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

- Internal n	levertue dei vice					
Submis	ssion Identification Number (SID)					
Taxpayer	r's name	Social secu	ity numl	per		
BHUV	ANA KRISHNA MEDIKONDA	663-37	-048	9		
Spouse's		Spouse's so			mber	
Part		year you	are au	thoriz	ing.)	
	whole dollars only on lines 1 through 5.					
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1	l	F 0	405
	Adjusted gross income		1			485.
	Total tax		3			298.
			4			003.
	Amount you want refunded to you		5			705.
Part		een a coi		OUR P	eturr	<u>, </u>
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)					
to send for any of Agent to payment authorize payment business taxes to personal	original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmirmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected providers in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. in initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indiction for my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate t, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requisited days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I are a firm of the payment of the payment (PIN) below is my signature for the income tax return (original or amended) I are a firm of the payment (PIN) below is my signature for the income tax return (original or amended).	ction of the S. Treasury cated in the in to debit the the authorizests must be processing anyment. I fu	transmistand its of tax preperently entry settion. The receip of the elerther acceip the receip the receip the acceip to the acceipance acceptance accepta	ssion, (designation to this revoluted no this rectronic knowless)	(b) the ated Fin softwaccount oke (captains) later ic payredge t	reason mancial vare for nt. This ancel) a than 2 ment of hat the
	iic Funds Withdrawal Consent.				_	
	yer's PIN: check one box only	7	, 0 4	1 8	9	
×	I authorize GLOBAL TAXES LLC to enter or generate I	my PIN └_ E	nter five	digits, l	but	as my
	signature on the income tax return (original or amended) I am now authorizing.	d	on't ente	r all zei	ros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am notifyou are entering your own PIN and your return is filed using the Practitioner PIN metholelow.					
Your si	gnature ► Date ►					
Spous	e's PIN: check one box only					
Spous	I authorize to enter or generate	my DINI				00 mv
	ERO firm name		nter five	digits. I		as my
	signature on the income tax return (original or amended) I am now authorizing.		on't ente	•		
	I will enter my PIN as my signature on the income tax return (original or amended) I am neif you are entering your own PIN and your return is filed using the Practitioner PIN metholow.		_			_
Spouse	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below					
Part I	II Certification and Authentication — Practitioner PIN Method Only					
FRO'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
L 110 3	ET INVITATE ETITOT YOUR SIX digit ET INVIONOWOOD BY YOUR INVE digit Soil Solocicu Fina.	Don't er				
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income taked to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submenents of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Incompany of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Incompany of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Incompany of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Incompany of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Incompany of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Incompany of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Incompany of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Incompany of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Incompany of the Practition of the Practition of the Practition of the Practical Practic	x return (oriç itting this re	ginal or turn in a	amend	anće v	
ERO's	signature ► Date ►					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To D	o So				

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	s 🔀 S	Single Married filing jointly	Marrie	ed filing separately (MFS)	☐ Head of	household (HOH)			fying survi se (QSS)	iving
one box.		u checked the MFS box, enter the n on is a child but not your dependent		our spouse. If you	check	ed the HOH or	QSS box, enter	the chi	d's r	name if the	e qualifying
Your first name	and mi	ddle initial	Last name			Your social security number			y number		
BHUVANA	KRIS	SHNA	MEDI	KONDA				663	3-3	7-0489)
If joint return, s	pouse's	first name and middle initial	Last nai	me				Spor	ıse's	social sec	urity number
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	- 1			n Campaign
1204 PI	NHORI	1 DR								ere if you,	or your tly, want \$3
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP code			0,	Checking a
BRIDGEWA	ATER				NJ	Ī	08807	box	belo	w will not	•
Foreign country	y name		F	Foreign province/state	/count	У	Foreign postal cod	e your	tax (or refund.	Spouse
Digital		ny time during 2022, did you: (a) rec	,				, , , , , , , , , , , , , , , , , , , ,	` '			
Assets	exch	ange, gift, or otherwise dispose of a		<u></u>			asset)? (See ins	truction	s.)	∐ Yes	⊠ No
Standard Deduction	_	eone can claim:	•	•		a dependent					
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Sp	ouse	: Was bor	n before Januar	y 2, 195	8	☐ Is blii	nd
Dependents	s (see	instructions):		(2) Social securit	y	(3) Relationsh	ip (4) Check the	box if q	ualifie	es for (see i	nstructions):
If more	(1) Fi	rst name Last name		number		to you	Child tax	credit	С	Credit for oth	er dependents
than four]			<u> </u>
dependents, see instruction	s ——]
and check	·										
here L]			<u> </u>
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .				.	1a	5	6,485.
	b	Household employee wages not re	eported	on Form(s) W-2 .				.	1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	structions)				.	1c		
attach Forms	d	Medicaid waiver payments not rep		` ,	instru	ctions)		.	1d	-	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f		•				.	1e	-	
was withheld.	f	Employer-provided adoption bene	fits from	n Form 8839, line 29	9 .			.	1f		
If you did not	g	Wages from Form 8919, line 6.						.	1g		
get a Form W-2, see	h	Other earned income (see instruct	,						1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	fuctions)		<u>1i</u>				_ ا	C 40F
		Add lines 1a through 1h		<u>.</u>					1z	- 5	6,485.
Attach Sch. B if required.	2a	· –	2a			axable interest			2b 3b	+	
	3a		3a			rdinary dividei axable amoun				+	
Standard	4a 5a	_	4a 5a			axable amoun		.	4b 5b	+	
Standard Deduction for—	6a	_	6a			axable amoun		.	6b		
Single or	C	If you elect to use the lump-sum e		method check here			t	i l	OD		
Married filing separately,	7	Capital gain or (loss). Attach Sche		•	`	,		H I	7	1	
\$12,950 Married filing	8	Other income from Schedule 1, lin							8	<u> </u>	6,000.
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						 	9	1	0,485.
Qualifying surviving spouse,	10	Adjustments to income from Sche	-	•				:	10		<u> </u>
\$25,900 • Head of	11	Subtract line 10 from line 9. This is	•					.	11	5	0,485.
household, \$19,400	12	Standard deduction or itemized	•					.	12		2,950.
If you checked	13	Qualified business income deduct		•	,			.	13	T -	
any box under Standard	14	Add lines 12 and 13						. [14	1	2,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer						.	15		7,535.
220 111011 40110113.											

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	4,298.
Credits	17	Amount from Schedule 2, lin	e3				<u> </u>	17	
	18	Add lines 16 and 17						18	4,298.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	4,298.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	4,298.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a	7,003		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	7,003.
If you have a	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return			26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	e 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credi	s	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	7,003.
Refund	34	If line 33 is more than line 24						34	2,705.
neiuliu	35a	Amount of line 34 you want	refunded to you	یا. If Form 8888	s is attached, che	eck here	🗆	35a	2,705.
Direct deposit?	b	Routing number 0 4 4	0 0 0 0	3 7	c Type:	Checking [Savings	,	
See instructions.	d	Account number 5 2 7	9 6 3 6	8 7					
	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, go						37	
	38	Estimated tax penalty (see in	•	•		38			
Third Party Designee		you want to allow another	person to disc	cuss this retu	n with the IRS	? See	Complete	helow	⊠ No
Designee		signee's		Phone			ersonal iden		_
	nai			no.			umber (PIN)		
Sign		der penalties of perjury, I declare tief, they are true, correct, and com			, , ,		,		, ,
Here	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					VALIDATIO	N ENGINEE	/	e inst.)	
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa	tion			nt your spouse an
Keep a copy for your records.							I	ntity Prot e inst.)	ection PIN, enter it here
	Ph	one no. (937)815-925	2	Email address	BHUVANAMEDI	KONDA2@GMAIL	. COM		
Doid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAN	1 03/08/202	3 P0208	82703	Self-employed
Preparer	Fire	m's name GLOBAL TAX	XES LLC				Ph	one no.	(678)965-9522
Use Only	Fire	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Fir	m's EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/24/23 PR	0		Form 1040 (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

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

BHUVANA KRISHNA MEDIKONDA

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

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

ne latest illiorniation.		Sequence No. 01			
	ial security number				
	663-37	-0489			

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-6,000.
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		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q p8		
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	-6,000.

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis governing			
	officials. Attach Form 2106	[12	1
13	Health savings account deduction. Attach Form 8889	[13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	[14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction	[17	
18	Penalty on early withdrawal of savings	[18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use	[22	
23	Archer MSA deduction	[23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
İ	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
_	1041)			
Z	Other adjustments. List type and amount:			
25			O.F.	
25 26	Total other adjustments. Add lines 24a through 24z	-	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here an Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	Form 1040 of 1040-3n, lifte 10, of Form 1040-1nn, lifte 10a		20	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

Your social security number

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

2022	
Attachment Seguence No. 13	

BHUVANA KRISHNA MEDIKONDA 663-37-0489 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. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions 1a Physical address of each property (street, city, state, ZIP code) WEST GODAVARI WEST GODAVARI ANDHRA PRADESH IN 534462 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 Davs **Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С 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: 3 400. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 800. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees 11 500. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 1,600. 14 14 Repairs . . . 15 Supplies 15 1,200. 16 16 Taxes 17 17 2,300. 18 18 Depreciation expense or depletion 19 19 Other (list) 20 20 Total expenses. Add lines 5 through 19 6,400. 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 -6,000. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 6,000.) 400. 23a Total of all amounts reported on line 3 for all rental properties 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 23d Total of all amounts reported on line 18 for all properties 6,400. Total of all amounts reported on line 20 for all properties 23e 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 6,000. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 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 -6,000. 26

2022 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040 2022 Page 1

040MP01220

Your Social Security Number (required) 663370489

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)

MEDIKONDA BHUVANA KRISHNA

Spouse's/CU Partner's SSN (if filing jointly)

Home Address (Number and Street, including apartment number)

 $\begin{array}{l} {\rm County/Municipality\ Code\ (See\ Table\ page\ 50)} \\ {\rm 1010} \end{array}$

1204 PINHORN DR

Driver's License Number (Voluntary) (See instructions)

M21370930060971

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

I authorize the Division of Taxation to discuss my return and enclosures with my preparer.

NJ-1040-O is enclosed.

Gubernatorial Elections Fund Note: This does not reduce your refund or increase your balance due.

Do you want to designate \$1 to the Gubernatorial Elections Fund? You Yes No If joint return, does your spouse want to designate \$1? Spouse/CU Partner Yes No

Direct Deposit Information

dd1.	Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	1	
dd2.	Account type (C for checking, S for savings)	dd2.	C	
dd3.	Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.		
dd4.	Routing number	dd4.		044000037
dd5.	Account number	dd5.		527963687



NJ-1040

Name(s) as shown on Form NJ-1040

MEDIKONDA BHUVANA KRISHNA

Your Social Security Number

663370489

1555

140-104	U
2022	
Page 2	

040MP02220

From: To: Enter month of your year end Filing Status Fill in only one. 1. X Single 2. Married/CU Couple, filing joint return 3. Married/CU Partner, filing separate return 4. Head of Household Enter spouse's/CU partner's SSN 5. Qualifying Widow(er)/Surviving CU Partner Indicate the year of your spouse's/CU partner's death: 2020 2021 Exemptions Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation. 6. Regular Self Spouse/CU Partner Domestic Partner 1 x \$1,000 = 1	
Fill in only one. 1. X Single 2. Married/CU Couple, filing joint return 3. Married/CU Partner, filing separate return 4. Head of Household Enter spouse's/CU partner's SSN 5. Qualifying Widow(er)/Surviving CU Partner Indicate the year of your spouse's/CU partner's death: 2020 2021 Exemptions Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation. 6. Regular X Self Spouse/CU Partner Domestic Partner 1 x\$1,000 = 1 7. Senior 65+ (Born in 1957 or earlier) Self Spouse/CU Partner x\$1,000 = 1 8. Blind/Disabled Self Spouse/CU Partner x\$1,000 = 1 9. Veteran Self Spouse/CU Partner x\$6,000 = 1 10. Qualified Dependent Children x\$1,500 = 1 11. Other Dependents 12. Dependents Attending Colleges (See instructions) 13. Total Exemption Amount (Add totals from the lines at 6 through 12) 14. Dependent Information. Provide the following information for each dependent. Last Name, First Name, Middle Initial Social Security Number Birth Year	2023
2. Married/CU Couple, filing joint return 3. Married/CU Partner, filing separate return 4. Head of Household Enter spouse's/CU partner's SSN 5. Qualifying Widow(er)/Surviving CU Partner Indicate the year of your spouse's/CU partner's death: 2020 2021 Exemptions Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation. 6. Regular X Self Spouse/CU Partner Domestic Partner 1 x\$1,000 = 1 7. Senior 65+ (Born in 1957 or earlier) Self Spouse/CU Partner x\$1,000 = 1 8. Blind/Disabled Self Spouse/CU Partner x\$1,000 = 1 9. Veteran Self Spouse/CU Partner x\$1,000 = 1 10. Qualified Dependent Children x\$1,500 = 1 11. Other Dependents x\$1,500 = 1 12. Dependents Attending Colleges (See instructions) 13. Total Exemption Amount (Add totals from the lines at 6 through 12) 14. Dependent Information. Provide the following information for each dependent. Last Name, First Name, Middle Initial	
3. Married/CU Partner, filing separate return 4. Head of Household Enter spouse's/CU partner's SSN 5. Qualifying Widow(er)/Surviving CU Partner Indicate the year of your spouse's/CU partner's death: 2020 2021 Exemptions Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation. 6. Regular X Self Spouse/CU Partner Domestic Partner 1 x\$1,000 =	
4. Head of Household Enter spouse's/CU partner's SSN 5. Qualifying Widow(er)/Surviving CU Partner Indicate the year of your spouse's/CU partner's death: 2020 2021 Exemptions Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation. 6. Regular X Self Spouse/CU Partner Domestic Partner 1 x\$1,000 = 1/2. Senior 65+ (Born in 1957 or earlier) Self Spouse/CU Partner x\$1,000 = 1/2. Selion High Self Spouse/CU Partner x\$1,000 = 1/2. Selion High Self Spouse/CU Partner x\$1,000 = 1/2. Selion High Self Spouse/CU Partner x\$1,000 = 1/2. Self Spouse/CU Partner x\$1,000 = 1/2. Self Spouse/CU Partner x\$1,500 = 1/2. Dependent Children x\$1,500 = 1/2. Dependents Attending Colleges (See instructions) x\$1,500 = 1/2. Dependents Attending Colleges (See instructions) 13. Total Exemption Amount (Add totals from the lines at 6 through 12) 13. 14. Dependent Information. Provide the following information for each dependent. Last Name, First Name, Middle Initial Social Security Number Birth Year	
5. Qualifying Widow(er)/Surviving CU Partner Indicate the year of your spouse's/CU partner's death: 2020 2021 Exemptions Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation. 6. Regular X Self Spouse/CU Partner Domestic Partner 1 x \$1,000 =	
Indicate the year of your spouse's/CU partner's death: 2020 2021 Exemptions Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation. 6. Regular X Self Spouse/CU Partner Domestic Partner 1 x\$1,000 =	
Exemptions Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation. 6. Regular	
Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation. 6. Regular	
7. Senior 65+ (Born in 1957 or earlier) 8. Blind/Disabled Self Spouse/CU Partner 9. Veteran Self Spouse/CU Partner 10. Qualified Dependent Children 11. Other Dependents 12. Dependents Attending Colleges (See instructions) 13. Total Exemption Amount (Add totals from the lines at 6 through 12) 14. Dependent Information. Provide the following information for each dependent. Last Name, First Name, Middle Initial Social Security Number x \$1,000 =	
8. Blind/Disabled Self Spouse/CU Partner x \$1,000 =	1000
9. Veteran Self Spouse/CU Partner x \$6,000 =	
10. Qualified Dependent Children	
11. Other Dependents 12. Dependents Attending Colleges (See instructions) 13. Total Exemption Amount (Add totals from the lines at 6 through 12) 14. Dependent Information. Provide the following information for each dependent. Last Name, First Name, Middle Initial Social Security Number Birth Year	
12. Dependents Attending Colleges (See instructions) x \$1,000 =	
 13. Total Exemption Amount (Add totals from the lines at 6 through 12) 13. Dependent Information. Provide the following information for each dependent. Last Name, First Name, Middle Initial Social Security Number Birth Year 	
14. Dependent Information. Provide the following information for each dependent. Last Name, First Name, Middle Initial Social Security Number Birth Year	
Last Name, First Name, Middle Initial Social Security Number Birth Year	1000 .
a	No Health Insurance
b	
c.	
d.	

NJ-1040

Name(s) as shown on Form NJ-1040

MEDIKONDA BHUVANA KRISHNA

Your Social Security Number

663370489

1555



040MP03220

1.5	Wasse salaries time and other annelsuse communication (State wasse from Day 16 of analoged W 2(a)) (See instructions)	15.	56943 .	
15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)		JUJ 1 J .	
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	•	
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	•	
17.	Dividends	17.	•	
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	•	
19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	•	
20a.	Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)	20a.	•	
20b.	Excludable pension, annuity, and IRA distributions/withdrawals	20b.	•	
21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.	•	
22.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	•	
23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.	•	
24.	Net gambling winnings (See instructions)	24.	•	
25.	Alimony and separate maintenance payments received	25.	•	
26.	Other (Enclose documents) (See instructions)	26.		
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	56943 .	
28a.	Pension/Retirement Exclusion (See instructions)	28a.		
28b.	Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)	28b.		
28c.	Total Exclusion Amount (Add lines 28a and 28b)	28c.		
29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	56943 .	
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	1000 .	
31.	Medical Expenses (See Worksheet F and instructions)	31.		
32.	Alimony and separate maintenance payments (See instructions)	32.		
33.	Qualified Conservation Contribution	33.		
34.	Health Enterprise Zone Deduction	34.		
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0.	
36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.		
37a.	NJBEST Deduction	37a.		
37b.	NJCLASS Deduction	37b.		
37c.	NJ Higher Ed. Tuition Deduction	37c.		
38.	Total Exemptions and Deductions (Add lines 30 through 37c)	38.	1000 .	
39.	Taxable Income (Subtract line 38 from line 29)	39.	55943 .	
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	1440 .	
40b.	Indicate your residency status during 2022 (fill in only one) Homeowner Tenant	Both	1440 •	
		41.	1440 .	
41.	Property Tax Deduction (From Worksheet H) (See instructions)		54503 .	
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.	1520 .	
43.	Tax on amount on line 42 (Tax Table page 52)	43.	1520 .	
44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	44.	•	
	Enter Code		1500	
45.	Balance of Tax (Subtract line 44 from line 43)	45.	1520 .	
46.	Sheltered Workshop Tax Credit	46.	•	
47.	Gold Star Family Counseling Credit (See instructions)	47.	•	
48.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)	48.	•	
49.	Total Credits (Add lines 46 through 48)	49.		
50.	Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry	50.	1520 .	
51.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51.	0 .	
52.	Interest on Underpayment of Estimated Tax	52.		
	Fill in if Form NJ-2210 is enclosed			
53.	Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill in	53.	0 .	

NJ-1040 2022

Page 4



Name(s) as shown on Form NJ-1040

MEDIKONDA BHUVANA KRISHNA

Your Social Security Number

663370489

1555

Tax Due Address

54.	Total Tax Due (Add lines 50 through 53)		54.	1520	
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)		55.	2253	
56.	Property Tax Credit (See instructions page 24)		56.		
57.	New Jersey Estimated Tax Payments/Credit from 2021 tax return		57.		
58.	New Jersey Earned Income Tax Credit (See instructions)		58.		
	Fill in if you had the IRS calculate your federal earned income credit				
	Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit				
59.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)		59.	26	
60.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)		60.		
61.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)		61.		
62.	Wounded Warrior Caregivers Credit (See instructions)		62.		
63.	Pass-Through Business Alternative Income Tax Credit (See instructions)	63.			
64.	Child and Dependent Care Credit (See instructions)	64.			
	Fill in if you are a CU couple claiming the Child and Dependent Care Credit				
65.	New Jersey Child Tax Credit (See instructions)		65.		
	Number of dependents under age 6 on 12/31/2022				
66.	Total Withholdings, Credits, and Payments (Add lines 55 through 65)		66.	2279	
67.	If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount	you owe	67.		
	If you owe tax, you can still make a donation on lines 70 through 77.				
68.	If the total on line 66 is more than line 54, you have an overpayment. Subtract line 54 from line 66	and enter the overpayment	68.	759	
69.	Amount from line 68 you want to credit to your 2023 tax		69.		
70.	Contribution to N.J. Endangered Wildlife Fund		70.		
71.	Contribution to N.J. Children's Trust Fund to Prevent Child Abuse		71.		
72.	Contribution to N.J. Vietnam Veterans' Memorial Fund		72.		
73.	Contribution to N.J. Breast Cancer Research Fund		73.		
74.	Contribution to U.S.S. New Jersey Educational Museum Fund		74.		
75.	Other Designated Contribution (See instructions)	Enter Code	75.		
76.	Other Designated Contribution (See instructions)	Enter Code	76.		
77.	Other Designated Contribution (See instructions)	Enter Code	77.		
78.	Total Adjustments to Tax Due/Overpayment amount (Add lines 69 through 77)		78.		
79.	Balance due (If line 67 is more than zero, add line 67 and line 78)		79.		
80.	Refund amount (If line 68 is more than zero, subtract line 78 from line 68)		80.	759	

Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to: the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge. State of New Jersey Division of Taxation Revenue Processing Center - Payments Your Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Date PO Box 111 Trenton, NJ 08645-0111 include Social Security number and make check or money order payable to: State of New Jersey – TGI Federal Identification Number Paid Preparer's Signature You can also make a payment on our website: nj.gov/taxation P02082703 PRIYA RAMSAGAR GUPTA TALLAM SYAM Refund or No Tax Due Address Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Firm's Federal Employer Identification Number Revenue Processing Center - Refunds PO Box 555 84-3171965 Trenton, NJ 08647-0555 GLOBAL TAXES LLC

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to

Division Use:

Name(s) as shown on Form NJ-1040	Social Security Number
MEDIKONDA BHUVANA KRISHNA	663-37-0489

Schedule NJ-BUS-1 (Form NJ-1040)

New Jersey Gross Income Tax Business Income Summary Schedule

2022

P	Part I Net Profits From Business List the net profit (loss) from business(es). See Instructions.											
	Business Name	Social Se	ecurity ederal E		ber/			Profit or (Loss)				
1.						T						
2.												
3.					İ							
4.	Net Profit or (Loss). (Add lines 1, 2, and 3.) (En line 18, NJ-1040. If loss, make no entry on line		on		4.							
P	art II Distributive Share of Partne	rship Inco	me							re of income (loss) e instructions.		
	Partnership Name	Federal	EIN				e of Pai ome or			Share of Pass-Thro Business Alterna Income Tax		
1.												
2.												
3.												
4.	Distributive Share of Partnership Income or (Loc (Add lines 1, 2, and 3.) (Enter here and on line 2 If loss, make no entry on line 21.)			4.								
5.	5. Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.)(Enter here and include on line 63, NJ-1040.) 5.											
Р	art III Net Pro Rata Share of S Co	rporation	Incon	пе						of income (usable n(s). See instruction	S.	
	S Corporation Name	Federal EIN					S Corpor			of Pass-Through Busi Alternative Income Tax	ness	
1.												
2.												
3.												
4.	Net Pro Rata Share of S Corporation Income or (Usal (Add lines 1, 2, and 3.) (Enter here and on line 22, NJ If loss, make no entry on line 22.)	J-1040.	4.									
5.	Total Share of Pass-Through Business Alternative Inco (Add lines 1, 2, and 3.)(Enter here and include on line		5.									
P	Part IV Net Gains or Income From Rents, Royalties, Patents, and Copyrights List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1 – Rental real estate 2 – Royalties 3 – Patents 4 – Copyrights											
	enter physical address of property Federal FIN				Type – Enter number from list above			Income or (Loss)				
1.	WEST GODAVARI	6633704	189				1			-6,000.		
2.												
3.												
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, NJ-1040. If loss, make no entry on line 23.) 46,000.											

Name(s) as shown on Form NJ-1040	Social Security Number
MEDIKONDA BHUVANA KRISHNA	663-37-0489

Schedule NJ-BUS-2 New Jersey Gross Income Tax
(Form NJ-1040) Alternative Business Calculation Adjustment

2022

			Column B							
Part I Income (Loss)			Reportable Regular Business Income	Alternative Business Income (Loss)						
1.	Net Profits From Business	1a.	0.		1b.	0.				
2.	Distributive Share of Partnership Income	2a.	0.		2b.	0.				
3.	Net Pro Rata Share of S Corporation Income	3a.	0.		3b.	0.				
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	0.		4b.	-6,000.				
5.	Loss Carryforward From Tax Year 2021				5b.	()			
6.	Totals	6a.	0.		6b.	-6,000.				
Part II Adjustment Calculation										
7.	Total Regular Business Income	7.	0.							
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.							
9.	Business Increment (Subtract line 8 from line 7)	9.	0.							
10.	Adjustment Percentage	10.	(0.50						
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.							
Part	: III Loss Carryforward to Tax Year 2023									
12.	Loss Carryforward to Tax Year 2023				12.	(6,000.)			

Instructions

- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from line 21, Form NJ-1040.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from line 22, Form NJ-1040.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from line 23, Form NJ-1040.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from line 12 of your 2021 Schedule NJ-BUS-2 (Form NJ-1040).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2022 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040.
- Line 12. If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

Form NJ-2450

Employee's Claim for Credit For Excess UI/WF/SWF, Disability Insurance, and/or Family Leave Insurance Contributions for Calendar Year 2022

2022

To claim this credit, you must complete the items below using the information from your W-2 forms. Enclose this form and the W-2s with your New Jersey State Income Tax return. Any items not substantiated by a W-2 or any information that is incomplete will cause the claim to be rejected. The amount withheld for unemployment insurance/workforce development partnership fund/supplemental workforce fund, disability insurance, and family leave insurance must be reported separately on all W-2 statements.

Note on Joint NJ-1040 return: Each spouse/CU partner must file a separate Form NJ-2450 when claiming a refund for excess contributions.

Claimant Name: MEDIKONDA BHUVANA	KRISHNA Clair	mant SSN: <u>663</u> -	-37-0489	
Address: 1204 PINHORN DR				
City: BRIDGEWATER	State: <u>NJ</u>	ZIP C	ode: <u>08807</u>	

—	All Court of Francisco	0.1	0.1	0.10	
	All Information From Your W-2 Forms. amount deducted by any one employer exceeds the maximum	Column A	Column B	Column C	
for ei	ther UI/WF/SWF, disability insurance, or family leave insurance,	UI/WF/SWF	Disability	Family Leave	
	the maximum in the appropriate column(s) and contact that over for a refund of the balance of the deduction.	Deducted	Insurance Deducted	Insurance Deducted	
1A.			Deducted	Deducted	
17.	Employer's Name: VIDLEXINFO LLC	-			
	Fed. Emp. I.D.#: 84-4858959	1			
	Private Plan#: Wages: 50,727.	169.00	71.00	71.00	
B.	Employer's Name: VIDLEXINFO LLC				
	Fed. Emp. I.D.#: 84-4858959				
	Private Plan#: Wages: 6,216.	26.00	9.00	9.00	
C.	Employer's Name:				
	Fed. Emp. I.D.#:	1			
	Private Plan#: Wages:	1			
D.	Employer's Name:				
	Fed. Emp. I.D.#:	1			
	Private Plan#: Wages:	1			
E.	Employer's Name:				
	Fed. Emp. I.D.#:]			
	Private Plan#: Wages:]			
F.	*If additional space is required, enclose a rider and enter the total on this line.				
2.	Total Deducted. Add lines 1A through 1F. Enter here.	195.00	80.00	80.00	
3.	Correct UI/WF/SWF, Disability Insurance, and/or Family Leave Deductions.	169.15	212.66	212.66	
4.	Subtract line 3 column A from line 2 column A. Enter on line 59 of the NJ-1040.	26.			
5.	Subtract line 3 column B from line 2 column B. Enter on line 60 of the NJ-1040.				
6.	Subtract line 3 column C from line 2 column C. Enter on line 61 of the NJ-1040.				

I hereby apply for a credit for worker contributions deducted in excess of \$169.15 for NJ UI/WF/SWF and/or in excess of \$212.66 for NJ Disability Insurance and/or in excess of \$212.66 for NJ Family Leave Insurance deductions by reason of having received wages from two or more employers during the above calendar year and hereby submit the following statement of wages and deductions.

Claimant's Signature: Date:

Schedule **NJ-HCC** (Form NJ-1040)

2022

New Jersey **Health Care Coverage**If your income on line 29 is at or below the filing threshold, do not complete this schedule.

Name as Shown on Return MEDIKONDA BHUVANA KRISHNA	Social Security No. 663-37-0489
Part I	
Did you and, if applicable, all members of your tax household, have min coverage for every month in 2022 (See instructions for line 53, NJ-1040 include only months as a New Jersey resident. X Yes. You do not owe a shared responsibility payment. Fill in the enclose this schedule with your return. No. Continue to Part II.	0.) Part-year residents
Part II	
Enter the name and Social Security number for each member of your to every month each person had minimum essential health coverage or q (part-year residents include only months as a New Jersey resident). If a exemption, enter the exemption number. (See instructions for line 53, No more than one exemption number, check the box. If you need more spany additional individuals. QuickZoom to Shared Responsibility Payment Calculation Worksheet	ualified for an exemption an individual qualified for an NJ-1040.) If an individual has ace, enclose a statement listing

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Exemption Code		_	Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
	İ		Check	box if t	his indi	vidual i	s unde	r 18 .	··		<u> </u>		
				Ш									
Exemption Code		_	Check								on nun	nber .	
			Check	box if t	nis indi 	vidual i	s unde	r 18	i — i	i i i	· · · ·		
Exemption Code	l	ļL	[∟	hav if t	∣∟ his indi	vidual I	has mo	re than		vemnti	on nun	her	
Exemption code : :	-	_	Check							•			
						Viadai i							
Exemption Code	l -		Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
			Check	box if t	h <u>is ind</u> i	v <u>idual</u> i	s unde	r 18 .	. <u></u> .	<u></u>	<u></u> .	<u></u>	
Exemption Code	-	_	Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
	1		Check	box if t	his indi	vidual i	s unde	r 18 .	··		<u> </u>		
				Ш									
Exemption Code		_	Check							xempti	on nun	nber .	
			Check	box if t	nis indi I	vidual i	s unde	r 18	i — i	i i i i	<u> </u>	i	
Exemption Code			[∟	hov if t	∣∟ hic indi	vidual I	has mo	ro than		vomoti		obor	
Exemplion Code	-	_	Check							•	on nun	ibei .	
						Vidual			i i i i i	Ι	\Box		
Exemption Code	l 		Check	box if t	ı∟ his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
,		_	Check										
Exemption Code		_	Check	box if t	his indi	vidual l	has mo	re than	one e	xempti	on nun	nber	
	•		Check	box if t	his indi	vidual i	s unde	r 18 -			<u></u> .		Ш
Exemption Code		_	Check								on nun	nber .	\vdash
			Check	box if t	his indi	vidual i	s unde	r 18 .			· · ·	· · · ·	