) School District Name *or* Charter Holder Name	(e) Cash Contribution Made or Fees Paid
1	03 02 2022	078745201	BLUE PRINT EDUCATION	BLUR PRINT EDUCATION	400 00
2	2022				00
3	2022				00

4	If you made contributions or paid fees to more than three public schools, enter the amount from line 4h of the Continuation Sheet, otherwise enter "0"	4	0 00
5	Total contributions made or fees paid to public schools during 2022: Add lines 1 through 4, column (e)	5	400 00

B. Cash contributions made or fees paid January 1, 2023 through April 18, 2023 for which you or your spouse are claiming a credit on the 2022 tax return.

- If you are married and filing separate returns, be sure to include **all** cash contributions or fees paid by you and your spouse.
- If you made cash contributions or paid fees to more than three public schools, complete the Continuation Sheet on page 3 and include it with the credit form. *If you made more than ten (10) contributions or paid fees to the same public school, see instructions.*

	(a) Date of Contribution MM/DD/2023	(b) Public School CTDS Code	(c) Name of Public School to which you made contributions or paid fees	(d) School District Name *or* Charter Holder Name	(e) Cash Contribution Made or Fees Paid
6	2023				00
7	2023				00
8	2023				00

9	If you made contributions or paid fees to more than three public schools, enter the amount from line 9h of the Continuation Sheet, otherwise enter "0"	9	00
10	Total contributions made or fees paid January 1, 2023 through April 18, 2023 for which you are claiming a credit on the 2022 tax return. Add lines 6 through 9, column (e)	10	00
11	Add lines 5 and 10. Enter the total	11	400 00
12	Single taxpayers or heads of household, enter $200. Married taxpayers, enter $400	12	400 00
13	Total current year's credit: Enter the smaller of line 11 or 12. In most cases, if you are married filing a separate return, enter one-half of the smaller of line 11 or 12. See instructions.	13	400 00

Your Name (as shown on page 1)	Your Social Security Number
RANJITH KUMAR NAGAPURI	325-91-6929

Part 2 Available Credit Carryover

	(a) Taxable Year from which you are carrying the credit	(b) Original Credit Amount	(c) Amount Previously Used	(d) Available Carryover: Subtract column (c) from column (b).
14	2017	00	00	00
15	2018	00	00	00
16	2019	00	00	00
17	2020	400 00	400 00	0 00
18	2021	400 00	400 00	0 00
19	Total Available Carryover: Add lines 14 through 18, column (d)		19	0 00

Part 3 Total Available Credit

20	Current year's credit: Enter the amount from Part 1, line 13. Also, enter this amount on *Arizona Form 301, Part 1, line 8, column (a)*	20	400 00
21	Available credit carryover from Part 2, line 19, column (d). Also, enter this amount on *Arizona Form 301, Part 1, line 8, column (b)*	21	0 00
22	Total Available Credit: Add line 20 and line 21. Also, enter this amount on *Arizona Form 301, Part 1, line 8, column (c)*	22	400 00