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	y number
RAJASHEKARREDDY RELA	695-55-	2649
Spouse's name	•	al security number
SINDHU PRIYA DARAM	882-40-	
	year you ar	e 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.	ı	1
1 Adjusted gross income	+	1 144,815.
2 Total tax		2 17,395.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 21,269.
4 Amount you want refunded to you		4 3,874.
5 Amount you owe		5 cf vour roturn)
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)		
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejector any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indice payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requirements between the payment (settlement) date. I also authorize the financial institutions involved in the payment in the payment (settlement) cancellation of any signature for the income tax return (original or amended) I an Electronic Funds Withdrawal Consent.	ction of the tra S. Treasury an cated in the ta n to debit the the authorizatests must be processing of ayment. I furth	ansmission, (b) the reason of its designated Financial x preparation software for entry to this account. This tion. To revoke (cancel) a received no later than 2 the electronic payment of the racknowledge that the
Taxpayer's PIN: check one box only	5	2 6 4 9
	Ente	er five digits, but 't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I am no	w authorizin	og Chack this boy only
if you are entering your own PIN and your return is filed using the Practitioner PIN method below.		
Your signature ▶ Date ▶		
Spouse's PIN: check one box only		
▼ I authorize GLOBAL TAXES LLC to enter or generate r ■ ERO firm name	Ente	8 7 2 2 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 if you are entering your own PIN and your return is filed using the Practitioner PIN method below.	ow authorizin	
Spouse's signature ▶ Date ▶		
Practitioner PIN Method Returns Only—continue below		
Part III Certification and Authentication — Practitioner PIN Method Only		
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 6 Don't ente	
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income ta: authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submi requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Income.	tting this retur	rn in accordance with the

ERO's signature ▶

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

Date ▶

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-007

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

-	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separately	(MFS)	Head of	household (HC)H)		ifying surv	iving
Check only one box.	If vo	ou checked the MFS box, enter the n	amo of v	our engues. If you	chock	od tha HOH a	OSS hav an	tor tho		ise (QSS)	o gualifying
one box.	-	son is a child but not your dependent	-	our spouse. If you	CHECK	ed the non o	QOO DOX, EII	ter trie (Jilliu S	name ii ui	e qualifyirig
Your first name			Last nai	me				Υ	our so	cial security	v number
RAJASHEI			RELA							55-2649	
		s first name and middle initial	Last nai								curity number
SINDHU 1			DARA							10-8722	•
		er and street). If you have a P.O. box, see					Apt. no.				n Campaign
	•	TA CLARA AVE								ere if you,	
		ce. If you have a foreign address, also co	omplete si	paces below.	Sta	te	ZIP code			0,	tly, want \$3
MARICOPA		, , , , , , , , , , , , , , , , , , , ,			Az		85138			this fund. (ow will not (Checking a
Foreign countr			l F	Foreign province/state			Foreign postal			or refund.	Jilanye
	,					-,		,		You	Spouse
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward. award. o	r pavr	ment for prope	rtv or service	s): or (b) sell.		
Assets		lange, gift, or otherwise dispose of					-			Yes	⊠ No
Standard		eone can claim: You as a de					, ,		,		
Deduction		 Spouse itemizes on a separate retur	•								
Ago/Dlindnoo	. Va	Ware horn before January 2.1	050 [Arablind Cr	ouse	. Nas ba	ra bafara lanı	10m/0 1	1050		
	-	Were born before January 2, 1	930 _	<u>-</u>			rn before Janu			ls bli	instructions):
Dependent				(2) Social securi number	ty	(3) Relationsh to you	"P ' '	tax cred		•	ner dependents
If more than four	(1) [irst name Last name		Tidiliboi		10 you	Crilia		IIL	Credit for oth	
dependents,										<u>L</u>	┽──
see instruction	s										-
and check here	1 —									<u>L</u>	┽──
	10	Total amount from Form(s) W-2, b	ov 1 (00)	instructions)					1a	1 1 5	<u></u>
Income	1a	()	,	,							55,938.
Attach Form(s)	b	Household employee wages not re							1b		
W-2 here. Also	C	Tip income not reported on line 1a (see instructions)						1c 1d			
attach Forms W-2G and	d				1115111	ictions)					
1099-R if tax	e f	Taxable dependent care benefits to Employer-provided adoption benefits							1e		
was withheld.		Wages from Form 8919, line 6.			υ.						
If you did not get a Form	g h	Other earned income (see instruct							1g 1h		0.
W-2, see		Nontaxable combat pay election (,	uotions)		11			111		
instructions.	z	Add lines 1a through 1h	366 III3II	uctions)		!!			1z	1 1 5	55,938.
Attach Sch. B	2		2a	· · · · · i	 b Т	axable interes	 t		2b		3, 330.
if required.	3a	· –	3a			ordinary divide			3b		
	4a		4a			axable amoun			4b		
Standard	5a	<u> </u>	5a			axable amoun			5b		
Deduction for—	6a		6a			axable amoun			6b		
Single or Married filing	C	If you elect to use the lump-sum e		method check here					OD		
separately,	7	Capital gain or (loss). Attach Sche							7		
\$12,950 Married filing	8	Other income from Schedule 1, lin							8	_1	1,123.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							9		4,815.
surviving spouse,	10	Adjustments to income from Sche							10	1 1	,
\$25,900 Head of	11	Subtract line 10 from line 9. This is							11	1 1 4	4,815.
household,	12	Standard deduction or itemized	-	-					12		25,900.
\$19,400 If you checked	13	Qualified business income deduct				5-A .			13		
any box under Standard	14	Add lines 12 and 13							14		25,900.
Deduction,	15	Subtract line 14 from line 11. If zer							15		.8 , 915.
see instructions.	l										

	Page 2
16	17,395.
17	
18	17,395.
19	
20	
21	
22	17,395.
23	0. 17,395.
24	17,395.
) <u>. </u>	
25d	21,269.
26	
32	
33	21,269.
34	3,874.
35a	3,874.
S	
37	

Credits	17	Amount from Schedule 2, lin	ne3					17		
	18	Add lines 16 and 17						18	1	7,395.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ne 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	1	7 , 395.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23		0.
	24	Add lines 22 and 23. This is						24	1	7,395.
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a 21	L , 269.	,		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions				25c				
	d	Add lines 25a through 25c						25d	2	1,269.
If	26	2022 estimated tax payment						26		
If you have a qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	ne 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	2	1,269.
Retuna	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amoun	t you overpaid		34		3,874.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	3 is attached, chec	k here	🗆	35a		3,874.
Direct deposit?	b	Routing number 0 1 1				Checking	Savings			
See instructions.	d	Account number 3 8 5	0 2 3 1	6 1 0 1	1 0					
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party Designee		you want to allow another structions	•		rn with the IRS?		omplete	below.	X No	
		signee's		Phone			onal ident	ification	$\overline{}$	
	nar			no.			iber (PIN)			
Sign Here		der penalties of perjury, I declare t lief, they are true, correct, and com			r than taxpayer) is ba		on of whic	ch prepare	er has any	knowledge.
	Yo	ur signature		Date	Your occupation				nt you an lo 'IN, enter it	
Joint return?					 SOFTWARE D	EVELOPER		e inst.)	III, enter it	TITI
See instructions.	Sp	ouse's signature. If a joint return, I	both must sian.	Date	Spouse's occupation		If th	e IRS ser	nt your spo	use an
Keep a copy for		,					Idei	ntity Prote		, enter it here
your records.					SOFTWARE D	EVELOPER	(see	e inst.)		
	-	one no. (618) 882-003	1	Email address	RAJA.ADF.9					
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:	
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/21/2023	P0208			-employed
Use Only	Fir	m's name GLOBAL TAX					Pho	ne no. (55-9522
200 Omy	Fir	m's address 245 ROONE'	Y CT E BRU	NSWICK N	J 08816		Firn	n's EIN	88-2	2145487

Tax (see instructions). Check if any from Form(s): 1 \square 8814 2 \square 4972 3 \square

Form 1040 (2022)

Tax and

16

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment Sequence No. 01

Your social security number

Department of the Treasury Internal Revenue Service

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

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

RAJA	SHEKARREDDY RELA & SINDHU PRIYA DARAM		695-5	5-26	549
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received		[2a	
b	Date of original divorce or separation agreement (see instructions):		Ī		
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. Att	ach Schedule	Ε.	5	-11,123.
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			
- 1	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			
	Section 951(a) inclusion (see instructions)	8n			
0	Section 951A(a) inclusion (see instructions)	80			
р	Section 461(I) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
S	Nontaxable amount of Medicaid waiver payments included on Form				
	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or				
	a nongovernmental section 457 plan	8t			
	Wages earned while incarcerated	8u			
Z	Other income. List type and amount:				
•	T. I. II. II. A. III. O. III. II. O. III. II. O. III. II.	8z			
9	Total other income. Add lines 8a through 8z			9	44
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF	, or 1U4U-NR,	line 8	10	-11,123.

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-bases			
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903 .		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	4a		
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit	4b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
		4c		
d		4d		
е	Repayment of supplemental unemployment benefits under the Trade			
		4e		
f		4f		
g	, , , , , , , , , , , , , , , , , , , ,	4g		
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	4h		
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	4.		
		4i		
j	<u> </u>	4j		
K	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	41-		
_		4k		
Z	Other adjustments. List type and amount:	4z		
25	Total other adjustments. Add lines 24a through 24z	- -	25	
25 26			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . E		26	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

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

OMB No. 1545-0074

2022
Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service

v

Name(s) shown on return Your social security number RAJASHEKARREDDY RELA & SINDHU PRIYA DARAM 695-55-2649 **Income or Loss From Rental Real Estate and Royalties** Part I 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. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions В 1a Physical address of each property (street, city, state, ZIP code) ROAD NO 5, MUSTAFA NAGAR KHAMMAM TELANGANA IN 507001 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and Days **Davs** personal use days. Check the QJV box only Α Α 185 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. C C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 600. 3 Rents received . 4 Royalties received . **Expenses:** 5 5 180. Advertising 6 420. Auto and travel (see instructions) 6 $1, \overline{120}$. 7 7 Cleaning and maintenance. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees 11 1,350. 12 12 Mortgage interest paid to banks, etc. (see instructions) 13 13 3,700. 14 14 Repairs . . . 15 15 2,753. Supplies 16 16 Taxes 17 17 2,200. 18 18 Depreciation expense or depletion Other (list) 19 19 20 20 11,723. Total expenses. Add lines 5 through 19 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 -11,123. file Form 6198 21 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 11,123.) 600. 23a Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 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 11,723. 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 11,123.

26

-11,123.

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.

e-File DECLARATION FOR ELECTRONIC FILING



221010013

Keep this form for your records. Do not send this form to the State of Maryland unless specifically requested to do so. See Instructions.

RAJASHEKARREDDY First Name		RELA	695552649	
First Name	MI	Last Name	SSN/Taxpayer Ide	ntification Number
SINDHU PRIYA		DARAM	882408722	
Spouse's First Name	MI	Spouse's Last Name	SSN/Taxpayer Ide	ntification Number
Part I Tax Return Information (v	whole dollars onl	у)		
Amount of overpayment to be appli	ed to 2023 estima	ted tax	1.	
Amount of overpayment to be refur				388.00
3. Total amount due (Pay in full by Ap	•			. 00
3. Total amount due (Pay III full by Ap	111 15, 2025. See 1	iisti uctions.)		UL
Part II Taxpayer Declaration and	Signature Autho	rization		
agree with the amounts shown on the knowledge and belief, my return is tru statements, be sent to the Maryland R software provider.	ue, correct and co	omplete. I consent that my re	eturn, including accompanying	g schedules and
Your PIN: check one box only				Ed. C. Barre
X I authorize GLOBAL TAXES LI		to enter or gene	erate my PIN 52649 <	Enter five digits. Do not enter all
ERO as my signature on my tax year 2	firm name 022 electronically 1			zeros.
I will enter my PIN as my signatur entering your own PIN and your r				
Your signature			Date	
Spouse's PIN: check one box only				
X I authorize GLOBAL TAXES L		to enter or gene	erate my PIN 61399 <	Enter five digits. Do not enter all zeros.
as my signature on my tax year 2	firm name 022 electronically f	filed income tax return.		26103.
I will enter my PIN as my signatur entering your own PIN and your r				
Spouse's signature			Date	
	Practitione	er PIN Method Returns Only	/	
Part III Certification and Authentic	ration - Practitio	ner DTN Method Only		
ERO's EFIN/PIN. Enter your six-digit		-	N. 2 2 2 4 9 6 6 1 9 8 9	Do not enter all zeros.
I certify this numeric entry is my PIN, v taxpayer(s). I confirm that I am submit Maryland MeF Handbook for Authorized	tting this return in			
FDOL signature			01212023	
ERO's signature			Date <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	

MARYLAND FORM **505**

NONRESIDENT INCOME TAX RETURN



2022 \$

	OR FISCAL YEAR BEGINNING	2022, ENDING						
Only	695552649	882408722						
Inko	Social Security Number	Spouse's Social Security Numb	er					
Black Ink								
P	RAJASHEKARREDDY							
Blue	First Name	MI						
Using	RELA							
Print Using	Last Name							
	0.1.1.D.1.1.1.							
1	SINDHU PRIYA Spouse's First Name		Do	00 1/01/15 15	ame match the name	on your cocial cocy	rity card? If not to angure you get are	.di+
+	Spouse's That Name	111					rity card? If not, to ensure you get cre 772-1213 or visit www.ssa.gov.	ait
5. I	DARAM							
HERE with Form 505.	Spouse's Last Name							
	⇒ 35380 W SANTA CLARA .	ΔΛΕ				HOWARD		
TTACH ler to	Current Mailing Address Line 1 (Street I		:)			Maryland County	_	
and ATTACH								
ents ar money						City, Town or Taxing	Area	
e or	c Current Mailing Address Line 2 (Apt No. C >			N e	ame of county and incorpor mployed on the last day of t	ated city, town or special taxing area in which you wer he taxable period if you earned wages in Maryland. (Se		
x sta check	MARICOPA		AZ	851		nstruction 6.)		
nd ta tach	6 City or Town		State	ZIP Coc	le + 4			
ige al	CD CD							
-2 wa Do n	S ————————————————————————————————————				— Foreign Provi	nce/State/County		
aple.	Foreign Country Name							
Se yo								
Place -	Foreign Postal Code FILING STATUS See Instruc	tion 1 to determine if you ar	ra required	to file				
1		can be claimed on another pe	•	a to me.	4. Head of	household		
	ONE return, use Fili	•			5. Qualifyii	ng widow(er) wit	th dependent child	
		oint return or spouse had no i			6. Depend	ent taxpayer (En	ter 0 in Exemption Box (A) -	
	-	eparately, Spouse's SSN ▶			See Inst	truction 8.)		
	RESIDENCE INFORMATION Enter 2-letter state code for y		► AZ					
	If PA resident, enter both Cou			Borough	or Township		_	
	Were you a resident of another	er state for the entire year o	f 2022? If	no, att	ach explanation.	X Yes	No	
	Are you or your spouse a mer		٦,	٦	75 111/1 //	Yes X	No t or a X Nonresident return	_
	Did you file a Maryland incom Dates you resided in Maryland		Yes	_No Marian	If "Yes," was it a	Resident	t or a $\begin{bmatrix} X \end{bmatrix}$ Nonresident reture (MMDDYYYY).	n?
		d taxes withheld in error. (Se			<u> </u>	<u> </u>	(MMDDTTTT).	
	EXEMPTIONS See Instruction	·			ou are claiming de	pendents, you n	nust attach the Dependents'	
	Information Form 502B to thi	s form in order to receive the	ne applica	ble exer		, ,	·	
	A. X Yourself X	Spouse Enter numbe	r checked	2	See Instruction 10	A. \$	6400.00	
	B. ▶ 65 or over ▶	65 or over						
	▶ Blind ▶	Blind Enter numbe	r checked		X \$1,000	В. \$.00	
	C. Enter number from line 3	of Dependent Form 502B	•		See Instruction 10	C. \$.00	
	D.Enter Total Exempti	ons (Add A, B and C.)	•	2	Total Amount	D. \$	6400.00	

MARYLAND FORM **505**

NONRESIDENT INCOME TAX RETURN



225050113

2022 Page 2

RAJASHEKARREDDY RELA & SINDHU PRIYA DARAM SSN 695552649 INCOME AND ADJUSTMENTS INFORMATION (1) FEDERAL INCOME (2) MARYLAND INCOME (3) NON-MARYLAND (LOSS) (LOSS) INCOME (LOSS) (See Instruction 11.) 155938.00 40000.00 115938 .00 .00 .00 .00 .00 **3.** Dividend income **3.** ____ 4. Taxable refunds, credits or offsets of state and . 0 0 .00 .00 .00 ____.00 .00 .00 8. Other gains or (losses) (from federal Form 4797).....8. .00 .00 9. Taxable amount of pensions, IRA distributions, .00 10. Rents, royalties, partnerships, estates, trusts, etc. -11123.00 0.00 -11123.00 .00 .00 .00 **12.** Unemployment compensation (insurance) **12.** ___ 13. Taxable amount of Social Security and .00 14. Other income (including lottery or other gambling .00 .00 .00 144815.00 40000.00 104815.00 **16.** Total adjustments to income from federal return .00 .00 .00 144815.00 40000.00 104815.00 **17.** Adjusted gross income (Subtract line 16 from line 15.) ▶ **17. ADDITIONS TO INCOME** (See Instruction 12.) 11123 .00 .00 11123.00 155938.00 **SUBTRACTIONS FROM INCOME** (See Instruction 13.) .00 ____.00 .00 155938.00 25. Maryland adjusted gross income before subtraction of non-Maryland income. (Subtract line 24 from line 21.) 25. DEDUCTION METHOD See Instruction 15. (All taxpayers must select one method and check the appropriate box.) 26. a. STANDARD DEDUCTION METHOD (Enter amount on line 26a.) **ITEMIZED DEDUCTION METHOD** (Complete lines 26b, c and d.) ▶ **b.** Total federal itemized deductions (from line 17, federal Schedule A)..... ▶ **26b.** c. State and local income taxes (See Instruction 16.). ▶ 26c. .00 e. Deduction amount (Multiply lines 26a or 26d by the AGI factor.) 26e. 1 00000 (from worksheet in Instruction 14)..▶ 26. 4850 .00 151088 .00 6400 .00 6400 .00 144688 .00 MARYLAND TAX COMPUTATION - COMPLETE FORM 505NR BEFORE CONTINUING. 1739.00 830.00 2569.00 .00

FORM 505

NONRESIDENT INCOME TAX RETURN



2022 Page 3

CODE NUMBERS (3 digits per line)

RAJASHEKARREDDY RELA & SINDHU PRIYA DARAM SSN 695552649 35. Business tax credits You must file this form electronically to claim business tax credits on Form 500CR .00 2569.00 **38.** Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 21.).....▶ **38.** 39. Contribution to Developmental Disabilities Services and Support Fund (See Instruction 21.) .▶ 39. _ **40.** Contribution to Maryland Cancer Fund (See Instruction 21.).............................▶ **40.** ___ **41.** Contribution to Fair Campaign Financing Fund (See Instruction 21.) ▶ **41.** _ 2569.00 2957 43. Total Maryland tax withheld (Enter total from your W-2 and 1099 forms and attach if MD tax is withheld.)▶ 43. 44. 2022 estimated tax payments, amount applied from 2021 return, payments made with an extension request and **45.** Nonresident tax paid by pass-through entities (**Attach Maryland Schedule K-1 (510/511))** ▶ **45.** 46. Refundable income tax credits from Part CC, line 10 of Form 502CR (Attach Form 502CR. See Instruction 22.) .46. 2957 388 **49.** Overpayment (If line 42 is less than line 47, subtract line 42 from line 47.) ▶ **49.** _ 388 **51.** Amount of overpayment **TO BE REFUNDED TO YOU** (Subtract line 50 from line 49.) See line 54 . . **REFUND ▶ 51. 52.** Interest charges from Form 502UP ___ or for late filing _____ (See Instruction 23.) **Total** . ▶ **52.** Check here if you are attaching Form 502UP. 53. TOTAL AMOUNT DUE (Add line 48 and line 52.) IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. DIRECT DEPOSIT OF REFUND (See Instruction 22.) Verify that all account information is correct and clearly legible. If you are requesting direct deposit of your refund, complete the following. For Splitting Direct Deposit, use Form 588. Check here if this refund will go to an account outside of the United States. Check here if you authorize the State of Maryland to issue your refund by direct deposit. Type of account: $\blacktriangleright X$ Checking 011900254 **54b.** Routing Number (9-digits) 385023161010 **54c.** Account Number **54d.** Name(s)_ as it appears on the bank account Check here if you authorize your preparer to discuss this return with us. Check here if you authorize your paid preparer not to file if you agree to receive your 1099G Income Tax Refund statement electronically (See Instruction 25). Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge. Your signature Date Spouse's signature Date SYAM PRIYA RAM SAGAR GUPTA TALLAM **▶** 6188820037 Taxpaver(s) daytime phone number Signature of Preparer other than taxpaver (Required by Law) 245 ROONEY CT GLOBAL TAXES LLC Street address of Preparer/Firm Printed name of the Preparer/Firm's name 6789659522 ▶P02082703 E BRUNSWICK NJ 08816 City, State, ZIP Code + 4 Preparer's PTIN (Required by law) Telephone number of Preparer

NONRESIDENT INCOME TAX RETURN

For returns filed without payments, mail your completed return to:

Comptroller of Maryland Revenue Administration Division 110 Carroll Street Annapolis, MD 21411-0001

For returns filed with payments, attach check or money order to Form PV. Make checks payable to Comptroller of Maryland. Do not attach Form PV or check/money order to Form 505. Place Form PV with attached check/money order on TOP of Form 505 and mail to:

Comptroller of Maryland Payment Processing PO Box 8888 Annapolis, MD 21401-8888 To make an online payment, scan the $\ensuremath{\mathsf{QR}}$ code below and follow instructions.



NONRESIDENT INCOME TAX CALCULATION

22505N013

ATTACH TO YOUR TAX RETURN

RAJZ First Na	ASHEKARREDDY nme	MI	RELA Last Name	695552649 Social Security Number	
	DHU PRIYA		DARAM	882408722	
<u> </u>	's First Name	MI	Spouse's Last Name	Spouse's Social Security N	umbe
			5NR Instructions appearing on page 2 of this form. 5NR Instructions appearing in Instruction 18 of the	Form 515 Instruct	ion
			T ALLOWING CERTAIN MODIFICATIONS	1 4 4 6 0 0	0
1.	Enter Taxable net income from Form	n 505,	line 31 (or Form 515, line 32)	144688	. 0
			Norksheet Schedules I or II. Continue to Part II 2	6820	. 0
	TII - CALCULATION OF MARY				
3.	Enter your federal adjusted gross in				
	(or Form 515), line 17 (Column 1).				
3a.	Earned Income (See instructions.).		3a 155938 .00	155000	
			olus additions from Form 505 (or 515) line 21 4		. (
	-		resident from line 22 of Form 505 5		. (
			m 505 or Form 515 6a		. (
6b.	Enter non-Maryland income from Fo				,
	or 6a of this form (See instructions)	▶6b	115938	. (
7.	Add lines 5 through 6b			115938	
8.	Maryland Adjusted Gross Income. S	ubtract	line 7 from line 4	340000	. (
	If you are using the standard de				
	deduction based on the income	on line	8 and enter on line 8a 8a4850 .00		
9.			ine 3. The factor cannot exceed 1.000000 and		
	cannot be less than 0. If line 8 is 0	or less	, the factor is 0. If line 8 is greater than 0 and		
	line 3 is 0 or less, the factor is 1.00	0000.		276214	
10.	Deduction amount.				
	If you are using the standard ded	uction,	multiply the standard		
			m and enter on line 10a 10a 1340 . 00		
	If you are itemizing your deduction				
			n and enter on line 10b10b00		
	Form 515 Users, see Instruction				
11.	•		line 8.)	38660	. (
	Exemption amount. Multiply the tot		•		
				1768	. (
13.			e 12 from line 11.)		. (
	,		orm		
			nount on line 13 on this form by line 1.		
15.			0 or less, the factor is 0	254976	
16			Enter this amount on Form 505, line 32a	· — · — —	
10.				1739	. (
17			this form by 0.0225. Enter this amount		
1/.	•		•	830	. (
	FORM 515 FILERS ONLY.	U OF IE	ss, enter 0		_

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	Your Social Security Nu	ımber*
RAJASHEKARREDDY	RELA	Enter 695 55 26	
Your Spouse's First Name and Initial (if filed joint)	Last Name	your Spouse's Social Security	y No.*
SINDHU PRIYA	DARAM	882 40 87	722
		Tax Return, also complete Form AZ-8879 SBI)*Do Not T	Truncate
• To certify the truthfulness, correctness, and comp			
		er wishes to use the taxpayer's electronic signature to the taxpayer's electronic Arizona individual income tax return.	∍r′s
PART 2 – TAX RETURN INFORMATION		PART 3 – FINANCIAL INSTITUTION INFORMATIO	
144.0	15 00	Must be present when requesting direct debit or depos	
	315 00	Foreign Account Deposit/Debit: See instructions be	elow.
	569 00	TYPE OF ACCOUNT X Checking Savings	5 4
	700 00	_ checking _ cavings	2 4
Check box 4 or box 5:	1 1010	ACCOUNT NUMBER 10 3 8 5 0 2 3 1 6 1 0 1 0	
4☑ REFUND: Enter the amount of refund			
5 ■ AMOUNT YOU OWE: Enter the amount owe	∍d <u> 0</u>	00 DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOU	.00
		Φ	<u>00</u>
Box 4 Checkbox – Refund: You are due a refund be provided on your tax return. Your refund amount account listed in the Financial Institution Information Box 5 Checkbox – Amount You Owe: You over information provided on your tax return. You have for payment. The payment will be withdrawn from date listed in the Financial Institution Information S	will be deposited in the on Section (Part 3). We taxes based on the elected to direct debit the account and on the	Foreign Account Deposit/Debit Checkbox: Check the "Foreign Deposit/Debit" box if your deposit will be ultimately placed in from a foreign account. If you check this box, do not enter your numbers. If this box is checked, we will not direct deposit or d account. If you are due a refund, we will send you a check insteadowe tax, you must mail a check to the Arizona Department of FO Box 29085, Phoenix, AZ 85038-9085.	or come r account lebit your ad. If you
PART 4 - DECLARATION AND SIGNATU	•	Sign only after completing Part 2)	
Under penalties of perjury, I declare that I have electronic Arizona individual income tax return and a and statements for the year ending December 31, 2 my knowledge and belief, it is true, correct, and con that the amounts of Arizona adjusted gross income tax withheld, and refund (or amount owe amounts shown on the copy of my electronic Ariz 6a I consent that my refund be directly deposit electronic portion of my 2022 Arizona indivi If I have filed a joint return, this is an irrevithe other spouse as an agent to receive the 6b I do not want direct deposit of my refund refund.	accompanying schedules 2022, and to the best of inplete. I further declare ome, total tax, Arizona and listed above are the cona income tax return. Ited as designated in the idual income tax return. Ited as pointment of e refund.	I consent to my Electronic Return Originator (ERO) or On-Line Provider (OLSP) sending my electronic Arizona individual increturn and accompanying schedules and statements to ADOI consent to my ERO or OLSP sending such information to ADOR transmitter. I consent to ADOR sending my ERO, OLSP and/or transmister and acknowledgement of receipt of transmission and an individual whether or not the transmission of my return is accepted and, if the is rejected, the reason(s) for the rejection. If the processing of moor refund is delayed, I authorize ADOR to disclose to my ERO, O or transmitter the reason(s) for the delay, or when the refund of If ADOR contacts my ERO for a copy of my return, any documents to my return, and/or this authorization form, I authorize to release copies of the requested documents to ADOR.	come tax R, and I I:hrough a ansmitter cation of the return my return pLSP and/ was sent. ments or
6c ☐ I authorize the Arizona Department of Red designated Financial Agent to initiate an withdrawal (direct debit) entry to the financial in the try area artists as from the financial control of the c	n ACH electronic funds ncial institution account	I authorize GLOBAL TAXES LLC (ELECTRONIC RETURN ORIGINATOR)	
indicated in the tax preparation software for taxes owed on this return. I also authorize involved in the processing of the electron receive confidential information necessary resolve issues related to the payment.	the financial institutions ic payment of taxes to to answer inquiries and	to make the election that I want my electronic signature to my effederal individual income tax return to serve as my signature electronic Arizona individual income tax return for the yea December 31, 2022. I understand that when my ERO makes the	re to my ir ending e election
If I have filed a balance due return, I understand the receive full and timely payment of my tax liability remain liable for the tax liability and all applicable. When electronically filing my federal and state tax that if there is an error on my federal return, my strejected.	by April 18, 2023, I will interest and penalties. x returns, I understand	that my electronic signature to my federal individual income tax not serve as my signature to my Arizona individual income tax return have signed my Arizona individual income tax return and declar penalties of perjury that to the best of my knowledge and belief this true, correct and complete.	ırn, I will ed under
щ →			
YOUR PEN AND INK SIGNATURE		DATE	

SPOUSE'S PEN AND INK SIGNATURE

DATE

RETURN.			Arizona Form 140	Resident P	ome Tax I	Return	OR CALENDAR YE	AR			
R	82F	\square_{if}^{C}	Check box 82F f filing under extension	OR FISCAL YEAR BEGIN	INING	1 .	12,0,2,2	AND ENDING	G		. 66F
里			First Name and Middle Initial		Last N	ame		Ente	Your	Social Security	Number
⊢ 0.	1		JASHEKARREDDY		RELA			you	69		649
S	_	•	se's First Name and Middle Initia	I (if box 4 or 6 checked)	Last N	ame		SSN	Spou	se's Social Sec	•
Ξ.	1		NDHU PRIYA ent Home Address - number and	atroat rural routa	DARA	M	Ant No		88	2 40 8 (with area cod	
ANY ITEMS TO THE	2		380 W SANTA CLARA A				Apt. No.	— i	(618)88:	•	e)
ş	<u> </u>		Town or Post Office	State	Z	IP Code			,	r Prior Year(s) (if	different)
	3	MAI	RICOPA	AZ	8	35138					97
DO NOT STAPLE	IG STATUS	4 5	Head of household. Enter	name of qualifying child or dep	pendent on n	ext line:		REVENUE USE	ONLY. DO NO	OT MARK IN THI	S AREA.
2	FILING	7	Married filing separate retu								
			♦ Enter the number claimed								
	Q	8 9	Age 65 or over (you and/or Blind (you and/or spouse)	r spouse) If completing line 39, and 41. For lin			plete lines 38, nplete line 49.	81 PM		80 RCVD	
	and 10b	э 10а	Dependents: Under age of	17. 10b Depe	endents: Ag	e 17 and		<u> </u>			
	0a ar	11a	Qualifying parents and gra			o ii ana					
	~		(Box 10a and 10b): Depende	nt Information. See instru		more sp				oage 4, Part 1.	
	Dependents		(a) FIRST AND LAS	T NAME S	(b) SOCIAL SECUF	RITY NO.	(c) RELATIONSHIF	(d) NO. OF MONTH	(e) ✓ Dependent	, o li you ui) d not claim
	ebei		(Do not list yourself of					LIVED IN YOUR HOME IN 2022		2 federal ret	urn due to
	- 1								(Box 10a) (Box	education ox 10b)	al credits
	d 11a	10c 10d							╁╁╁		<u>.</u> 1
	9, and	10a]
	œ,		(Box 11a): Qualifying parents	and grandparents. See in	nstructions.	For more	e space, chec	k the box 🗌 an	nd complete	page 4, Part 2.	
ter Form 140.	Exemptions		(a) FIRSTAND LAS (Do not list yourself of	T NAME S	(b) SOCIAL SECUE		(c) RELATIONSHIF	(d)	(e) IF AGE 6	5 OR ✓ IF D	IED IN
er		11b]
aft	ŀ	11c]
or other documents			Federal adjusted gross incom							144,8	
me	"		Small Business Income: 138 che Modified federal adjusted gross							144,8	15 00
no (tions		Non-Arizona municipal interest							111,0	00
ğ	Additions		Partnership Income adjustment.								00
the		1	Total federal depreciation						17		00
0			Other Additions to Income: Com	•				. •		1 4 4 0	00
	-		Subtotal: Add lines 14 through 18						19 00	144,8	15 00
schedules			Total net capital gain or (loss). S Total net short-term capital gain						00		
hec			Total net long-term capital gain of						00		
			Net long-term capital gain from a						0 00		
Ϋ́			Multiply line 23 by 25% (.25) and						24		0 00
pue	w	This	box may be blank or may contain a p	rinted barcode of data from yo	Or Mac Million 1			fied small busines			00
न	tion		NAL) LONGUA DIOCETRA BUCCHA DI BARRAN DANG BARRAN BARRAN		66.DAG BELLILL			depreciation			00
der	trac							ljustmenttions			00
ē	Sub		er ok de browdwor or en i		77 W W W W W W W W W W W W W W W W W W			ate or local govt. pe			00
red					MANAGEMENT I			ainer pay uniform s			00
q <u>u</u>					₩₩	0 U.S. S	Social Security o	r Railroad Retiren	nent Act 30		00
any required federal and					710% ET			rican Indians			00
an					1717.65			in active service m			00
Place								ustment			00
Pla		■ III N	nnes nen Etti er e 1901 his 1904 bill his 1906 bill bi	ochoni terak brakbi töbetikan 1600	-nm /h = 1 3		butions: 34 a 529 9A (ABLE)		00 a and 34b. 34C		00

	Your	Name (as shown on page 1)	Your Social Security N	umber		
	RAJ	JASHEKARREDDY RELA & SINDHU PRIYA DARAM	695-55-2649	9		
Ì	35	Subtract lines 24 through 34c from line 19		35	144,815	Too
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income sched				00
	3	Subtract line 36 from line 35. Enter the difference			144,815	\neg
ons	3	Age 65 or over: Multiply the number in box 8 by \$2,100			111,010	00
npti	39	Blind: Multiply the number in box 9 by \$1,500		l l		00
Exemptions		Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300		l l		00
ш	40	•				00
	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000			144,815	
-	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0".			25,900	
	43	Deductions: Check box and enter amount. See instructions			23,900	
	44	If you checked box 43S and claim charitable contributions, check 44C Complete page 3. See in			110 015	00
Тах	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"		118,915		
Balance of Tax	46	Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables		3 , 297		
Ju Ce	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 32			00	
3a la	48	Subtotal of tax: Add lines 46 and 47. Enter the total			3 , 297	
	49	Dependent Tax Credit. See instructions				00
	50	Family income tax credit (from the worksheet - see instructions)		50		00
T. 10	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 64		51	1,728	
	52	alance 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	1,569	$\overline{}$
and	53	2022 AZ income tax withheld		. 53	2,700	_
Total Payments and Refundable Credits	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	308-I 582 3 49	58		00
Tax Due or Overpayment	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total		_	2,700	00
	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines				00
	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayme			1,131	1
Š	6	Amount of line 61 to be applied to 2023 estimated tax			· · · · · · · · · · · · · · · · · · ·	00
S	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference			1,131	_
Voluntary Gifts		- 74 Voluntary Gifts to:		1	_,	100
аŢ	04	Child Abuse Prevention		_		
unt		Neighbors Helping Neighbors69 00 Special Olympics		_		
8		I Didn't Pay Enough Fund		_		
>	75		753 Republican	<u></u>		
Penalty	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian Estimated payment penalty		70		00
Per	76	771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included		76		100
	77	<u> </u>				
be	78	Add lines 64 through 74 and 76; enter the total.		. 78	1 1 2 1	00
Refund or Amount Owed	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80 Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see			1,131	100
E E		ROUTING NUMBER ROUTING NUMBER ACCOUNT NUMBER	instructions. 7374			
빌		98 S Savings 0 1 1 9 0 0 2 5 4 3 8 5 0 2 3 1 6 1 0 1 0				
	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write y	our SSN on payment;			Т
١		and include with your return		. 80		00
		·			nd bolief they ar	_
		Under penalties of perjury, I declare that I have read this return and any documents with it, and to true, correct and complete. Declaration of preparer (other than taxpayer) is based on all informati				е
l		tide, correct and complete. Deciaration of preparer (other than taxpayer) is based on an information	on or which prepare	a iias aiiy	/ Knowledge.	
HERE	→		OFTWARE DEV	ri Opri		
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้อ	→	S	OFTWARE DEV	ELOPEF	₹	
SIGN	;		POUSE'S OCCUPATION	01		-
		SYAM PRIYA RAM SAGAR GUPTA TALLAM 01212023 GLOBAL TAXES L	LC			
PLEASE		PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF				-
Щ		245 ROONEY CT	88-214	5487		-
Ы		PAID PREPARER'S STREET ADDRESS	PAID PREPAR			-
		E BRUNSWICK NJ 08816	(678) 9	65-952	2	- [
		PAID PREPARER'S CITY STATE ZIP CODE	PAID PREPAR			-

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 _______. and ending _______.

Your Name as shown on Form 140, 140PY, 140NR or 140X	Your Social Security Number					
RAJASHEKARREDDY RELA	695 55 2649					
Spouse's Name as shown on Form 140, 140PY, 140NR or 140X (if a joint return)	Spouse's Social Security Number					
SINDHU PRIYA DARAM	882 40 8722					
Part 1 Nonrefundable Individual Tax Credits Available: Enter total available tax credits.						

Par	Nonrefundable Individual Tax Credits Available: En	ter t	(a) Current Year Credit	(b) Available Carryover	(c) Total Available Credit (a) + (b)
1	Military Reuse Zone Credit Form 306	▶ <u></u> 1	l e		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	1,728		1,728 00
4	Credit for Solar Energy Devices Form 310	_	ı		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	- [3		00
7	Credit for Contributions to Qualifying Charitable Organizations Form 321	▶ _ 7	7		00
8	Credit for Contributions Made or Fees Paid to Public Schools Form 322	▶ _ {	3		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	2		00
13	Credit for Business Contributions by an S Corporation to				
	School Tuition Organizations - Individual Form 335-I	► 13	3		00
14	Credit for Solar Energy Devices – Commercial and				
	Industrial Applications Form 336	► 14	l .		00
15	Credit for Investment in Qualified Small Businesses Form 338	► 15	5		00
16	Credit for Donations to the Military Family Relief Fund Form 340	► 16	3		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	3		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	2		00
23	Healthy Forest Production Tax Credit Form 353	▶ 23	3		00
24	Affordable Housing Tax Credit Form 354				00
25	Credit for Entity-Level Income Tax Form 355				00
26	Reserved				
27	Total available nonrefundable tax credits: Add lines 1 through 25			27	1,728 00

Continued on page 2 →

Your Name (as shown on page 1) Your Social Security Number 695-55-2649 RAJASHEKARREDDY RELA & SINDHU PRIYA DARAM 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 3,297 | 00 Form 140X, line 37..... 28 29 29 Tax from Recapture of Credit for Qualified Facilities from Form 349, Part 7, line 19..... 00 Tax from Recapture of Credit for Affordable Housing from Form 354, Part 2, line 12...... 30 00 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 3,297 **00** 33 Subtotal: Add lines 28 and 32..... 33 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 00 Subtract line 34 from line 33. Enter the difference. If less than zero, enter "0"..... 35 3,297 00 Nonrefundable Tax Credits Used This Taxable Year: Enter amounts actually used from Part 1. 00 36 Military Reuse Zone Credit......Form 306 ▶ 36 00 Credit for Taxes Paid to Another State or Country......Form 309 ▶ 38 1,728 00 00 00 Credit for Solar Hot Water Heater Plumbing Stub Outs and 00 Electric Vehicle Recharge OutletsForm 319 ▶ 41 00 42 Credit for Contributions to Qualifying Charitable Organizations.......Form 321 Credit for Contributions Made or Fees Paid to Public Schools......Form 322 ▶ 43 00 00 44 Credit for Contributions to Private School Tuition Organizations.................Form 323 ▶ 44 00 00 Credit for Donation of School SiteForm 331 ▶ 00 Credit for Employing National Guard Members...... Form 333 ▶ Credit for Business Contribution by an S Corporation to School Tuition Organizations - Individual Form 335-I ▶ 48 00 00 Credit for Solar Energy Devices – Commercial and Industrial ApplicationsForm 336 ▶ 49 00 51 Credit for Donations to the Military Family Relief Fund: Enter the smaller of 0 00 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 00 00 Credit for New Employment......Form 345 ▶ 55 Additional Credit for Increased Research Activities for Basic Research Payments . Form 346 ▶ 55 00 56 Credit for Contributions to Certified School Tuition Organizations 00 (for contributions that exceed the maximum allowable credit on Arizona Form 323) ..Form 348 ▶ 56 Credit for Contributions to Qualifying Foster Care Charitable Organizations......Form 352 ▶ 00 57 Healthy Forest Production Tax Credit......Form 353 ▶ **58** 00 58 00 59 00 60 Reserved 1,728 00 62 Tax credits used from Form 301: Add lines 36 through 60..... 62 00 Tax credits used from Form 301-SBI, line 69. 63 Total Tax Credits Used: add lines 62 and 63. Enter this amount on Form 140, line 51; or Form 140PY, line 61; or 1,728 00 64 Form 140NR, line 60, or Form 140X, line 41. Total credits used cannot be more than line 35.....

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Arizona Form 309

Credit for Taxes Paid to Another State or Country for Forms 140, 140NR, 140PY and 140X

2022

Include with your return. A separate form must be filed for each state or country for which a credit is claimed.

	For the calendar year 2022 or fiscal year beginning $\lfloor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $				
Your Na	ame as shown on Form 140, 140NR, 140PY, or 140X	r Social	Security	/ Number	
RAJAS	SHEKARREDDY RELA	695	55	5 2649	
Spouse	e's Name as shown on Form 140, 140NR, 140PY, or 140X (if joint return)	use's S	ocial Sec	curity Number	
SINDE	HU PRIYA DARAM	882	40	8722	
Dort 1	Computation of Income Subject to Tay by Both Arizona and the Other State of	Coun	ten / Du	wina 2022	
	Computation of Income Subject to Tax by Both Arizona and the Other State of the State: If claiming a credit for taxes paid to another state, enter the two-letter abbreviation for See last page of the instructions for a list of state abbreviations	that sta	ite.	ring 2022	
	If claiming a credit for taxes paid to more than one country, see instructions.				
	(a) (b)			(c)	
1					
	(a) (b)			(c)	
2	2 Amount of income from item listed on line 1 reportable to both Arizona and the other state or country 2 \$ 15,938 00 \$ 00		\$	(6)	00
3	Portion of income on line 2 included in Arizona adjusted gross income		\$		00
4	Portion of income on line 2 included in the other state or country's equivalent of Arizona adjusted gross income		\$		00
5	Income subject to tax by both Arizona and the other state or country. Enter the smaller of the amount entered on line 3 or line 4 5 \$ 40,000 00 \$ 00		\$		00
6		(a),	1		
Part 2	(b), and (c). Include total from additional schedules. If less than zero, enter "0". See instruction Computation of Other State or Country Tax Credit Lines 10 and 15: Enter decimal	_	6 \$ nt to fou	40,000 ur places. (x.xx	
	(Read specific line instructions for Part 2 before completing this part.)				
7	7 Arizona tax liability less any credits (except other state tax credit)		7	3,297	00
8	, -		8	40,000	00
9	· · · · · · · · · · · · · · · · · · ·		9	144,815	
10	,		10	0.2762	$\overline{}$
11		_	11	911	-
12	,	_	12b	817	$\overline{}$
13		-	13 14	40,000 15,938	
14 15			15	1.0000	
16		_	16	817	-
17	···	_			100
••	more than one state or country, see instructions. Enter the smaller of line 11 or line 16 on line				
	Also, enter this amount on Arizona Form 301, Part 1, line 3, column (a)		17	817	00

Your Name (as shown on page 1)	Your Social Security Number
RAJASHEKARREDDY RELA & SINDHU PRIYA DARAM	695-55-2649

Schedule of Income Allocation

Complete this schedule only if you are an Arizona resident who is also considered to be a resident of another state under the laws of that other state (dual resident); otherwise, skip this schedule. See pages 2 and 5 of the instructions.

		(a) Amount reported on your 202 federal income tax return		(b) Amount entered in column (a) reported on your 2022 Arizona income tax return		(c) Amount entered in column (a) reporter on your 2022 return filed to your statutor state of residence	n	(d) Amount entered in column (c) that would be sourced to your statuto state of residence as income of a nonreside of that state	ory
4	Warne salarias tina eta	¢.	00	r.	00	¢.	00	ф	00
1	Wages, salaries, tips, etc	Φ	00	Φ	00	Φ	00	Φ	00
2	Interest	\$	00	\$	00	\$	00	\$	0
3	Dividends	\$	00	\$	00	\$	00	\$	00
4	Business income or (loss) from federal Schedule C	\$	00	\$	00	\$	00	\$	00
	Gains or (losses) from federal Schedule D	\$	00	\$	00	\$	00	\$	0
6	estates, trusts, small business corporations from federal Schedule E	\$	00	\$	00	\$	00	\$	0
7	Other income reported on your federal return	\$	00	\$	00	\$	00	\$	00
8	Total Income: Add lines 1 through 7.	\$	00	\$	00	\$	00	\$	0
9	Other federal adjustments: List on line	es 9a through 9c:							
9a		\$	00	\$	00	\$	00	\$	00
9b		\$	00	\$	00	\$	00	\$	00
9c		\$	00	\$	00	\$	00	\$	00
9d	Total adjustments: Add lines 9a through 9c for each column		00		00		00		00
10	Adjusted Gross Income: Subtract line 9d from line 8 for each column		00		00		00		00

1555 REV 01/03/23 PRO

Arizona Form 309

Credit for Taxes Paid to Another State or Country for Forms 140, 140NR, 140PY and 140X

2022

Include with your return. A separate form must be filed for each state or country for which a credit is claimed.

I	For the calendar year 2022 or fiscal year beginning 2,0,2,2 and	d ending		1	۵.	
Your Na	lame as shown on Form 140, 140NR, 140PY, or 140X	Your Soc	cial Se	curity Number	•	
RAJAS	SHEKARREDDY RELA	69	5	55 2	649	
Spouse	e's Name as shown on Form 140, 140NR, 140PY, or 140X (if joint return)	Spouse's	s Socia	al Security Nur	mber	
SINDH	HU PRIYA DARAM	88	2	40 8	3722	
Part 1	Computation of Income Subject to Tax by Both Arizona and the Other	er State or Co	untrv	Durina 20)22	
	her State: If claiming a credit for taxes paid to another state, enter the two-letter abbre					
	See last page of the instructions for a list of state abbreviations		M,D,			
	1 3					
B. Oth	her Country: If claiming a credit for taxes paid to another country, enter the country n	ame				
	If claiming a credit for taxes paid to more than one country, see instructi	ons.				
	(a) (b)			(c)		
1	' ' ' WAGES					
	List each income item					
	separately. Do <i>not</i> include any					
	income item reported on your					
	small business income tax return.					
	(a) (b)			(c)		
2			[(0)		
_	on line 1 reportable to both Arizona					
	and the other state or country 2 \$ 40,000 00 \$	00		\$		00
				Ψ		
3	3 Portion of income on line 2					
	included in Arizona adjusted					
	gross income	00		\$		00
4	4 Portion of income on line 2					
	included in the other state or					
	country's equivalent of Arizona					
	adjusted gross income	00		\$		00
5	5 Income subject to tax by both					
	Arizona and the other state or					
	country. Enter the smaller of the					
_	amount entered on line 3 or line 4 5 \$ 40,000 00 \$	00		\$		00
6	,	` '				
	(b), and (c). Include total from additional schedules. If less than zero, enter "0". Se	ee instructions	6	\$ 40	,000	00
Part 2	Computation of Other State or Country Tax Credit Lines 10 and 15: E	intor docimal am	ount t	o four places	· /v vv	rvvl
I all E	(Read specific line instructions for Part 2 before completing this part.)	inter decimal am	Udit t		. (X.XX	
7	7 Arizona tax liability less any credits (except other state tax credit)		. 7	3	, 297	00
8				1	,000	
9					,815	
10					, 010 2762	
11	•				911	-
12	TADATAND		_ 12b	2	,569	-
13			. 13		,000	
14					,000	
15	·		15		0000	
16		•			,569	-
17	•					
	more than one state or country, see instructions. Enter the smaller of line 11 or line	-				
	Also, enter this amount on Arizona Form 301, Part 1, line 3, column (a)		17		911	00

Your Name (as shown on page 1)	Your Social Security Number
RAJASHEKARREDDY RELA & SINDHU PRIYA DARAM	695-55-2649

Schedule of Income Allocation

Complete this schedule only if you are an Arizona resident who is also considered to be a resident of another state under the laws of that other state (dual resident); otherwise, skip this schedule. See pages 2 and 5 of the instructions.

		(a) Amount reported on your 202 federal income tax return		(b) Amount entered in column (a) reported on your 2022 Arizona income tax return		(c) Amount entered in column (a) reporte on your 2022 return filed to your statutor state of residence	n	(d) Amount entered in column (c) that would be sourced to your statuto state of residence as income of a nonreside of that state	ry
1	Wages, salaries, tips, etc	\$	00	\$	00	\$	00	\$	
2	Interest	\$	00	\$	00	\$	00	\$	0
3	Dividends	\$	00	\$	00	\$	00	\$	0
4	Business income or (loss) from federal Schedule C	\$	00	\$	00	\$	00	\$	00
	Gains or (losses) from federal Schedule D	\$	00	\$	00	\$	00	\$	0
Ü	estates, trusts, small business corporations from federal Schedule E	\$	00	\$	00	\$	00	\$	
7	Other income reported on your federal return	\$	00	\$	00	\$	00	\$	0
8	Total Income: Add lines 1 through 7	\$	00	\$	00	\$	00	\$	
9	Other federal adjustments: List on line	es 9a through 9c:							
9a		\$	00	\$	00	\$	00	\$	0
9b		\$	00	\$	00	\$	00	\$	00
9с		\$	00	\$	00	\$	00	\$	00
9d	Total adjustments: Add lines 9a through 9c for each column	\$	00	\$	00	\$	00	\$	00
10	Adjusted Gross Income: Subtract line 9d from line 8 for each column	\$	00	\$	00	\$	00	\$	00

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