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

| | 5 | | | | |
|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| Submi | ssion Identification Number (SID) | | | | |
| Taxpaye | er's name | Social secur | ty numl | per | |
| PAV | AN KUMAR REDDY SADULA | 638-47 | -566 | 0 | |
| Spouse | 's name | Spouse's so | cial sec | urity numbe | er |
| Dort | Toy Poture Information Toy Voor Ending December 21 2002 (Ente | () () () () () | vo ou | thorizina | \ |
| Part | Tax Return Information — Tax Year Ending December 31, 2022 (Enterwhole dollars only on lines 1 through 5. | year you a | are au | unonzing | .) |
| | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | |
| 1 | Adjusted gross income | | 1 1 | 80 |),513. |
| 2 | Total tax | | 2 | | ,484. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | | 3,419. |
| 4 | Amount you want refunded to you | | 4 | | 2,935. |
| 5 | Amount you owe | | 5 | | 1,000. |
| Part | | кеер а сор | y of y | our retu | ırn) |
| my know return (to send for any Agent t payment authori payment business taxes t person | penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I about (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejudelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account independent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminating, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requires days prior to the payment (settlement) date. I also authorize the financial institutions involved in the or receive confidential information necessary to answer inquiries and resolve issues related to the paid identification number (PIN) below is my signature for the income tax return (original or amended) I a nic Funds Withdrawal Consent. | we are the amitter, or electrection of the tale. S. Treasury a icated in the tale to debit the entry authorization of the tale the authorizations. If the processing coayment. I fur | ounts for ounic reconstructions of the electrons of the e | from the inturn original ssion, (b) to designated paration so to this according to revoke wed no late ectronic packnowledge. | acome tax ator (ERO) he reason I Financial oftware for ount. This (cancel) a ter than 2 ayment of e that the |
| | nic runds withdrawar Consent. yer's PIN: check one box only | | | | |
| X | | mv PIN 7 | 5 (| 5 6 0 | as my |
| | ERO firm name signature on the income tax return (original or amended) I am now authorizing. | ř Er | | digits, but er all zeros | do my |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN meth below. | | | | |
| Your s | signature ▶ Date ▶ | | | | |
| Snous | se's PIN: check one box only | | | | |
| | I authorize to enter or generate | mv PIN | | | as my |
| | ERO firm name | | ter five | digits, but | ao my |
| | signature on the income tax return (original or amended) I am now authorizing. | do | n't ente | er all zeros | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN methodow. | | | | |
| Spous | e'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. 5 1 | 8 9 5 Don't en | 2 3 ter all ze | | 9 |
| authori | that the above numeric entry is my PIN, which is my signature for the electronic individual income to the text of the for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Inc. | nitting this ret | urn in a | accordance | |
| ERO's | signature ▶ Date ▶ | | | | |
| | ERO Must Retain This Form — See Instructions | | | | |
| | Don't Submit This Form to the IRS Unless Requested To I | 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 separately (N | | | | | spou | ise (QSS) | - | |
|------------------------------|---------------|---------------------------------------------------------------------------------|-----------------|--------------------------|----------------|----------------|----------------|-----------|---------------------------------|----------------|-----------------------------|--|
| one box. | | u checked the MFS box, enter the na on is a child but not your dependent | | our spouse. It you ci | IECKE | ed the non or | QSS DOX, el | iter tile | e Crilia S | name ii ui | e qualifying | |
| Your first name | and mi | ddle initial | Last na | me | | | | | Your so | cial security | y number | |
| PAVAN KU | IMAR | REDDY | SADU | T.A | | | | | 638-4 | 17-5660 |) | |
| | | first name and middle initial | Last na | | | | | | Spouse's social security number | | | |
| Home address | (numbe | r and street). If you have a P.O. box, see | instruction | ons. | | | Apt. no. | | Presider | ntial Election | on Campaign | |
| 10106 TH | ECHNO | DLOGY BLVD W | | | | | 1112 | | | ere if you, | | |
| City, town, or p | ost offic | ce. If you have a foreign address, also co | mplete s | paces below. | Stat | е | ZIP code | | • | 0, | tly, want \$3 Checking a | |
| DALLAS | | | | | TX | | 75220 | | _ | ow will not | _ | |
| Foreign country | y name | | F | Foreign province/state/o | county | / | Foreign postal | code | your tax | or refund. | | |
| | | | | | | | | | | You | Spouse | |
| Digital Assets | | ny time during 2022, did you: (a) reco ange, gift, or otherwise dispose of a | | | | | | | | Yes | ⊠ No | |
| Standard | Som | eone can claim: | pendent | t Your spouse | e as a | a dependent | | | - | | | |
| Deduction | | Spouse itemizes on a separate retur | n or you | were a dual-status | alien | • | | | | | | |
| Age/Blindness | You: | Were born before January 2, 1 | 958 | Are blind Spo | use: | ☐ Was bor | n before Jan | uary 2 | , 1958 | ☐ Is bli | nd | |
| Dependents | s (see | instructions): | | (2) Social security | | (3) Relationsh | ip (4) Check | the bo | x if qualif | ies for (see i | instructions): | |
| If more | (1) Fi | rst name Last name | | number | | to you | Chilo | tax cr | edit | Credit for oth | er dependents | |
| than four | | | | | | | | | | | <u> </u> | |
| dependents, see instruction | s | | | | | | | | | | | |
| and check | , — | | | | | | | <u> </u> | | | | |
| here | | | | | | | | Ш | | L | | |
| Income | 1a | Total amount from Form(s) W-2, b | , | , | | | | | 1a | 9 | 2,496. | |
| Attach Form(s) | b | Household employee wages not re | | | | | | | 1b 1c | | | |
| W-2 here. Also | C | Tip income not reported on line 1a (see instructions) | | | | | | | | | | |
| attach Forms | d | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | | | | | | | |
| W-2G and 1099-R if tax | e | · | | • | | | | | 1e | | | |
| was withheld. | f | Employer-provided adoption bene | | | • | | | | 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 mstr | uctions) | • | <u>1i</u> | | | 1- | | 2,496. | |
| Attach Cab D | z 2a | Add lines 1a through 1h Tax-exempt interest | 2a | | h Ta | xable interes | | | 1z 2b | | 17. | |
| Attach Sch. B if required. | 2a 3a | · - | 3a | | | rdinary divide | | | 3b | | | |
| | <u> </u> | | 4a | | | axable amoun | | | 4b | | | |
| Standard | 5a | | 5a | | | axable amoun | | | 5b | | | |
| Deduction for— | 6a | | 6a | | | axable amoun | | | 6b | | | |
| Single or Married filing | С | If you elect to use the lump-sum e | | method, check here (| | | | | 1 | | | |
| separately, \$12,950 | 7 | Capital gain or (loss). Attach Sche | | · · | • | , | | | 7 | 7 - | 2,500. | |
| Married filing | 8 | Other income from Schedule 1, lin | | | - | | | | 8 | | 9,500. | |
| jointly or Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 | | | | | | | 9 | | 30,513. | |
| surviving spouse, | 10 | Adjustments to income from Sche | | • | | | | | 10 | | | |
| \$25,900 • Head of | 11 | Subtract line 10 from line 9. This is | your a c | | | | | | 11 | 8 | 30,513. | |
| household, \$19,400 | 12 | Standard deduction or itemized | deducti | ions (from Schedule | A) | | | | 12 | | 2,950. | |
| If you checked | 13 | Qualified business income deduct | on from | Form 8995 or Form | 8995 | ō-А | | | 13 | | | |
| 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 | o or less | s, enter -0 This is y | our t a | axable incom | ne | | 15 | 6 | 7,563. | |

| Form 1040 (2022 | 2) | | | | | | Page 2 |
|--------------------------------------|---------|------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------|------------------|-----------------|-------------------------------|
| Tax and | 16 | Tax (see instructions). Check if any from Form | n(s): 1 | 4 2 🗌 4972 | 3 🗌 | 1 | 10,484. |
| Credits | 17 | Amount from Schedule 2, line 3 | | | | 1 | 17 |
| | 18 | Add lines 16 and 17 | | | | 1 | 10,484. |
| | 19 | Child tax credit or credit for other dependen | nts from Sched | ule 8812 | | 1 | 19 |
| | 20 | Amount from Schedule 3, line 8 | | | | 2 | 20 |
| | 21 | Add lines 19 and 20 | | | | 2 | 21 |
| | 22 | Subtract line 21 from line 18. If zero or less, | enter -0 | | | 2 | 10,484. |
| | 23 | Other taxes, including self-employment tax | , from Schedule | e 2, line 21 . | | 2 | 0. |
| | 24 | Add lines 22 and 23. This is your total tax | | | | 2 | 10,484. |
| Payments | 25 | Federal income tax withheld from: | | | | | |
| - | а | Form(s) W-2 | | | 25a 13 | ,419. | |
| | b | Form(s) 1099 | | | 25b | | |
| | С | Other forms (see instructions) | | | 25c | | |
| | d | Add lines 25a through 25c | | | | 2 | 5d 13,419. |
| If | 26 | 2022 estimated tax payments and amount | applied from 20 | 021 return | | 2 | 26 |
| If you have a qualifying child, | 27 | Earned income credit (EIC) | | No . | 27 | | |
| attach Sch. EIC. | 28 | Additional child tax credit from Schedule 881 | | | 28 | | |
| | 29 | American opportunity credit from Form 886 | 3, line 8 | | 29 | | |
| | 30 | Reserved for future use | | | 30 | | |
| | 31 | Amount from Schedule 3, line 15 | | | 31 | | |
| | 32 | Add lines 27, 28, 29, and 31. These are you | | | undable credits | 3 | 32 |
| | 33 | Add lines 25d, 26, and 32. These are your t | - | - | | 3 | 13,419. |
| Refund | 34 | If line 33 is more than line 24, subtract line 2 | | | | | 2,935. |
| neiulia | 35a | Amount of line 34 you want refunded to yo | | | • | . 🗆 🖪 | 5a 2,935. |
| Direct deposit? | b | Routing number 1 1 1 0 0 6 | | c Type: 🛛 | | avings | |
| See instructions. | d | Account number 1 1 7 9 7 1 9 | 6 7 | | | | |
| | 36 | Amount of line 34 you want applied to your | 2023 estimate | ed tax | 36 | | |
| Amount | 37 | Subtract line 33 from line 24. This is the am | | | | | |
| You Owe | • | For details on how to pay, go to www.irs.go | • | | | 3 | 37 |
| | 38 | Estimated tax penalty (see instructions) . | | | 38 | | |
| Third Party | Do | you want to allow another person to dis | cuss this retu | rn with the IRS? | See | | |
| Designee ² | ins | tructions | | | Yes. Co | mplete belo | ow. 🔀 No |
| | | signee's | Phone | | | nal identificat | ion |
| | naı | | no. | | | er (PIN) | |
| Sign | | der penalties of perjury, I declare that I have examine, they are true, correct, and complete. Declaration | | , , , | | , | , , |
| Here | | ır signature | Date | Your occupation | | | S sent you an Identity |
| | 10 | ii Signaturo | Date | Tour occupation | | | on PIN, enter it here |
| Joint return? | | | | SOFTWARE 1 | ENGINEER | (see inst | .) |
| See instructions. Keep a copy for | Sp | ouse's signature. If a joint return, both must sign. | Date | Spouse's occupat | ion | | S sent your spouse an |
| your records. | | | | | | Identity I | Protection PIN, enter it here |
| , | | (0.40) 506 4600 | - " !! | | | , | ., |
| | | one no. (940)536-4698 | Email address | SADULAPAVANKI | JMAR24@GMAIL.COI | | Chaple if |
| Paid | | parer's name Preparer's signa | | OUDER TITE | | PTIN | Check if: |
| Preparer | | PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA | KAM SAGAR | GUPTA TALLAM | 04/05/2023 | P0208270 | |
| Use Only | | n's name GLOBAL TAXES LLC | Thior: 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - | T 00016 | | | 0. (678)965-9522 |
| | | n's address 245 ROONEY CT E BR | UNSWICK N | | | Firm's El | |
| Go to www.irs.go | ov/Forn | 1040 for instructions and the latest information. | | BAA | REV 03/22/23 PRO | | 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

PAVAN KUMAR REDDY SADULA

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

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

| | Sequence No. U I |
|----------|---------------------|
| Your soc | ial security number |
| 638-47 | -5660 |

| Pai | Additional Income | | | |
|-----|--------------------------------------------------------------------------------|---------------------|----|---------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | 0. |
| 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 | ch Schedule E . | 5 | -9,500. |
| 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 | | |
| 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) | 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 | - | |
| 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 (| 4 | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or | | | |
| | a nongovernmental section 457 plan | 8t | - | |
| u | Wages earned while incarcerated | 8u | | |
| Z | | 0- | | |
| • | Total ather income. Add lines On three On | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | 0 500 |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR. | OF TU4U-INK, IINE 8 | 10 | -9,500. |

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

| Educator expenses 11 | Par | Adjustments to Income | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------------------------------------------------------|------------------|---------|--|
| officials. Attach Form 2106 1 Health savings account deduction. Attach Form 8889 1 Health savings account deduction. Attach Form 8889 1 Deductible part of self-employment tax. Attach Schedule SE 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed health insurance deduction 1 The Penalty on early withdrawal of savings 1 Ba Alimony paid 1 Ba Pecipient's SSN 1 C Date of original divorce or separation agreement (see instructions): 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA desclustion 2 IFA desclustion 2 IFA desclustion 2 IFA description of future use 2 IFA desclustion 2 IFA description of future use 2 IFA descri | 11 | | | 11 | |
| officials. Attach Form 2106 1 Health savings account deduction. Attach Form 8889 1 Health savings account deduction. Attach Form 8889 1 Deductible part of self-employment tax. Attach Schedule SE 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed health insurance deduction 1 The Penalty on early withdrawal of savings 1 Ba Alimony paid 1 Ba Pecipient's SSN 1 C Date of original divorce or separation agreement (see instructions): 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA desclustion 2 IFA desclustion 2 IFA desclustion 2 IFA description of future use 2 IFA desclustion 2 IFA description of future use 2 IFA descri | 12 | Certain business expenses of reservists, performing artists, and fee- | basis government | | |
| 13 Health savings account deduction. Attach Form 8889 | | officials. Attach Form 2106 | | 12 | |
| 15 Deductible part of self-employment tax. Attach Schedule SE 16 Self-employed SEP, SIMPLE, and qualified plans 17 Self-employed death insurance deduction 17 Penalty on early withdrawal of savings 18 Penalty on early withdrawal of savings 19a Alimony paid 19a Alimony paid 19a Recipient's SSN 19a Becipient's SSN 19a Becipient | 13 | Health savings account deduction. Attach Form 8889 | | 13 | |
| 16 Self-employed SEP, SIMPLE, and qualified plans | 14 | | | 14 | |
| 17 Self-employed health insurance deduction 18 Penalty on early withdrawal of savings 18 18 19 Alimony paid 19 Recipient's SSN 10 Date of original divorce or separation agreement (see instructions): 20 IRA deduction 21 Student loan interest deduction 22 Archer MSA deduction 23 Archer MSA deduction 24 Other adjustments: 25 Jury duty pay (see instructions) 26 Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24 Contributions of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24 Reforestation amortization and expenses 24 Repayment of supplemental unemployment benefits under the Trade Act of 1974 24 Contributions to section 501(c)(18)(D) pension plans 24 Contributions by certain chaplains to section 403(b) plans 24 Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24 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 24 Jeli 25 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on | 15 | | | _ | |
| 18 | 16 | | | - | |
| 19a Alimony paid b Recipient's SSN c Date of original divorce or separation agreement (see instructions): 20 IRA deduction | | Self-employed health insurance deduction | | - | |
| b Recipient's SSN c Date of original divorce or separation agreement (see instructions): 20 1RA deduction | 18 | | | - | |
| c Date of original divorce or separation agreement (see instructions): IRA deduction | 19a | | | 19a | |
| 20 Student loan interest deduction 21 22 23 24 22 24 24 24 24 | b | Recipient's SSN | | | |
| Student loan interest deduction Reserved for future use Archer MSA deduction Other adjustments: Jury duty pay (see instructions) Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m. Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974. Contributions to section 501(c)(18)(D) pension plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions). 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 Housing deduction from Form 2555. Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041). Total other adjustments. List type and amount: 25 Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on | С | Date of original divorce or separation agreement (see instructions): | | | |
| 22 Archer MSA deduction | | | | - | |
| Archer MSA deduction Other adjustments: Jury duty pay (see instructions) Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974 Contributions to section 501(c)(18)(D) pension plans Contributions by certain chaplains to section 403(b) plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 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 Jeuseph Housing deduction from Form 2555 Let Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) Cother adjustments. List type and amount: Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on | | | | \perp | |
| 24 Other adjustments: a 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 | | | | - | |
| a 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 c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m | | | | 23 | |
| b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit | 24 | | | | |
| rental of personal property engaged in for profit | | | 24a | | |
| c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m | b | | | | |
| and USOC prize money reported on line 8m | | | 24b | - | |
| d Reforestation amortization and expenses | С | | | | |
| e Repayment of supplemental unemployment benefits under the Trade Act of 1974 | | | | | |
| Act of 1974 | | | 24d | | |
| f Contributions to section 501(c)(18)(D) pension plans | е | | 040 | | |
| g Contributions by certain chaplains to section 403(b) plans | | | | | |
| h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) | | | | - | |
| discrimination claims (see instructions) | _ | | 249 | | |
| i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations | " | | 24h | | |
| from the IRS for information you provided that helped the IRS detect tax law violations | i | ` <i>'</i> | 2-711 | | |
| tax law violations | ٠ | | | | |
| j Housing deduction from Form 2555 | | | 24i | | |
| k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) | i | | | | |
| 1041) | k | | , | | |
| z Other adjustments. List type and amount: | ••• | | 24k | | |
| Total other adjustments. Add lines 24a through 24z | z | | | | |
| Total other adjustments. Add lines 24a through 24z | _ | | 24z | | |
| 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on | 25 | | | 25 | |
| | 26 | • | | | |
| | | | | 26 | |

SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Capital Gains and Losses

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

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

OMB No. 1545-0074

2022

Attachment Sequence No. **12**

Your social security number

| PAVA | N KUMAR REDDY SADULA | | | 638- | -47– | 5660 |
|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------|
| - | u dispose of any investment(s) in a qualified opportunity " attach Form 8949 and see its instructions for additional | • | • | | | |
| Part | | | | | e ins | tructions) |
| lines be This fo | structions for how to figure the amounts to enter on the elow. rm may be easier to complete if you round off cents to dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustmen to gain or loss Form(s) 8949, line 2, column | from Part I, | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
| 1 w H | otals for all short-term transactions reported on Form 1999-B for which basis was reported to the IRS and for hich you have no adjustments (see instructions). owever, if you choose to report all these transactions in Form 8949, leave this line blank and go to line 1b. | | | | | |
| | otals for all transactions reported on Form(s) 8949 with | | | | | |
| 2 T | ox A checked | 3,000. | 5,500. | | | -2,500. |
| В | otals for all transactions reported on Form(s) 8949 with ox C checked | | | | | |
| | hort-term gain from Form 6252 and short-term gain or (I | , | | | 4 | |
| | et short-term gain or (loss) from partnerships, chedule(s) K-1 | | | | 5 | |
| | hort-term capital loss carryover. Enter the amount, if an /orksheet in the instructions | - | - | | 6 | () |
| 7 N | et short-term capital gain or (loss). Combine lines 1a | through 6 in colu | ımn (h). If you have | e any long- | | , |
| | erm capital gains or losses, go to Part II below. Otherwis — | | | | 7 | -2,500. |
| Part | Long-Term Capital Gains and Losses—Ger | nerally Assets F | Held More Than | One Year | (see i | instructions) |
| lines be | | (d) Proceeds | (e) Cost | (g) Adjustmen to gain or loss | from | (h) Gain or (loss) Subtract column (e) from column (d) and |
| | rm may be easier to complete if you round off cents to dollars. | (sales price) | (or other basis) | Form(s) 8949, F line 2, colum | | combine the result with column (g) |
| 1 w H | otals for all long-term transactions reported on Form 1999-B for which basis was reported to the IRS and for thich you have no adjustments (see instructions). owever, if you choose to report all these transactions in Form 8949, leave this line blank and go to line 8b. | | | | | |
| | otals for all transactions reported on Form(s) 8949 with ox D checked | | | | | |
| | otals for all transactions reported on Form(s) 8949 with ox E checked | | | | | |
| | otals for all transactions reported on Form(s) 8949 with ox F checked | | | | | |
| 11 G | ain from Form 4797, Part I; long-term gain from Forms om Forms 4684, 6781, and 8824 | | | | 11 | |
| | et long-term gain or (loss) from partnerships, S corporat | | | | 12 | |
| 13 C | apital gain distributions. See the instructions | | | | 13 | |
| | ong-term capital loss carryover. Enter the amount, if any forksheet in the instructions | · | our Capital Loss | Carryover | 14 | () |
| 15 N | et long-term capital gain or (loss). Combine lines 8a | a through 14 in co | olumn (h). Then, go | to Part III | 45 | |

BAA

Schedule D (Form 1040) 2022 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -2,500.• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 2,500.) • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Sales and Other Dispositions of Capital Assets

Social security number or taxpayer identification number

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

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Attachment Sequence No. 12A

OMB No. 1545-0074

| PAVAN KUMAR REDDY SADU | LA | | | 638-47 | -5660 | | |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Before you check Box A, B, or C belo statement will have the same informa broker and may even tell you which b | tion as Form | | | | | | |
| Part I Short-Term. Trans instructions). For lo Note: You may agg reported to the IRS Schedule D, line 1a | ng-term tra pregate all s and for wh | nsactions, s hort-term tr ich no adjus | see page 2. ansactions rep stments or cod | oorted on Form les are required | (s) 1099-E d. Enter th | showing basi e totals directly | s was y on |
| You must check Box A, B, or C I complete a separate Form 8949, p for one or more of the boxes, com X (A) Short-term transactions | below. Checo page 1, for ea aplete as mar reported on | k only one kach applicable of the second of | pox. If more than le box. If you han the same box of 9-B showing bas | n one box applies ve more short-te checked as you r sis was reported | s for your some transactions to the IRS | hort-term transations than will fit | actions, on this page |
| ☐ (B) Short-term transactions☐ (C) Short-term transactions | • | ٠, | • | sis wasn't report | ted to the IF | RS | |
| 1 (a) Description of property | (b) Date acquired | (c) Date sold or | (d) Proceeds | (e) Cost or other basis See the Note below | If you enter an enter a c | f any, to gain or loss amount in column (g), ode in column (f). arate instructions. | (h) Gain or (loss) Subtract column (e) |
| (Example: 100 sh. XYZ Co.) | (Mo., day, yr.) | disposed of (Mo., day, yr.) | (sales price) (see instructions) | and see Column (e) in the separate instructions. | (f) Code(s) from instructions | (g) Amount of adjustment | from column (d) and combine the result with column (g). |
| Robinhood Securities LLC | 01/01/22 | 12/31/22 | 3,000. | 5,500. | | | -2,500. |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 0.7.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4. | | | | | | | |
| 2 Totals. Add the amounts in columns | s (d), (e), (g), and | d (h) (subtract | | | | | |

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

3,000.

-2,500.

negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

above is checked), or line 3 (if Box C above is checked) .

5,500.

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.

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.

Attachment Sequence No. **13**

Your social security number

| Part A [B | Note: If you at rental income Did you make any p | Loss From Rental Real Estate and re in the business of renting personal propert or loss from Form 4835 on page 2, line 40. | d Roy | alties | | | • | | | |
|--------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------|------------------|----------|---------|-------------------------------|------------------|------|---------|
| A [B] | Did you make any p | | | | | | | | | |
| В | f "Vaa " did van ar | ayments in 2022 that would require you t | to file I | Form(s) 1 | 099? S | ee ins | tructions | | ☐ Ye | s 🗵 No |
| | i res, dia you or | will you file required Form(s) 1099? . | | | | | | | ☐ Ye | s 🗌 No |
| 1a | Physical address | of each property (street, city, state, ZIP | code |) | | | | | | |
| Α | BANAGANAPALI | LI KURNOOL ANDHRA PRADESH | IN 5 | 18124 | | | | | | |
| В | | | | | | | | | | |
| С | | | | | | | | | | |
| 1b | Type of Property (from list below) | 2 For each rental real estate proper above, report the number of fair r | rental a | and | | Fa | ir Rental Days | Personal Days | | QJV |
| Α | 3 | personal use days. Check the QJ | | | Α | | 365 | | 0 | |
| В | | if you meet the requirements to fill qualified joint venture. See instruc | | | В | | | | | |
| С | | quamed joint venture. See instruc | otionis. | • | С | | | | | |
| 1 | of Property: Single Family Residential Multi-Family Residential | | tal | 5 Land 6 Roya | | | Self-Rental Other (describ | | | |
| | | | - | | | | Properties | s: | | |
| ncon | | ı | | | Α | | В | | | С |
| 3 | | | 3 | | 6 | 00. | | | | |
| 4 | | 1 | 4 | | | | | | | |
| Exper 5 | | | 5 | | | | | | | |
| 5 6 | _ | ee instructions) | 6 | | | | | | | |
| 7 | | ntenance | 7 | | Q | 00. | | | | |
| 8 | | | 8 | | - 0 | 00. | | | | |
| 9 | | | 9 | | | | | | | |
| 10 | | rofessional fees | 10 | | | | | | | |
| 11 | | | 11 | | 5 | 00. | | | | |
| 12 | | paid to banks, etc. (see instructions) | 12 | | | 00. | | | | |
| 13 | | | 13 | | | | | | | |
| 14 | | | 14 | | 2,8 | 00. | | | | |
| 15 | • | | 15 | | 2,5 | | | | | |
| 16 | | | 16 | | <u> </u> | | | | | |
| 17 | | | 17 | | 3,5 | 00. | | | | |
| 18 | | ense or depletion | 18 | | | | | | | |
| 19 | | dd liana F Abrau ab 10 | 19 | | | | | | | |
| 20 | Total expenses. A | dd lines 5 through 19 | 20 | | 10,1 | 00. | | | | |
| 21 | result is a (loss), s | rom line 3 (rents) and/or 4 (royalties). If see instructions to find out if you must | 21 | | -9,5 | 00. | | | | |
| 22 | | real estate loss after limitation, if any, e instructions) | 22 (| (| 9,50 | 0.) | (|)(| | , |
| 23a | | ts reported on line 3 for all rental proper | | | | 23a | | 600. | | |
| b | Total of all amoun | ts reported on line 4 for all royalty prope | erties | | [| 23b | | | | |
| С | | ts reported on line 12 for all properties | | | | 23c | | | | |
| d | | | | | | 23d | | | | |
| е | | , , , | | | | 23e | 10, | 100. | | |
| 24 | • | sitive amounts shown on line 21. Do not | | - | | | | 24 | | |
| 25 | • | ty losses from line 21 and rental real estate | | | | | | | | 9,500. |
| 26 | here. If Parts II, I | estate and royalty income or (loss). Oll, IV, and line 40 on page 2 do not a 1040), line 5. Otherwise, include this am | apply | to you, a | also en | iter th | is amount on | | | -9,500. |

2022 MICHIGAN Individual Income Tax Return MI-1040

| | :Z WIICHIGAN INCIV rn is due April 18, 2023. ⊺ | | | | tur | n IVII-1 | 104 | U | | | | ended Return ude Schedule AMD) | |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------|----------|----------------|----------------|---------------|---------|---------|----------------|--------|----------------------------------------------------|---------|
| | er's First Name | M.I. | Last Name | II IIX. | | | $\exists i$ | Filer' | s Full | Social Sec | curity | No. (Example: 123-45-678 | 39) |
| | VAN KUMAR REDDY | | SADULA | | | | | | | | - | | ,, |
| If a Jo | oint Return, Spouse's First Name | M.I. | Last Name | | | | 一 | | 38 | | 47 | | - > - |
| Home | Address (Number, Street, or P.O. Box | () | <u></u> | | | | \dashv | 3. Spou | ıse's F | -ull Social : | Secur | rity No. (Example: 123-45- | 6789) |
| | 106 TECHNOLOGY BL | • | W, APT. 1112 | ı | | | | | | _ | | | |
| | r Town | | State | ZIP Co | | | | 1. Scho | ol Dis | trict Code | (5 dig | gits – see page 60) | |
| DAI | LLAS | | TX | 75 | 220 |) | | | 1(| 0000 | | | |
| f t | STATE CAMPAIGN FUND Check if you (and/or your spouse, filing a joint return) want \$3 of you to go to this fund. This will not incr your tax or reduce your refund. | ır taxes | a. Filer b. Spouse | | | 6. FAR | Chec | | box | if 2/3 of ye | | AFARERS ncome is from farming, | |
| 7. | 2022 FILING STATUS. Check one | e. | | | | 8. 2022 | 2 RES | IDEN | CYS | TATUS. | Chec | ck all that apply. | |
| а. [| X Single | * If y | ou check box "c," compl | ete | | a. X | Res | sident | | | | | |
| . 1 | | line 3 | 3 and enter spouse's full | | | | 1 . | | | | | * If you check box "b" o "c," you must complete | |
| b. [| Married filing jointly | belov | <u>N:</u> | | ¬ | b | Non | nreside | nt * | | | and include Schedule | |
| c. [| Married filing separately* | | | | $\rfloor \mid$ | с. 🗌 | Par | t-Year | Resi | dent * | | NR. | |
| 9. I | EXEMPTIONS. NOTE: If some | one els | e can claim you as a de | penden | nt, che | ck box 9e, | enter | 0 on l | line 9 | a and en | ter \$ | 1,500 on line 9e (see in | nstr.). |
| | a. Number of exemptions (see in | netrueti | iona) | | | 9a | | 1 | | \$5,000 | 02 | 5000 | 00 |
| | • • | | , | | | | ^{1.} | | × | Φ 0,000 | Эa. | | 100 |
| | b. Number of individuals who quablind, hemiplegic, paraplegic, | | | | | | o | | x | \$2,900 | 9b. | | 00 |
| | c. Number of qualified disabled | veterar | าร | | | 90 | с | | x | \$400 | 9c. | | 00 |
| | d. Number of Certificates of Stills | birth fro | om MDHHS (see instruc | tions) | | 90 | t | | х | \$5,000 | 9d. | | 00 |
| | e. Claimed as dependent, see lir | ne 9 N | OTE above | | | 9e | э. [| | | | 9e. | | 00 |
| | f. Add lines 9a, 9b, 9c, 9d and 9 | }e. Enf | ter here and on line 15 | | | | | | | г | 9f. | 5000 | 00 |
| 10. | Adjusted Gross Income from yo | our U.§ | 5. Form 1040 (see instru | ctions) | | | | | | . 10. | | 80513 | 3 00 |
| 11. | Additions from Schedule 1, line 9 |). Inclu | ıde Schedule 1 | | | | | | | . 11. | | | 00 |
| 12. | Total. Add lines 10 and 11 | | | | | | | | | . 12. | | 80513 | 3 00 |
| 13. | Subtractions from Schedule 1, lin | ne 30. | Include Schedule 1 | | | | | | | . 13. | | 0 | 00 |
| 14. | Income subject to tax. Subtract | t line 1 | 3 from line 12. If line 13 | is great | iter tha | an line 12, | enter | "0" | | . 14. | | 80513 | 00 |
| 15. | Exemption allowance. Enter an | nount f | rom line 9f or Schedule | NR, line | э 19 | | | | | . 15. | | 5000 | 00 |
| 16. | Taxable income. Subtract line 1 | 5 from | line 14. If line 15 is gre- | ater tha | ın line | 14, enter " | '0" | | | . 16. | | 75513 | 3 00 |
| | Tax. Multiply line 16 by 4.25% (0 |).0425) | | | | | | | | . 17. | | 3209 | 00 |
| ION- | REFUNDABLE CREDITS | | | _ | | AMOU | JNT | | | г | | CREDIT | |
| 18. | Income Tax Imposed by governm Include a copy of the return (see | | | 18a. | | | | | 00 | 18b. | | | 00 |
| 19. | Michigan Historic Preservation Ta | ax Cre | dit (see instructions). | 19a | | | | | 00 | 19b. | | | 00 |
| 20. | Income Tax. Subtract the sum of If the sum of lines 18b and 19b is | | | | | | | | | 20. | | 3209 | , 00 |

| Filer's Full Social Security Number 638 — 47 — 5660 21. Enter amount of Income Tax from line 20 | 00 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| 22. Voluntary Contributions from Form 4642, line 6. Include Form 4642 | 00 |
| 23. USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions) | 00 |
| Worksheet 1 (see instructions) 23. 24. Total Tax Liability. Add lines 21, 22 and 23 24. REFUNDABLE CREDITS AND PAYMENTS | 00 |
| REFUNDABLE CREDITS AND PAYMENTS | |
| REFUNDABLE CREDITS AND PAYMENTS | |
| | \prod |
| 25. Property Tax Credit. Include MI-1040CR or MI-1040CR-2 | |
| | 00 |
| 26. Farmland Preservation Tax Credit. Include MI-1040CR-5 | 00 |
| FEDERAL MICHIGAN | |
| 27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b | 00 |
| 28. Michigan Historic Preservation Tax Credit (refundable). Include Form 3581 | 00 |
| 29. Credit for allocated share of tax paid by an electing flow-through entity (see instructions) | 00 |
| 30. Michigan tax withheld from Schedule W, line 6. Include Schedule W (do not submit W-2s) | - 00 |
| | |
| 31. Estimated tax, extension payments and 2021 credit forward | 00 |
| 32. 2022 AMENDED RETURNS ONLY. Taxpayers completing an original 2022 return should skip to line 33. Amended returns must include Schedule AMD (see instructions) . | |
| 32a. If you had a refund and/or credit forward on the original return, check box 32a and enter this amount as a negative number on line 32c. | |
| If you paid with the original return, check box 32b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 32c. Do not include interest or penalty. | 00 |
| 33. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30, 31 and 32c | 00 |
| REFUND OR TAX DUE | |
| 34. If line 33 is less than line 24, subtract line 33 from line 24. If applicable, see instructions. | |
| Include interest 00 and penalty 00 | 00 |
| module morest | |
| 35. Overpayment. If line 33 is greater than line 24, subtract line 24 from line 33 | 2 00 |
| 36. Credit Forward. Amount of line 35 to be credited to your 2023 estimated tax for your 2023 tax return 36. | 00 |
| 72 | , _ |
| 37. Subtract line 36 from line 35. REFUND 37. 37. DIRECT DEPOSIT a. Routing Transit Number b. Account Number c. Type of Account | 2 00 |
| Deposit your refund directly to your financial | ngs |
| | .3- |
| institution! See instructions and complete a, b 111000614 117971967 | |
| nostructions and complete a, b 111000614 117971967 Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2021, enter dates below. Preparer Certification. | that |
| Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2021, enter dates below. ENTER DATE OF DEATH ONLY. Example: 04-15-2022 (MM-DD-YYYY) Preparer Certification. I declare under penalty of perjury this return is based on all information of which I have any knowledge. | |
| Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2021, enter dates below. ENTER DATE OF DEATH ONLY. Example: 04-15-2022 (MM-DD-YYYY) Filer Spouse Preparer Certification. I declare under penalty of perjury this return is based on all information of which I have any knowled the preparer's PTIN, FEIN or SSN P02082703 | |
| Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2021, enter dates below. ENTER DATE OF DEATH ONLY. Example: 04-15-2022 (MM-DD-YYYY) Preparer's PTIN, FEIN or SSN Preparer's PTIN, FEIN or SSN | dge. |
| Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2021, enter dates below. ENTER DATE OF DEATH ONLY. Example: 04-15-2022 (MM-DD-YYYY) Filer Spouse - Spouse Preparer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge. Preparer's PTIN, FEIN or SSN P0 2 0 8 2 7 0 3 Preparer's Name (print or type) SYAM PRIYA RAM SAGAR GUPTA Filer's Signature Date Preparer's Signature | dge. |
| Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2021, enter dates below. ENTER DATE OF DEATH ONLY. Example: 04-15-2022 (MM-DD-YYYY) Filer | dge. |
| Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2021, enter dates below. ENTER DATE OF DEATH ONLY. Example: 04-15-2022 (MM-DD-YYYY) Filer | dge. |
| Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2021, enter dates below. ENTER DATE OF DEATH ONLY. Example: 04-15-2022 (MM-DD-YYYY) Filer | dge. |

Refund, credit, or zero returns. Mail your return to:

 ${\bf Michigan\ Department\ of\ Treasury,\ Lansing,\ MI\ 48956}$

Pay amount on line 34 (see instructions). Mail your check and return to: Michigan Department of Treasury, Lansing, MI 48929

2022 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2022, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 30). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

| 1. Filer's First Name | M.I. | Last Name | 2. Filer's Full Social Security No. (Example: 123-45-6789) | | |
|----------------------------------------|------|-----------|-------------------------------------------------------------|--|--|
| PAVAN KUMAR REDDY | | SADULA | 638 — 47 — 5660 | | |
| If a Joint Return, Spouse's First Name | M.I. | Last Name | 3. Spouse's Full Social Security No. (Example: 123-45-6789) | | |
| | | | | | |

TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

| | | | | | | | - |
|-------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------|-------------------------|-----------------------------------------|----|---------------------------------------|----|
| 1 | ۱ ۲ | В | С | l D | | E | |
| | 'X" for: Spouse | Employer's identification number (Example: 38-1234567) | Box c — Employer's name | Box 1 — Wages, tips, other compensation | | Box 17 — Michigan income tax withheld | |
| X | | 38-2563079 | EPITEC INC | 92496 | 00 | 3931 | 00 |
| | | | | | 00 | | 00 |
| | | | | | 00 | | 00 |
| | | | | | 00 | | 00 |
| | | | | | 00 | | 00 |
| Enter Table 1 Subtotal from additional Schedule W forms (if applicable) | | | | | | | 00 |
| 4. | 4. SUBTOTAL. Enter total of Table 1, column E | | | | | 3931 | 00 |

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS

| Α | В | С | D | E |
|-----------------------------------|---------|--------------|--------------------------------------------------------------|---------------------------------|
| Enter "X" for: Filer or Spouse | | Payer's name | Taxable pension distribution, misc. income, etc. (see inst.) | Michigan income tax withheld |
| | | | oc | 00 |
| Enter Table | 00 | | | |
| 5. SUE | 00 | | | |
| 6. TOT | 3931 00 | | | |