#### 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.

Submission Identification Number (SID)

Taxpay	er's name	Social secu	irity numb	er
NAG	2-2599	9		
Spouse	's name	Spouse's s	ocial secu	rity number
Par	Tax Return Information – Tax Year Ending December 31, 2022 (Enter	year you	are aut	horizing.)
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		1	96,208.
2	Total tax			13,938.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	16,569.
4	Amount you want refunded to you		4	2,631.
5	Amount you owe			
Par	II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a co	py of v	our return)

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

				EBO firm name		Er
X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	
						2

2	2	5	9	9	
Ent dor	as my				

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date 🕨

#### Spouse's PIN: check one box only

I authorize

to enter	or	generate	my	PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signa	ature 🕨 🛛 Da	ate 🕨	•				 		
	Practitioner PIN Method Returns Only—continue	bel	ow						
Part III Ce	ertification and Authentication – Practitioner PIN Method Only								
ERO's EFIN/P	<b>IN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2			6 all ze	 9	8	9

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above 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 Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature >	Date 🕨		
ERO Must Retain This F Don't Submit This Form to the I			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 01/24/23 PRO	Form 8879 (Rev. 01-2021)

Filing Status       Single       Married filing jointly       Married filing separately (MFS)       Head of household (MOH)       Quadifying surviving guodifying surviving guodifying separately (MFS)         Your checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying serving guodifying surviving stocked security number       Your social security number         NAGA. SAI       MURUKUTLA       Your social security number         Home address (number and stree). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         555.0       DERR VALLEY DR, UNTT 126       Color Street and streed. If you have a P.O. box, see instructions.       Apt. no.         Freege notify rame       Fereign province/state/county       Relege province/state/county       Presidential Election Campaign         Foreign country rame       Fereign province/state/county       Relege province/state/county       Proceed filing jointy, want State       200 or State         Digital       At any time during 2022, did you: (b) incoine (se a reward, uread, or payment for property or service); or (b) sait       No       State         Defunction       Goode instructions;       (Port Hen Ker Gas instructions)       Yea       No         State Relege instructions;       (Port Hen Ker Gas instructions)       (Port Hen Ker Gas instructions)       Yea       No         State Relege instru	<b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		rn	202	2	OMB No. 1545	-0074	IRS Use (	Dnly—E	Do not w	rite or staple i	n this space.
person is a child but not your dependent:         Your factame and middle initial         Last name         Your social security number           MAGA SAT         MURUKUTLA         735-32-2599         Fljoint nfurm, spose's finst name and middle initial         Last name         Biouse's social security number           Home address (number and taree), Hyou have a PO. box, see instructions.         Apt. no.         Presidential Electric Campaign CPuckown, or post office. Hyou have a foreign address, also complete spaces below.         Azt         B50 5         December 300, see instructions.         Apt. no.         Checken group, or your spouse if filing jointly, went 33           PEIOENIX         Foreign continex/state/caunty         Froeign postal caution of this fund. Checking a box biotry will not change         December 300, see instructions.         Checken group, or your spouse if filing jointly, went 33           Standard         Someone can allot as dependent         Your spouse as a dependent         Checken group, or your see instructions.         (Pole )         (Pole )           Dependents, see instructions:         (Pole and see instructions)           If more and form form(e)         (P2, box 1 (see instructions)         (Pole and see instructions)         (Pole and see instructions)         (Pole and see instructions)         (Pole and see instructions)         (Pole a	-			_	0		,				, <u> </u>	spou	ise (QSS)	Ũ
NAGA SAI       MURCIKUTLA       735-32-2599         If joint refum, spose's first name and middle inflat       Last name       Spouse's social security number         Home address frumber and street, If you have a PO. box, see instructions.       Apt. no.       Presidential Election Campaign         S50 5 DEER VALLEP NOT UNITY       Apt. no.       Presidential Election Campaign       Check non, or post office. If you have a foreign address, also complete spaces below.       State       2P code       Spouse's foreign covince/state/county       Foreign postal code       Presidential Election Campaign         Foreign country name       Foreign province/state/county       Foreign postal code       Province/state/scounty	one box.		,	,	our spou	se. If you ch	neck	ed the HOH or	QSS	box, ente	r the	child's	name if th	e qualifying
If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         City, town, or poor affice. If you have a foreign address, also complete spaces below.       State       28 0054         City, town, or poor affice. If you have a foreign address, also complete spaces below.       State       28 0054         PEIOENTIX       Foreign province/state/county       Foreign postal code       you its or refund.         Foreign country name       Foreign province/state/county       Foreign postal code       you its or refund.         Standard       Someone can claim:       You as a dependent       You spouse as a dependent       Our spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Age/Blindness       You is return or you were a dual-status alien         Age/Blindness       You bor bofroe January 2, 1958       Is blind       Check he to X if qualifies for (see instructions)         If more and check       In total amount from Form(s) W-2, box 1 (see instructions)       In total amount from Form(s) W-2, cae instructions)       In total amount from Form(s) W-2, cae instructions)       In total amount from Form 830, line 20       In total amount from Form 830, line 20       In total amount from Form 830, line 20       In total amount fro	Your first name	and mi	ddle initial	Last nam	ne						Y	our so	cial securit	y number
Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign Check here if you, or your spouse if filing jointy, want S3         55.0 E DEER VALLEY DR, UNTT 126       Check here if you, or your spouse if filing jointy, want S3       State       ZIP code spouse if filing jointy, want S3         Foreign country name       Foreign province/state/county       Foreign postal code spouse it filing jointy, want S3       State       ZIP code spouse it ming jointy, want S3         Standard Deduction       Someone can claim:       You a dependent       You       Spouse your tax or refund.         Version       Spouse itemizes on a separate return or you were a dual-status allen       Ape/Bindness You:       Yes       No         Check her if you if more than four dependents, see instructions;       (2) Social security (2) Relationaria (3) Relationaria (4) Check the box if qualifies for (see instructions)       (4) Check the box if qualifies for (see instructions)         If more than fourt dependents, see instructions;       1       1       1         If a Total amount from Form(s) W-2, box 1 (see instructions)       1       1       1         If a total amount from Form(s) W-2, box 1 (see instructions)       1       1       1         If a dualical waiver payments not reported on Form(s) W-2, (see instructions)       1       1       1         W-2 feer, Alae W-2 feer, Alae W-2 feer, Alae W-2 feer, Al	NAGA SAI			MURUK	UTLA						7	735-3	32-2599	)
5550 E DEER VALLEY DR, UNIT 126       Check here if you or your form, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code       Stote transmitted in the change of th	lf joint return, sp	oouse's	first name and middle initial					s	pouse'	s social sec	urity number			
Display to a post office. If you have a breigh address, also complete spaces below.       State       2P code       spouse if filling jointly, want \$3 to go to this fund. Checking a box below will not change box box below will not change a box box box	Home address (	numbe	r and street). If you have a P.O. box, see	instructior	ns.				A	Apt. no.				
Cury, tory, during builded unless, and compare spaces device.       Data       21 Out of this fund. Checking a box below will not change you that or the and spaces device.         Persign country name       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county       You       Spouse you is not box below will not change you is a chepandent         Standard       Someone can calmic:       You as a dependent       You       Spouse itemizes on a separate return or you were a dual-status allen         Age/Bindness       You:       Were born before January 2, 1958       Are bind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       Were born before January 2, 1958       Are bind       In cost and check to check the box it qualifies for (see instructions):       Chick the box it qualifies for (see instructions):         If more than four dependents       (see instructions):       (g) Social ascurity       (g) Relationship       (H) Check the box it qualifies for (see instructions):         If more than four dependent from Form(s) W-2, box 1 (see instructions)       Immediate forms       Immediates forms       Immediates forms         No chash dependent care benefits from Form S041, ine 26       Immediates forms       Immediates forms       Immediates         Nu chash demployee wages not reported on line Ta (see instructions)       Immediates forms       Immediates	-													
Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.       your tax or refund.       your tax or refund.       you may be a set of the		ost offic	ce. If you have a foreign address, also co	mplete spa	aces belo	w.								
Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes       No         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent       Yes       No         Age/Blindness       You:       Wes born before January 2, 1958       A re blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions):         If more dependents, see instructions       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies tor (see instructions);         If more dependents, see instructions       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies tor (see instructions);         If more dependents, see instructions       (1)       Total amount from Form(s) W-2, box 1 (see instructions)       1a       10.6, 20.8,         Match Form(s)       W-2, box 1 (see instructions)       (1)       (1)       (1)       (1)         W-2.6 and tatch Forms       (1)       Medicaid w										-				change
Assets       exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ↓ Yes No         Standard       Someone can claim: ↓ You as a dependent ↓ Your spouse as a dependent       Your spouse as a dependent         Age/Blindness       You: ↓ Were born before January 2, 1958 ↓ Are blind       Spouse: ↓ Ware born before January 2, 1958 ↓ Are blind       Spouse: ↓ Ware born before january 2, 1958 ↓ Are blind         Dependents       (1) First name ⊥ Last name       (2) Social security number       (3) Relationship ↓ O'Check the box if qualifies for clear instructions};         If more than four dependents, see instructions       10       (1) First name ⊥ Last name       (2) Social security number       (3) Relationship ↓ O'Check the box if qualifies for clear instructions;         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       10 of, 208.         Interf       b       Household employee wages not reported on Firm(s) W-2, box 1 (see instructions)       1a       10 of, 208.         Ver2 here, Alig       thousehold employee wages not reported on Form(s) W-2, ese instructions)       1d       1d         We2, see instructions       1a       10 of, 208.       1a       10 of, 208.         We2, see instructions       1a       10 of, 208.       1a       10 of, 208.         If employer provided adoption benefits from Form(S) W-2, box 1 (see instructio	Foreign country	name		Fc	preign pro	vince/state/c	count	У	Foreig	n postal co	de   y	our tax	_	Spouse
Assets       exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). ↓ Yes No         Standard       Someone can claim: ↓ You as a dependent ↓ Your spouse as a dependent         Age/Blindness       You: ↓ Were born before January 2, 1958 ↓ Are blind       Spouse itemizes on a separate return or you were a dual-status allen         Age/Blindness       You: ↓ Were born before January 2, 1958 ↓ Are blind       Spouse: ↓ Was born before January 2, 1958 ↓ Is blind         Dependents       (9) First name ↓ ast name ↓ and the provide of the provide of the provide dependents and check       (9) Relationship ↓ 0 you         Informe       (1) First name ↓ ast name ↓ and the provide of the provide dependents and check       (9) Relationship ↓ 0 you         Informe       1a       Total amount from Form(s) W-2, box 1 (see instructions). ↓ 1a       10 for the provide dependent and the provide on Form(s) W-2, box 1 (see instructions). ↓ 1a       10 for the provide dependent and the provide	Digital	At ar	ny time during 2022, did you: (a) rece	eive (as a	reward,	award, or	payn	nent for prope	rty or	services);	or (b	) sell,		
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Ware born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationahip       (4) Check the box if qualifies for (see instructions):         If more than four       (1) First name       Last name       (2) Social security       (3) Relationahip       (4) Check the box if qualifies for (see instructions):         dependents, see instructions       (1) First name       Last name       (1) Environ		exch	ange, gift, or otherwise dispose of a	a digital a	sset (or a	a financial i	ntere	est in a digital	asset)	? (See ins	struct	ions.)	Ves	X No
Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       number       (3) Relationship       (4) Check the box if qualifies for (see instructions);         check here       (1) First name       Last name       number       (3) Relationship       (4) Check the box if qualifies for (see instructions);         check here       (1) First name       Last name       (1) First name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions);         check       (1) First name       Last name       (1) First name </td <td></td> <td></td> <td></td> <td>•</td> <td></td> <td></td> <td></td> <td>a dependent</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>				•				a dependent						
Dependents       (see instructions):       (2) Social security number       (4) Check the box if qualifies for (see instructions):         If more than four than	Deduction		Spouse itemizes on a separate retur	n or you \	were a d	ual-status a	alien							
Dependents       Dependents       Dependents       Dependents       Dependents       Certified redendents         in more dependents				958										
If more       (1) its hame       List hame       2       Critical data data       Clean data	Dependents				• • •	,		.,	ip <b>(</b> 4			· · ·		,
dependents, see instructions       Image: see instructions       Image: see instructions       Image: see instructions         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       Image: see instructions       Image: see instructions       Image: see instructions         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2       Image: see instructions		<b>(1)</b> Fi	rst name Last name		I	lumber		to you		Child ta	x crec	lit	Credit for oth	er dependents
see instructions       a       a       a         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       a       106, 208.         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       1b       b         Attach Form(s)       c       Tip income not reported on line 1a (see instructions)       1c       1b         W-26 and       1099-R if tax       f       Employer-provided adoption benefits from Form 2441, line 26       1e         192 did not       g       Wages from Form 8919, line 6       1f       1g         get a Form       h       Other earned income (see instructions)       1i       1h       0.         V-2, see       instructions       1a       106, 208.       1h       0.         get a Form       h       Other earned income (see instructions)       1t       1n       0.         V-2, see       instructions       1a       106, 208.       1b       1b       0.         get a Form       h       Other earned income (see instructions)       1a       106, 208.       1b       1c										L	<u> </u>		L	
here       Image: state of the state state of the state of the state of the state	•	;								L	<u> </u>		L	
Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       106, 208.         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       1b         Attach Form(s)       c       Tip income not reported on Iine 1a (see instructions)       1c         W-28 nor. Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-28 nor. Also       d       Medicaid waiver payments not reported on Form 2441, line 26       1e         if you did not       g       Wages from Form 8919, line 6       1f         if you did not       get a Form       h       Other eamed income (see instructions)       1h       0.         w2.2 see       in Nontaxable combat pay election (see instructions)       1i       1g       106, 208.         Attach Sch. B       2a       Add lines 1a through 1h       1t       12       106, 208.         Attach Sch. B       a       Qualified dividends       3a       b       b       Taxable amount       4b         Standard       Deduction for       Fore previous and annuities       5a       b       Taxable amount       6b         Married fling separately, 11, 9g       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your tatal income       9       96, 208. <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>L</td> <td><u> </u></td> <td></td> <td>L</td> <td></td>										L	<u> </u>		L	
Itechnic       b       Household employee wages not reported on Form(s) W-2       1b         Attach Forms       c       Tip income not reported on line 1a (see instructions)       1c         W-2 here.Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 here.Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 for also       f       Employer-provided adoption benefits from Form 2441, line 26       1e         If you did not get a form       g       Wages from Form 8919, line 6       1g         get a form       h       Other earned income (see instructions)       1i       1         v-2, see       in Nontaxable combat pay election (see instructions)       1i       1z       106, 208.         ztach Sch. B       2a       LAdd lines 1a through 1h       1z       106, 208.       3b         dtadfield       Gai ascurity benefits       Gai       b       Taxable amount       4b         Standard       Deduction for       Sa       Other income from Schedule 1, line 10       b       Taxable amount       6b         Standard       Oddinge or Married filing separately, S12, 950       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       7       8       -10,000.		10	Total amount from Form(a) W/ 2 b	ov 1 (soo	instructi							10		
Attach Form(s)       c       Tip income not reported on line 1a (see instructions)       1c         W-2 here. Also W-2 here. Also dtatch Form(s)       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 here. Also dtatch Form(s)       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 here. Also dtatch Form(s)       d       Medicaid waiver payments not reported on Form 2441, line 26       1e         1099-R if tax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         get a Form       Mages from Form 8919, line 6       1g       1g         W-2, see instructions.       1       1z       106, 208.         Z       Add lines 1a through 1h       1z       106, 208.         Attach Sch. B       2a       Tax-exempt interest       2b         Martied filing separately.       sa       b       Taxable interest       2b         Standard       5a       b       Taxable amount       5b         Get align or (loss). Attach Schedule D if required. If not required, check here       7       7         Standard filing separately.       8       -10,000.       9       6b         Standard filing separately.       8       -10,000.       9	Income					,								10,200.
W-2 refer. Also attach Forms       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and 1099-R if tax       e       Taxable dependent care benefits from Form 2441, line 26       1e         1099-R if tax       f       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not get a Form       g       Wages from Form 8919, line 6       1g         W-2, see       i       Nontaxable combat pay election (see instructions)       1t         W-2, see       istructions.       1a       1z       106, 208.         Attach Sch. B       2a       Tax-exempt interest       2a       b       b       Taxable interest       2b         4a       If A distributions       4a       b       Defuctions       3b       3b         Standard       Sa       Pensions and annutities       5a       b       Taxable amount       5b         Single or Married fling separately, S12,950       r       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         S12,950       9       96,208.       9       96,208.       11       9       9       9       9       9       6,208.         Standard       If you elect to use the lump-sum election m	• • •	С	. , .	•	`	,						1c		
W-2G and 1999-R if tax was withheld.       e       Taxable dependent care benefits from Form 2441, line 26       1e         199-R if tax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         was withheld.       g       Wages from Form 8919, line 6       1g         wy-2, see instructions.       h       Other earned income (see instructions)       1i         x2       Add lines 1a through 1h       1       1z       106, 208.         Attach Sch, B       2a       b       b       Tax-exempt interest       2b         if required.       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         Standard Deduction for- 6a       Social security benefits       6a       b       Taxable amount       6b         Single or Maried fling separately, St2,950       r       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         Variat fling bifty or Qualifying       9       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       9 6, 208.         Variat fling bifty or Qualifying       9       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income       11       96, 208.     <		d										1d		
1099-Rif tax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         yas withheld.       g       Wages from Form 8919, line 6       1g         get a Form       h       Other earned income (see instructions)       1i         weak       isstructions.       1i       1h       0.         weak       W-2, see       i       Nontaxable combat pay election (see instructions)       1i       1z       106, 208.         Weak       Add lines 1a through 1h       1a       1z       106, 208.       2b       2b         Attach Sch. B       2a       b       Tax-exempt interest       2b		е						· · · ·				1e		
If you did not g Wages from Form 8919, line 6 1g   get a Form h Other earned income (see instructions) 1h   W-2, see i Nontaxable combat pay election (see instructions) 1i   instructions. z Add lines 1a through 1h 1z   Attach Sch. B 2a Add lines 1a through 1h 2b   Attach Sch. B a Qualified dividends 3a   Qualified dividends 3a a   B Outaining for equired. 3a   H Add lines 1a through 1h b   Attach Sch. B a Qualified dividends   3a Qualified dividends 3a   B Qualified dividends 3a   4a IRA distributions 4a   B Pensions and annuities   5a Feasions and annuities   5a Social security benefits   6a b   Sigle or Married filing genarately, S12,850   7 Capital gain or (loss). Attach Schedule D if required. If not required, check here   7 Social security benefits   8 Other income from Schedule 1, line 10   9 96,208.   10 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income   9 96,208.   10 Standard deduction or itemized deductions (from Schedule A)   9 96,208.   11 96,208.   12 12,950.   13 Qualified divines 12 and 13   14 12,950. <tr< td=""><td></td><td>f</td><td>•</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1f</td><td></td><td></td></tr<>		f	•									1f		
h Other earned income (see instructions) 1h 0.   W-2, see i Nontaxable combat pay election (see instructions) 1i   W-2, see i Nontaxable combat pay election (see instructions) 1i   Attach Sch, B 2a Tax-exempt interest 2b   Attach Sch, B 2a Tax-exempt interest 2b   if required. 3a Qualified dividends 3a   4a BA b Drdinary dividends 3b   5a 5a b Ordinary dividends 3b   5a 5a b Taxable amount 4b   5a 5a b Taxable amount 5b   6a Social security benefits 6a b Taxable amount   512950 c If you elect to use the lump-sum election method, check here (see instructions) 7   7 Standard C Gapital gain or (loss). Attach Schedule D if required. If not required, check here 7   8 -10,000. 9 9 9   9 96,208. 10 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 11   9 96,208. 11 9 9   9 96,208. 11 9 9   9 96,208. 11 9   9 96,208. 11 9   9 96,208. 11 9   9 96,208. 11 9   9 96,208. 11 9   9 96,208. 11 9 <tr< td=""><td></td><td>g</td><td>Wages from Form 8919, line 6</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1g</td><td></td><td></td></tr<>		g	Wages from Form 8919, line 6									1g		
Instructions.       I       Nontaxable combat pay election (see instructions)       II         Add lines 1a through 1h       Image: Combat pay election (see instructions)         Attach Sch. B       Image: Combat pay election (see instructions)         Attach Sch. B       If required.       Image: Combat pay election (see instructions)		h	-									1h		0.
z       Add lines 1a through 1h       12       106,208.         Attach Sch. B       2a       Tax-exempt interest       2b         if required.       3a       3a       b       Taxable interest       2b         4a       IRA distributions       4a       b       Ordinary dividends       3b         5a       Pensions and annuities       5a       b       Taxable amount       4b         Standard       Deduction for-       6a       5a       Defunctions       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       7         6b       C       If you elect to use the lump-sum election method, check here (see instructions)       7       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       8       -10,000.         9       96,208.       10       Adjustments to income from Schedule 1, line 26       10       11       96,208.         10       Subtract line 10 from line 9. This is your adjusted gross income       11       96,208.       12       12,950.         14       Add lines 12 and 13       Gualified busin		i	Nontaxable combat pay election (s	see instru	ictions)			1i						
Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b         Standard Deduction for-       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         Sigle or Married filing separately, \$12,950       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         Married filing jointly or Qualifying suveres, \$25,900       0       Other income from Schedule 1, line 10       7       8       -10,000.         9       96,208.       10       11       96,208.       10       11       96,208.         19 vou checked any box under Standard       12       Standard deduction or itemized deductions (from Schedule A)       11       96,208.       12         14       Add lines 12 and 13		z	Add lines 1a through 1h									1z	10	6,208.
data index interview of the transmission of the transmission of transmissin of transmission of transmission of transmission of	Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interest	t.			2b		
Standard Deduction for-       5a       Pensions and annuities	if required.	3a	Qualified dividends	3a			<b>b</b> 0	rdinary divide	nds .			3b		
Deduction for-       6a       Social security benefits       6a       b Taxable amount       6b         • Single or Married filing separately, \$12,950       6a       Social security benefits       6a       b Taxable amount       6b         • Married filing jointly or Qualifying surviving spouse, \$25,900       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         • Married filing jointly or Qualifying surviving spouse, \$25,900       9       Other income from Schedule 1, line 10       9       96, 208.         10       Adjustments to income from Schedule 1, line 26       10       11       96, 208.         * Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       12, 950.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       12, 950.         15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       83, 258		4a	IRA distributions	4a			b Ta	axable amoun	t			4b		
<ul> <li>Single or Married filing separately, \$12,950</li> <li>Married filing jointy or Qualifying surviving spouse, \$25,900</li> <li>Head of household, \$19,400</li> <li>Head of household, \$19,400</li> <li>Head of household, \$19,400</li> <li>Subtract line 10 from line 9. This is your adjusted gross income from Schedule 1, line 26</li> <li>His is your adjusted gross income from Schedule 1, line 26</li> <li>Head of household, \$19,400</li> <li>Standard deduction or itemized deductions (from Schedule A)</li> <li>Head of household, \$19,400</li> <li>Standard deduction or itemized deductions (from Schedule A)</li> <li>Head of household, \$19,400</li> <li>Standard deduction or itemized deductions (from Schedule A)</li> <li>Head of household, \$19,400</li> <li>Standard deduction or itemized deductions (from Schedule A)</li> <li>Head of household, \$12</li> <li>Standard deduction or itemized deductions (from Schedule A)</li> <li>Head of household, \$14</li> <li>12</li> <li>12</li> <li>12</li> <li>12</li> <li>12</li> <li>12</li> <li>14</li> <li>12</li> <li>15</li> <li>83</li> <li>258</li> </ul>		5a	Pensions and annuities	5a			b Ta	axable amoun	t			5b		
Married filing separately, \$12,950       c       If you elect to use the lump-sum election method, check here (see instructions)       .		6a	Social security benefits	6a			b Ta	axable amoun	t			6b		
\$12,950       7       Capital gain or (loss). Attach Schedule D if required, the of required, check here       1       7         • Married filing jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       96, 208.         • Married filing jointly or Qualifying surviving spouse, \$25,900       •       Adjustments to income from Schedule 1, line 26       9       96, 208.         • Head of household, \$19,400       •       •       11       96, 208.       10         • If you checked any box under Standard       •       12       12, 950.       13       14       12, 950.         • If you checked any box under Standard       •       •       •       •       •       14       12, 950.         • Add lines 12 and 13       •       •       •       •       •       13       •         • Deduction, Deduction,       •<	Married filing	с	If you elect to use the lump-sum e	lection m	ethod, c	heck here (	see	instructions)						
jointly or Qualifying surviving spouse, \$25,9009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income996, 208.10Adjustments to income from Schedule 1, line 2610• Head of household, \$19,40011Subtract line 10 from line 9. This is your adjusted gross income1196, 208.12Standard deduction or itemized deductions (from Schedule A)1212, 950.• If you checked any box under Standard13Qualified business income deduction from Form 8995 or Form 8995-A131412, 950.1412, 950.15Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income1583, 258		7	Capital gain or (loss). Attach Schee	dule D if r	required.	. If not requ	ired,	check here				7		
Qualifying surviving spouse, \$25,9009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income996, 208.10Adjustments to income from Schedule 1, line 2610Head of household, \$19,40011Subtract line 10 from line 9. This is your adjusted gross income1196, 208.12Standard deduction or itemized deductions (from Schedule A)121212, 950.13Qualified business income deduction from Form 8995 or Form 8995-A131412, 950.1412, 950.1412, 950.15Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income1583, 258	<ul> <li>Married filing</li> </ul>	8	Other income from Schedule 1, lin	e10 .								8	-1	.0,000.
\$25,900       10       Adjustments to income nom outedule 1, inte 20       11       10         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       96,208.         • If you checked any box under Standard       12       12.950.       12       12.950.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         • If you checked any box under Standard       14       12,950.       14         • If you checked any box under Standard       14       12,950.         • If you checked any box under Standard       15       83,258	Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8. T	his is yo	ur <b>total inc</b>	ome					9	9	6,208.
• Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       96,208.         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       12       12,950.         • If you checked any box under Standard Deduction, Deduction,       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       12,950.         • Add lines 12 and 13       • • • • • • • • • • • • • • • • • • •		10	Adjustments to income from Sche	dule 1, lin	ne 26							10		
\$19,400       12       Standard deduction or itemized deductions (irom Schedule A)       12       12,950.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         • If you checked any box under Standard       14       Add lines 12 and 13       14       12,950.         • Deduction, Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       83,258	Head of	11	Subtract line 10 from line 9. This is	s your <b>adj</b>	justed g	ross incon	ne					11	9	6,208.
any box under Standard         14         Add lines 12 and 13         12,950           Deduction,         15         Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income         15         83         258		12	Standard deduction or itemized	deductio	ons (from	n Schedule	A)					12	1	2,950.
Standard         14         Add lines 12 and 13         12,950         14         12,950         15         Subtract line 14 from line 11         If zero or less enter -0- This is your taxable income         15         83         258		13	Qualified business income deduction	ion from I	Form 89	95 or Form	899	5-A				13		
	Standard	14										14	1	2,950.
		15	Subtract line 14 from line 11. If zer	o or less,	, enter -C	) This is y	our <b>t</b>	axable incom	ie .		• •	15	8	33,258.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

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	13,	938.
Credits	17	Amount from Schedule 2, lin	ie3					17		
	18	Add lines 16 and 17						18	13,	938.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ie8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	13,	938.
	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	13,	938.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				<b>25</b> a 1	5,569.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	16,	569.
If you have a	26	2022 estimated tax payment	ts and amount a	pplied from 20	)21 return			26		
If you have a l qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from				28		1		
	29	American opportunity credit	from Form 8863	8, line 8		29		1		
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin				31		1		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits								
	33	Add lines 25d, 26, and 32. T	33	16,	569.					
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	int you <b>overpaid</b>		34	2,	631.
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached, che	ck here	🗆	35a	2,	631.
Direct deposit?	b	Routing number 0 7 4					Savings			
See instructions.	d	Account number 7 9 0					-			
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount vou owe						
You Owe	•	For details on how to pay, g						37		
	38	Estimated tax penalty (see in				38				
Third Party	Do	you want to allow another				? See				
Designee		structions	•				omplete	below.	X No	
		signee's		Phone			sonal ident	fication		
	na			no.			ber (PIN)			
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		· · ·	piete. Deciaration		1					0
	ŶŎ	ur signature		Date	Your occupation				nt you an Iden PIN, enter it her	
Joint return?					IT ENGINE	er 2		inst.)		
See instructions.	Sp	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse's occupat	tion			nt your spouse	
Keep a copy for your records.									ection PIN, en	ter it here
your records.								inst.)		
		one no. (812)236-343		Email address	MURUKUTLA.NA	GASAI@GMAIL.C	1			
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:	
Preparer	SYAN	I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	1 02/01/2023	P0208		Self-em	
Use Only		m's name GLOBAL TAX							(678)965-	-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	n's EIN	88-214	15487
Go to www.irs.ge	ov/Form	n1040 for instructions and the late	st information.		BAA	REV 01/24/23 PRO			Form <b>10</b>	<b>40</b> (2022)

BAA

SCHEDUL	.E 1
(Form 1040	))

Department of the Treasury

# Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 20 22

Attachment Sequence No. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number NAGA SAI MURUKUTLA 735-32-2599

Par	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-10,000.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I.	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		
ο	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (	)	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	, or 1040-NR, line 8	10	-10,000.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2022

11       Educator expenses       11         12       Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106       12         13       Health savings account deduction. Attach Form 8889       13         14       Moving expenses for members of the Armed Forces. Attach Form 3903       14         15       Deductible part of self-employment tax. Attach Schedule SE       15         16       Self-employed SEP, SIMPLE, and qualified plans       16         17       Temployed health insurance deduction       17         19       Alimony paid       19a         19       Alimony paid       19a         20       IRA deduction       21         21       Reserved for future use       22         23       Archer MSA deduction       21         24       Actor fush customer reported on line 8 from the rental of personal property engaged in for profit       24a         24       24a       24a         24d       24a       24a	Par	t II Adjustments to Income					8
officials. Attach Form 2106       12         13       Health savings account deduction. Attach Form 8889       13         14       15         15       Deductible part of self-employment tax. Attach Schedule SE       15         16       Self-employed SEP, SIMPLE, and qualified plans       16         17       18       Penalty on early withdrawal of savings       18         19a       Alimony paid       19a       19a         19a       Alimony paid       12       20         21       Student loan interest deduction       21       22         23       Acted of ruture use       22       22         24       Other adjustments:       23       24a         24       24a       24a       24a         24       24a       24a       24a         25       Archer MSA deduction       23       24a         24       24a       24a       24a         24a       24a       24a       24a </th <th>11</th> <th>Educator expenses</th> <th></th> <th></th> <th></th> <th>11</th> <th></th>	11	Educator expenses				11	
officials. Attach Form 2106       12         13       Health savings account deduction. Attach Form 8889       13         14       15         15       Deductible part of self-employment tax. Attach Schedule SE       15         16       Self-employed SEP, SIMPLE, and qualified plans       16         17       18       Penalty on early withdrawal of savings       18         19a       Alimony paid       19a       19a         19a       Alimony paid       12       20         21       Student loan interest deduction       21         22       Reserved for future use       22         23       Archer MSA deduction       23         24       Other adjustments:       23         25       Represent MSA deduction of the value of Olympic and Paralympic medias and USOC prize money reported on line 81 from the rental of personal property engaged in for profit       24a         24a       24a       24a         24d       24a	12	Certain business expenses of reservists, performing artists, and fee	-basi	is governi	ment		
13       Health savings account deduction. Attach Form 3889       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       17       Self-employed SEP, SIMPLE, and qualified plans       16         17       Renalty on early withdrawal of savings       18         19a       Alimony paid       19a         b       Recipient's SSN       18         c       Date of original divorce or separation agreement (see instructions):       20         21       Student loan interest deduction       21         22       23       24         24       Other adjustments:       24         a       Jury duty pay (see instructions)       24a         b       Deductible expenses related to income reported on line 81 from the rental of personal property engaged in for profit       24b         c       Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m       24d         g       Contributions to section 501(c)(18)(D) pension plans       24d         g       Contributions to section 501(c)(18)(D) pension plans       24d         i       Attorney fees and court costs for actions involving certain unlawful discrimination c		officials. Attach Form 2106				12	
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       18         19a       Pencipient's SSN       20         21       Student loan interest deduction       21         22       23       Archer MSA deduction       22         23       Archer MSA deduction       22         24       Other adjustments:       24         24       Other adjustments:       24         24       Other adjustments:       24         24       Other adjustments:       24         24       Archer MSA deduction       24         24       Other adjustments:       24         24       24       24         24       24       24         24       24d       24d         24	13					13	
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       18         19a       Pencipient's SSN       20         21       Student loan interest deduction       21         22       23       Archer MSA deduction       22         23       Archer MSA deduction       22         24       Other adjustments:       24         24       Other adjustments:       24         24       Other adjustments:       24         24       Other adjustments:       24         24       Archer MSA deduction       24         24       Other adjustments:       24         24       24       24         24       24       24         24       24d       24d         24	14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
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       19a         c       Date of original divorce or separation agreement (see instructions):       20         21       Student loan interest deduction       21         22       Reserved for future use       22         23       Archer MSA deduction       22         24       Other adjustments:       24a         a       Jury duty pay (see instructions)       24a         b       Deductible expenses related to income reported on line 8l from the 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       24c         24d       24d       24d         24d       24d       24d         g       Contributions to section 501(c)(18)(D) pension plans       24d         g       Contributions to section 501(c)(18)(D) pension plans       24d         24d       24d       24d         24d       24d       24d </td <td>15</td> <td></td> <td></td> <td></td> <td></td> <td>15</td> <td></td>	15					15	
17       Self-employed health insurance deduction       17         18       Penalty on early withdrawal of savings       18         19a       Alimony paid       19a         b       Recipient's SSN       19a         c       Date of original divorce or separation agreement (see instructions):       20         21       Student loan interest deduction       21         22       Reserved for future use       22         23       Archer MSA deduction       23         24       Other adjustments:       23         a       Jury duty pay (see instructions)       24a         24       24b       24b         24       24d       24d         24d       24d       24d         24f       24	16					16	
18       Penalty on early withdrawal of savings       18         19a       Alimony paid       19a         b       Recipient's SSN       19a         c       Date of original divorce or separation agreement (see instructions):       20         20       IRA deduction       21         21       Student loan interest deduction       21         22       Reserved for future use       22         23       Archer MSA deduction       23         24       Other adjustments:       23         a       Jury duty pay (see instructions)       24a         b       Deductible expenses related to income reported on line 81 from the 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       24d         24d       24d       24d         24d       24d       24d         g       Contributions to section 501(c)(18)(D) pension plans       24g         f       Contributions by certain chaplains to section involving certain unlawful discrimination claims (see instructions)       24h         i       Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)       24i         j       Housing deductio	17						
19a Alimony paid 19a   b Recipient's SSN 19a   c Date of original divorce or separation agreement (see instructions): 20   20 IRA deduction 21   21 Student loan interest deduction 21   22 Reserved for future use 23   24 Other adjustments: 24a   a Jury duty pay (see instructions) 24a   b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24b   c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c   c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c   g Contributions by certain chaplains to section folls) plans 24g   f Contributions by certain chaplains to section folls) plans 24g   g Contributions by certain costs for actions involving certain unlawful discrimination claims (see instructions) 24g   j Housing deduction from Form 2555 24i   z 24i 24i   24i 24i   24i 24i   24i 24i   24i 24i	18					18	
b       Recipient's SSN	19a						
c       Date of original divorce or separation agreement (see instructions):       20         20       IRA deduction							
20       IRA deduction		Date of original divorce or separation agreement (see instructions):					
21       Student loan interest deduction       21         22       Reserved for future use       22         23       Archer MSA deduction       23         24       Other adjustments:       23         a Jury duty pay (see instructions)       24a         b Deductible expenses related to income reported on line 8l from the 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       24d         e Repayment of supplemental unemployment benefits under the Trade Act of 1974       24d         g Contributions to section 501(c)(18)(D) pension plans       24d         g Contributions to section 501(c)(18)(D) pension plans       24d         g Contributions by certain chaplains to section with an award from the IRS for information you provided that helped the IRS detect tax law violations       24i         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       24i         j Housing deduction from Form 2555       24i       24i         24i       24i       24i         24i       24i       24i         25       Total other adjustments. Add lines 24a through 24z       25         26       Add lines 11 through 23 and 25. These are your adjustments to	20					20	
22       Reserved for future use       22         23       Archer MSA deduction       23         24       Other adjustments:       24a         a       Jury duty pay (see instructions)       24a         b       Deductible expenses related to income reported on line 8 from the 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       24c         d       Reforestation amortization and expenses       24d         e       Repayment of supplemental unemployment benefits under the Trade Act of 1974       24d         g       Contributions to section 501(c)(18)(D) pension plans       24f         g       Contributions to section 501(c)(18)(D) pension plans       24g         i       Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)       24h         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       24i         j       Housing deduction from Form 2555       24j         z       Other adjustments. List type and amount:       24z         24z       24z       24z         24a       24z       24i         24i							
23       Archer MSA deduction       23         24       Other adjustments:       24         a       Jury duty pay (see instructions)       24a         b       Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit       24b         c       Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m       24c         d       Reforestation amortization and expenses       24d         e       Repayment of supplemental unemployment benefits under the Trade Act of 1974       24f         g       Contributions to section 501(c)(18)(D) pension plans       24g         f       Contributions by certain chaplains to section 403(b) plans       24g         t       Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)       24h         j       Housing deduction from Form 2555       24i         j       Housing deduction sof section 67(e) expenses from Schedule K-1 (Form 1041)       24k         z       24k       24k         z4i       24k       24i         z4i       24k       24i         z4i       24k       24i         z4i       24k       24i         z4i       24i       24i							
24       Other adjustments:       a       Jury duty pay (see instructions)       24a         b       Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit       24b       24b         c       Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m       24c       24c         d       Reforestation amortization and expenses       24d       24d         e       Repayment of supplemental unemployment benefits under the Trade Act of 1974       24f       24e         g       Contributions to section 501(c)(18)(D) pension plans       24g       24g         g       Contributions by certain chaplains to section 403(b) plans       24g       24h         i       Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)       24h       24h         j       Housing deduction from Form 2555       24i       24i       24i         24i       24i       24i       24i       24k         zother adjustments. List type and amount:       24z       24i       24i         25       Total other adjustments. Add lines 24a through 24z       24z       24z         25       Total other adjustments. Add lines 24a through 24z       24z       24z       24z <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
a       Jury duty pay (see instructions)       24a         b       Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit       24b         c       Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m       24c         d       Reforestation amortization and expenses       24d         e       Repayment of supplemental unemployment benefits under the Trade Act of 1974       24d         g       Contributions to section 501(c)(18)(D) pension plans       24f         g       Contributions by certain chaplains to section 403(b) plans       24g         h       Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)       24i         j       Housing deduction from Form 2555       24i         i       Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)       24k         i       Other adjustments. List type and amount:       24i         24i       24i       24i							
b       Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit       24b         c       Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m       24c         d       Reforestation amortization and expenses       24d         e       Repayment of supplemental unemployment benefits under the Trade Act of 1974       24e         f       Contributions to section 501(c)(18)(D) pension plans       24f         g       Contributions by certain chaplains to section 403(b) plans       24g         h       Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)       24i         j       Housing deduction from Form 2555       24i         j       Housing deduction of 7(e) expenses from Schedule K-1 (Form 1041)       24k         z       Other adjustments. List type and amount:       24k         z4z       24z       24z         z5       Total other adjustments. Add lines 24a through 24z       25         26       Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on		•	24a				
<ul> <li>rental of personal property engaged in for profit</li> <li>Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m</li> <li>d Reforestation amortization and expenses</li> <li>e Repayment of supplemental unemployment benefits under the Trade Act of 1974</li> <li>f Contributions to section 501(c)(18)(D) pension plans</li> <li>g Contributions by certain chaplains to section 403(b) plans</li> <li>h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)</li> <li>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</li> <li>j Housing deduction from Form 2555</li> <li>z Other adjustments. List type and amount:</li> <li>24i</li> <li></li></ul>	_						
<ul> <li>c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m</li></ul>			24b				
and USOC prize money reported on line 8m 24c   d Reforestation amortization and expenses   e Repayment of supplemental unemployment benefits under the Trade Act of 1974   Act of 1974 24e   f Contributions to section 501(c)(18)(D) pension plans   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)   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   j Housing deduction from Form 2555   k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)   iOther adjustments. List type and amount:   24i   225   Total other adjustments. Add lines 24a through 24z   26	c						
d Reforestation amortization and expenses   e Repayment of supplemental unemployment benefits under the Trade Act of 1974   Act of 1974 24e   f Contributions to section 501(c)(18)(D) pension plans   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)   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   j Housing deduction from Form 2555   i Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)   i Other adjustments. List type and amount:   24i 24i   24i 24i   24i 24i	Ũ		24c				
<ul> <li>e Repayment of supplemental unemployment benefits under the Trade Act of 1974</li></ul>	b						
Act of 1974 24e   f Contributions to section 501(c)(18)(D) pension plans   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)   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   j Housing deduction from Form 2555   k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)   z Other adjustments. List type and amount:   25 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							
<ul> <li>f Contributions to section 501(c)(18)(D) pension plans</li></ul>	Ũ		24e				
<ul> <li>g Contributions by certain chaplains to section 403(b) plans</li></ul>	f						
<ul> <li>h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions).</li> <li>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</li> <li>j Housing deduction from Form 2555.</li> <li>k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)</li> <li>z Other adjustments. List type and amount:</li> <li>24i</li> <li>24i<td>-</td><td></td><td></td><td></td><td></td><td></td><td></td></li></ul>	-						
<ul> <li>discrimination claims (see instructions)</li></ul>			9				
<ul> <li>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</li> <li>j Housing deduction from Form 2555</li> <li>k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)</li> <li>24i</li> <li>24j</li> <li>24k</li> <li></li></ul>			24h				
<pre>from the IRS for information you provided that helped the IRS detect tax law violations</pre>	i						
tax law violations 24i   j Housing deduction from Form 2555   k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)   z Other adjustments. List type and amount:   24j   24k   24k   24z     24z     24z     24j   24j     24j     24j     24j     24j     24j     24j     24j     24j     24j     24j     24k     24k     24k     24k     24j     24k     24z     24z     24z     24z     24z     25     Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on		from the IRS for information you provided that helped the IRS detect					
<ul> <li>j Housing deduction from Form 2555</li></ul>			24i				
k       Excess deductions of section 67(e) expenses from Schedule K-1 (Form         1041)       24k         20       Other adjustments. List type and amount:         21       24k         22       24z         23       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	i						
1041)       24k         Z       Other adjustments. List type and amount:         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	J k						
<ul> <li>z Other adjustments. List type and amount:</li></ul>	r\		24k				
25       Total other adjustments. Add lines 24a through 24z       24z       25         26       Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on       25	7					-	
<ul> <li>25 Total other adjustments. Add lines 24a through 24z</li></ul>	~		247				
26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	25					25	
						20	
	20					26	
BAA REV 01/24/23 PRO Schedule 1 (Form 1040) 20							1 (Earm 1040) 00

SCH					al Inc	ome a	nd Los	S		OMB No	o. 1545-
(Form	า 1040)	(Fro	om re	ental real estate, royalties, partner	ships, S	corpora	/IICs, etc.)	2022			
	ment of the Treasury									Attachn	
	(From rental real estate, royalties, partnershi					ictions a	nd the lat	est information.			nce No.
`	,		'n							al security	
				From Pontal Poal Estato a	nd Do	valtion			/35-3	2-2599	
rai	Note: If yo	ou are	in th	e business of renting personal prope	erty, use	Schedul	e C. See	instructions. If you	u are an indi	vidual, rep	ort farr
В										. <u> </u>	≥s
<b>1</b> a	Physical addr	ess o	of ea	ch property (street, city, state, Z	IP code	e)					
Α	SANKURATR	IPAI	UU	NADENDLA GUNTUR ANDHRA	PRAI	DESH I	N 5225	49			
В											
С											
1b	Type of Prope		2	For each rental real estate prop	erty list	ed		Fair Rental		nal Use	Q
	(from list below	∧)		above, report the number of fai personal use days. Check the C				Days	Da	ays	
A B	3			if you meet the requirements to			A	365		0	
C				qualified joint venture. See instr			B C				┝──┝
<b>Evne</b>	of Property:										
ncon	ne:						Α	Prope	3		С
3	Rents received	1.			3		6(	0.			
4	Royalties recei	ived			4						
Expe	nses:										
5											
6				tructions)							
7	•			nce			1,50	0.		<u> </u>	
8										<u> </u>	
9										<u> </u>	
10 11	•			ional fees			0 1	50.			
11				to banks, etc. (see instructions)	12		85				
13											
14					14		2,50	00.			
15	Supplies				15		2,25				
16	Taxes				16						
17	Utilities				17		3,50	0.			
18	•			r depletion							
19	Other (list)				19					<b> </b>	
20	I otal expenses	s. Ad	d lin	es 5 through 19	20		10,60	0.		<u> </u>	
21	result is a (loss	s), se	e ins	ne 3 (rents) and/or 4 (royalties). In structions to find out if you must	t		-10,00				
			• •		21		10,00			<u> </u>	

# Supplemental Income and Loss

	<b>Note:</b> If you are in the business of renting personal proper rental income or loss from <b>Form 4835</b> on page 2, line 40.	ty, use	e Schedule	e C. See	e instru	ctions. If you are	e an indiv	idual, repo	ort farm		
Α	Did you make any payments in 2022 that would require you	to file	Form(s)	1099? 5	See ins	structions		. 🗌 Ye	s 🕅 No		
	f "Yes," did you or will you file required Form(s) 1099?										
1a	Physical address of each property (street, city, state, ZIF										
Α	SANKURATRIPADU NADENDLA GUNTUR ANDHRA	PRAI	DESH IN	v 522	549					_	
В										_	
С											
1b											
	(from list below) above, report the number of fair r					Days	Da	<b>ys</b> 0		_	
Α		personal use days. Check the QJV box only if you meet the requirements to file as a									
B	qualified joint venture. See instru			В							
<u> </u>				С							
	of Property:		<b>5</b> 1		7						
	Single Family Residence3 Vacation/Short-Term RentMulti-Family Residence4 Commercial	ai	5 Lanc 6 Roya			Self-Rental Other (descril	ce)				
						Propertie				_	
ncon	ne:			Α		В			С	_	
3	Rents received	3		6	00.					_	
4	Royalties received	4								_	
Ехреі	ises:										
5	Advertising	5									
6	Auto and travel (see instructions)	6								_	
7	Cleaning and maintenance	7		1,5	00.						
8											
9		9									
10	Legal and other professional fees	10			- 0						
11	Management fees	11 12		8	50.						
12 13	Mortgage interest paid to banks, etc. (see instructions)Other interest	12									
13 14	Other Interest	13		2 5	0.0					—	
15		15	2,500.							—	
16		16		2,2	50.					—	
17		17		3,5	00.					—	
18	Depreciation expense or depletion	18								_	
19	Other (list)	19								_	
20	Total expenses. Add lines 5 through 19	20		10,6	00.						
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If										
	result is a (loss), see instructions to find out if you must										
	file Form 6198	21		-10,0	00.					_	
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22	(	10,00	)0.)	(	)(	(		)	
23a	Total of all amounts reported on line 3 for all rental proper				23a		600.				
b	Total of all amounts reported on line 4 for all royalty prope	erties			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		600				
e	Total of all amounts reported on line 20 for all properties				23e	10,	600.				
24 25	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b>					••••••••••••••••••••••••••••••••••••••	24	( -		<u>,</u>	
25	Losses. Add royalty losses from line 21 and rental real estat								LO,000.	)	
26	Total rental real estate and royalty income or (loss). ( here. If Parts II, III, IV, and line 40 on page 2 do not a Schedule 1 (Form 1040), line 5. Otherwise, include this an	apply	to you,	also er	nter th	is amount on		-	-10,000		

Form <b>8582</b>
Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Part I

NAGA SAI MURUKUTLA

# **Passive Activity Loss Limitations**

See separate instructions.

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

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

OMB No. 1545-1008

Identifying number 735-32-2599

	Caution: Complete Parts IV and V before completing Part I.		
Renta Allow			
1a b c d	Activities with net income (enter the amount from Part IV, column (a)).1a0.Activities with net loss (enter the amount from Part IV, column (b))1b(10,000.)Prior years' unallowed losses (enter the amount from Part IV, column (c))Combine lines 1a, 1b, and 1c	1d	-10,000.
All Ot	her Passive Activities		
2a b c d	Activities with net income (enter the amount from Part V, column (a))2aActivities with net loss (enter the amount from Part V, column (b))2bPrior years' unallowed losses (enter the amount from Part V, column (c))2cCombine lines 2a, 2b, and 2c	2d	
3	Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3	-10,000.

If line 3 is a loss and: • Line 1d is a loss, go to Part II.

2022 Passive Activity Loss

• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Par	Special Allowance for Rental Real Estate Activities With Active Participation									
Note: Enter all numbers in Part II as positive amounts. See instructions for an example.										
4	4 Enter the smaller of the loss on line 1d or the loss on line 3									
5	Enter \$150,000. If married filing separ	rately, see instructi	ons	5	1	50,000.				
6	Enter modified adjusted gross income	e, but not less thar	n zero. See instruc	tions 6	1	.06,208.				
	<b>Note:</b> If line 6 is greater than or equal on line 9. Otherwise, go to line 7.	I to line 5, skip line	s 7 and 8 and ent	er -0-						
7	Subtract line 6 from line 5			7		43,792.				
8	Multiply line 7 by 50% (0.50). Do not e	nter more than \$25	,000. If married filir	ng separate	ly, see	instructions	8	21,896.		
9	Enter the <b>smaller</b> of line 4 or line 8						9	10,000.		
Part III Total Losses Allowed										
10	Add the income, if any, on lines 1a ar	nd 2a and enter the	etotal				10	0.		
11	Total losses allowed from all passiv	ve activities for 20	22. Add lines 9 an	nd 10. See i	nstruct	ions to find				
	out how to report the losses on your t						11	10,000.		
Par	t IV Complete This Part Befor	e Part I, Lines 1	<b>a, 1b, and 1c.</b> S	ee instruc	tions.					
	Name of activity	Current year Prior years Over			Overall gain or loss					
Name of activity		(a) Net income (line 1a)	<b>(b)</b> Net loss (line 1b)		(c) Unallowed loss (line 1c) (d) Ga		ı	<b>(e)</b> Loss		
SANKURATRIPADU NADENDLA		0.	10,000.					10,000.		

10,000.

0.

For Paperwork Reduction Act Notice, see instructions. BAA

Total. Enter on Part I, lines 1a, 1b, and 1c

REV 01/24/23 PRO

Form 8582 (2022)

## Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Part V Complete This Part Bef	ore Part I, Lines 2	a, 2b,	and 2c. S	see instruc	ctions.	1		
	Currei	Current year			ears	Overall gain or loss		
Name of activity	(a) Net income (line 2a)		Net loss (c) Unallo ine 2b) loss (line		owed e 2c)	(d) Gain	(e) Loss	
		、	/		/			
otal. Enter on Part I, lines 2a, 2b, and 2c								
Part VI Use This Part if an Amo		Part II,	Line 9. S	ee instruc	tions.			
Name of activity	Form or schedule and line number to be reported on (see instructions)	(a)	) Loss	<b>(b)</b> Ra	itio	<b>(c)</b> Special allowance	<b>(d)</b> Subtract column (c) from column (a).	
SANKURATRIPADU NADENDLA	E Ln 22		10,000.	1.0000	0000	10,00	0.0	
otal			10,000.	1.00	)	10,00	o. 0	
Part VII Allocation of Unallowed				•	1	· · ·	1	
Name of activity	Form or sch and line nur to be reporte (see instruct	mber ed on	(a)	LOSS		(b) Ratio	(c) Unallowed loss	
otal						1.00		
Part VIII Allowed Losses. See ins			1		1			
Name of activity	Form or sch and line nur to be report (see instruct	nber ed on	(a)	Loss	<b>(b)</b> Ui	nallowed loss	(c) Allowed loss	
otal							Form 8582 (00)	

REV 01/24/23 PRO

Form **8582** (2022)

## E-file Signature Authorization (Arizona Forms 140, 140A, 140EZ, 140NR and 140PY)

2022

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.

Your First Name and Initial	Last Name		Your Social Security Number*				
NAGA SAI	MURUKUTLA	Enter	735   32   2599				
Your Spouse's First Name and Initial (if filed joint)	Last Name	your SSN(s).	Spouse's Social Security No.*				

PART 1 – PURPOSE (If you are e-filing a Small Business Income Tax Return, also complete Form AZ-8879 SBI)\*Do Not Truncate

• To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.

• To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

PART 2 – TAX RETURN INFORMATION		PART 3 – FINANCIAL INSTITUTION INFORMATION						
		Must be present when request	ing direct debit or deposit.					
1 Arizona Adjusted Gross Income 96, 2	08 00	Foreign Account Deposit/D	bebit: See instructions below.					
2 Balance Of Tax 2, 3	58 <b>00</b>	TYPE OF ACCOUNT						
<b>3</b> Arizona Income Tax Withheld 5, 4	10 00	🛛 Checking 🔲 Savings	0 7 4 9 0 8 5 9 4					
Check box 4 <u>or</u> box 5:								
4 REFUND: Enter the amount of refund		7 9 0 6 9 5 1 8 0 6						
5 AMOUNT YOU OWE: Enter the amount owe	od		\$					

**Box 4 Checkbox – Refund:** You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

**Box 5 Checkbox – Amount You Owe:** You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your account. If you are due a refund, we will send you a check instead. If you owe tax, you must mail a check to the Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

## PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2022, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

- **6a** X I consent that my refund be directly deposited as designated in the electronic portion of my 2022 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- **6b** I do not want direct deposit of my refund or I am not receiving a refund.
- **6c** I authorize the Arizona Department of Revenue (ADOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of my tax liability by April 18, 2023, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, my state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.

## I authorize GLOBAL TAXES LLC

#### (ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2022. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return. I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

ERE	→		
SE SIGN HERE	<b>→</b>	YOUR PEN AND INK SIGNATURE	DATE
PLEASE		SPOUSE'S PEN AND INK SIGNATURE	DATE

RETURN.				Arizona Form <b>140</b>	R	Resident I	Perso	nal Inco	ome Tax	Return		_	LENDAR YEAR	
REI	32F			k box 82F ıg under extensi	on OR FISCA	L YEAR BEGII	NNING L		12.0.2.2		G	.		66F
TO THE	_			Name and Middle In			Las	t Name		En	You	· Socia	I Security Nu	mber
5	1		GA :					RUKUTLA		yoi	ur 73		32   259	
	1	Spous	se′s ⊦	First Name and Mido	dle Initial (if box 4 c	or 6 checked)	Las	t Name		SS	N(s).	ise's S	Social Security	/ No.
ΞĪ		Curre	nt Ho	me Address - numb	per and street rura	l route			Apt. No.	Da	ytime Phone	e (with	area code)	
ANY ITEMS	2			E DEER VALLE						94	1			
	_	City, T	Town	or Post Office	Sta	ate		ZIP Code		Last Names U	sed in Last Fo	ur Prior	Year(s) (if diffe	erent)
DO NOT STAPLE	3	PH	OEN:		A			85054						97
TAF	۲US	4		Married filing joint r	•				/erpayment	REVENUE US	E ONLY. DO N		RK IN THIS A	KEA.
T S	FILING STATUS	5	Ш	Head of household	. Enter name of qua	lifying child or de	ependent c	n next line:						
ž	ŊN	6		Married filing separ	rate return. Enter s	pouse's name ar	nd Social S	Security Num	per above.					
20	Ξ	7	X	Single				,						
			$\checkmark$	Enter the number		out a check m	nark.							
	٩	8		Age 65 or over (you	• •	If completing lin 39, and 41. For I				81 PM		80	RCVD	
	d 10b	9 10a		Blind (you and/or s Dependents: Unde	. ,	10b Dep	pendents:	Age 17 and	lover					
	5	11a		Qualifying parents	0		Jendenio.	rige in and						
			(Bo	x 10a and 10b): Do		ion. See instru						page 4		
	- Dependents			FIRSTAI	(a) ND LAST NAME			b) CURITY NO.	(c) RELATIONSHI			nt Age	(f) ✓ if you did not	t claim
	epe			(Do not list	yourself or spouse.)					LIVED IN YOU HOME IN 202	JR	2	this person on federal return d educational cre	ue to
	11a - D	100			1						(Box 10a) (E	<u>Box 10b)</u>		Juito
	and 11	10c 10d												
	9, ar	10e												
	ns 8,		(Bo	<b>x 11a</b> ): Qualifying p		parents. See i			1		ind complete	page	4, Part 2.	
after Form 140	Exemptions 8,			FIRSTAI	(a) ND LAST NAME			b) CURITY NO.	(c) RELATIONSHI	(d) (e) HIP NO. OF MONTHS V IF AGE 65 OR			(f) ✓ IF DIED	IN
E	Exer			(Do not list	yourself or spouse.)					LIVED IN YOU HOME IN 202		R	2022	
ГF		446			1									
fte		11b 11c												
ts a				eral adjusted gross	income (from yo	ur federal ret	urn)						96,208	00
nen				Business Income: 13S										00
cun	ions			fied federal adjusted	-								96,208	00
р	Additions			Arizona municipal ir iership Income adju										00
her	<			federal depreciation										00
r ot				r Additions to Incom	•									00
s o	-			otal: Add lines 14 thr									96,208	00
lule				net capital gain or ( net short-term capit							00			
hec				net long-term capita							00			
Z SC				ong-term capital gai							0 00			<u> </u>
ΪAΖ	-	24	Multi	ply line 23 by 25% ( ay be blank or may co	.25) and enter the	result	/our return						0	00
anc	S									lified small busin depreciation				00
ral	Subtractions						i in i			depreciation				00
ede	ubtra						化酸甘			ations				00
d fe	งิ		Ň.	1, WA, WA, WA, WA, WA, WA, 1, WA, WA, WA, WA, WA, WA,	****	5+5+5+5+				tate or local govt.				00
lire			M.		irtriitriri		1484			ainer pay uniform				00
eq1			<u>М</u> .,				aia II		-	er Railroad Retire				00
л			(SI)							an active service r				00
e a			No la	anaethe feathachtadh	ta:9tyn#Orykanne/K747K	200752014-122514	ofor II	33 Net of	perating loss ad	justment				00
Place any required federal and AZ schedules or other docume									ibutions: <b>34</b> a 529	·	00			
<u>а</u> –			2 10/4	3 (22)			A7 E	<b>i 34</b> b 52	9A (ABLE)	<b>00</b> add 3	4a and 34b. <b>34C</b>	01/04/04	3 PRO Page	00 1 of 6

[	Your	Name (as shown on page 1)		Your Social Securit	ty Number		
	NAC	GA SAI MURUKUTLA		735-32-25	599		
Ī	35	Subtract lines 24 through 34c from line 19		96,208 <mark>0</mark> 0			
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross		00			
	37	Subtract line 36 from line 35. Enter the difference				96,208 00	
ion	38	Age 65 or over: Multiply the number in box 8 by \$2,100				00	
npt	39	Blind: Multiply the number in box 9 by \$1,500				00	
Exemptions	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$				00	
_	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000				00	
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less that				96,208 00	
	43	Deductions: Check box and enter amount. See instructions				12,950 00	
	44	If you checked box 43S and claim charitable contributions, check 44C Complete				00	
×	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"				83,258 00	
of Tax	46	Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax				2,358 00	
	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 32				00	
Balance	48	Subtotal of tax: Add lines 46 and 47. Enter the total				2,358 00	
Ba	49	Dependent Tax Credit. See instructions				00	
	50	Family income tax credit (from the worksheet - see instructions)				00	
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 64				00	
	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 5				2,358 00	
and dits	53	2022 AZ income tax withheld				5,410 00	
l Payments and Indable Credits	54	2022 AZ estimated tax payments54a 00 Claim of Right 54b				00	
men ole C	55	2022 AZ extension payment (Form 204)				00	
Total Payme Refundable	56	Increased Excise Tax Credit (from the worksheet - see instructions)			56	00	
Fotal Refu	57	Property Tax Credit from Arizona Form 140PTC				00	
	58	Other refundable credits: Check the box(es) and enter the total amount				00	
ar t	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total				5,410 00	
Tax Due or Overpayment	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax	due. Skip lines	61, 62 and 63	60	00	
Tax Due Verpayn	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amou	int of overpayme	ent	61	3,052 <b>00</b>	
٦ó	62	Amount of line 61 to be applied to 2023 estimated tax			62	0 00	
fts	63				63	3,052 <b>00</b>	
Voluntary Gifts	64		izona Wildlife		00		
Itar			litical Gift		00		
olu		Neighbors Helping Neighbors 69 00 Special Olympics	terans' Donations F		00		
			ay/Neuter of Anima		00		
enalty		Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752					
Pen		Estimated payment penalty			76	00	
		771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included					
eq .		Add lines 64 through 74 and 76; enter the total <b>REFUND:</b> Subtract line 78 from line 63. If less than zero, enter amount owed on line 80				00 3,052	
Refund or Amount Owed	79	<b>Direct Deposit of Refund:</b> Check box 79Å if your deposit will be ultimately placed in a forei				3,052 00	
oun		CM Checking or ROUTING NUMBER ACCOUNT NUMBER	-		-		
A R		98         S         Savings         0         7         4         9         0         8         5         9         4         7         9         0         6         9         5         1         7					
	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of I and include with your return				00	
						100	
		Under penalties of perjury, I declare that I have read this return and any documents	with it, and to	the best of my	knowledge and	belief, they are	
		true, correct and complete. Declaration of preparer (other than taxpayer) is based of	on all informati	on of which prep	parer has any k	nowledge.	
HERE	→						
lΞ	-	YOUR SIGNATURE DATE	R 2				
			0.	CCUPATION			
SIGN	≯						
		SPOUSE'S SIGNATURE DATE	SI	POUSE'S OCCUPATI	ION		
Ш Ш		SYAM PRIYA RAM SAGAR GUPTA TALLAM 02012023 GLOBAL	J TAXES L	LC			
PLEASE		PAID PREPARER'S SIGNATURE DATE FIRM'S NAM	E (PREPARER'S II	F SELF-EMPLOYED)	)		
L L		245 ROONEY CT			145487		
		PAID PREPARER'S STREET ADDRESS			EPARER'S TIN		
		E BRUNSWICK NJ 08816 PAID PREPARER'S CITY STATE ZIP COL	STATE ZIP CODE				
					EPARER'S PHONE		
		e also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072- e not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-					