

# IRS e-file Signature Authorization

OMB No. 1545-0074

▶ **ERO must obtain and retain completed Form 8879.**  
 ▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶ 2224962023083071nfd

|   |                                       |
|---|---------------------------------------|
| Taxpayer's name<br>HARSHITHA JAYARAMAREDDY PUTTAL | Social security number<br>313-55-5642 |
| Spouse's name                                     | Spouse's social security number       |

**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 . . . . .   | 1 | 62,745. |
| 2 | Total tax . . . . .   | 2 | 6,568.  |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | 3 | 8,292.  |
| 4 | Amount you want refunded to you . . . . .                               | 4 | 1,724.  |
| 5 | Amount you owe . . . . .  | 5 |         |

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, 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**

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 5 | 5 | 6 | 4 | 2 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing. **Enter five digits, but don't enter all zeros**
- 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 my signature on the income tax return (original or amended) I am now authorizing. **Enter five digits, but don't enter all zeros**
- 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 signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Practitioner PIN Method Returns Only—continue below**

**Part III Certification and Authentication — Practitioner PIN Method Only**

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 1 | 8 | 9 | 5 | 2 | 3 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

**Don't enter all zeros**

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 Form — See Instructions  
 Don't Submit This Form to the IRS Unless Requested To Do So**

Filing Status [X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying surviving spouse (QSS)
Check only one box. If you 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 person is a child but not your dependent:

Your first name and middle initial: HARSHITHA
Last name: JAYARAMAREDDY PUTTAL
Your social security number: 313-55-5642
Home address: 204 10TH ST, UNIT 206, JERSEY CITY, NJ 07302
Presidential Election Campaign: [ ] You [ ] Spouse

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)? [X] Yes [ ] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent
[ ] 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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (Child tax credit, Credit for other dependents)

Income section table with rows 1a through 1z. Total amount from Form(s) W-2, box 1: 70,024.

Table for lines 2a through 15. Includes tax-exempt interest, qualified dividends, IRA distributions, pensions, social security benefits, capital gain, other income, and total income. Total income: 62,745. Adjusted gross income: 62,745. Taxable income: 49,795.

Tax and Credits table with rows 16-24. Total tax is 6,568.

Payments table with rows 25-33. Total payments are 8,292.

Refund table with rows 34-36. Amount of refund is 1,724.

Amount You Owe table with rows 37-38. Amount owed is 6,868.

Third Party Designee section with fields for name, phone, and PIN.

Sign Here section with signature lines for taxpayer and spouse, and occupation fields.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, and firm information.

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
HARSHITHA JAYARAMAREDDY PUTTAL

Your social security number  
313-55-5642

**Part I Additional Income**

|           |   |               |           |         |
|-----------|---|---------------|-----------|---------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  |               | <b>1</b>  |         |
| <b>2a</b> | Alimony received . . . . .  |               | <b>2a</b> |         |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____  |               |           |         |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  |               | <b>3</b>  |         |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   |               | <b>4</b>  |         |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   |               | <b>5</b>  | -7,279. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  |               | <b>6</b>  |         |
| <b>7</b>  | Unemployment compensation . . . . .   |               | <b>7</b>  |         |
| <b>8</b>  | Other income:   |               |           |         |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> ( ) |           |         |
| <b>b</b>  | Gambling . . . . .  | <b>8b</b>     |           |         |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b>     |           |         |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> ( ) |           |         |
| <b>e</b>  | Income from Form 8853 . . . . .   | <b>8e</b>     |           |         |
| <b>f</b>  | Income from Form 8889 . . . . .   | <b>8f</b>     |           |         |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8g</b>     |           |         |
| <b>h</b>  | Jury duty pay . . . . .   | <b>8h</b>     |           |         |
| <b>i</b>  | Prizes and awards . . . . .   | <b>8i</b>     |           |         |
| <b>j</b>  | Activity not engaged in for profit income . . . . .   | <b>8j</b>     |           |         |
| <b>k</b>  | Stock options . . . . .   | <b>8k</b>     |           |         |
| <b>l</b>  | 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 . . . . . | <b>8l</b>     |           |         |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8m</b>     |           |         |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8n</b>     |           |         |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8o</b>     |           |         |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8p</b>     |           |         |
| <b>q</b>  | Taxable distributions from an ABLE account (see instructions) . . . . .   | <b>8q</b>     |           |         |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .  | <b>8r</b>     |           |         |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .  | <b>8s</b> ( ) |           |         |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b>     |           |         |
| <b>u</b>  | Wages earned while incarcerated . . . . .   | <b>8u</b>     |           |         |
| <b>z</b>  | Other income. List type and amount: _____   | <b>8z</b>     |           |         |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   |               | <b>9</b>  |         |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .   |               | <b>10</b> | -7,279. |

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

Schedule 1 (Form 1040) 2022

**Part II Adjustments to Income**

|            |  |            |            |  |
|------------|--|------------|------------|--|
| <b>11</b>  | Educator expenses . . . . .  |            | <b>11</b>  |  |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .  |            | <b>12</b>  |  |
| <b>13</b>  | Health savings account deduction. Attach Form 8889 . . . . .   |            | <b>13</b>  |  |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .  |            | <b>14</b>  |  |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .   |            | <b>15</b>  |  |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .   |            | <b>16</b>  |  |
| <b>17</b>  | Self-employed health insurance deduction . . . . .   |            | <b>17</b>  |  |
| <b>18</b>  | Penalty on early withdrawal of savings . . . . .   |            | <b>18</b>  |  |
| <b>19a</b> | Alimony paid . . . . .   |            | <b>19a</b> |  |
| <b>b</b>   | Recipient's SSN . . . . .  |            |            |  |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions): _____   |            |            |  |
| <b>20</b>  | IRA deduction . . . . .  |            | <b>20</b>  |  |
| <b>21</b>  | Student loan interest deduction . . . . .  |            | <b>21</b>  |  |
| <b>22</b>  | Reserved for future use . . . . .  |            | <b>22</b>  |  |
| <b>23</b>  | Archer MSA deduction . . . . .   |            | <b>23</b>  |  |
| <b>24</b>  | Other adjustments:   |            |            |  |
| <b>a</b>   | Jury duty pay (see instructions) . . . . .   | <b>24a</b> |            |  |
| <b>b</b>   | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .                                       | <b>24b</b> |            |  |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .   | <b>24c</b> |            |  |
| <b>d</b>   | Reforestation amortization and expenses . . . . .  | <b>24d</b> |            |  |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .  | <b>24e</b> |            |  |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans . . . . .   | <b>24f</b> |            |  |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans . . . . .   | <b>24g</b> |            |  |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .  | <b>24h</b> |            |  |
| <b>i</b>   | 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 . . . . . | <b>24i</b> |            |  |
| <b>j</b>   | Housing deduction from Form 2555 . . . . .   | <b>24j</b> |            |  |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .  | <b>24k</b> |            |  |
| <b>z</b>   | Other adjustments. List type and amount: _____   | <b>24z</b> |            |  |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z . . . . .   |            | <b>25</b>  |  |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .   |            | <b>26</b>  |  |

**SCHEDULE E  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Income and Loss**  
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.  
Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **13**

Name(s) shown on return

HARSHITHA JAYARAMAREDDY PUTTAL

Your social security number

313-55-5642

**Part I Income or Loss From Rental Real Estate and Royalties**

**Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

**1a** Physical address of each property (street, city, state, ZIP code)

|          |  |
|----------|--|
| <b>A</b> | H NO.347 D ROAD 2ND PHASE IDEAL HOMES TOWN SHIP RAJARAJESHWARI NAGAR, BENGALURU, KARNATAKA IN 560098 |
| <b>B</b> |  |
| <b>C</b> |  |

| <b>1b</b> Type of Property (from list below) | <b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days |          | Personal Use Days | QJV                      |
|--|---|------------------|----------|-------------------|--------------------------|
|  |   | <b>A</b>         | <b>B</b> | <b>C</b>          | <input type="checkbox"/> |
| <b>A</b> 3                                   |   | 365              |          | 0                 | <input type="checkbox"/> |
| <b>B</b>                                     |   |                  |          |                   | <input type="checkbox"/> |
| <b>C</b>                                     |   |                  |          |                   | <input type="checkbox"/> |

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental  
 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe) \_\_\_\_\_

| Income:   | Properties:          |          |          |
|---|----------------------|----------|----------|
|   | <b>A</b>             | <b>B</b> | <b>C</b> |
| <b>3</b> Rents received . . . . .   | <b>3</b> 560.        |          |          |
| <b>4</b> Royalties received . . . . .   | <b>4</b>             |          |          |
| <b>Expenses:</b>  |                      |          |          |
| <b>5</b> Advertising . . . . .  | <b>5</b>             |          |          |
| <b>6</b> Auto and travel (see instructions) . . . . .   | <b>6</b>             |          |          |
| <b>7</b> Cleaning and maintenance . . . . .   | <b>7</b> 869.        |          |          |
| <b>8</b> Commissions . . . . .  | <b>8</b>             |          |          |
| <b>9</b> Insurance . . . . .  | <b>9</b>             |          |          |
| <b>10</b> Legal and other professional fees . . . . .   | <b>10</b>            |          |          |
| <b>11</b> Management fees . . . . .   | <b>11</b> 1,000.     |          |          |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>            |          |          |
| <b>13</b> Other interest . . . . .  | <b>13</b>            |          |          |
| <b>14</b> Repairs . . . . .   | <b>14</b> 1,860.     |          |          |
| <b>15</b> Supplies . . . . .  | <b>15</b> 2,250.     |          |          |
| <b>16</b> Taxes . . . . .   | <b>16</b>            |          |          |
| <b>17</b> Utilities . . . . .   | <b>17</b> 1,860.     |          |          |
| <b>18</b> Depreciation expense or depletion . . . . .   | <b>18</b>            |          |          |
| <b>19</b> Other (list) _____  | <b>19</b>            |          |          |
| <b>20</b> Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b> 7,839.     |          |          |
| <b>21</b> 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 <b>Form 6198</b> . . . . .  | <b>21</b> -7,279.    |          |          |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | <b>22</b> ( 7,279. ) |          |          |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .  | <b>23a</b> 560.      |          |          |
| <b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .   | <b>23b</b>           |          |          |
| <b>c</b> Total of all amounts reported on line 12 for all properties . . . . .  | <b>23c</b>           |          |          |
| <b>d</b> Total of all amounts reported on line 18 for all properties . . . . .  | <b>23d</b>           |          |          |
| <b>e</b> Total of all amounts reported on line 20 for all properties . . . . .  | <b>23e</b> 7,839.    |          |          |
| <b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .  | <b>24</b>            |          |          |
| <b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .  | <b>25</b> ( 7,279. ) |          |          |
| <b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . | <b>26</b> -7,279.    |          |          |



# New York State E-File Signature Authorization for Tax Year 2022

## For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

**Electronic return originator (ERO):** Do not mail this form to the Tax Department. Keep it for your records.

|   |   |
|---|---|
| Taxpayer's name<br>HARSHITHA JAYARAMAREDDY PUTTAL | Spouse's name (jointly filed return only) |
|---|---|

### Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

### General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, *Resident Income Tax Return*, IT-201-X, *Amended Resident Income Tax Return*, IT-203, *Nonresident and Part-Year Resident Income Tax Return*, IT-203-X, *Amended Nonresident and Part-Year Resident Income Tax Return*, IT-214, *Claim for Real Property Tax Credit*, and NYC-210, *Claim for New York City School Tax Credit*. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2), *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*.

Both the paid preparer and the ERO are required to sign Part C. However, an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*, available on our website.

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2022 Form IT-370 and Tax Year 2023 Form IT-2105*.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

### Part A – Tax return information

|  |    |           |
|--|----|-----------|
| 1 Federal adjusted gross income (from applicable line).....  | 1. | 62745.    |
| 2 Refund.....  | 2. | 119.      |
| 3 Amount you owe.....  | 3. |           |
| 4 Financial institution routing number.....  | 4. | 044000037 |
| 5 Financial institution account number.....  | 5. | 657779697 |
| 6 Account type: <input checked="" type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings |    |           |

### Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2022 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2022 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2022 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

|  |      |
|--|------|
| Taxpayer's signature                           | Date |
| Spouse's signature (jointly filed return only) | Date |

### Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2022 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2022 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2022 New York State electronic return

is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2022 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

### Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

|                           |   |                  |
|---------------------------|---|------------------|
| ERO's signature           | Print name<br>GLOBAL TAXES LLC                  | Date             |
| Paid preparer's signature | Print name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>03312023 |



Department of Taxation and Finance

# Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

For the year January 1, 2022, through December 31, 2022, or fiscal year beginning .....

# IT-203

22

and ending .....

For help completing your return, see the instructions, Form IT-203-I.

|  |          |  |                   |  |  |
|--|----------|--|-------------------|--|--|
| Your first name and middle initial<br>HARSHITHA  |          | Your last name (for a joint return, enter spouse's name on line below)<br>JAYARAMAREDDY PUTTAL |                   | Your date of birth (mmdyyyy)<br>03041996 | Your Social Security number<br>313555642 |
| Spouse's first name and middle initial   |          | Spouse's last name   |                   | Spouse's date of birth (mmdyyyy)         | Spouse's Social Security number          |
| Mailing address (see instructions) (number and street or PO Box)<br>204 10TH ST UNIT 206 |          |  |                   | Apartment number                         | New York State county of residence<br>NR |
| City, village, or post office<br>JERSEY CITY   |          | State<br>NJ  | ZIP code<br>07302 | Country<br>UNITED STATES                 | School district name<br>NR               |
| Taxpayer's permanent home address (see instructions) (no. and street or rural route)     |          |  |                   | Apartment no.                            | City, village, or post office            |
|  |          |  |                   | School district code number              |  |
| State  | ZIP code | Country  |                   | Decedent information                     | Taxpayer's date of death                 |
|  |          |  |                   |  | Spouse's date of death                   |

### A Filing status (mark an X in one box):

- ①  Single
- ②  Married filing joint return (enter both spouses' Social Security numbers above)
- ③  Married filing separate return (enter both spouses' Social Security numbers above)
- ④  Head of household (with qualifying person)
- ⑤  Qualifying surviving spouse

**B** Did you itemize your deductions on your 2022 federal income tax return? Yes  No

**C** Can you be claimed as a dependent on another taxpayer's federal return? Yes  No

**D1** Did you have a financial account located in a foreign country? Yes  No



### D2 Yonkers part-year residents only:

(1) Did you receive a homeowner tax rebate credit? (see instructions) Yes  No

(2) Enter the amount ..... .00

### E New York City part-year residents only

(1) Number of months you lived in NY City in 2022 ....

(2) Number of months your spouse lived in NY City in 2022 .....

**F** Enter your 2-character special condition code(s) if applicable .....

### G New York State part-year residents

Enter the date you moved into or out of NYS (mmdyyyy) .....

On the last day of the tax year (mark an X in one box):

- 1) Lived in NYS .....
- 2) Lived outside NYS; received income from NYS sources during nonresident period .....
- 3) Lived outside NYS; received no income from NYS sources during nonresident period .....

**H** Did you or your spouse maintain living quarters in NYS in 2022? Yes  No   
(if Yes, complete Form IT-203-B)

### I Dependent information

| First name and middle initial | Last name | Relationship | Social Security number | Date of birth (mmdyyyy) |
|-------------------------------|-----------|--------------|------------------------|-------------------------|
|                               |           |              |                        |                         |
|                               |           |              |                        |                         |
|                               |           |              |                        |                         |
|                               |           |              |                        |                         |
|                               |           |              |                        |                         |
|                               |           |              |                        |                         |

If more than 6 dependents, mark an X in the box.



203001223555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Enter your Social Security number  
313555642

Federal income and adjustments

Federal amount  
Whole dollars only

New York State amount  
Whole dollars only

Table with 3 columns: Line number, Federal amount, New York State amount. Rows include Wages, salaries, tips, etc. (70024.00), Taxable interest income (.00), Ordinary dividends (.00), Taxable refunds, credits, or offsets of state and local income taxes (.00), Alimony received (.00), Business income or loss (.00), Capital gain or loss (.00), Other gains or losses (.00), Taxable amount of IRA distributions (.00), Taxable amount of pensions/annuities (.00), Rental real estate, royalties, partnerships, S corporations, trusts, etc. (-7279.00), Rental real estate included in line 11 (-7279.00), Farm income or loss (.00), Unemployment compensation (.00), Taxable amount of Social Security benefits (.00), Other income (.00), Add lines 1 through 11 and 13 through 16 (62745.00), Total federal adjustments to income (.00), Federal adjusted gross income (62745.00), and Recomputed federal adjusted gross income (62745.00).

New York additions

Table with 3 columns: Line number, Federal amount, New York State amount. Rows include Interest income on state and local bonds and obligations (but not those of New York State or its localities) (.00), Public employee 414(h) retirement contributions (.00), Other (Form IT-225, line 9) (.00), and Add lines 19a through 22 (62745.00).

New York subtractions

Table with 3 columns: Line number, Federal amount, New York State amount. Rows include Taxable refunds, credits, or offsets of state and local income taxes (from line 4) (.00), Pensions of NYS and local governments and the federal government (.00), Taxable amount of Social Security benefits (from line 15) (.00), Interest income on U.S. government bonds (.00), Pension and annuity income exclusion (.00), Other (Form IT-225, line 18) (.00), Add lines 24 through 29 (.00), and New York adjusted gross income (subtract line 30 from line 23) (62745.00).

32 Enter the amount from line 31, Federal amount column ..... 32 62745.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



**Standard deduction or itemized deduction**

33 Enter your **standard deduction** or your **itemized deduction** (from Form IT-196).  
 Mark an **X** in the appropriate box: ...  **Standard** – or –  **Itemized**

|   |           |
|---|-----------|
| 33  | 8000 .00  |
| 34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)             | 54745 .00 |
| 35 Dependent exemptions (enter the number of dependents listed in Item I; see instructions) | 000.00    |
| 36 <b>New York taxable income</b> (subtract line 35 from line 34)                           | 54745 .00 |

**Tax computation, credits, and other taxes**

|  |           |           |
|--|-----------|-----------|
| 37 <b>New York taxable income</b> (from line 36)   | 37        | 54745 .00 |
| 38 New York State tax on line 37 amount  | 38        | 2988 .00  |
| 39 New York State household credit   | 39        | .00       |
| 40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)                  | 40        | 2988 .00  |
| 41 New York State child and dependent care credit  | 41        | .00       |
| 42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)                  | 42        | 2988 .00  |
| 43 New York State earned income credit   | 43        | .00       |
| 44 <b>Base tax</b> (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) | 44        | 2988 .00  |
| 45 Income percentage   |           |           |
| New York State amount from line 31   | 45565 .00 | ÷         |
| Federal amount from line 31  | 62745 .00 | =         |
| Round result to 4 decimal places   | 45        | 0.7262    |
| 46 <b>Allocated New York State tax</b> (multiply line 44 by the decimal on line 45)              | 46        | 2170 .00  |
| 47 New York State nonrefundable credits (Form IT-203-ATT, line 8)                                | 47        | .00       |
| 48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)                  | 48        | 2170 .00  |
| 49 Net other New York State taxes (Form IT-203-ATT, line 33)                                     | 49        | .00       |
| 50 <b>Total New York State taxes</b> (add lines 48 and 49)                                       | 50        | 2170 .00  |

**New York City and Yonkers taxes, credits, and surcharges, and MCTMT**

|   |     |          |  |
|---|-----|----------|--|
| 51 Part-year New York City resident tax (Form IT-360.1)   | 51  | .00      | See instructions to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT. |
| 52 Part-year resident nonrefundable New York City child and dependent care credit   | 52  | .00      |  |
| 52a Subtract line 52 from 51  | 52a | .00      |  |
| 52b MCTMT net earnings base   | 52b | .00      |  |
| 52c MCTMT   | 52c | .00      |  |
| 53 Yonkers nonresident earnings tax (Form Y-203)  | 53  | .00      |  |
| 54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)  | 54  | .00      |  |
| 55 <b>Total New York City and Yonkers taxes / surcharges and MCTMT</b> (add lines 52a, and 52c through 54)  | 55  | .00      |  |
| 56 <b>Sales or use tax</b> (Do not leave blank.)  | 56  | 0 .00    |  |
| 57 <b>Voluntary contributions</b> (Form IT-227, Part 2, line 1)   | 57  | .00      |  |
| 58 <b>Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions</b> (add lines 50, 55, 56, and 57) | 58  | 2170 .00 |  |

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Enter your Social Security number  
313555642

59 Enter amount from line 58 ..... **59** 2170 .00

**Payments and refundable credits**

|   |            |          |
|---|------------|----------|
| <b>60</b> Part-year NYC school tax credit (fixed amount) (also complete E on front) | <b>60</b>  | .00      |
| <b>60a</b> NYC school tax credit (rate reduction amount)                            | <b>60a</b> | .00      |
| <b>61</b> Other refundable credits (Form IT-203-ATT, line 17)                       | <b>61</b>  | .00      |
| <b>62</b> Total <b>New York State</b> tax withheld                                  | <b>62</b>  | 2289 .00 |
| <b>63</b> Total <b>New York City</b> tax withheld                                   | <b>63</b>  | .00      |
| <b>64</b> Total <b>Yonkers</b> tax withheld   | <b>64</b>  | .00      |
| <b>65</b> Total estimated tax payments/amount paid with Form IT-370                 | <b>65</b>  | .00      |
| <b>66</b> Total payments and refundable credits (add lines 60 through 65)           | <b>66</b>  | 2289 .00 |

If applicable, complete **Form(s) IT-2 and/or IT-1099-R** and submit them with your return.

**Do not send federal Form W-2 with your return.**

**Your refund, amount you owe, and account information**

|  |            |         |
|--|------------|---------|
| <b>67</b> Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66)                                   | <b>67</b>  | 119 .00 |
| <b>68</b> Amount of line 67 available for refund (subtract line 69 from line 67)   | <b>68</b>  | 119 .00 |
| <b>TIP:</b> Use this amount to check your refund status online.  |            |         |
| <b>68a</b> Amount of line 68 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195) | <b>68a</b> | .00     |
| <b>68b</b> Total refund after NYS 529 account deposit (subtract line 68a from line 68)                                       | <b>68b</b> | 119 .00 |

Mark one refund choice:  **direct deposit** to checking or savings account (fill in line 73) - or -  **paper check**

**Refund?** Direct deposit is the easiest, fastest way to get your refund.

**See instructions for payment options.**

**See instructions for the proper assembly of your return.**

|  |           |     |
|--|-----------|-----|
| <b>69</b> Amount of line 67 that you want applied to your 2023 estimated tax (see instructions)  | <b>69</b> | .00 |
| <b>70</b> Amount you <b>owe</b> (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an <b>X</b> in the box <input type="checkbox"/> and fill in lines 73 and 74. If you pay by check or money order you <b>must</b> complete Form IT-201-V and mail it with your return. | <b>70</b> | .00 |
| <b>71</b> Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67)   | <b>71</b> | .00 |
| <b>72</b> Other penalties and interest   | <b>72</b> | .00 |

**73** Account information for direct deposit or electronic funds withdrawal.  
If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an **X** in this box

**73a** Account type:  Personal checking - or -  Personal savings - or -  Business checking - or -  Business savings

**73b** Routing number 044000037 **73c** Account number 657779697

**74** Electronic funds withdrawal ..... Date ..... Amount .....00

|  |                       |                                |                                      |
|--|-----------------------|--------------------------------|--------------------------------------|
| <b>Third-party designee?</b> (see instr.)<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Print designee's name | Designee's phone number<br>( ) | Personal identification number (PIN) |
|  | Email:                |                                |                                      |

|  |   |                            |
|--|---|----------------------------|
| <b>▼ Paid preparer must complete ▼</b><br>(see instructions) | Preparer's NYTPRIN                                  | NYTPRIN excl. code   0   9 |
| Preparer's signature<br>SYAM PRIYA RAM SAGAR GUP             | Preparer's printed name<br>SYAM PRIYA RAM SAGAR GUP |                            |
| Firm's name (or yours, if self-employed)<br>GLOBAL TAXES LLC | Preparer's PTIN or SSN<br>P02082703                 |                            |
| Address<br>245 ROONEY CT<br>E BRUNSWICK NJ 08816             | Employer identification number<br>843171965         | Date<br>03312023           |
| Email: SYAM@GTAXFILE.COM                                     |   |                            |

|   |  |
|---|--|
| <b>▼ Taxpayer(s) must sign here ▼</b>               |  |
| Your signature                                      |  |
| Your occupation<br>MEDIA ANALYST                    |  |
| Spouse's signature and occupation (if joint return) |  |
| Date  | Daytime phone number<br>( 607 ) 379 0976 |
| Email: HJ395@CORNELL.EDU                            |  |

**See instructions for where to mail your return.**

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

203004223555





Department of Taxation and Finance

# Summary of W-2 Statements

# IT-2

New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

## W-2 Record 1

Box a Employee's Social Security number for this W-2 Record

313555642

Box b Employer identification number (EIN)

270958570

### Box c Employer's information

|  |       |          |         |
|--|-------|----------|---------|
| Employer's name                        |       |          |         |
| 3Q DIGITAL INC                         |       |          |         |
| Employer's address (number and street) |       |          |         |
| 1 SOUTH WACKER DR #2250                |       |          |         |
| City                                   | State | ZIP code | Country |
| CHICAGO                                | IL    | 60606    |         |

Box 1 Wages, tips, other compensation

45565.00

Box 12a Amount

2892.00

Code

DD

Box 14a Amount

18.00

Description

SDI

Box 8 Allocated tips

.00

Box 12b Amount

.00

Code

Box 14b Amount

235.00

Description

PFL

Box 10 Dependent care benefits

.00

Box 12c Amount

.00

Code

Box 14c Amount

.00

Description

Box 11 Nonqualified plans

.00

Box 12d Amount

.00

Code

Box 14d Amount

.00

Description

Box 13 Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

NY

Box 16a NYS wages, tips, etc.

45565.00

Box 17a NYS income tax withheld

2289.00

Other state information:

Box 15b other state

NJ

Box 16b Other state wages, tips, etc.

46013.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

Do not detach.

## W-2 Record 2

Box a Employee's Social Security number for this W-2 Record

313555642

Box b Employer identification number (EIN)

831312811

### Box c Employer's information

|  |       |          |         |
|--|-------|----------|---------|
| Employer's name                        |       |          |         |
| HALOMIBE INC                           |       |          |         |
| Employer's address (number and street) |       |          |         |
| 95 BROWN ROADMS 1050 ROOM 289          |       |          |         |
| City                                   | State | ZIP code | Country |
| ITHACA                                 | NY    | 14850    |         |

Box 1 Wages, tips, other compensation

24459.00

Box 12a Amount

3140.00

Code

DD

Box 14a Amount

36.00

Description

NJFLI

Box 8 Allocated tips

.00

Box 12b Amount

.00

Code

Box 14b Amount

36.00

Description

NJSDI

Box 10 Dependent care benefits

.00

Box 12c Amount

.00

Code

Box 14c Amount

109.00

Description

UI/WF/SWF

Box 11 Nonqualified plans

.00

Box 12d Amount

.00

Code

Box 14d Amount

36.00

Description

NJ FLI/EE

Box 13 Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

NY

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

NJ

Box 16b Other state wages, tips, etc.

25723.00

Box 17b Other state income tax withheld

884.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001223555

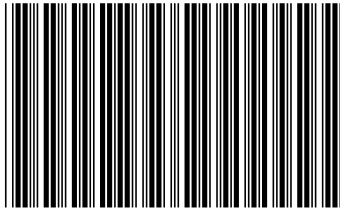


2022 NJ-1040  
New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040  
2022  
Page 1



040MP01220

Your Social Security Number (required)  
313555642

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)  
JAYARAMAREDDY PUTTAL HARSHITHA

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

County/Municipality Code (See Table page 50)  
0906

Home Address (Number and Street, including apartment number)  
204 10TH ST UNIT 206

City, Town, Post Office  
JERSEY CITY

State ZIP Code  
NJ 07302

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

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

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

NJ-1040-O is enclosed.

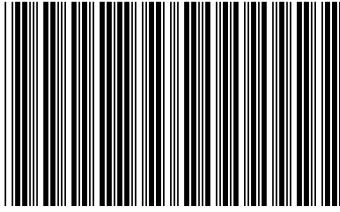
**Gubernatorial Elections Fund** Note: This does not reduce your refund or increase your balance due.

|   |                   |     |    |
|---|-------------------|-----|----|
| Do you want to designate \$1 to the Gubernatorial Elections Fund? | You               | Yes | No |
| If joint return, does your spouse want to designate \$1?          | Spouse/CU Partner | Yes | No |

**Direct Deposit Information**

|  |      |   |           |
|--|------|---|-----------|
| dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)                    | dd1. | 1 |           |
| dd2. Account type (C for checking, S for savings)  | dd2. | C |           |
| dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States | dd3. |   |           |
| dd4. Routing number  | dd4. |   | 044000037 |
| dd5. Account number  | dd5. |   | 657779697 |





040MP02220

Name(s) as shown on Form NJ-1040

JAYARAMAREDDY PUTTAL HARSHITHA

Your Social Security Number

313555642

1555

Part-year residents, provide months/days you were a New Jersey resident during 2022:

From: To:

Fiscal year filers only:

Enter month of your year end 2 0 2 3

**Filing Status**

Fill in only one.

- 1.  Single
- 2.  Married/CU Couple, filing joint return
- 3.  Married/CU Partner, filing separate return
- 4.  Head of Household Enter spouse's/CU partner's SSN
- 5.  Qualifying Widow(er)/Surviving CU Partner  
Indicate the year of your spouse's/CU partner's death: 2020 2021

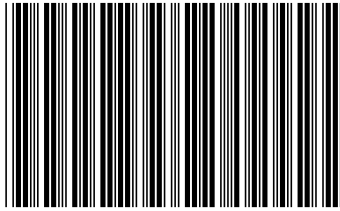
**Exemptions**

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

|  |                                     |      |                   |                  |   |             |             |
|--|-------------------------------------|------|-------------------|------------------|---|-------------|-------------|
| 6. Regular   | <input checked="" type="checkbox"/> | Self | Spouse/CU Partner | Domestic Partner | 1 | x \$1,000 = | <u>1000</u> |
| 7. Senior 65+ (Born in 1957 or earlier)                                | <input type="checkbox"/>            | Self | Spouse/CU Partner |                  |   | x \$1,000 = | _____       |
| 8. Blind/Disabled  | <input type="checkbox"/>            | Self | Spouse/CU Partner |                  |   | x \$1,000 = | _____       |
| 9. Veteran   | <input type="checkbox"/>            | Self | Spouse/CU Partner |                  |   | x \$6,000 = | _____       |
| 10. Qualified Dependent Children                                       | <input type="checkbox"/>            |      |                   |                  |   | x \$1,500 = | _____       |
| 11. Other Dependents   | <input type="checkbox"/>            |      |                   |                  |   | x \$1,500 = | _____       |
| 12. Dependents Attending Colleges (See instructions)                   | <input type="checkbox"/>            |      |                   |                  |   | x \$1,000 = | _____       |
| 13. Total Exemption Amount (Add totals from the lines at 6 through 12) |                                     |      |                   |                  |   | 13.         | 1000 .      |

14. Dependent Information. Provide the following information for each dependent.

| Last Name, First Name, Middle Initial | Social Security Number | Birth Year | No Health Insurance |
|---------------------------------------|------------------------|------------|---------------------|
| a. _____                              |                        |            |                     |
| b. _____                              |                        |            |                     |
| c. _____                              |                        |            |                     |
| d. _____                              |                        |            |                     |



040MP03220

Name(s) as shown on Form NJ-1040  
JAYARAMAREDDY PUTTAL HARSHITHA

Your Social Security Number  
313555642

1555

|  |   |         |      |
|--|---|---------|------|
| 15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)             | 15.                                       | 71736 . |      |
| 16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)   | 16a.                                      | .       |      |
| 16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a                                       | 16b.                                      | .       |      |
| 17. Dividends  | 17.                                       | .       |      |
| 18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)   | 18.                                       | .       |      |
| 19. Net gains or income from disposition of property (Schedule NJ-DOP, line 4)   | 19.                                       | .       |      |
| 20a. Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)   | 20a.                                      | .       |      |
| 20b. Excludable pension, annuity, and IRA distributions/withdrawals  | 20b.                                      | .       |      |
| 21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)     | 21.                                       | .       |      |
| 22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1) | 22.                                       | .       |      |
| 23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)                            | 23.                                       | .       |      |
| 24. Net gambling winnings (See instructions)   | 24.                                       | .       |      |
| 25. Alimony and separate maintenance payments received   | 25.                                       | .       |      |
| 26. Other (Enclose documents) (See instructions)   | 26.                                       | .       |      |
| 27. Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)  | 27.                                       | 71736 . |      |
| 28a. Pension/Retirement Exclusion (See instructions)   | 28a.                                      | .       |      |
| 28b. Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)  | 28b.                                      | .       |      |
| 28c. Total Exclusion Amount (Add lines 28a and 28b)  | 28c.                                      | .       |      |
| 29. New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)  | 29.                                       | 71736 . |      |
| 30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.)   | 30.                                       | 1000 .  |      |
| 31. Medical Expenses (See Worksheet F and instructions)  | 31.                                       | .       |      |
| 32. Alimony and separate maintenance payments (See instructions)   | 32.                                       | .       |      |
| 33. Qualified Conservation Contribution  | 33.                                       | .       |      |
| 34. Health Enterprise Zone Deduction   | 34.                                       | .       |      |
| 35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)   | 35.                                       | 0 .     |      |
| 36. Organ/Bone Marrow Donation Deduction (See instructions)  | 36.                                       | .       |      |
| 37a. NJBEST Deduction  | 37a.                                      | .       |      |
| 37b. NJCLASS Deduction   | 37b.                                      | .       |      |
| 37c. NJ Higher Ed. Tuition Deduction   | 37c.                                      | .       |      |
| 38. Total Exemptions and Deductions (Add lines 30 through 37c)   | 38.                                       | 1000 .  |      |
| 39. Taxable Income (Subtract line 38 from line 29)   | 39.                                       | 70736 . |      |
| 40a. Total Property Taxes (18% of Rent) Paid (See instructions page 25)  | 40a.                                      | 1440 .  |      |
| 40b. Indicate your residency status during 2022 (fill in only one)   |   |         |      |
|  | Homeowner                                 | Tenant  | Both |
| 41. Property Tax Deduction (From Worksheet H) (See instructions)   | 41.                                       | .       |      |
| 42. New Jersey Taxable Income (Subtract line 41 from line 39)  | 42.                                       | 70736 . |      |
| 43. Tax on amount on line 42 (Tax Table page 52)   | 43.                                       | 2415 .  |      |
| 44. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)                                   | 44.                                       | 1534 .  |      |
| Enter Code   |   | 32      |      |
| 45. Balance of Tax (Subtract line 44 from line 43)   | 45.                                       | 881 .   |      |
| 46. Sheltered Workshop Tax Credit  | 46.                                       | .       |      |
| 47. Gold Star Family Counseling Credit (See instructions)  | 47.                                       | .       |      |
| 48. Credit for Employer of Organ/Bone Marrow Donor (See instructions)  | 48.                                       | .       |      |
| 49. Total Credits (Add lines 46 through 48)  | 49.                                       | .       |      |
| 50. Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry  | 50.                                       | 881 .   |      |
| 51. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0                     | 51.                                       | 0 .     |      |
| 52. Interest on Underpayment of Estimated Tax  | 52.                                       | .       |      |
| Fill in if Form NJ-2210 is enclosed  |   |         |      |
| 53. Shared Responsibility Payment (See instructions)   | 53.                                       | 0 .     |      |
|  | REQUIRED Enclose Schedule HCC and fill in | X       |      |



Name(s) as shown on Form NJ-1040  
JAYARAMAREDDY PUTTAL HARSHITHA

Your Social Security Number  
313555642

1555

|   |     |       |
|---|-----|-------|
| 54. Total Tax Due (Add lines 50 through 53)   | 54. | 881 . |
| 55. Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)   | 55. | 884 . |
| 56. Property Tax Credit (See instructions page 24)  | 56. | 50 .  |
| 57. New Jersey Estimated Tax Payments/Credit from 2021 tax return   | 57. | .     |
| 58. New Jersey Earned Income Tax Credit (See instructions)<br>Fill in if you had the IRS calculate your federal earned income credit<br>Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit | 58. | .     |
| 59. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)  | 59. | .     |
| 60. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)   | 60. | .     |
| 61. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)   | 61. | .     |
| 62. Wounded Warrior Caregivers Credit (See instructions)  | 62. | .     |
| 63. Pass-Through Business Alternative Income Tax Credit (See instructions)  | 63. | .     |
| 64. Child and Dependent Care Credit (See instructions)<br>Fill in if you are a CU couple claiming the Child and Dependent Care Credit   | 64. | .     |
| 65. New Jersey Child Tax Credit (See instructions)<br>Number of dependents under age 6 on 12/31/2022  | 65. | .     |
| 66. Total Withholdings, Credits, and Payments (Add lines 55 through 65)   | 66. | 934 . |
| 67. If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you owe<br>If you owe tax, you can still make a donation on lines 70 through 77.                      | 67. | .     |
| 68. If the total on line 66 is more than line 54, you have an overpayment. Subtract line 54 from line 66 and enter the overpayment  | 68. | 53 .  |
| 69. Amount from line 68 you want to credit to your 2023 tax   | 69. | .     |
| 70. Contribution to N.J. Endangered Wildlife Fund   | 70. | .     |
| 71. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse   | 71. | .     |
| 72. Contribution to N.J. Vietnam Veterans' Memorial Fund  | 72. | .     |
| 73. Contribution to N.J. Breast Cancer Research Fund  | 73. | .     |
| 74. Contribution to U.S.S. New Jersey Educational Museum Fund   | 74. | .     |
| 75. Other Designated Contribution (See instructions) Enter Code   | 75. | .     |
| 76. Other Designated Contribution (See instructions) Enter Code   | 76. | .     |
| 77. Other Designated Contribution (See instructions) Enter Code   | 77. | .     |
| 78. Total Adjustments to Tax Due/Overpayment amount (Add lines 69 through 77)   | 78. | .     |
| 79. Balance due (If line 67 is more than zero, add line 67 and line 78)   | 79. | .     |
| 80. Refund amount (If line 68 is more than zero, subtract line 78 from line 68)   | 80. | 53 .  |

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

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

\_\_\_\_\_  
Paid Preparer's Signature Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703  
Firm's Name Firm's Federal Employer Identification Number

GLOBAL TAXES LLC 84-3171965

**Tax Due Address**  
Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:  
State of New Jersey  
Division of Taxation  
Revenue Processing Center - Payments  
PO Box 111  
Trenton, NJ 08645-0111  
Include Social Security number and make check or money order payable to:  
State of New Jersey - TGI  
You can also make a payment on our website:  
nj.gov/taxation  
**Refund or No Tax Due Address**  
Use the labels provided with the envelope and mail to:  
New Jersey Division of Taxation  
Revenue Processing Center - Refunds  
PO Box 555  
Trenton, NJ 08647-0555



|  |                                       |
|--|---------------------------------------|
| Name(s) as shown on Form NJ-1040<br>JAYARAMAREDDY PUTTAL HARSHITHA | Social Security Number<br>313-55-5642 |
|--|---------------------------------------|

**Schedule NJ-BUS-1**  
(Form NJ-1040)

New Jersey Gross Income Tax  
Business Income Summary Schedule

**2022**

| <b>Part I Net Profits From Business</b> |   | List the net profit (loss) from business(es). See Instructions. |                  |
|---|---|---|------------------|
|   | Business Name   | Social Security Number/<br>Federal EIN                          | Profit or (Loss) |
| 1.                                      |   |   |                  |
| 2.                                      |   |   |                  |
| 3.                                      |   |   |                  |
| 4.                                      | Net Profit or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 18, NJ-1040. If loss, make no entry on line 18.) |   | 4.               |

| <b>Part II Distributive Share of Partnership Income</b> |   | List the distributive share of income (loss) from partnership(s). See instructions. |                                       |   |
|---|---|---|---------------------------------------|---|
|   | Partnership Name  | Federal EIN   | Share of Partnership Income or (Loss) | Share of Pass-Through Business Alternative Income Tax |
| 1.  |   |   |                                       |   |
| 2.  |   |   |                                       |   |
| 3.  |   |   |                                       |   |
| 4.  | Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 21, NJ-1040. If loss, make no entry on line 21.) |   | 4.                                    |   |
| 5.  | Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 63, NJ-1040.)                    |   | 5.                                    |   |

| <b>Part III Net Pro Rata Share of S Corporation Income</b> |  | List the pro rata share of income (usable loss) from S corporation(s). See instructions. |   |   |
|--|--|--|---|---|
|  | S Corporation Name   | Federal EIN  | Pro Rata Share of S Corporation Income or (Usable Loss) | Share of Pass-Through Business Alternative Income Tax |
| 1.   |  |  |   |   |
| 2.   |  |  |   |   |
| 3.   |  |  |   |   |
| 4.   | Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 22, NJ-1040. If loss, make no entry on line 22.) |  | 4.  |   |
| 5.   | Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 63, NJ-1040)                              |  | 5.  |   |

| <b>Part IV Net Gains or Income From Rents, Royalties, Patents, and Copyrights</b> |   | List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property:<br>1 – Rental real estate 2 – Royalties 3 – Patents 4 – Copyrights |                                     |                  |
|---|---|---|-------------------------------------|------------------|
|   | Source of Income or Loss. If rental real estate, enter physical address of property.                                    | Social Security Number/<br>Federal EIN  | Type – Enter number from list above | Income or (Loss) |
| 1.  | H NO. 347 D ROAD 2ND PHASE  | 313555642   | 1                                   | -7,279.          |
| 2.  |   |   |                                     |                  |
| 3.  |   |   |                                     |                  |
| 4.  | Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, NJ-1040. If loss, make no entry on line 23.) |   | 4.                                  | -7,279.          |

**Keep a copy of this schedule for your records**

|  |                                       |
|--|---------------------------------------|
| Name(s) as shown on Form NJ-1040<br>JAYARAMAREDDY PUTTAL HARSHITHA | Social Security Number<br>313-55-5642 |
|--|---------------------------------------|

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

New Jersey Gross Income Tax  
Alternative Business Calculation Adjustment

**2022**

| Part I Income (Loss)                               |   | Column A                           |          | Column B                           |         |
|--|---|------------------------------------|----------|------------------------------------|---------|
|  |   | Reportable Regular Business Income |          | Alternative Business Income (Loss) |         |
| 1.   | Net Profits From Business   | 1a.                                | 0.       | 1b.                                | 0.      |
| 2.   | Distributive Share of Partnership Income                          | 2a.                                | 0.       | 2b.                                | 0.      |
| 3.   | Net Pro Rata Share of S Corporation Income                        | 3a.                                | 0.       | 3b.                                | 0.      |
| 4.   | Net Gain or Income From Rents, Royalties, Patents, and Copyrights | 4a.                                | 0.       | 4b.                                | -7,279. |
| 5.   | Loss Carryforward From Tax Year 2021                              |                                    |          | 5b.                                | ( )     |
| 6.   | Totals  | 6a.                                | 0.       | 6b.                                | -7,279. |
| <b>Part II Adjustment Calculation</b>              |   |                                    |          |                                    |         |
| 7.   | Total Regular Business Income                                     | 7.                                 | 0.       |                                    |         |
| 8.   | Total Alternative Business Income/(Loss) (If loss, enter zero)    | 8.                                 | 0.       |                                    |         |
| 9.   | Business Increment (Subtract line 8 from line 7)                  | 9.                                 | 0.       |                                    |         |
| 10.  | Adjustment Percentage   | 10.                                | 0.50     |                                    |         |
| 11.  | Alternative Business Calculation Adjustment (Line 9 x 0.50)       | 11.                                | 0.       |                                    |         |
| <b>Part III Loss Carryforward to Tax Year 2023</b> |   |                                    |          |                                    |         |
| 12.  | Loss Carryforward to Tax Year 2023                                | 12.                                | ( 7,279. |                                    | )       |

**Instructions**

- Line 1a. Enter the amount from line 18, Form NJ-1040.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from line 21, Form NJ-1040.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from line 22, Form NJ-1040.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from line 23, Form NJ-1040.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from line 12 of your 2021 Schedule NJ-BUS-2 (Form NJ-1040).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2022 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040.
- Line 12. If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

If your income on line 29 is at or below the filing threshold,  
do not complete this schedule.

|   |                                    |
|---|------------------------------------|
| Name as Shown on Return<br>JAYARAMAREDDY PUTTAL HARSHITHA | Social Security No.<br>313-55-5642 |
|---|------------------------------------|


**Part I**

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2022 (See instructions for line 53, NJ-1040.) Part-year residents include only months as a New Jersey resident.

- Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53, NJ-1040, and enclose this schedule with your return.
- No. Continue to Part II.

**Part II**

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 53, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

**QuickZoom** to Shared Responsibility Payment Calculation Worksheet . . . . .  \_\_\_\_\_

| Name               | SSN   | Jan   | Feb                      | Mar                      | Apr                      | May                      | Jun                      | Jul                      | Aug                      | Sep                      | Oct                      | Nov                      | Dec                      |
|--------------------|-------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                    |       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | Check box if this individual is under 18 . . . . .                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | Check box if this individual is under 18 . . . . .                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | Check box if this individual is under 18 . . . . .                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | Check box if this individual is under 18 . . . . .                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | Check box if this individual is under 18 . . . . .                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | Check box if this individual is under 18 . . . . .                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | Check box if this individual is under 18 . . . . .                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                    |       | Check box if this individual is under 18 . . . . .                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |