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 securit	y number	
BABAIAH RAMULA	738-14-	-2658	
Spouse's name	Spouse's soc	ial security number	
SANTHOSHI BATTIRAJU	983-92	-2534	
Part I Tax Return Information — Tax Year Ending December 31, 2022 (E	nter year you a	re authorizing.))
Enter whole dollars only on lines 1 through 5.			
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1 1	
1 Adjusted gross income			,029.
2 Total tax			,844.
Federal income tax withheld from Form(s) W-2 and Form(s) 1099			,428.
4 Amount you want refunded to you5 Amount you owe		5 7	,584.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a		-	rn)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amer		-	
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trato send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to term payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended Electronic Funds Withdrawal Consent.	ansmitter, or electron rejection of the transmitter. Treasury and tindicated in the tatitution to debit the ininate the authorization requests must be the processing of the payment. I furt	anic return originate ansmission, (b) the dist designated and a preparation softentry to this according. To revoke (controlled the electronic parter acknowledge	tor (ERO) e reason Financial tware for ount. This cancel) a er than 2 yment of that the
Taxpayer's PIN: check one box only			
X I authorize GLOBAL TAXES LLC to enter or generation to enter or generation to enter or generation to enter or generation.	Ent	2 6 5 8 er five digits, but 1't enter all zeros	as my
signature on the income tax return (original or amended) I am now authorizing.			
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN r below.			
Your signature ▶ Date	>		
Spouse's PIN: check one box only			
	Ent	2 5 3 4 er five digits, but 't enter all zeros	as my
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN r below.			
Spouse's signature ▶ Date			
Practitioner PIN Method Returns Only—continue be	elow		
Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2		6 6 1 9 8	9
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incorauthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers	me tax return (origii submitting this retu	nal or amended) I rn in accordance	
ERO's signature ▶ Date	•		
ERO Must Retain This Form — See Instruction			

Don't Submit This Form to the IRS Unless Requested To Do 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.

Check only				ed filing separatel				•		spou	se (QS	S)	•
one box.		u checked the MFS box, enter the r on is a child but not your dependen		our spouse. If yo	u check	ed the HOH or	r QSS box	k, ente	r the d	child's	name ı	the	qualifying
Your first name			Last na	me					V	our soc	ial sec	urity ı	number
BABAIAH	and m		RAMU								4-26	-	iamboi
	nouse's	first name and middle initial	Last na										rity number
SANTHOSI		, met name and made mila		'IRAJU							2-25		,
		er and street). If you have a P.O. box, see	-				Apt.	no.					Campaign
313 JACI	,						В		- 1		ere if yo		
		ce. If you have a foreign address, also co	omplete s	paces below.	Sta	te	ZIP code				if filing jointly, want \$3		
WARRENSI	BURG				MC)	64093	3			this fun w will r		necking a
Foreign country name Foreign province/state/county Foreign postal									or refu		larigo		
											Yo	u [Spouse
Digital		ny time during 2022, did you: (a) rec											⊠ No
Assets		ange, gift, or otherwise dispose of					asset)? (s	see in	Structi	oris.)	Ye	5	<u> </u>
Standard Deduction		eone can claim:	•			a dependent							
Age/Blindnes	s You:	Were born before January 2, 1	1958	Are blind	Spouse	: Was bo	rn before	Janua	ry 2, 1	958	☐ Is	blind	b
Dependent				(2) Social secu	urity	(3) Relationsh				· 1			structions):
If more	(1) Fi	rst name Last name		number		to you	(Child ta	x cred	it (Credit for other dependents		
than four dependents,								Ш				ᆜ	
see instruction	s								<u> </u>			ᆜ	i
and check	, —							L				ᆜ	
here		T. I						L		<u> </u>	T		
Income	1a	Total amount from Form(s) W-2, b	,	,				•		1a		114	1,229.
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2								1b			
W-2 here. Also	C							•		1c			
attach Forms W-2G and	d e	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						1e					
1099-R if tax	f	Taxable dependent care benefits from Form 2441, line 26							1f				
was withheld.	g	Wages from Form 8919, line 6.						•		1g			
If you did not get a Form	9 h	Other earned income (see instruction						•		1h			0.
W-2, see	i	Nontaxable combat pay election (,			1 _{1i}		•					
instructions.	z	Add lines 1a through 1h	136111 3361	dottorioj			'			1z		114	1,229.
Attach Sch. B		Tax-exempt interest	2a		b Ta	axable interes	t			2b			.,
if required.	3a	Qualified dividends	3a			rdinary divide				3b			
	4a	IRA distributions	4a			axable amoun				4b			
Standard	5a	Pensions and annuities	5a			axable amoun				5b			
Deduction for—	6a	Social security benefits	6a		b Ta	axable amoun	t			6b			
Single or Married filing	С	If you elect to use the lump-sum	election r	method, check he	ere (see	instructions)							
separately, \$12,950	7	Capital gain or (loss). Attach Sche	edule D if	required. If not r	equired,	check here				7			
Married filing	8	Other income from Schedule 1, lin	ne 10 .							8		-11	,200.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is your total	income					9		103	3,029.
surviving spouse, \$25,900	10	Adjustments to income from Sche	edule 1, l	ine 26						10			
Head of	11	Subtract line 10 from line 9. This i	s your a c	djusted gross in	come					11		103	3,029.
household, \$19,400	12	Standard deduction or itemized	deducti	ions (from Sched	ule A)					12		25	5,900.
If you checked	13	Qualified business income deduct	tion from	Form 8995 or Fo	orm 899	5-A				13			
any box under Standard	14	Add lines 12 and 13								14			,900.
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ro or less	s, enter -0 This	is your t	axable incom	пе			15		77	,129.

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	8,844.
Credits	17	Amount from Schedule 2, lin	ne 3						17	
	18	Add lines 16 and 17							18	8,844.
	19	Child tax credit or credit for	other dependen	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	8,844.
	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	8,844.
Payments	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	16	,428		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c							25d	16,428.
If you have a	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return				26	
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	8, 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	undab	le credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					33	16,428.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid						34	7,584.	
Retund	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here								7,584.
Direct deposit?	b	Routing number 1 2 1] Chec	king 🗌	Savings		
See instructions.	d	Account number 3 2 5	0 5 0 5	8 4 8 2	2 4					
	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			rn with the IRS?		Yes. C	omplete	below.	X No
200.900	De	signee's		Phone			_	onal iden		
	na	me		no.			num	ber (PIN)		
Sign Here		der penalties of perjury, I declare t lief, they are true, correct, and com								
пете	Yo	ur signature		Date	Your occupation					nt you an Identity IN, enter it here
Joint return?					SOFTWARE I	ENGI	NEER	(se	e inst.)	
See instructions. Keep a copy for	Sp	Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation						nt your spouse an ection PIN, enter it here
your records.					HOME MAKER				e inst.)	
	Ph	one no. (267)881-907	5	Email address	BABU.RAMULA	1988@	GMAIL.C	OM		
Doid	Pre	eparer's name	Preparer's signat	ure		Date		PTIN		Check if:
Paid	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/	11/2023	P0208	32703	Self-employed
Preparer Use Only	Fir	m's name GLOBAL TA	XES LLC					Pho	one no. ((678)965-9522
Use Only	Fin	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816								88-2145487

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 BABAIAH RAMULA & SANTHOSHI BATTIRAJU

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

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

	Sequence No. 01
Your soc	ial security number
738-14	-2658

Par	rt I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Sch		5	-11,200.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss)		
b	Gambling			
С	Cancellation of debt	,		
d	Foreign earned income exclusion from Form 2555 8d ()		
е	Income from Form 8853			
f	Income from Form 8889			
g	Alaska Permanent Fund dividends 8g			
h	Jury duty pay			
į	Prizes and awards			
j	Activity not engaged in for profit income			
k	Stock options			
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property 81			
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)			
n	Section 951(a) inclusion (see instructions)			
0	Section 951A(a) inclusion (see instructions)			
p	Section 461(I) excess business loss adjustment 8p Taxable distributions from an ABLE account (see instructions) 8q			
q	Taxable distributions from an ABLE account (see instructions) 8q Scholarship and fellowship grants not reported on Form W-2 8r			
r	Nontaxable amount of Medicaid waiver payments included on Form			
S	1040, line 1a or 1d	\		
t	Pension or annuity from a nonqualifed deferred compensation plan or	/		
·	a nongovernmental section 457 plan 8t			
u	Wages earned while incarcerated 8u			
z				
~	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 104		10	-11,200.

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

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-	basis government		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN	·		
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	, , , , , , , , , , , , , , , , , , ,	24a		
b	Deductible expenses related to income reported on line 8l from the			
		24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	· · · · · · · · · · · · · · · · · · ·	24c		
d	· • • • • • • • • • • • • • • • • • • •	24d		
е	Repayment of supplemental unemployment benefits under the Trade			
_		24e		
f		24f		
g	• • • • • • • • • • • • • • • • • • • •	24g		
h	Attorney fees and court costs for actions involving certain unlawful	0.41		
_	` '	24h		
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	04:		
		24i	_	
J		24j	-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	041		
_		24k	-	
Z	Other adjustments. List type and amount:	24z		
25			25	
25 26	Total other adjustments. Add lines 24a through 24z		25	
∠0	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	. Enter here and on	26	
	TOTAL TO TO TO TO TO TAIL TO, OF TOTAL TO THE TOA		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.

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

2022 Attachment Sequence No. 13

OMB No. 1545-0074

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

Your social security number

BAB.	AIAH RAMULA & SANTHOSHI BATTIRAJU					'	738-14	1-2658	ś
Par	Income or Loss From Rental Real Estate and Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			C . See	instru	ctions. If you are	e an indiv	idual, rep	oort farm
Α	Did you make any payments in 2022 that would require you	to file F	orm(s) 1	099? 5	See ins	structions		. TY	es 🗵 No
	If "Yes," did you or will you file required Form(s) 1099? .								
1a	Physical address of each property (street, city, state, ZIF								
	i injetodi dadi oso or odon proporty (etroet, etty, etdio, z.i.								
A									
В									
C	Toward Durants O F I I I I				_		D		
1b	Type of Property (from list below) 2 For each rental real estate proper above, report the number of fair in the following from the first property above.				Fa	ir Rental Days	Persona Day		QJV
Α	personal use days. Check the Qu			Α		365	Day	0	
В	if you meet the requirements to fi	ile as a		В		303			
C	qualified joint venture. See instru	ıctions.		C					
	of Property:								
	Single Family Residence 3 Vacation/Short-Term Rent	tal	5 Land		7	Self-Rental			
	Multi-Family Residence 4 Commercial	·	6 Roya			Other (describ	ne)		
	Walti Falliny Flooracines F Commoroidi		- Tioye						
		L				Propertie	s:		
Incor				Α		В			С
3	Rents received	3		6	00.				
_ 4	Royalties received	4							
	nses:	_							
5	Advertising	5							
6	Auto and travel (see instructions)	7		1 0	0.0				
7	Cleaning and maintenance			Ι, υ	00.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10			0.0				
11	Management fees	12		8	00.				
12 13	Mortgage interest paid to banks, etc. (see instructions) Other interest	13							
14	Repairs	14		2 2	00.				
15	Supplies	15			00.				
16	Taxes	16		2,0	00.				
17	Utilities	17		4 0	00.				
18	Depreciation expense or depletion	18		1,0	00.				
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		11,8	00.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If								
	result is a (loss), see instructions to find out if you must								
	file Form 6198	21	-	-11,2	00.				
22	Deductible rental real estate loss after limitation, if any,								
	on Form 8582 (see instructions)	22 (11,20	00.)	()(,)
23 a	Total of all amounts reported on line 3 for all rental proper	rties			23a		600.		
b	Total of all amounts reported on line 4 for all royalty prope	erties			23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
е	Total of all amounts reported on line 20 for all properties				23e	11,	800.		
24	Income. Add positive amounts shown on line 21. Do not		_				24		
25	Losses. Add royalty losses from line 21 and rental real estat							·	11,200.)
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, IV, and line 40 on page 2 do not a								
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar	mount i	n the tot	aı on li	ne 41	on page 2 .	26		-11,200.

Passive Activity Loss Limitations

See separate instructions.

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

Identifying number

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

Go to www.irs.gov/Form8582 for instructions and the latest information.

Attachment Sequence No. **858**

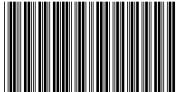
OMB No. 1545-1008

BABA	AIAH RAMULA & SANTHOSHI BAT	TTIRAJU			738	3-14-	-2658
Pai							
	Caution: Complete Parts IV ar	nd V before comple	eting Part I.				
	al Real Estate Activities With Active Pa ance for Rental Real Estate Activities			ive participation,	see Special		
1a	Activities with net income (enter the a	mount from Part I\	/, column (a)) .	1a	0.		
b	Activities with net loss (enter the amount	unt from Part IV, c	olumn (b))	1b (11,200.)		
С	Prior years' unallowed losses (enter the	ne amount from Pa	art IV, column (c))	1c ()		
d	Combine lines 1a, 1b, and 1c					1d	-11,200.
All Ot	her Passive Activities						
2a	Activities with net income (enter the a	mount from Part V	'. column (a)) .	2a			
b	Activities with net loss (enter the amount)		
С	Prior years' unallowed losses (enter th)		
d	Combine lines 2a, 2b, and 2c					2d	
3	Combine lines 1d and 2d. If this line i						
	all losses are allowed, including any						
	losses on the forms and schedules no	ormally used .				3	-11,200.
	If line 3 is a loss and: • Line 1d is a l	loss and to Part II					
		loss (and line 1d is	zero or more) sk	in Part II and go t	o line 10		
_		•					
	on: If your filing status is married filing	separately and yo	ou lived with your	spouse at any tir	ne during the	year,	do not complete
	. Instead, go to line 10.		A . 12 - 212 XAP211.	A . 11			
Par	t II Special Allowance for Rer Note: Enter all numbers in Par			_			
4	Enter the smaller of the loss on line 1	<u> </u>		tions for all exam	pic.	4	11,200.
5	Enter \$150,000. If married filing separ			5	150,000.	•	11,200.
6	Enter modified adjusted gross income	-			114,229.		
	Note: If line 6 is greater than or equal					-	
	on line 9. Otherwise, go to line 7.						
7	Subtract line 6 from line 5			7	35,771.		
8	Multiply line 7 by 50% (0.50). Do not en	nter more than \$25	,000. If married filing	ng separately, see	instructions	8	17,886.
9	Enter the smaller of line 4 or line 8					9	11,200.
Par							•
10	Add the income, if any, on lines 1a an	d 2a and enter the	total			10	0.
11	Total losses allowed from all passiv	e activities for 20	22. Add lines 9 ar	nd 10. See instruc	tions to find		
	out how to report the losses on your to					11	11,200.
Par	IV Complete This Part Before	e Part I, Lines 1	a, 1b, and 1c. S	See instructions.			
		Currer	nt year	Prior years	Ove	rall ga	in or loss
	Name of activity	(a) Net income	(b) Net loss	(c) Unallowed			
		(line 1a)	(line 1b)	loss (line 1c)	(d) Gair	n	(e) Loss
		0.	11,200.				11,200.
							•
_							
Total	Enter on Part I, lines 1a, 1b, and 1c	0.	11,200.				

Form 8582 (2022) Page **2**

Part V Complete This Part Before	re P	art I, Lines 2	a, 2b,	and 2c. S	ee instrud	ctions.			•
Name of activity		Currer	nt year		Prior y	ears	Overa	ll ga	ain or loss
Name of activity	(a	Net income (line 2a)	(b) (li	Net loss ne 2b)	(c) Unall loss (lin		(d) Gain		(e) Loss
Total. Enter on Part I, lines 2a, 2b, and 2c									
Part VI Use This Part if an Amou	nt Is	s Shown on F	Part II.	Line 9. S	ee instruc	tions.			
Name of activity	Fo ar to	rm or schedule nd line number be reported on se instructions)) Loss	(b) Ra	(a) Special			(d) Subtract column (c) from column (a).
		E Ln 22		11,200.	1.0000	0000	11,20	0.	0.
Total				11,200.	1.00	0	11,20	0.	0.
Allocation of Orlanowed I	_05			5.					
Name of activity		Form or sche and line nur to be reporte (see instruct	nber ed on	(a) l	Loss		(b) Ratio	(c) Unallowed loss	
Total							1.00		
Part VIII Allowed Losses. See instr						1			
Name of activity		Form or sche and line nur to be reporte (see instruct	nber ed on	(a) l	_oss	(b) Ur	nallowed loss	(c) Allowed loss
Total									





2022 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040 2022 Page 1

Your Social Security Number (required)

738142658

Spouse's/CU Partner's SSN (if filing jointly) 983922534

County/Municipality Code (See Table page 50) 1212

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.)

RAMULA BABAIAH & BATTIRAJU SANTHOSHI

Home Address (Number and Street, including apartment number) 313 JACKSON STREET APT B

ZIP Code City, Town, Post Office State 64093 WARRENSBURG MO

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

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.		121000358
dd5.	Account number	dd5.		325050584824



NJ-1040

Name(s) as shown on Form NJ-1040

RAMULA BABAIAH & BATTIRAJU SANTHOSHI

Your Social Security Number 738142658

1555

2022 Page 2

Part-year residents, provide months/days you were a New Jersey resident during 2022: Fiscal year filers only: 2023 Enter month of your year end From: To:

Filing Status Fill in only one.

1.		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

Qualifying Widow(er)/Surviving CU Partner 5.

Indicate the year of your spouse's/CU partner's death: 2020 2021

ExemptionsFill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

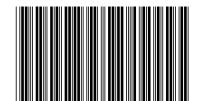
6.	Regular	×	Self	×	Spouse/CU Partner	Domestic Partner	2	x \$1,000 = 2000
7.	Senior 65+ (Born in 1957 or earlier)		Self		Spouse/CU Partner			x \$1,000 =
8.	Blind/Disabled		Self		Spouse/CU Partner			x \$1,000 =
9.	Veteran		Self		Spouse/CU Partner			x \$6,000 =
10.	Qualified Dependent Children							x \$1,500 =
11.	Other Dependents							x \$1,500 =
12.	Dependents Attending Colleges (See	instruc	tions)					x \$1,000 =
13.	Total Exemption Amount (Add total	13. 2000.						

14.	Dependent Information. Provide the following information for each dependent.			7
	Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a.				
b.				F
c.				
d.				

O NOT MAI

NJ-1040 2022

Page 3



Name(s) as shown on Form NJ-1040

RAMULA BABAIAH & BATTIRAJU SANTHOSHI

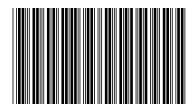
Your Social Security Number

738142658

1555

1.5		15.	121098 .	
15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)		121090 .	
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.	121098 .	,
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.	121098 .	,
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	2000 .	,
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.	Health Enterprise Zone Deduction Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0 .	,
36.	Organ/Bone Marrow Donation Deduction (See instructions)	36. ϝ		
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.	2000 .	
39.	Taxable Income (Subtract line 38 from line 29)	39.	119098 .	
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.		
40b.	Indicate your residency status during 2022 (fill in only one) Homeowner Tenant	Both		
41.	Property Tax Deduction (From Worksheet H) (See instructions)	41.		
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.	119098 .	
43.	Tax on amount on line 42 (Tax Table page 52)	43.	3805 .	
44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	44.		
	Enter Code			
45.	Balance of Tax (Subtract line 44 from line 43)	45.	3805 .	
46.	Sheltered Workshop Tax Credit	46.	3003 .	
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.	•	
			3805 .	
50.	Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	50.	2002 •	
51.		51.	0.	,
52.	Interest on Underpayment of Estimated Tax	52.	•	,
	Fill in if Form NJ-2210 is enclosed Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill in	53.	0.	
53.	Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill in			

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Name(s) as shown on Form NJ-1040

RAMULA BABAIAH & BATTIRAJU SANTHOSHI

Your Social Security Number

738142658

1555

54	Total Tax Due (Add lines 50 through 53)	54.	3805	
55	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)	55.	5622	
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.		
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.	5622	
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	t 68.	1817	
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. F		•
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		79.		•
80	Refund amount (If line 68 is more than zero, subtract line 78 from line 68)	80.	1817	•

Under penalties of perjury, I declare that I have examined this Income Tax 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 the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature Date

Spouse's/CU Partner's Signature (required if filing jointly) Date

Paid Preparer's Signature

Federal Identification Number

SYAM PRIYA SAGAR **GUPTA** TALLAM P02082703

Firm's Federal Employer Identification Number

GLOBAL TAXES TITIC 88-2145487

Tax Due Address

Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:

State of New Jersey Division of Taxation

Revenue Processing Center - Payments

PO Box 111 Trenton, NJ 08645-0111

include Social Security number and make check or money order payable to: State of New Jersey – TGI

You can also make a payment on our website: nj.gov/taxation

Refund or No Tax Due Address

Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Revenue Processing Center - Refunds PO Box 555 Trenton, NJ 08647-0555

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 S	ecurity ederal		iber/	١	VII/	Profi	t or (Loss)		
1.				_		Т					
2.											
3.											
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	ership Inco	me						re of income (loss) e instructions.		
	Partnership Name	Federal	EIN				e of Partners come or (Los:		Share of Pass-Thro Business Alterna Income Tax		
1.											
2.											
3.											
4.	Distributive Share of Partnership Income or (Lo (Add lines 1, 2, and 3.) (Enter here and on line If loss, make no entry on line 21.)			4.							
5.	Total Share of Pass-Through Business Alternation (Add lines 1, 2, and 3.)(Enter here and include) 5.							
P	art III Net Pro Rata Share of S Co	orporation	Inco	me					of income (usable n(s). See instruction	ıS.	
	S Corporation Name	Federal EII	N Pro				S Corporation able Loss)		of Pass-Through Busi Alternative Income Tax		
1.											
2.			\perp								
3.											
4.	Net Pro Rata Share of S Corporation Income or (Usa (Add lines 1, 2, and 3.) (Enter here and on line 22, N If loss, make no entry on line 22.)	J-1040.	4.								
5.	Total Share of Pass-Through Business Alternative Inc (Add lines 1, 2, and 3.)(Enter here and include on line		5.								
P	Part IV 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										
	Source of Income or Loss. If rental real estate enter physical address of property.	·	curity deral E		ner/ I	nı	/pe – Enter umber from list above		Income or (Loss)		
1.	From federal Sch E	7381426	558				1 /		-11,200.		
2.											
3.											
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, NJ-1040. If loss, m	ake no entry o	on line	23.)			4.		-11,200.		

Schedule NJ-BUS-2 (Form NJ-1040)

New Jersey Gross Income Tax Alternative Business Calculation Adjustment

2022

		1	Column A	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.	-11,200.			
5.	Loss Carryforward From Tax Year 2021				5b.	()		
6.	Totals	6a.	0.		6b.	-11,200.			
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		LY.			
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.			F			
Part	III Loss Carryforward to Tax Year 2023								
12.	Loss Carryforward to Tax Year 2023				12.	(11,200.)		

Instructions

Line ia.	Enter the amount from line 18, Form NJ-1040.
Line 1b.	Enter the amount from Part I. line 4. Schedule N

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

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 RAMULA BABAIAH & BATTIRAJU SANTHOSHI	Social Security No. 738-14-2658
TI I Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2022 (See instructions for line 53, NJ-1040.) Part-year residents include only months as a New Jersey resident. X Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53, NJ-1040, and enclose this schedule with your return. No. Continue to Part II. TI II Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 53, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing	
coverage for every month in 2022 (See instructions for line 53, NJ-10 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.	40.) Part-year residents
Part II	
every month each person had minimum essential health coverage or (part-year residents include only months as a New Jersey resident). It exemption, enter the exemption number. (See instructions for line 53,	qualified for an exemption f an individual qualified for an NJ-1040.) If an individual has pace, 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 .	
	•		Check	box if t	his indi	vidual i	s unde	r 18 .	··	· · · ·	<u> </u>		
				Ш				Ш					
Exemption Code		_	Check								on nun	nber .	
			Check	box if t	nis indi 	vidual i	s unde	r 18	<u></u>	i i i i	· · · ·	i	
Exemption Code	l		Check	hav if t	∣∟ his indi	vidual I	has mo	re than		vemnti	on nun	nher	
Exemplion code : :	-	_	Check										
						Viadai i	- Carlot						
Exemption Code	·		Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
			Check	box if t	his indi	vidual i	s unde	r 18 .	. <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 .	
	İ		Check	box if t	his indi	vidual i	s unde	r 18 .	··	<u> </u>	<u> </u>		
				Ш		LLI.	Ш.	Ш					
Exemption Code			Check							xempti	on nun	nber .	
			Check	box if t	his indi	vidual	s unde	r 18 .	 				
Exemption Code			Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
			Check	box if t	<u>his ind</u> i	<u>vidual</u> i	s unde	r 18 .	<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 -	·	·i	·	·—	
<u> </u>					<u> </u>	<u> </u>						<u> </u>	
Exemption Code		_	Check						n one e	xempti	on nun	nber .	
			Check	box if t	nis indi 	vidual i	s unde	r 18 .	 	· · · ·	· · · · ·	· · · ·	
Exemption Code	<u> </u>		Check	hov if t	∟ hie indi	vidual I	has mo	re than		vemeti	on nun	nher	
Litemphon code		_	Check							•			