## Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

### IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)		
Taxpayer's name	Social security	y number
PRADEEP REDDY BOYAPALLI	059-89-	-0677
Spouse's name	Spouse's soci	al security number
ANUPRIYA BADDHAM	981-98-	-4583
Part I Tax Return Information — Tax Year Ending December 31, 2022 (I	Enter year you ar	e authorizing.)
Enter whole dollars only on lines 1 through 5.		
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1 Adjusted gross income		<b>1</b> 132,330.
2 Total tax		<b>2</b> 14,649.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 24,488.
4 Amount you want refunded to you		4 9,839.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or ame		
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, tr to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason fror any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accoun payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial insauthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terr 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 it taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amende Electronic Funds Withdrawal Consent.	ransmitter, or electro or rejection of the tra the U.S. Treasury arnt indicated in the ta stitution to debit the minate the authorizan requests must be in the processing of the payment. I furtl	nic return originator (ERO) ansmission, (b) the reason of its designated Financial x preparation software for entry to this account. This tion. To revoke (cancel) a received no later than 2 the electronic payment of the racknowledge that the
Taxpayer's PIN: check one box only		
▼ I authorize GLOBAL TAXES LLC to enter or general authorize GLOBAL TAXES LLC	orate my PINI 9	0 6 7 7
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent	er five digits, but 't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.		
Your signature ▶ Date	e <b>-</b>	
On some to DIN or heads one have such		
Spouse's PIN: check one box only		4 5 0 2
▼ I authorize		4 5 8 3 as my er five digits, but
signature on the income tax return (original or amended) I am now authorizing.	don	't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN 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 2 2 4 9 6  Don't ente	5 6 1 9 8 9 er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual inco authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Provider	submitting this retu	rn in accordance with the
ERO's signature ▶ Date	<b>.</b>	
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	
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OMB No. 1545-0074

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

Check only				ed filing separately	, ,	_		•		spou	se (QSS)		
one box.		u checked the MFS box, enter the r on is a child but not your dependen		our spouse. If you	u checke	ed the HOH or	r QSS b	ox, ente	er the	child's	name if tl	ne quali	ifying
Your first name		, ,	Last na	me					Y	our soc	ial securi	tv numb	
PRADEEP				PALLI							9-067	-	
		first name and middle initial	Last na								social se		umber
ANUPRIYA BADDHAM										8-458			
		er and street). If you have a P.O. box, see					А	ot. no.			tial Electi		naign
8751 KI	,								- 1		ere if you,		
		ce. If you have a foreign address, also co	omplete si	paces below.	Stat	te	ZIP co	de			f filing joir		
HENRICO					VA		232	94		0	this fund. w will not		0
Foreign countr	y name		F	Foreign province/sta			Foreign	n postal co			or refund	_	
											You	Sp	pouse
Digital	At ar	ny time during 2022, did you: (a) red	eive (as	a reward, award,	or payn	nent for prope	rty or s	ervices)	; or (b	) sell,			
Assets	exch	ange, gift, or otherwise dispose of	a digital	asset (or a financi	al intere	est in a digital	asset)?	(See in	struct	ions.)	Yes	X N	0
Standard		eone can claim: U You as a de	•			a dependent							
Deduction		Spouse itemizes on a separate retu	rn or you	were a dual-stat	us alien								
Age/Blindnes	s You:	Were born before January 2, 1	1958	Are blind	Spouse:	☐ Was bo	rn befo	re Janua	ıry 2, <sup>-</sup>	1958	☐ Is b	ind	
Dependent	s (see	instructions):		(2) Social secu	ırity	(3) Relationsh	nip (4)	Check th	ne box	if qualifi	es for (see	instruct	tions):
If more	<b>(1)</b> Fi	rst name Last name		number		to you		Child ta	ax cred	lit (	Credit for ot	her depe	ndents
than four													
dependents, see instruction	s —												
and check	. —												
here												<u> </u>	
Income	1a	Total amount from Form(s) W-2, b	,	,						1a	1	46,68	<u>30.</u>
Attach Form(s)	b	Household employee wages not r	•							1b			
W-2 here. Also	С.	Tip income not reported on line 1	•	•						1c			
attach Forms W-2G and	d	Medicaid waiver payments not re		. ,	e instru	ctions)				1d			
1099-R if tax	e	Taxable dependent care benefits		•						1e			
was withheld.	f	Employer-provided adoption bene								1f			
If you did not get a Form	g	Wages from Form 8919, line 6 .								1g			0.
W-2, see	h i	Other earned income (see instruction)  Nontaxable combat pay election (								1h			<u> </u>
instructions.	z	Add lines 1a through 1h	See IIISII	uctions)		!!				1z	1 1.	46,68	80
Attach Sch. B	2 2a	Tax-exempt interest	2a		 h Та	 axable interes	+			2b	+	10,00	<del>50.</del>
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			axable amoun				6b			
Single or Married filing	С	If you elect to use the lump-sum e	election r	nethod, check he	re (see i	instructions)			. 🗆				
separately, \$12,950	7	Capital gain or (loss). Attach Sche	edule D if	required. If not re	equired,	check here			. 🗆	7	1		
Married filing	8	Other income from Schedule 1, lir								8	-:	14,35	50.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is your <b>total</b>	income					9	1	32,33	30.
surviving spouse, \$25,900	10	Adjustments to income from Sche								10			
Head of	11	Subtract line 10 from line 9. This i	s your <b>a</b> c	djusted gross ind	come					11	1	32,33	30.
household, \$19,400	12	Standard deduction or itemized	deducti	ions (from Sched	ule A)					12		25,90	00.
If you checked	13	Qualified business income deduct	tion from	Form 8995 or Fo	rm 899	5-A				13			
any box under Standard	14	Add lines 12 and 13								14		25,90	<u> </u>
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ro or less	s, enter -0 This i	s your <b>t</b>	axable incom	ne .			15	1	06,43	30.
	,												

Form 1040 (2022	2)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	14,649.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	14,649.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	14,649.
	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 <b>total tax</b>					24	14,649.
<b>Payments</b>	25	Federal income tax withheld	I from:			1			
	а	Form(s) W-2				<b>25a</b> 24	1,488.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	24,488.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	021 return			26	
qualifying child, attach Sch. EIC. [	27	Earned income credit (EIC)				27			
allacii Scii. ElC.	28	Additional child tax credit from	m Schedule 8812	!		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	•	-	-			32	
	33	Add lines 25d, 26, and 32. T						33	24,488.
Refund	34	If line 33 is more than line 24				•		34	9,839.
	35a	Amount of line 34 you want					📙	35a	9,839.
Direct deposit? See instructions.	b	Routing number 0 5 1				Checking	Savings		
occ mondonons.	d	Account number 4 3 5							
	36	Amount of line 34 you want	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?		omplete	helow	X No
Designee		signee's		Phone			sonal ident		
	na			no.			ber (PIN)		
Sign		der penalties of perjury, I declare tilef, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SOFTWARE E	CNGINEER		e inst.)	
See instructions. Keep a copy for your records.	Sp	Spouse's signature. If a joint return, <b>both</b> must sign.		Date	Spouse's occupati		Ider		nt your spouse an ection PIN, enter it here
		one no. (313)818-865	າ	Email address	BOYAPALLI.1		,		
		eparer's name	Preparer's signat		DUIAPALLI.1	Date	PTIN		Check if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM			מווסיים ייאד.ד.אאו	02/18/2023	P0208	2703	Self-employed
Preparer		m's name GLOBAL TA		MADAU PER	COLIA IADDAM	02/10/2023			(678)965-9522
Use Only			Y CT E BRU	NSWICK N.	T 08816			n's EIN	84-3171965
	. 11	5 224,000 2 15 10011E	_ 01 11 11(0		00010				01 31/1/03

# 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

PRADEEP REDDY BOYAPALLI & ANUPRIYA BADDHAM

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

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

	Sequence No. <b>01</b>
Your soci	ial security number
059-89	-0677

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	-14,350.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ( )		
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ( )		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
- 1	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80	-	
р	Section 461(I) excess business loss adjustment	8p	-	
q	Taxable distributions from an ABLE account (see instructions)	8q	-	
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		
	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	0-		
0	Total other income. Add lines to through the	8z		
9 10	Total other income. Add lines 8a through 8z		9 10	-14,350.
10	Combine lines i infought and 9. Enter here and on Form 1040, 1040-5K	, or 1040-INH, II/IE 8	IU	-14,350.

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

Par	t II Adjustments to Income					
11	Educator expenses		 	11		
12	Certain business expenses of reservists, performing artists, and fee-					
	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				ı	
С	Date of original divorce or separation agreement (see instructions):				1	
20	IRA deduction			20		
21	Student loan interest deduction			21		_
22	Reserved for future use			22		
23	Archer MSA deduction		 	23		
24	Other adjustments:				ı	
а	,	24a		-	ı	
b	Deductible expenses related to income reported on line 8l from the				ı	
	, , , , , , , , , , , , , , , , , , , ,	24b		-	ı	
С	Nontaxable amount of the value of Olympic and Paralympic medals				ı	
	and USOC prize money reported on line 8m	24c		-	ı	
d	·	24d		-	ı	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			ı	
f	Contributions to section 501(c)(18)(D) pension plans	24f			ı	
g	Contributions by certain chaplains to section 403(b) plans	24g			ı	
_	Attorney fees and court costs for actions involving certain unlawful				ı	
	discrimination claims (see instructions)	24h			ı	
i	Attorney fees and court costs you paid in connection with an award				ı	
	from the IRS for information you provided that helped the IRS detect				ı	
	tax law violations	24i			ı	
j	Housing deduction from Form 2555	24j			ı	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				ı	
	,	24k			ı	
Z	Other adjustments. List type and amount:				1	
		24z			1	
25	Total other adjustments. Add lines 24a through 24z			25		
26	Add lines 11 through 23 and 25. These are your adjustments to income				ı	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		 	26		

### **SCHEDULE E** (Form 1040)

### **Supplemental Income and Loss**

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

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

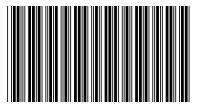
OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

2022	
Attachment Sequence No. <b>13</b>	

Name(s	s) shown on return					Y	our socia	I security	number	
PRAI	DEEP REDDY BOYAPALLI & ANUPRIYA BADDHA	M				(	059-89	0-0677	7	
Part	Income or Loss From Rental Real Estate a Note: If you are in the business of renting personal proprental income or loss from Form 4835 on page 2, line 4	perty, use		<b>c</b> . See	instruc	ctions. If you are	an indivi	idual, rep	oort farm	
Α [	Did you make any payments in 2022 that would require yo		Form(s)	1099? 5	See ins	tructions		. <b>Y</b>	es 🛛 N	10
	f "Yes," did you or will you file required Form(s) 1099?									ol
1a	Physical address of each property (street, city, state, 2									
Α										
В										
С										
1b	Type of Property 2 For each rental real estate pro				Fa	ir Rental	Persona	al Use	QJ	·
	(from list below) above, report the number of fa					Days	Day	/S	40	
A	2 personal use days. Check the if you meet the requirements to			Α		365		0		
В	qualified joint venture. See inst			В						
C				С						
	of Property:				_					
	Single Family Residence 3 Vacation/Short-Term Re Multi-Family Residence 4 Commercial	ental	5 Land 6 Roya			Self-Rental Other (describ	oe)			
						Properties	6:			
Incon	ne:			Α		В			С	
3	Rents received			6	00.					
4	Royalties received	. 4								
Exper	nses:									
5	Advertising									
6	Auto and travel (see instructions)									
7	Cleaning and maintenance			1,2	00.					
8	Commissions	. 8								
9	Insurance									
10	Legal and other professional fees				0.0					
11	Management fees			1,0	00.					
12	Mortgage interest paid to banks, etc. (see instructions)									
13 14	Other interest			1 2	50.					
15	Repairs				00.					
16	Taxes			3,3	00.					
17	Utilities	. 17		5.0	00.					
18	Depreciation expense or depletion			3 7 0						
19	Other (list)	10								
20	Total expenses. Add lines 5 through 19			14,9	50.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties).	If								
	result is a (loss), see instructions to find out if you mus									
	file <b>Form 6198</b>	. 21		-14,3	50.					
22	Deductible rental real estate loss after limitation, if any									
	on Form 8582 (see instructions)		(	14,35			)(			)
23a	Total of all amounts reported on line 3 for all rental prop				23a		600.			
b	Total of all amounts reported on line 4 for all royalty pro	-			23b					
C	Total of all amounts reported on line 12 for all properties				23c					
d	Total of all amounts reported on line 18 for all properties				23d	1 /	0.5.0			
e 24	Total of all amounts reported on line 20 for all properties				23e	14,	950.			
24 25	Income. Add positive amounts shown on line 21. <b>Do r Losses.</b> Add royalty losses from line 21 and rental real es		-		nter to	tal losses here	24 25 (		14,35	0
26							<u> </u>		± <del>1</del> ,35	<i>.</i>
20	Total rental real estate and royalty income or (loss) here. If Parts II, III, IV, and line 40 on page 2 do no Schedule 1 (Form 10/0), line 5. Otherwise include this	t apply	to you,	also er	nter th	is amount on			_1/ 2	50



0120101010

### **Payment by Credit Card**

You may pay your 2022 New Jersey income taxes or make payment of estimated tax for 2023 by credit card by visiting the Division's website at <u>nj.gov/taxation</u>.

### Payment by E-Check

You may pay your 2022 New Jersey income taxes or make a payment of estimated tax for 2023 by e-check. This option is available on the Division's Website at: nj.gov/taxation. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.** 

### **Payment by Check**

If you are paying your 2023 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

If you are married/civil union couple, filing jointly, be sure that the Social Security number which is first on this payment voucher is the Social Security number on your check and is listed first when filing your Income Tax return.

### DO NOT CUT THIS PAGE

New Jersey Gross Income Tax Declaration of Estimated Tax Voucher NJ-1040-ES-V

**1555** 2023

Make check payable to "State of New Jersey – TGI". Write your Social Security number and tax year on your check.

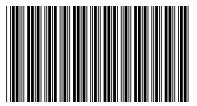
State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222 059-89-0677 BOYA 981-98-4583 BOYAPALLI PRADEEP REDDY & BADDHAM AN 8751 KILPECK CT HENRICO VA 23294

Calendar Year - Due Voucher April 18, 2023 **1** 

Indicate the return for which payment is being made by checking the appropriate box:

Enter amount of payment here:





0120101010

### **Payment by Credit Card**

You may pay your 2022 New Jersey income taxes or make payment of estimated tax for 2023 by credit card by visiting the Division's website at nj.gov/taxation.

### Payment by E-Check

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If you are married/civil union couple, filing jointly, be sure that the Social Security number which is first on this payment voucher is the Social Security number on your check and is listed first when filing your Income Tax return.

### DO NOT CUT THIS PAGE

New Jersey Gross Income Tax Declaration of Estimated Tax Voucher NJ-1040-ES-V

**1555** 2023

Make check payable to "State of New Jersey – TGI". Write your Social Security number and tax year on your check.

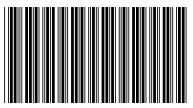
State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222 059-89-0677 BOYA 981-98-4583 BOYAPALLI PRADEEP REDDY & BADDHAM AN 8751 KILPECK CT HENRICO VA 23294

Calendar Year - Due Voucher June 15, 2023 **2** 

Indicate the return for which payment is being made by checking the appropriate box:

Enter amount of payment here:





0120101010

### **Payment by Credit Card**

You may pay your 2022 New Jersey income taxes or make payment of estimated tax for 2023 by credit card by visiting the Division's website at <u>nj.gov/taxation</u>.

### Payment by E-Check

You may pay your 2022 New Jersey income taxes or make a payment of estimated tax for 2023 by e-check. This option is available on the Division's Website at: nj.gov/taxation. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.** 

### **Payment by Check**

If you are paying your 2023 New Jersey estimated income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

If you are married/civil union couple, filing jointly, be sure that the Social Security number which is first on this payment voucher is the Social Security number on your check and is listed first when filing your Income Tax return.

### DO NOT CUT THIS PAGE

New Jersey Gross Income Tax Declaration of Estimated Tax Voucher NJ-1040-ES-V

**1555** 2023

Make check payable to "State of New Jersey – TGI". Write your Social Security number and tax year on your check.

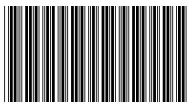
State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222 059-89-0677 BOYA 981-98-4583 BOYAPALLI PRADEEP REDDY & BADDHAM AN 8751 KILPECK CT HENRICO VA 23294

Calendar Year - Due Voucher September 15, 2023 **3** 

Indicate the return for which payment is being made by checking the appropriate box:

Enter amount of payment here:





0120101010

### **Payment by Credit Card**

You may pay your 2022 New Jersey income taxes or make payment of estimated tax for 2023 by credit card by visiting the Division's website at <u>nj.gov/taxation</u>.

### Payment by E-Check

You may pay your 2022 New Jersey income taxes or make a payment of estimated tax for 2023 by e-check. This option is available on the Division's Website at: nj.gov/taxation. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.** 

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### DO NOT CUT THIS PAGE

New Jersey Gross Income Tax Declaration of Estimated Tax Voucher NJ-1040-ES-V

**1555** 2023

Make check payable to "State of New Jersey – TGI". Write your Social Security number and tax year on your check.

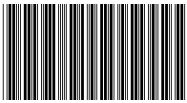
State of New Jersey Division of Taxation Revenue Processing Center PO Box 222 Trenton, NJ 08646-0222 059-89-0677 BOYA 981-98-4583 BOYAPALLI PRADEEP REDDY & BADDHAM AN 8751 KILPECK CT HENRICO VA 23294

Calendar Year - Due Voucher January 16, 2024 **4** 

Indicate the return for which payment is being made by checking the appropriate box:

Enter amount of payment here:





0130201010

### **Payment by Credit Card**

You may pay your 2022 New Jersey income taxes or make payment of estimated tax for 2023 by credit card by visiting the Division's website at <u>nj.gov/taxation</u>.

### Payment by E-Check

You may pay your 2022 New Jersey income taxes or make a payment of estimated tax for 2023 by e-check. This option is available on the Division's Website at: nj.gov/taxation. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.** 

### **Payment by Check**

If you are paying your 2022 New Jersey income taxes, with your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 244, Trenton, NJ 08646-0244.

If you are paying your 2022 New Jersey income taxes, separate from your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 643, Trenton, NJ 08646-0643.

If you are making your first installment payment of estimated tax for 2023, use separate checks or money orders for each payment. Send your 2023 estimated tax payment with a NJ-1040-ES voucher to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

### DO NOT CUT THIS PAGE

New Jersey Gross Income Tax Nonresident Payment Voucher NJ-1040NR-V 059-89-0677 BOYA 981-98-4583 BOYAPALLI PRADEEP REDDY & BADDHAM ANU 8751 KILPECK CT HENRICO VA 23294

**1555** 2022

Make your check payable to "State of New Jersey – TGI". Write your Social Security number and tax year on your check.

State of New Jersey Division of Taxation Revenue Processing Center PO Box 643 Trenton, NJ 08646-0643

Enter amount of payment here:



### 2022 NJ-1040NR New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

NJ-1040NR 2022 Page 1

For Taxable Year January 1, 2022 - December 31, 2022 or Other Tax Year , 2022 Ending \_\_\_\_\_, 2023 Beginning

Your Social Security Number 059890677

 $Last\ Name,\ First\ Name,\ Initial\ (\textit{Joint filers enter first name and middle initial of each.}\ \ Enter\ spouse/CU\ partner\ last\ name\ only\ if\ different.)$ 

BOYAPALLI PRADEEP REDDY & BADDHAM A

Spouse's/CU Partner's Social Security Number

981984583

State of Residency (outside NJ)

Home Address (Number and Street, incl. apt. # or rural route)

VIRGINIA

8751 KILPECK CT

Driver's License # (Voluntary) B63647658

VA

City, Town, Post Office **HENRICO** 

VA 23294

ZIP Code

This is an amended return

Federal extension application attached or enter confirmation number

The address above is a foreign address

Your address has changed

Death certificate for deceased taxpayer is attached (See instructions page 9)

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

If you were a New Jersey resident for ANY part of the tax year, NJ Residency Status

give the period of New Jersey residency.

From:

To:

Gubernatorial **Elections Fund**  Do you want to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner want to designate \$1? Note: If you check the "Yes" box(es), it will not increase your tax or

reduce your refund.

Yes Yes

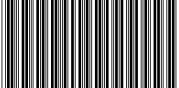
No

1555

No



**NJ-1040NR** 2022 Page 2



Name(s) as shown on Form NJ-1040NR

### BOYAPALLI PRADEEP REDDY & BADDHAM A

Your Social Security Number

059890677

1555

Filin (Che	ng Status ck only ONE	box)							
1.		Single							
2.	×	Married/CU Couple, filing joint return							
3.		Married/CU Partner, filing separate return							
4.		Head of Household Name	and SSN of Spouse	/CU Partner					
5.		Qualifying Widow(er)/Surviving CU Partner							
Exe	mptions								
6.	Regular	Self	Spouse/CU Partne	r	Domestic	6.	2		
7.	Age 65 or o	over Self	Spouse/CU Partne	r	Partner	7.			
8.	Blind or Di	sabled Self	Spouse/CU Partne	r		8.			
9.	Veteran Ex	semption Self	Spouse/CU Partne	r					9.
10.	Number of	your qualified dependent children						10.	
11.	Number of	other dependents						11.	
12.	Dependents	s attending colleges (See Instructions)				12.			
13.	For line 13a For line 13a	a – Add lines 6, 7, 8, and 12. For line 13b – Add lines 10 and 11. c – Enter amount from line 9.				13a.	2	13b.	13c.
Dep	endent Info	ormation							
14.	Dependent'	's Last Name, First Name, Middle Initial	Dependen	s Social Sec	urity Number		Birth '	Year	
	a								
	b								
	c								
	d								
				COL. A - AMOUN	T OF GROSS INCO	ME (EVERYW	/HERE) C	OL. B - AMOUNT	FROM NEW JERSEY SOURCES
15.	Wages, sa	alaries, tips, and other employee compensation		15.	153	3088		15.	153088 .
	-	x if you completed lines 69 through 75							
16.	Interest			16.				16.	
17.	Dividends	s		17.				17.	
18.		ts from business (Schedule NJ-BUS-1, Part I, line 4)		18.				18.	
19.	•	or income from disposition of property (From line 68)		19.				19.	
20.	_	or income from rents, royalties, patents, and copyrights (Schedule N	IJ-BUS-1. Part II. line 4)	20.		0		20.	0 .
21.	_	oling winnings (See Instructions)		21.		Ū		21.	
22.	_	pensions, annuities, and IRA distributions/withdrawals		22.					·
23.	•	ve Share of Partnership Income (Schedule NJ-BUS-1, Part III, lin	ne 4)	23.			•	23.	
24.		ata share of S Corporation Income (Schedule NJ-BUS-1, Part IV,		24.			•	24.	•
25.		and separate maintenance payments received	inic Tj	25.			•	± 1.	•
26.		tate Nature and Source		26.			•	26.	
27.		NCOME (Add lines 15 through 26)		27.	1 5 1	3088	•	27.	153088
21.	TOTALI	NCOME (Add files 13 tillough 20)		41.	тЭ.	000	•	41.	133000 •

**NJ-1040NR** 2022 Page 3



Name(s) as shown on Form NJ-1040NR

### BOYAPALLI PRADEEP REDDY & BADDHAM A

Your Social Security Number

059890677

1555

28a.	Pension/Retirement Exclusion (See Instructions)	28a.				
28b.	Other Retirement Income Exclusion (See Worksheet and Instructions)	28b.		28b.		
28c.	Total Exclusion Amount (Add line 28a and line 28b)	28c.		28c.		
29.	Gross Income (Subtract line 28c from line 27)	29.	153088 -	29.	153088	
30.	Total Exemption Amount (See Instructions)	30.	2000 .			
31.	Medical Expenses (See Worksheet and Instructions)	31.				
32.	Alimony and separate maintenance payments	32.				
33.	Qualified Conservation Contribution	33.				
34.	Health Enterprise Zone Deduction	34.				
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0 .			
36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.				
37a.	NJBEST Deduction	37a.				
37b.	NJCLASS Deduction	37b.				
37c.	NJ Higher Education Tuition Deduction	37c.				
38.	Total Exemptions and Deductions (Add lines 30 through 37c)	38.	2000 .			
39.	Taxable Income (Subtract line 38 from line 29, column A)	39.	151088 .			
40.	Tax on amount on line 39 (From Tax Table)	40.	5582 .			
41.	Income Percentage B. (line 29) / A. (line 29) = $\underline{100.00}$ %					
42.	New Jersey Tax (Multiply amount from line 40 by income percentage from line 41)			42.	5582	
43.	Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)			43.		
44.	Gold Star Family Counseling Credit (See Instructions)			44.		
45.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)			45.		
46.	Total Credits (Add lines 43, 44, and 45)			46.		
47.	Balance of Tax After Credits (Subtract line 46 from line 42)			47.	5582	
48.	Interest on Underpayment of Estimated Tax.			48.	152	
	Check box if Form NJ-2210NR is enclosed			×		
49.	Total Tax Due (Add line 47 and line 48)			49.	5734	
50.	Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) (Part-year nonresidents, see instructions)	50.	1945 .			
51.	New Jersey Estimated Tax Payments/Credit from 2021 return	51.		Also enter o	n line 51: ents made in connection	
52.	Tax paid on your behalf by Partnership(s)	52.	•		sale of NJ real property	
53.	Excess NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	53.	•		ents by S corporation for	
54.	Excess NJ Disability Insurance Withheld (Enclose Form NJ-2450)	54.	•	nonre	sident shareholder	
55.	Excess NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	55.				
56.	Pass-Through Business Alternative Income Tax Credit (See instructions)	56.				

# NJ-1040NR

2022 Page 4



Refund amount (If line 59 is more than zero, subtract line 62 from line 59)

Name(s) as shown on Form NJ-1040NR

### BOYAPALLI PRADEEP REDDY & BADDHAM A

Your Social Security Number

059890677

1555

57. 58.	Total Payments/Credits (Add lines 50 through 56) If line 57 is less than line 49, you have tax due. Subtract line If you owe tax, you can still make a donation on line 61A thr	57. 58.	1945 3789				
59.	If line 57 is more than line 49, you have an overpayment. Sul	otract line 49 from lin	ne 57 and enter the overpayment	59.			
60.	Amount from line 59 you want to credit to your 2023 tax			60.			
61.	Amount you want to credit to:						
	(A) N.J. Endangered Wildlife Fund		61A.	NOTE:			
	(B) N.J. Children's Trust Fund 61B.			An entry on lines 60 t reduce your tax refun	-	1	
	(C) N.J. Vietnam Veterans' Memorial Fund		61C.	reduce your tax retain	u		
	(D) N.J. Breast Cancer Research Fund		61D.				
	(E) U.S.S. N.J. Educational Museum Fund		61E.				
	(F) Designated Contribution	Code	61F.				
62.	Total Adjustments to Tax Due/ Overpayment (Add lines 60 t	hrough 61F)		62.			
63.	Balance due (If line 58 is more than zero, add line 58 and 62)	63.	3789				

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)

Paid Preparer's Signature

Your Signature

Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM

Date

P02082703

Firm's Federal Employer Identification Number

Firm's Name GLOBAL TAXES LLC

84-3171965

Pay amount on line 63 in full. Write Social Security number(s) on check or money order and make payable to:

State of New Jersey - TGI Division of Taxation Revenue Processing Center PO Box 244 Trenton, NJ 08646-0244

64.

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

Division Use: 1	2	3	4	5	6	7	8

Name(s) as show	Name(s) as shown on Form NJ-1040NR Your Social Security Number								
BOYAPALLI PRADEEP REDDY & BADDHAM ANUPRIYA							059890677		
Part I	Net Gains or Income From Disposition of Property	dispo		income, less net rty including real c D.					orted
(a) Kind of	property and description	iption (b) Date aquired (Mo., day, yr.) (c) Date sold (Mo., day, yr.) (d) Gross sales price (e) Cost or or basis as adjute (see instruct and expense					sted (f) Gain or (lo ons) (d less e)		ss)
65.									
							$\Box$		
							1 1		
							$\Box$		
66. Capital Gai	ns Distribution						66.		
67. Other Net Gains							67.		
68. Net Gains (	68. Net Gains (Add lines 65, 66, and 67) (Enter here and on line 19) (If loss, enter zero)								
Allocation of Wage and Salary Income Earned Partly Inside and Outside New Jersey  (See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.)									
69. Amount rep	oorted on line 15 in column A	required to be a	allocated				69.		
70. Total days i	n taxable year						70.		
71. Deduct nor	nworking days (Sundays, Sat	urdays, holidays	s, sick leave, va	cation, etc.)			71.		
72. Total days	worked in taxable year (subtr	act line 71 from	line 70)				72.		
73. Deduct day	s worked outside New Jerse	y					73.		
74. Days worke	ed in New Jersey (subtract lir	ne 73 from line 7	72)				74.		
75. Allocation	Formula	X (Ente	er amount from I	= line 69) (Salary	/ earne	ed inside N.J.)	`	le this amount on 5, col. B)	
Part III	Part III Allocation of Business Income to New Jersey (See instructions if other than Formula Basis of allocation is used.)								
Business Alloc	ation Percentage (From Sch	edule NJ-NR-A)				<u> </u>			
Enter below the line number and amount of each item of business income reported in column A that is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.									
From	n Line No \$		- x	% = \$ <u></u>			•		
Fron	n Line No \$		. x	% = \$ <u></u>					
From	n Line No \$		. x	% = \$					

059-89-0677

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

New Jersey Gross Income Tax Business Income Summary Schedule

2022

Pa	art Net Profits From Busin	ess	l	List the net pro	ofit (lo	oss) from	busir	iess(es). S	See Instructions.	
	Business Name			ecurity Numbederal EIN	er/			Profit or	(Loss)	
1.										
2.										
3.										
4.	Net Profit or (Loss). (Add lines 1, 2, and line 18, column A. If loss, enter zero on			on	4.					
Pa	Net Gains or Income  art II From Rents, Royalties, Patents, and Copyright		form of Type of		ies, p	atents, a	nd co	pyrights. S	rived from or in to see instructions. -Copyrights	
	Source of Income or Loss. If rental real estate, enter physical address of property.			curity Numbe deral EIN		Type – E number f list abo	rom	Inc	come or (Loss)	
1.	From federal Sch E		0598906	577			1		-14,350.	
2.									·	$\top$
3.										1
4.	Net Income or (Loss). (Add lines 1, 2, at						1			$\top$
	(Enter here and on line 20, column A. If	loss, ent	er zero on li	ine 20, columr			4.		-14,350.	
Pa	art III Distributive Share of Pa	artners	ship Incor	me				e snare of s). See ins	income (loss) tructions.	
	Partnership Name	Fed	leral EIN	Share of Par Income or		on lip		tax paid behalf by rships	Share of Pas Through Busin Alternative Inco Tax	ness
1.										П
2.										T
3.				1						
4.	Distributive Share of Partnership Income or ((Add lines 1, 2, and 3.) (Enter here and on lir If loss, enter zero on line 23, column A.)		umn A.							
5.	Total Share of tax paid on your behalf by Par 2, and 3.) Enter total here and include on line		(Add lines 1,							
6.	Total Share of Pass-Through Business Altern lines 1, 2, and 3.) (Enter here and include on		ome Tax (Add							
Pa	art IV Net Pro Rata Share of	S Corp	ooration I	ncome					come (usable See instructions	3.
	S Corporation Name	Fe	ederal EIN	Pro Rata Sh Income		f S Corpo sable Loss			Pass-Through Bus native Income Tax	
1.										
2.										
3.										
4.	Net Pro Rata Share of S Corporation Income (Add lines 1, 2, and 3.) (Enter here and on lir If loss, enter zero on line 24, column A.)		umn A.	4.						
5.	Total Share of Pass-Through Business Alterna (Add lines 1, 2, and 3.) (Enter here and includ			5.						
	1			edule for yo	ur re	cords			REV 01/24/23	PRO

### **Schedule NJ-BUS-2** (Form NJ-1040NR)

### New Jersey Gross Income Tax Alternative Business Calculation Adjustment

2022

		Column A				Column B				
Par	t I Income (Loss)	Reportable Regular Business Income			Alternative Business Income (Loss)					
1.	Net Profits From Business	1a.	0.		1b.	0.				
2.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	2a.	0.		2b.	-14,350.				
3.	Distributive Share of Partnership Income	3a.	0.		3b.	0.				
4.	Net Pro Rata Share of S Corporation Income	4a.	0.		4b.	0.				
5.	Loss Carryforward From Tax Year 2021				5b.	6,550.	)			
6.	Totals	6a.	0.		6b.	-20,900.				
Par	t II Adjustment Calculation									
7.	Total Regular Business Income	7.	0.							
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.							
9.	Business Increment (Subtract line 8 from line 7)	9.	0.							
10.	Adjustment Percentage	10.	(	0.50						
11.	Alternative Business Calculation Adjustment (line 9 x 0.50)	11.	0.							
Part III Loss Carryforward to Tax Year 2023										
12.	Loss Carryforward to Tax Year 2023				12.	( 20,900.	)			

### Instructions

Line 1a.	Enter the amount from line 18, column A, Form NJ-1040NR.
Line 1b.	Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
Line 2a.	Enter the amount from line 20, column A, Form NJ-1040NR.
Line 2b.	Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
Line 3a.	Enter the amount from line 23, column A, Form NJ-1040NR.
Line 3b.	Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
Line 4a.	Enter the amount from line 24, column A, Form NJ-1040NR.
Line 4b.	Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
Line 5b.	Enter the amount from line 12 of your 2021 Schedule NJ-BUS-2 (Form NJ-1040NR).
Line 6a.	Enter the total of lines 1a through 4a.
Line 6b.	Enter the total of lines 1b through 5b, netting gains with losses.
Line 7.	Enter the amount from line 6a of this schedule.
Line 8.	Enter the amount from line 6b of this schedule. If loss, enter zero here.
Line 9.	Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and on line 35 of Form NJ-1040NR, and continue with line 12.
Line 10.	The adjustment percentage for Tax Year 2022 is 50% (0.50).
Line 11.	Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040NR.
Line 12.	If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

### **NJ-2210NR** 2022

# Underpayment of Estimated Tax By Nonresident Individuals ne 48 Form N.I-1040NR and enclose this for

Name(s) as show	vn on Form NJ-1040NR	box at line 48, Form		040IVIX, and end	Social Security			
. ,	PRADEEP REDDY & BADDHAM	ANUPRIYA			059-89-			
Part I	Figuring Your Underpay	rment						
1. 2022 Tax	(line 47, Form NJ-1040NR)					1.	5,58	
2. Enter the total of lines <b>50, 52, 53, 54, 55 and 56, Form NJ-1040NR</b>					2.		1,945.	
3. Subtract	line 2 from line 1 (If less than \$400,	do <b>not</b> complete th	ne res	et of this form).		3.		3,637.
4a. Multiply t	he amount on line 1 by .80 (80%) (T	wo-thirds for qualif	fied fa	ırmers)		4a.		4,466.
4b. Enter 20	21 tax ( <b>From Form NJ-1040NR, line</b>	9 46)				4b.		
					Payme	nt Du	e Dates	
				(A) April 18, 2022	(B) June 15, 20	)22	(C) Sept 15, 2022	(D) Jan 17, 2023
	esser amount from either line 4a or 4 er the result in each column		5.	1,116.	1,	116.	1,117.	1,117.
If each co	d tax paid and tax withheld per perion olumn on line 6 is greater than the co n line 5, do not complete the rest of	orresponding	6.	486.		486.	486.	487.
7. Enter the (Complet	overpayment (line 13) from the preve e lines 7 through 13 for one column ng the next column.)	rious column. before	7.	100.			100	2371
8. Add line	3 and line 7		8.	486.		486.	486.	487.
	9. Enter the total underpayment (add line 11 and line 12) from the previous column		9.		630.		1,260.	1,891.
	line 9 from line 8. If zero or less, ente		10.	486.	0.		0.	0.
zero, sub	g underpayment from previous perion tract line 8 from line 9. Otherwise en	ter zero	11.			144. 77		1,404.
10 from l	yment (If line 5 is greater than line 1 ne 5)		12.	630.	1,116. 1,11		1,117.	1,117.
	ment (If line 10 is greater than line 5 10)		13.					
	Exceptions ons. Complete worksheets for exception 1 at line 15, do not file to							
payment	ount paid and withheld from January due date shown. (Do not include witer 31, 2022.) (See instructions)	hholdings after	14.	April 18, 2022 486.	June 15, 202		Sept 15, 2022	Jan 17, 2023
15. Exception	n 1 – Enter 2021 tax		15.	25% of 2021 Tax	50% of 2021 T		1,458. % of 2021 Tax	1,945. 100% of 2021 Tax
16. Exception	(2021 NJ-1040NR, line 46)		16.	25% of Tax	50% of Tax		75% of Tax	100% of Tax
17. Exception	n 3 – Tax on annualized 2022 income	e	17.	20% of Tax	40% of Tax		60% of Tax	
18. Exception	1 4 – Tax on 2022 income over 3, 5,	and 8-month	18.	90% of Tax	90% of Tax		90% of Tax	
polious	If the amount of any ex		or le			<u> </u>	t	
19 Total Into	erest (Include this amount on line 48						\$	152.

NJ-2210NR 2022

### Worksheets

E	cception II Tax on 2021 gross income using 2022 exemptions and tax rates		
1.	Enter 2021 Gross Income (line 29, column A, 2021 NJ-1040NR)	1.	
2.	Enter 2022 Total Exemptions (line 30, 2022 NJ-1040NR)	2.	
3.	Subtract line 2 from line 1	3.	
4.	Calculate tax on line 3 (2022 tax rates)	4.	
5.	Income Percentage (line 41, 2022 NJ-1040NR)	5.	
6.	Multiply line 4 by line 5. Enter the applicable percentage of this amount on line 16, Part II of this form	6.	
			•

### Exception III Tax on 2022 Annualized Income (attach calculations)

			1/1/22 - 3/31/22	1/1/22 - 5/31/22	1/1/22 - 8/31/22
1.	Enter the portion of Gross Income (line 29, column A, NJ-1040NR) that is applicable to each period shown	1.			
2.	Annualization amounts	2.	4	2.4	1.5
3.	Annualized Income (Multiply line 1 by line 2)	3.			
4.	Enter Total Exemptions (line 30, NJ-1040NR)	4.			
5.	Subtract line 4 from line 3	5.			
6.	Calculate tax on line 5	6.			
7.	Enter the portion of Gross Income from New Jersey sources (line 29, column B, NJ-1040NR) that is applicable to each period shown	7.			
8.	Percentage of income from New Jersey sources (Divide line 7 by line 1)	8.			
9.	Multiply line 6 by line 8. Enter the applicable percentage of this amount on line 17, Part II of this form	9.			

### Exception IV Tax on Actual 2022 Taxable Income over 3, 5, and 8-month periods (attach calculations)

		1/1/22 – 3/31/22	1/1/22 – 5/31/22	1/1/22 – 8/31/22
Enter the actual amount of Taxable Income (line 39, NJ-1040NR) that i applicable to each period shown				
Calculate tax on line 1	2.			
3. Income percentage (line 41, NJ-1040NR)	3.			
Multiply line 2 by line 3. Enter 90% of this amount on line 18,     Part II of this form	4.			

NJ-2210/2210NR Line 19

# Interest Computation Worksheet Attach to Form NJ-2210 or NJ-2210WK

2020

Name as Shown on Return BOYAPALLI PRADEEP REDDY & BADDHAM ANUPRIYA Social Security No. 059-89-0677

### Option 1

		Α	В	С	D	E	F	G
I	Period	Amount Due (line 5, NJ-2210/2210NR)	Balance Due Previous Quarter (column E)	Total Due (A + B)	Total Paid (line 6, NJ-2210/2210NR)	Balance (C - D)	Multi- plier	Interest (E x F)
1	6/16-							
2	7/15 7/16 -	1,116.		1,116.	486.	630.	.005	6.
_	9/15	1,116.	630.	1,746.	486.	1,260.	.010	24.
3	9/16 - 1/15 1/16 -	1,117.	1,260.	2,377.	486.	1,891.	.021	59.
7	4/15	1,117.	1,891.	3,008.	487.	2,521.	.016	63.
5	5 Total interest for Option 1							

### Option 2

	Payment due dates	<b>(a)</b> 6/15/2020	<b>(b)</b> 7/15/2020	<b>(c)</b> 9/15/2020	(d) 1/15/2021
1 2 3 4 5 a	due date to payment date or next quarter due date, whichever is earlier	.0625	.0625	.0625	.0625
6 7 8 9 a	Late payment interest. (Line 4 times line 5a times line 5b divided by 12.)  If line 1 is blank, skip lines 7 through 10. Payment amount				
10 b	Interest rate	.0625	.0625	.0625	.0625
11	Total interest for Option 2. Add I	ines 6 and 10, colur	mns (a) through (d)	11	

NJIW0801.SCR

# 2022 VA760CG Page 1





PRADEEP REDD BOYAPALLI ANUPRIYA BADDHAM 8751 KILPECK CT,

HENRICO		VA 23294			
SSN - You	ВОҮА	059890677	Vendor ID 1555		хххххх
SSN - Spouse	BADD	981984583			
Fed Adj Gross Income (I	FAGI) 1.	132330.	Withholding (VA) - You	19A.	7610.
Additions	2.		Withholding (VA) - Spouse	19B.	
Subtotal	3.	132330.	Estimated Payments	20.	
Age Deduction - You	4A.		2021 Overpayment	21.	
Age Deduction - Spouse	e 4B.		Extension Payments	22.	
Soc Sec & Tier 1 Railroa	ad 5.		Credit - Low-Income or EIC	23.	
State Income Tax Overp	ayment 6.		Credit - Schedule OSC	24.	5582.
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	13192.
Total VA Adj Gross Incor	ne (VAGI) 9.	132330.	Tax You Owe	27.	
Itemized Deductions - V	A Sch A 10.		Tax Overpayment	28.	6867.
Standard Deduction	11.	16000.	Overpayment Credited to Next Year	29.	
Exemptions	12.	1860.	VAC - Virginia 529 / ABLE	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deductions & I	Exemptions) 14.	17860.	Addition to Tax, Penalty & Interest	32.	
VA Taxable Income	15.	114470.	Sales and Use Tax	33.	
Amount of Tax	16.	6325.	Amount You Owe		
Spouse Tax Adjustment	(STA) 17.		Will Pay by Credit/Debit Card N Your Refund	1	6867.
VAGI - Spouse	17A.		Bank Routing #	C	051000017

6325.

18.

Bank Account #

435050980091

Net Amount of Tax





	l								
	Filing Status, Age 8	License I	nformation			Addit	ional Filing Information		
	Filing Status			2		Locality		087	
	Federal Head of He	ousehold				Uninsured & Authorize	DMAS		
	DOB - You		061	31992		Name or Filing Status C	Change		
	VA Driver's License	e ID - You	В636	47658		Address Change			
	VA Driver's License - Iss. Date - You			92021	VA Return Not Filed Last Year				
Spouse Name (Filing Status 3 Only)			Only)			Dependent on Another's Return			
	DOD Chausa	0.60				Farmer / Fisherman / Merchant Seaman			
DOB - Spouse			06031996		Amended				
	VA Driver's License ID - Spouse					Reason Code			
		VA Driver's License - Iss. Date - Spouse				Overseas on Due Date	ı		
	You You	1	Exemptions (B) 65 & Over - You			Federal EIC & Amount			
	Spouse	1	65 & Over - Spouse			Deceased Indicator			
	Dependents		Blind - You	- You		Form 760C or 760F			
	Total (A)	2	Blind - Spouse			No Sales & Use Tax D	ue Indicator	X	
			Total (B)			Obtain Electronic 1099	)G		
			Contact Information			ID Theft PIN			
			penalty of law that I (we) have e	ave examined this return & to the best of r		my (our) knowledge, it is a true, correct & complete return. If you are requesting rovided is for a domestic account within the territorial jurisdiction of the United $31381886$ !			
	Signature - You			Date		none - You	31301	00032	
	Signature - Spouse				01000	none - Spouse	67006	F0F00	
Signature - Preparer SVAM DRIVA RAM SAGAR GUDTA TALLAM			Data U.	21823	Б.	67896	J <b>J</b> J <u>Z</u> ∠		

Phone - Preparer

GLOBAL TAXES LLC

245 ROONEY CT

E BRUNSWICK

Preparer Information

7

NJ 08816

P02082703

Page 2 of 2

Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date

The Tax Department may discuss my/our return with my/our preparer.

File by May 1, 2023 Include Page 1, Page 2 and all

supporting 760CG documents.

### 2022 Schedule INC/CG

059890677

Report all W-2s, 1099s & VK-1s with VA Withholding



PRADEEP REDD BOYAPALLI

ANUPRIYA BADDHAM



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
<b>"</b> 059890677	W	4766.	831953145	30831953145F001	92360.
059890677	W	2844.	831953145	30831953145F001	54320.

Total VA Withholding

You

059890677

7610.

Spouse

Total # of W-2s,1099s & VK-1s

02

### 2022 Schedule OSC/CG

Enclose other state tax returns when filing





059890677

<b>Credit Computation State 1</b>
If Claiming border state

1.	Filing Status - other state's return	2	6.	Other State Abbreviation	NJ
2.	Person Claiming the Credit	3	7.	Virginia Income Tax	6325.
3.	Qualifying Taxable Income - other state	151088.	8.	Income percentage	100.0
4.	Virginia Taxable Income	114470.	9.	Virginia Ratio of Income Tax	6325.
5.	Qualifying Tax Liability - other state	5582.	10.	Credit Allowed	5582.

### **Credit Computation State 2**

11. Filing Status - other state's return	16.	Other State Abbreviation
12. Person Claiming the Credit	17.	Virginia Income Tax
13. Qualifying Taxable Income - other state	18.	Income percentage
14. Virginia Taxable Income	19.	Virginia Ratio of Income Tax
15. Qualifying Tax Liability - other state	20.	Credit Allowed

Credit Computation State 3					
21. Filing Status - other state's return	26.	Other State Abbreviation			
22. Person Claiming the Credit	27.	Virginia Income Tax			
23. Qualifying Taxable Income - other state	28.	Income percentage			
24. Virginia Taxable Income	29.	Virginia Ratio of Income Tax			
25. Qualifying Tax Liability - other state	30.	Credit Allowed			
	31.	Total Credit Claimed			

Total Credit Claimed 5582.

Enclose other state tax returns when filing your Virginia tax return.

VA-8879 Virginia Department of Taxation

# Virginia Individual Income Tax e-File Signature Authorization

Tax Year 2022

# DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Virginia Submission Identification Number (SID)							
Your Name	<b>B</b> Your Social Sec	urity Number					
PRADEEP REDDY BOYAPALLI	059-89-0677						
Spouse's Name	A Spouse's Social Security Number						
ANUPRIYA BADDHAM	981-98-458	33					
Part I Tax Return Information	A Spouse	B Yourself					
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)	•	132330.					
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		132330.					
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		114470.					
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		6325.					
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		7610.					
6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)							
7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		6867.					
Part II Declaration of Taxpayer and Signature Authorization  Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying sc							
December 31, 2022, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.							
Taxpayer's e-File PIN: check one box only							
I authorize the ERO named below to enter my e-File PIN 9 0 6 7 7 as my signature on my 2022 e-filed Virginia individual income tax return.  Do not enter all zeros							
GLOBAL TAXES LLC		<del></del>					
ERO Firm Name							
I will enter my e-File PIN as my signature on my 2022 e-filed Virginia individual income tax return. Check this box of and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	only if you are entering	your own e-File PIN					
Your Signature Date	Your Signature Date						
Spouse's e-File PIN: check one box only							
I authorize the ERO named below to enter my e-File PIN 8 4 5 8 3 as my signature on my 2022 e-filed Virginia individual income tax return.  Do not enter all zeros							
GLOBAL TAXES LLC							
ERO Firm Name							
I will enter my e-File PIN as my signature on my 2022 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.							
Spouse's Signature Date							
Part III Certification and Authentication – Practitioner PIN Method Only							
ERO's EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN.  2 2 2 4 9 6 6 1 9 8 9							
Do not enter all zeros I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2022 Virginia individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2022). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.							
ERO's Signature Date Date	3-23						