# Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Submission Identification Number (SID)		
Taxpayer's name	Social secu	rity number
ARUN KUMAR GAJJELA	655-04	4-5095
Spouse's name		ocial security number
UMA DEVI MANTHAPURAM	986-9	0-9216
Part I Tax Return Information — Tax Year Ending December 31,	2022 (Enter year you	are authorizing.)
Enter whole dollars only on lines 1 through 5.	,	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1 Adjusted gross income		<b>1</b> 137,481.
2 Total tax		<b>2</b> 15,782.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 28,436.
4 Amount you want refunded to you		4 12,654.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you Under penalties of perjury, I declare that I have examined a copy of the income tax return (original penalties).		
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts return (original or amended) I am now authorizing. I consent to allow my intermediate service processed my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or or any delay in processing the return or refund, and (c) the date of any refund. If applicable, I and Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution payment of my federal taxes owed on this return and/or a payment of estimated tax, and the finauthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment can business days prior to the payment (settlement) date. I also authorize the financial institutions in taxes to receive confidential information necessary to answer inquiries and resolve issues repersonal identification number (PIN) below is my signature for the income tax return (original or Electronic Funds Withdrawal Consent.	ovider, transmitter, or elect reason for rejection of the uthorize the U.S. Treasury in account indicated in the ancial institution to debit that to terminate the authorincellation requests must be nvolved in the processing elated to the payment. If the	tronic return originator (ERO transmission, (b) the reasor and its designated Financia tax preparation software for the entry to this account. This zation. To revoke (cancel) are received no later than 2 of the electronic payment outliner acknowledge that the
Taxpayer's PIN: check one box only		
· · · · · · · · · · · · · · · · · · ·	or generate my PIN E	$\begin{bmatrix} 4 & 5 & 0 & 9 & 5 \end{bmatrix}$ as my inter five digits, but lon't enter all zeros
I will enter my PIN as my signature on the income tax return (original or ame if you are entering your own PIN <b>and</b> your return is filed using the Practition below.	nded) I am now authoriz	
Your signature ▶	Date ►	
Spouse's PIN: check one box only	_	
I authorize GLOBAL TAXES LLC to enter 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 ame if you are entering your own PIN and your return is filed using the Practition below.	g. g. am now authoriz	
Spouse's signature ▶	Date ►	
Practitioner PIN Method Returns Only—cont		
Part III Certification and Authentication — Practitioner PIN Method O	nly	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PII		2 3 1 9 8 9 nter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm the requirements of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file	nat I am submitting this re	turn in accordance with the
ERO's signature ▶	Date ►	
ERO Must Retain This Form — See Inst	ructions	

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

Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2022	
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OMB No. 1545-0074

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

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   Standard   Someone can claim:   You as a dependent   Your spouse as dependent   Your spouse as a dependent   Your spouse   Your spouse   Your spouse   Your		s 🗌 S	Single X Married filing jointly	Marrie	ed filing separate	ly (MFS)	Head of	househ	old (HOH	H) [	_	fying survi	iving
person is a child but not your dependent:  Vour social security num ARIN KUMAR		If vo	u checked the MFS hox, enter the I	name of v	our spouse If vo	u check	ed the HOH or	r OSS h	ox ente	r the	•	` ,	e gualifying
Your social security number	one box.				your opouse. If yo	a oricon		1 Q00 D	OX, OITE	1 110	71 III G G I	idilio ii tii	s qualifying
ARUN KUMAR  If joint return, spouse's first name and middle initial  Last name  Spouse's social security  MAN DEVT  AND DEVT  APA. no.  President security  APA. no.	Your first name				me					Y	our soc	ial security	number
If point return, spouse's first name and middle initial   MANTHAPURAM   986-90-9216   MANTHAPURAM   986-90-9216   Co   3758, RED VALLEY CTRCLE   Co   80104   Check here if you, ory or control of the												-	•
UMA DEVT  Home address (number and street). If you have a P.O. box, see instructions.  Apt. no.  COSTLE ROCK  CASTLE ROCK  CASTLE ROCK  Apt. no.  Foreign post office. If you have a foreign address, also complete spaces below.  CO 80104  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).  Digital  Assets  Standard  Someone can claim: You as a dependent Your spouse as a dependent Deduction  Dependents (see instructions):  If more  If more  Age/Bindness You: Were born before January 2, 1958 Are blind  Appendents, see instructions:  If more  Age/Bindness You: Were born before January 2, 1958 Are blind  Appendents, see instructions:  If more  Age/Bindness You: Were born before January 2, 1958 Are blind  Appendents, see instructions:  If more  Age/Bindness You: Were born before January 2, 1958 Are blind  Appendents, see instructions:  Income  Attach Form(e)  W.2 here. Also  Add well adoption benefits from Form(e) W.2 ce instructions)  In Total amount from Form(e) W.2, box 1 (see instructions)  Add well adoption benefits from Form Seas, line 29  If Implication of the declaration of the property of the declaration of the			a first name and middle initial	_									
Home address (number and street). If you have a P.O. box, see instructions.   Apt. no.   CaSTLE ROCK   CO 80104   State   ZIP code   CO 80104   State   ZI	•										•		•
City, town, or post office. If you have a foreign address, also complete spaces below.   State			er and street). If you have a P.O. box. se					Ar	ot. no.	_			
City, town, or post office. If you have a foreign address, also complete spaces below.  CASTLE ROCK Proreign country name  Foreign province/state/county Foreign province/state/county Foreign province/state/county Foreign province/state/county Foreign province/state/county Foreign province/state/county Province/state/county Province/state/county Province/state/county Province/state/county Province/state/county Province/state/county Foreign province/state/county Foreign province/state/county Foreign province/state/county Foreign province/state/county Foreign province/state/county Foreign province/state/county P		•	•					"		- 1			
CaSTLE   ROCK   Foreign province/state/county   Foreign prostal code box below will not char box bel				omplete s	paces below.	Sta	te	ZIP co	de				
Foreign country name			,		,						_		•
Digital   Ast 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   Standard Deduction   Someone can claim:   You as a dependent   Your spouse as a dependent   Your spouse as a dependent   Spouse itemizes on a separate return or you were a dual-status alien   You close   You:   Were born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Was born before January 2, 1958   Is blind				F	Foreign province/sta			<b>-</b>					Jiange
At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, Assets  Are blind  Agellarias assets  Are blind  Agellarias assets  Are blind  A	. o.o.g ooa	<i>y</i>			0.0.g., p.0100, 0	a.o, ooa	.,	, orongin	poota. oo			_	Spouse
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)	Digital	Δt ar	by time during 2022, did you: (a) red	naiva (as	a reward award	or navr	ment for prope	rty or s	arvicas):	or (h	المء ١		
Standard Deduction												Yes	X No
Spouse itemizes on a separate return or you were a dual-status alien   Age/Blindness   You:   Were born before January 2, 1958   Are blind   Spouse:   Was born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Spouse:   Was born before January 2, 1958   Is blind   Was born before January 2, 1958   Is blind   Was born before January 2, 1958   Is blind   January 2, 1958   Is blind   Was born before January 2, 1958   Is blind   Was								40001,1	(000				
Age/Blindness You: Were born before January 2, 1958		_			•								
Dependents (see instructions):  (1) First name  (1) First name  (2) Social security number  (3) Relationship to you  (4) Check the box if qualifies for (see instructions child tax credit (7) First name  Last name  (9) Relationship to you  (4) Check the box if qualifies for (see instructions child tax credit (7) First name  Last name  (9) Relationship to you  (1) First name  Last name  (2) Social security number  (3) Relationship to you  (4) Check the box if qualifies for (see instructions child tax credit (7) First name  Child tax credit (7) First name  Last name  (4) Check the box if qualifies for (see instructions)  (5) Child tax credit (7) First name  Last name  (4) Check the box if qualifies for (see instructions)  (5) Relationship to you  (6) Relationship to you  (7) Child tax credit (7) First name  Last name  (8) Relationship to you  (9) Last name  Last name  (9) See instructions  11 Last 1.51,  Last 1.51,  Last 2.5,  Last 2.5,  Last 2.5,  Last 2.5,  Last 2.5,  Last 3.5, Relationship to you  Last 4.5, Relationship to you  Last 3.5, Relationship to you  Last 4.5, Relationship to you  Last 3.5, Relationship to you  Last 4.5, Relationship to y			_										
If more than four dependents, see instructions and check here	Age/Blindnes	s You:		1958 _	_ Are blind	Spouse	: U Was bo			•			
Income  Income Income  Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Inc	Dependent				1 ' '	urity	' '	nip (4)	Check th	e box		,	,
dependents, see instructions and check here		(1) F	rst name Last name		number		to you		Child ta	x cred	it C	Credit for oth	er dependents
Income									L	ᆜ			
Income		s							L	ᆜ			
Income Attach Form(s) W-2 here. Also attach Forms W-2 here. Also attach Forms W-2 here. Also attach Forms W-2 are and 1099-Rif tax was withheld. If you did not get a Form by W-2, see instructions W-2, see instructions If you did not get a Form by W-2, see instructions If you did not get a Form by W-2, see instructions If you did not get a Form by W-2, see instructions If you did not get a Form by W-2, see instructions If you did not get a Form by W-2, see instructions If you did not get a Form by W-2, see instructions If you did not get a Form by Wages from Form 8919, line 6 If you did not get a Form by Wages from Form 8919, line 6 In Other earned income (see instructions) In Ontaxable combat pay election (see instructions) In Ontaxable		, —							L	ᆜ			
Attach Form(s) W-2 here, Also attach Forms W-2 and (199-R) if tax was withheld. If you did not get a Form Household employee wages not reported on Form(s) W-2 (see instructions)  W-2, see instructions.  If you did not get a Form Household employee wages not reported on Form(s) W-2 (see instructions)  W-2, see instructions.  If you did not get a Form Household expendent care benefits from Form 8839, line 29  Wages from Form 8919, line 6  Other earned income (see instructions)  In Nontaxable combat pay election (see instructions)  It required.  Attach Sch. B If required.  Attach Sch. B	here								L		$\bot$	<u>L</u>	
Attach Forms W-26 and 1099-Ri ft ax was withheld. If you did not get a Form W-2, see instructions.  If pincome not reported on line 1a (see instructions)  Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  Id Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  If you did not get a Form W-2, see instructions.  If you did not get a Form W-2, see instructions.  If you did not get a Form W-2, see instructions.  If you did not get a Form W-2, see instructions.  If you did not get a Form W-2, see instructions.  If you did not get a Form W-2, see instructions.  If you did not get a Form W-2, see instructions.  If you dead instructions.  If you decided dividends 1	Income	1a		•	,							15	1,230.
W-2 here. Also attach Forms W-2G and 1099-Ri f tax was withheld. If you did not get a Form W-2, see instructions.  If was withheld. If you did not get a Form W-2, see instructions.  If was be the form a was withheld. If you did not get a Form W-2, see instructions.  If was withheld. If you did not get a Form W-2, see instructions.  If was withheld. If you did not get a Form W-2, see instructions.  In the dicaid waiver payments not reported on Form(s) W-2 (see instructions)  If was withheld. If you did not get a Form W-2, see instructions  If was withheld. If you did not get a Form W-2, see instructions  If was withheld. If you did not get a Form W-2, see instructions  If was withheld. If you decreamed income (see instructions)  In the was withheld. If you decreamed income (see instructions)  In the was withheld. If you did not get a Form W-2, see instructions)  If was withheld. If you did not get a Form W-2, see instructions)  If you did not get a Form W-2, see instructions)  If you decreamed income (see instructions)  In the was withheld. If you decreamed income (see instructions)  In the was withheld. If you decreamed income (see instructions)  In the was withheld. If you decreamed income from Schedule 1, line 10  In the was withheld. If you decreamed income from Schedule 1, line 10  In the was withheld. If you decreamed income from Schedule 1, line 10  In the was withheld. If you decreamed income from Schedule 1, line 10  In the was withheld. If you decreamed income from Schedule 1, line 10  In the was withheld. In the was wither and was was placed income. In the was withheld. In the was within the was placed income. In the was was within the was was placed income. In the was was was placed income. In the wa	A44	b		•									
W-2G and 1099-R if tax was withheld. If you did not get a Form W2-2, see instructions.  If you did not get a Form W2-2, see instructions.  Attach Sch. B if required.  Att	٠,	С	Tip income not reported on line 1a (see instructions)										
1099-R if tax was withheld.  f Employer-provided adoption benefits from Form 8839, line 29  fl flyou did not get a Form W-2, see instructions.  Li Wages from Form 8919, line 6  Other earned income (see instructions)  In Nontaxable combat pay election (see instructions)  Lattach Sch. B  Z Add lines 1a through 1h  Attach Sch. B  Ja Caulified dividends  Au Qualified dividends  Au RA distributions  Lattach Sch. B  Ja Caulified dividends  Au RA distributions  Au Radiard dilling separately, 512,950  Married filling separately, 512,950  Married filling separately, 512,950  Married filling surviving spouse, surviving spouse, surviving spouse, surviving spouse, surviving spouse, 525,900  Married filling surviving spouse, surviving spouse, 519,400  Head of household, 519,400  Head of household, 519,400  Hy ou checked any the mark of the market line 10 from line 9. This is your adjusted gross income  10 Subtract line 10 from line 9. This is your adjusted gross income  11 Standard deduction or itemized deduction from Schedule A)  12 Standard deduction or itemized deduction from Schedule A)  13 Capital gain or (loss). Attach Schedule A)  14 Add lines 12 and 13  Deduction, 19 Subtract line 10 from line 9. This is your adjusted gross income  11 Standard deduction or itemized deduction from Schedule A)  13 Capital gain or (loss). Attach Schedule A)  14 Add lines 12 and 13  Capital gain or (loss). Attach Schedule A)  15 Subtract line 14 from line 9. This is your adjusted gross income  16 Subtract line 10 from line 9. This is your adjusted gross income  17 Standard Deduction, 19 Standard deduction or itemized deduction from Schedule A)  18 Subtract line 14 from line 11 from line 9. This is your taxable income  19 Subtract line 14 from line 11 from line 9. This is your taxable income		d	. ,	•	. ,	ee instru	ıctions)						
### Wages from Form 8919, line 6			•		*								
h Other earned income (see instructions)  i Nontaxable combat pay election (see instructions)  z Add lines 1a through 1h  Attach Sch. B  if required.  3a Qualified dividends 3a b Ordinary dividends 3b  IRA distributions 4a b Taxable amount 4b  Standard Deduction for— Married filing separately, \$12,950  Married filing jointly or Qualifying surviving spouse, \$25,900  Married filing household, \$19,400  If you checked any box under \$25,400  Taxable amount 5b, b, 6b, 7, and 8. This is your total income 9 137 / Standard deduction or itemized deduction for Gualifying 15 / Subtract line 10 from line 9. This is your adjusted gross income 15 / Subtract line 10 from line 9. This is your adjusted gross income 15 / Subtract line 10 from line 9. This is your adjusted gross or Form 8995-A 11 / Subtract line 11 from		f	. ,		•								
instructions.  i Nontaxable combat pay election (see instructions)			•										
Instructions.  Instru		h	,	,				. 1			1h	_	0.
Attach Sch. B  2a Tax-exempt interest				(see instr	ructions)		<u>1</u> i	i				1 1 -	1 000
Standard   Hand   Han			1	. i .								15	1,230.
4a IRA distributions			· -										
Standard Deduction for—Single or Married filing separately, \$12,950  Married filing jointly or Qualifying surviving spouse, \$25,900  Head of household, \$19,400  If you checked any box under Standard Deduction, \$25,000  If you checked any box under Standard Deduction, \$25,000  Add lines 12 and 13  Qualified business income deduction from Form 8995 or Form 8995-A  Beautiful and the social security benefits	ii required.		- ·				,					+	
Comparison of		١										+	
Single or Married filing separately, \$12,950  Married filing jointly or Qualifying surviving spouse, \$25,900  Head of household, \$19,400  If you checked any box under Standard Deduction, \$20,000 to the surviving to the survivin												+	
separately, \$12,950  Married filing jointly or Qualifying surviving spouse, \$25,900  Head of household, \$19,400  If you checked any box under Standard Deduction, \$12,000  Deduction, \$15  Subtract line 10 from line 9. This is your total income to from Schedule A)  Capital gain or (loss). Attach Schedule D if required. If not required, check here  7  8 Other income from Schedule 1, line 10	Single or		· · · · · · · · · · · · · · · · · · ·					π			db	_	
### Capital gain or (loss). Attach Schedule D in required. In not required, check here  ### Capital gain or (loss). Attach Schedule D in required. In not required, check here  ### Capital gain or (loss). Attach Schedule D in required. In not required, check here  ### Capital gain or (loss). Attach Schedule D in required. In not required, check here  ### Capital gain or (loss). Attach Schedule D in required. In not required, check here  ### Capital gain or (loss). Attach Schedule D in required. In not required, check here  ### Capital gain or (loss). Attach Schedule D in required. In not required, check here  ### Capital gain or (loss). Attach Schedule D in required. In not required, there  ### Capital gain or (loss). Attach Schedule D in required. In not required. In not required. In not required.  ### Capital gain or (loss). Attach Schedule D in required. In not required. In not required.  ### Capital gain or (loss). Attach Schedule D in required. In not required. In not required.  ### Capital gain or (loss). Attach Schedule D in required. In not required. In not required.  ### Capital gain or (loss). Attach Schedule D in required. In not required.  ### Capital gain or (loss). Attach Schedule D in required. In not required.  ### Capital gain or (loss). Attach Schedule D in required. In not required.  ### Capital gain or (loss). Attach Schedule D in required.  ### Capital gain or (loss). Attach Schedule D in required. In not required.  ### Capital gain or (loss). Attach Schedule D in required.  ### Capital gain or (loss). Attach Schedule D in required.  ### Capital gain or (loss). Attach Schedule D in required.  ### Capital gain or (loss). Attach Schedule D in required.  ### Capital gain or (loss).  ### Capital gain or (loss). Attach Schedule D in required.  ### Capital gain or (loss).  ### Capital gain or (loss			•		•	•	,			. 📙		1	
jointly or Qualifying Spouse, \$25,900   Head of household, \$19,400   If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Subtract line 14 from line 11 If zero or less enter -0- This is your total income	\$12,950		1 0 ( )		•	•	,			. Ш			2 540
surviving spouse, \$25,900  Head of household, \$19,400  If you checked any box under Standard Deduction, Deduction, Deduction, 15  Subtract line 10 from line 9. This is your adjusted gross income			•										3,749.
Head of household, \$19,400  If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Description												13	7,481.
household, \$19,400   12   Standard deduction or itemized deductions (from Schedule A)			•	•							<b>—</b>	<del> </del>	
\$19,400   12   Standard deduction or itemized deductions (from Schedule A)				•									7,481.
any box under Standard  14 Add lines 12 and 13	\$19,400				•	,						<del>+ 2</del>	5,900.
Standard 14 Add lines 12 and 13	It you checked any box under										<b>—</b>	<del></del>	
	Standard												5,900.
		15	Subtract line 14 from line 11. If ze	ero or les	s, enter -U This	is your	axable incon	те .			15	11	1,581.

Form 1040 (2022	2)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	15,782.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	15,782.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	15,782.
	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	15,782.
Payments	25	Federal income tax withheld							
,	а	Form(s) W-2				<b>25a</b> 28	3,436.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	,					25d	28,436.
	26	2022 estimated tax payment						26	,
If you have a Lagualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28		1	
	29	American opportunity credit				29		1	
	30	Reserved for future use .		•		30			
	31	Amount from Schedule 3, lin				31		1	
	32	Add lines 27, 28, 29, and 31						32	
	33	Add lines 25d, 26, and 32. T	•	-	-			33	28,436.
	34	If line 33 is more than line 24						34	12,654.
Refund	35a	Amount of line 34 you want				•		35a	12,654.
Direct deposit?	b	Routing number 1 0 1					Savings	OOd	
See instructions.	d	Account number 5 1 8					Cavings		
	36	Amount of line 34 you want a				36			
Amount	37	Subtract line 33 from line 24				30			
You Owe		For details on how to pay, go	37						
	38	Estimated tax penalty (see in							
Third Party Designee		you want to allow another	•				omplete b	elow.	⊠ No
200.900	De	signee's		Phone			onal identif		
	naı	ne		no.		num	ber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com			, , ,		,		,
Here	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SOFTWARE	DEVELOPER	(see		IN, enter it riere
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse's occupa	tion			nt your spouse an
your records.					IIOME MAKE	D	(see	-	ection PIN, enter it here
,		(012) 540, 010		Farail adduses	HOME MAKE		,		
		one no. (913)548-812		Email address	ARUNGAJJE	LA@GMAIL.CO			Chaptrife
Paid		eparer's name	Preparer's signat		OTTOMA MATERIA	Date	PTIN	2702	Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GOPTA TALLAN	1 03/30/2023	P02082		Self-employed
Use Only		m's name GLOBAL TAX		n.c	T 00016				678)965-9522
			Y CT E BRU	INSWICK N	J 08816		Firm'	s EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/18/23 PRO			Form <b>1040</b> (2022)

# SCHEDULE 1 (Form 1040)

# **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2022

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

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

Name(	s) shown on Form 1040, 1040-SR, or 1040-NR	Your so	our social security number		
ARUN	KUMAR GAJJELA & UMA DEVI MANTHAPURAM		655-0	4-50	)95
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	-13,749.	
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
a	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			
	Stock options	8k			
ı	Income from the rental of personal property if you engaged in the rental				
	for profit but were not in the business of renting such property	81			
m	Olympic and Paralympic medals and USOC prize money (see				
	instructions)	8m			
	Section 951(a) inclusion (see instructions)	8n			
0	Section 951A(a) inclusion (see instructions)	80			
p	Section 461(I) excess business loss adjustment	8p 8q			
q	Scholarship and fellowship grants not reported on Form W-2	8r			
r	Nontaxable amount of Medicaid waiver payments included on Form	OI			
S	1040, line 1a or 1d	8s (	)		
t	Pension or annuity from a nonqualifed deferred compensation plan or	03 (	,		
	a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
	Other income. List type and amount:				
_	and another	8z			
9	Total other income. Add lines 8a through 8z			9	

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

-13,749.

10

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

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

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

#### **Supplemental Income and Loss**

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

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

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. **13** 

OMB No. 1545-0074

Name(s)	s) shown on return					Yo	our social s	ecurity r	number
ARUN	N KUMAR GAJJELA & UMA DEVI MANTHAPURA	AM				6	55-04-	5095	
Part	Note: If you are in the business of renting personal p rental income or loss from Form 4835 on page 2, line	roperty, use e 40.	Schedule						
<b>A</b> [	Did you make any payments in 2022 that would require	you to file	Form(s)	1099? 5	See ins	tructions		☐ Ye	s 🛛 No
	f "Yes," did you or will you file required Form(s) 1099?								
1a	Physical address of each property (street, city, state	e. ZIP code	e)						
	IN		-,						
A B	IN								
	Time of Dispositive Q. For each worded well-action		LI			in Dental   E			
1b	Type of Property (from list below) 2 For each rental real estate p above, report the number of				га	ir Rental F Days	Personal Days		QJV
	above, report the harmber of personal use days. Check the			Α		365	Days	0	
B	if you meet the requirements			В		305		-	
C	qualified joint venture. See i	nstructions	3.	C					
	of Property:								
	Single Family Residence 3 Vacation/Short-Term	Dontal	5 Land	J	7	Self-Rental			
	Multi-Family Residence 4 Commercial	nemai	6 Roya			Other (describe	e)		
						Properties	:		
Incom	ne:			Α		В			С
3	Rents received	3		6	00.				
4	Royalties received	4							
Exper	nses:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,2	00.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,0	00.				
12	Mortgage interest paid to banks, etc. (see instruction	ns) <b>12</b>							
13	Other interest	13							
14	Repairs				20.				
15	Supplies			3,3	45.				
16	Taxes								
17	Utilities	17		2,7					
18	Depreciation expense or depletion			2,9	09.				
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		14,3	49.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties								
	result is a (loss), see instructions to find out if you n			10	4.6				
	file <b>Form 6198</b>			-13,7	49.				
22	Deductible rental real estate loss after limitation, if a on <b>Form 8582</b> (see instructions)		,	10 07	, ,	(			
00	•		(	13,74		(	)(		
23a	Total of all amounts reported on line 3 for all rental p				23a		500.		
b	Total of all amounts reported on line 4 for all royalty				23b				
C	Total of all amounts reported on line 12 for all prope				23c	2 0	000		
d	Total of all amounts reported on line 18 for all prope				23d		909.		
e	Total of all amounts reported on line 20 for all prope				23e	14,3			
24	Income. Add positive amounts shown on line 21. D		-				24		2 742
25	Losses. Add royalty losses from line 21 and rental real						25 (	1	3,749.
26	Total rental real estate and royalty income or (lo								
	here. If Parts II, III, IV, and line 40 on page 2 do Schedule 1 (Form 1040), line 5. Otherwise, include the						26	-	-13,749.



228454 11555 DR 8454 (01/26/23) COLORADO DEPARTMENT OF REVENUE Denver CO 80261-0005

Tax.Colorado.gov
Page 1 of 1

# **State of Colorado Income Tax Declaration** for Online Electronic Filing

<b>Do not mail</b> this form to the IRS or the Colorado				For Tax Year (MM/DD/YY)				or Fiscal Year beginning (MM/DD/YY)				
Depar	tment of Revenue. <b>F</b>	tetain with yoા	ur records.	12/31/	22							
Tax Ty	ре											
2	Individual Income (DR 0104)	Corpora (DR 011	te Income 2)		nership/S-0 0106)	Corp Incom	е			ary I 105)	ncome	
Taxpay	er Last Name or Business	Name	First Na	me or Busine	ess DBA if dif	ferent from B	usiness N	ame			Middle Initia	
GAJJ	ELA		ARUN	KUMAR								
Spous	e's Last Name (if applicable	;)	First Na	me							Middle Initia	
MANT	HAPURAM		UMA I	DEVI								
Тахрау	er SSN or ITIN		Spouse	SSN or ITIN	(if applicable)			FEIN				
655-	04-5095		986-9	90-9216								
Taxpa	er or Business Address				City			S	tate	ZIP		
3758	RED VALLEY CIRC	!LE			CASTLE	ROCK			20	80	104	
		ļ	Part I — Tax	Return li	nformation	1						
1. Tota	al Income from your fe	ederal return (sec	e instructions	s for more	informatio	n) <b>1</b>	\$				137481	
<ol><li>Taxable Income (or allowable deduction) from your federal return (see instruction for more information)</li></ol>											111581	
<b>3.</b> Col	orado Tax from your C	Colorado return (	see instructi	ons for mo	ore informa	tion) 3	\$				4910	
<b>4.</b> Col	orado Tax Withheld or					ictions					6678	
or r	nore information)		art II — Dec	laration o	of Tay Day	4	\$					
Federal/ I underst	enalties of perjury, I declare tha Colorado income tax returns, an and that I (or my Electronic Re s, and attachments upon reque	at the information I have not that said tax returns, eturn Originator (ERO) i	e provided for ele statements, sche if applicable) may	ectronic filing a dules and attac be required to	ind the amounts chments are true p provide paper	s shown in Part e, correct, and c copies of this c	omplete to leclaration,	the best my retu	of my rns, v	knowl vithholo	edge and belied ing statements	
Signati	ure			·		Da	te (MM/DD/	YY)				
Spouse	e's Signature (If Joint Return	ո, Both Must Sign)				Da	te (MM/DD/	YY)				
		Part III —	Declaration	of ERO/F	Preparer/Ti	ransmitter						
	If the transmitter did r	not prepare the t	ax return, ch	neck here								
the prepartaxpayer correct, a have proof limitat	ot the preparer, I declare only the arer, under penalties of perjury I and the amounts shown in Part and complete to the best of my vided the taxpayer with copies ions, and to provide paper copie at any time during this period.	declare that I have revi I above agree with the knowledge and belief. A of all forms and informa	iewed the above t amounts shown o As preparer, I furt ation filed. I also a	axpayer's Feden said tax returher declare that agree to maint.	eral/Colorado in rns, and that sa at I have obtain ain this signed	icome tax return id tax returns, st ed the taxpayer Form (DR 8454	s and that that the satements, so signature of the period	the inforr schedule on this riod cove	matiores, and form a form a	n provion d attack at the to by the 0	ded to me by th hments are true ime of filing an Colorado statut	
	Signature				Prepa	arer Identificat	on Numb	er, Your	SSN	۱, or ۱۱	IN	
SYAM	I PRIYA RAM SAGAR	GUPTA TALLA	MA		P02	082703						
	<u> </u>				Date	(MM/DD/YY)						
Check if also Preparer X				03/	03/30/23							





DR 0104 (11/18/22)
COLORADO DEPARTMENT OF REVENUE
Tax. Colorado.gov
Page 1 of 4
(0013)

## 2022 Colorado Individual Income Tax Return

	r or Nonresident (or reside dent combination) *Mus			0104	PN		if Abro	oad on due tions	date –	
Your Last Name	,		rst Nam						Middle	Initial
GAJJELA		ARUN	I KUM	AR						
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Deceas	sed	_						
04/23/1993	655-04-5095		L	t	he DF	R 0102 and	death o	a refund, yo certificate wi	th your ret	
Enter the following information driver license or state identific	•	State o	f Issue	L	₋ast 4 c	characters of I	D numbe	er Date of Issu	ıance	
If Joint, Spouse's Last Name		Spouse	's First I	Name					Middle	Initial
MANTHAPURAM	UMA	DEVI								
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Deceas	sed	<b>-</b> .						
10/09/1998	986-90-9216			t	he DF	R 0102 and	death o	a refund, yo certificate wi	th your ret	
Enter the following information current driver license or state	State o	f Issue	L	₋ast 4 c	haracters of I	D numbe	er Date of Issu	ance		
Mailing Address							Ph	one Number		
3758,RED VALLEY CIRCLE							(	913)548-8	3123	
City			State	ZIP	Code		Foreig	n Country (if ap	oplicable)	
CASTLE ROCK			CO		104					
To see if you or members		•						•		
You are a Colorado re     AND			-						•	
You give permission for for Health Colorado (the	the Colorado Departmen Colorado Health Benefit									nect
								Round To The	Nearest D	ollar
1. Enter Federal Taxable Inco 1040, 1040 SR, or 1040 SI		icome ta	ax forn	n:		• 1			111581	0 0
Include W-2s and 1099s with	U									
	Additions to									
<ul><li>2. State Addback, enter the state income tax deduction from your federal form 1040,</li><li>1040 SR, or 1040 SP schedule A, line 5a (see instructions)</li><li>2</li></ul>									0 0	
1040 SK, OI 1040 SP SCIE	duic A, lille 3a (See IIIS)	uctions	٥)			• 2				
3. Qualified Business Income	Deduction Addback (se	<u>ee ins</u> tru	<u>uctio</u> ns	s)		• 3				0 0



DR 0104 (11/18/22)
COLORADO DEPARTMENT OF REVENUE
Tax.Colorado.gov

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Name	SSN or ITIN	
ARUN KUMAR GAJJELA & UMA DEVI MANTHAPURAM	655-04-5095	
4. Itemized Deduction addback (see instructions) • 4		00
The mized Deduction aduback (see instructions)     To College Invest Recapture Prior Year - Non-qualifying Tuition Program		00
Contribution (see instructions) • 5		0 0
6. Other Additions, explain (see instructions) • 6		0 0
Explain:		
7. Subtotal, sum of lines 1 through 6 Colorado Subtractions	111581	00
8. Subtractions from the DR 0104AD Schedule, line 22, you must submit the	T	
DR 0104AD schedule with your return.		0 0
DIX 0104AD Schedule with your return.	<u> </u>	
9. Colorado Taxable Income, subtract line 8 from line 7	111581	0 0
Tax, Prepayments and Credits: see 104 Book for full-year tax table and part-y	ear DR 0104PN Schedule	0 0
<b>10.</b> Colorado Tax from tax table or the DR 0104PN line 36, you must submit the		
DR 0104PN with your return if applicable. • 10	4910	0 0
11. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the		
DR 0104AMT with your return. • 11		0 0
12. Recapture of prior year credits • 12		0 0
40. Outstatel anna af l'area 40 thuannata 40	4910	
<b>13.</b> Subtotal, sum of lines 10 through 12 <b>13.</b> Nonrefundable Credits from the DR 0104CR line 48, the sum of lines 14, 15, and 16		0 0
cannot exceed line 13, you must submit the DR 0104CR with your return. • 14		0 0
<b>15.</b> Total Nonrefundable Enterprise Zone credits used – as calculated, or from the		00
DR 1366 line 85, the sum of lines 14, 15, and 16 cannot exceed line 13, you must		
submit the DR 1366 with your return.		0 0
<b>16.</b> Strategic Capital Tax Credit from DR 1330, the sum of lines 14, 15, and 16 cannot		
exceed line 13, you must submit the DR 1330 with your return. • 16		0 0
	4910	
<b>17.</b> Net Income Tax, sum of lines 14, 15, and 16. Subtract that sum from line 13.	1910	0 0
<b>18.</b> Use Tax reported on the DR 0104US schedule line 7, you must submit the		
DR 0104US with your return. • 18		0 0
19. Net Colorado Tax, sum of lines 17 and 18	4910	0 0
<b>20.</b> CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or		
1099s claiming Colorado withholding with your return. • 20	6678	0 0
21. Prior-year Estimated Tax Carryforward • 21		0 0
22. Estimated Tax Payments, enter the sum of the quarterly payments remitted for		
this tax year • 22		0 0
23. Extension Payment remitted with the DR 0158-I • 23		00



DR 0104 (11/18/22)
COLORADO DEPARTMENT OF REVENUE Tax.Colorado.gov

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Name						SSN or IT	IN				
ARUN KUMAR GAJJEL	A & UMA DEVI	MANTHAPURAM	I			655-0	4-5095				
<b>24.</b> Other Prepayments:	□ • DR 01	04BEP .	DR 0108	• DR 1079 • <b>24</b>				0 0			
25. Gross Conservation		lit from the DR 1	305G line 33, yo					0 0			
the DR 1305G with y 26. Innovative Motor Ve		tive Truck Credit	t from form DR 0	• <b>25</b> 617, you must			0				
submit each DR 061 <b>27.</b> Refundable Credits			ı must submit the	• 26				0 0			
with your return.		4CK line 14, you	a must submit th	e DR 0104CR ● 27				0 0			
<b>28.</b> Subtotal, sum of line	es 20 through 27			28			6678	0 0			
Modified AGI for TABOR											
Lines 30 through 33 are only used to calculate your TABOR Credit, they do not affect your Colorado tax liability.  29. Federal Adjusted Gross Income from your federal income tax form: 1040 line 11,											
1040 SR line 11, or			137481	0 0							
30. Nontaxable Social S				0 0							
30. Nontaxable Social C											
31. Nontaxable interest	• 31				0 0						
32. Sum of lines 29 thro	32			137481	0 0						
	Mod	dified AGI Tiers	for State Sales	Tax Refund							
If line 32 is:	\$48,000 or less	\$48,001 – \$95,000	\$95,001 – \$151,000	\$151,001 – \$209,000	\$209,001 - \$268,001 \$268,000 or more						
Single Filers Enter	\$153	\$208	\$234	\$285	\$30	00	\$486				
Joint Filers Enter	\$306	\$416	\$468	\$570	\$60	0	\$972				
33. State Sales Tax Ref full-year Colorado re to file a return. Use to instructions if you ar	esidents who are the amount on li	under the age one 32 and refere	of eighteen but a	re required			468	0 0			
34. Sum of lines 28 and	33			34			7146	0 0			
<b>35.</b> Overpayment, if line		an lina 10 than a	ubtract line 10 fr				2236	0 0			
33. Overpayment, it line	34 is greater the	an line 19 then 5	ubitact line 19 iii	om me 34 <b>35</b>							
36. Estimated Tax Credi	it Carryforward t	o 2023 first quar	ter, if any.	• 36				0 0			
If you have an overpaying Colorado charity, includ				ll or a portion of y	your ove	paymer	nt to a qualif	ied			
37. Refund, subtract line	e 36 from line 35	(see instruction	s)	• 37			2236	0 0			
Direct Routing Nun	nber 1 0 1 1	1 0 0 0 4 5	Type: X	Checking	Savings		CollegeInvest 5	529			
Deposit Account Nur	mber 5 1 8 0	0 0 7 9 0	7 8 4 7								
For questions regar	ding CollegeInves	at direct deposit or	to open an accour	nt, visit <i>CollegeInve</i>	est.org or	call 800-4	448-2424.				



#### DR 0104 (11/18/22) **COLORADO DEPARTMENT OF REVENUE** Tax.Colorado.gov

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Name		SSN or ITIN									
ARUN KUMAR GAJJELA & UMA DEVI MANTHAPURAM		655-04-5095	5								
38. Net Tax Due, subtract line 34 from line 19			0 0								
39. Delinquent Payment Penalty (see instructions) • 39			0 0								
40. Delinquent Payment Interest (see instructions) • 40			0 0								
<ul><li>41. Estimated Tax Penalty, you must submit the DR 0204 with your return.</li><li>(see instructions)</li><li>41</li></ul>			0 0								
<b>42.</b> Amount You Owe, sum of lines 38 through 41 • 42											
	· · · · · · · · · · · · · · · · · · ·										
Third Party Designee											
Do you want to allow another person to discuss this return and any related information with the Colorado • X No • Yes. Comple Department of Revenue? See the instructions.	ete the fo	ollowing:									
Designee's Name	Phone N	lumber									
•	•										
Sign Below Under penalties of perjury, I declare that to the best of my knowledge and belief, this return is true	ue, correct	and complete.									
Your Signature		Date (MM/DD/YY)									
Spouse's Signature. If joint return, BOTH must sign.		Date (MM/DD/YY)									
Paid Preparer's Name	Paid Prep	parer's Phone									
GLOBAL TAXES LLC	(678)	965-9522									
Paid Preparer's Address City	State	ZIP Code									
245 ROONEY CT E BRUNSWICK	NJ	08816									

REV 02/09/23 PRO

### File and pay at: Colorado.gov/RevenueOnline

If you are filing this return with a check or payment, please mail the return to:

COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0006

If you are filing this return without a check or payment, please mail the return to:

COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0005

These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.