## 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 secur	ity number					
RAGHUNANDHAN KOTAKONDA	193-77	-2765					
Spouse's name	Spouse's so	Spouse's social security number					
Part I Tax Return Information — Tax Year Ending December 31, 2	 2022 (Enter year you a	are author	rizina )				
Enter whole dollars only on lines 1 through 5.	1022 (Linter year your	ile autiloi	121119.)				
<b>Note:</b> Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1 Adjusted gross income		1 1	84,734.				
<b>2</b> Total tax		2	11,408.				
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	13,255.				
4 Amount you want refunded to you		4	1,847.				
<b>5</b> Amount you owe		5					
Part II Taxpayer Declaration and Signature Authorization (Be sure you	u get and keep a cop	y of your	return)				
Under penalties of perjury, I declare that I have examined a copy of the income tax return (originary 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 protous send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I at 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 final authorization 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 car 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 religence for the income tax return (original or Electronic Funds Withdrawal Consent.	in Part I above are the amovider, transmitter, or electroason for rejection of the tathorize the U.S. Treasury an account indicated in the tancial institution to debit the to terminate the authorizellation requests must be avolved in the processing clated to the payment. I fur	counts from conic return corransmission and its designate preparation are entry to this cation. To refer e received of the electrother acknown.	the income tax originator (ERO) n, (b) the reason gnated Financial ion software for is account. This evoke (cancel) a no later than 2 pnic payment of wledge that the				
Taxpayer's PIN: check one box only			$\overline{}$				
·	or generate my PIN	2 7 6	as my				
ERO firm name signature on the income tax return (original or amended) I am now authorizing	Er do	nter five digits on't enter all a	s, but				
I will enter my PIN as my signature on the income tax return (original or amer if you are entering your own PIN and your return is filed using the Practition below.							
Your signature ▶	Date ▶						
Spouse's PIN: check one box only	_						
· _	or generate my PIN		as my				
ERO firm name	, _	ter five digits					
signature on the income tax return (original or amended) I am now authorizing	g. do	on't enter all a	zeros				
I will enter my PIN as my signature on the income tax return (original or amer if you are entering your own PIN <b>and</b> your return is filed using the Practition below.							
Spouse's signature ▶	Date ►						
Practitioner PIN Method Returns Only—cont	inue below						
Part III Certification and Authentication — Practitioner PIN Method On	nly						
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN		6 6 1 ter all zeros	9 8 9				
I certify that the above numeric entry is my PIN, which is my signature for the electronic indivic 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	dual income tax return (orig at I am submitting this ret	inal or amei urn in accor	rdance with the				
ERO's signature ▶	Date ►						
ERO Must Retain This Form — See Insti							
Don't Submit This Form to the IRS Unless Requ	ested To Do So						

E 1040 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.)	Filing Status Check only			_	ed filing separately (I		<del></del>		`	, _	spou	ifying surv	· ·
Your social security number   RAGHUNANDHAN   193-7-7-2765	one box.	•	•	•	our spouse. If you c	песк	ed the HOH or	r QSS	box, ent	er tne	child's	name ir tr	ie qualitying
RAGHUNANDHAN  It joint return, spouse's first name and middle initial  Last name  Souse's social security numb  Apt. no.  Check here if you, or your spouse if first name and middle initial  Last name  Apt. no.  Check here if you, or your spouse if first name and middle initial  Last name  Apt. no.  Check here if you, or your spouse if first name and middle initial  Apt. no.  Check here if you, or your spouse if first name and middle initial  Apt. no.  Check here if you, or your spouse if first name and middle initial  Apt. no.  Check here if you, or your spouse if first name and middle initial  Apt. no.  Check here if you, or your spouse if first name and middle initial  Apt. no.  Check here if you, or your spouse if first name and middle initial spouse as a dependent province/state/county approaches there if you and a dependent and approaches and a	Your first name			1	me					Ι,	Your so	cial securit	v number
Hjoent return, spouse's first name and middle initial   Last name   Spouse's social security numb   Home address (number and street). If you have a P.O. box, see instructions.   Apt. no.   Presidential Election Campaig Check here if you or your   State   ZiP code   GA   30.004   State   ZiP code   Check here if you or your   Vivo   Spous   Standard   Check here if you as a dependent   You sa a dependent   You spouse as a dependent   You spouse   You   Y													-
Apt. no.													
City, town, or posit office. If you have a foreign address, also complete spaces below.   State   ZP code   GA   30.004	,												,
Check here if you, or your You   Check here if you, or your You   Spouls felling lightly, want \$\frac{1}{3}\$ to got to this fund. Checking a LPRARETTA   GA 30.004   Stogeth fulling lightly, want \$\frac{1}{3}\$ to got to this fund. Checking a LPRARETTA   Foreign country name   Foreign province/state/county   Foreign postal code   \text{V2   Souls and Savets}   Foreign country name   Foreign province/state/county   Foreign postal code   \text{V2   Souls and Savets}   Foreign country name   Foreign province/state/county   Foreign postal code   \text{V2   Souls and Savets}   Foreign country name   Foreign province/state/county   Foreign postal code   \text{V2   Souls and Savets}   Foreign country name   Foreign province/state/county   Foreign postal code   \text{V2   Souls and Savets}   \text{V3   Souls and Savets}   V	Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				Apt. no.		Presider	ntial Election	on Campaigr
Country name	13085 MG	· ORRTS	S RD UNIT 9211										
ALPHARETTA  GA 3004 box below will not change foreign province/state/country foreign postal code your tax or retund. You Spous foreign province/state/country foreign postal code your tax or retund. You Spous foreign postal code your tax or your tax vale interest in a digital asset (or a financial interest in a digital				mplete s	paces below.	Sta	te	ZIP	code				
Foreign province/state/county	ALPHARET	ГТА				G.F	Δ.	300	004		0		0
Digital Assets   At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).   Yes   No				F	Foreign province/state/	count	У	Forei	gn postal c				o.iai.go
Assets  sexchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)												You	Spouse
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)   Yes   No   No   Standard   Deduction   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   Was born before January 2, 1958   Is bli	Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, award, or	payr	nent for prope	rty or	services	); or (l	o) sell,		
Spouse itemizes on a separate return or you were a dual-status alien		exch	ange, gift, or otherwise dispose of a	a digital a	asset (or a financial	inter	est in a digital	asset	)? (See ir	struc	tions.)	Yes	X No
Age/Blindness You:	Standard	Som	eone can claim:	pendent	Your spous	e as	a dependent						
Comparison of the comparison			Spouse itemizes on a separate retur	n or you	were a dual-status	alien							
Comparison of the comparison	Ago/Blindnos	. Vau	Word born before January 2, 1	058	7 Ara blind Sn	21100	• Mas bor	rn hof	oro Janu	an / 2	1059		ind
If more		•		330 <u></u>	- 								
If more than four dependents, see instructions and check here	•					/	` '	ııp					
dependents, see instructions and check here		(1)	Last name								uit		
Income In										_			
Income  Income  Income  Income  Attach Form(s) W-2 here. Also Household employee wages not reported on Form(s) W-2. Tip income not reported on line 1a (see instructions)  Income W-2 here. Also Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  Income W-2 and Household employee wages not reported on Form(s) W-2. Income W-2 and Household employee wages not reported on Form(s) W-2. Income W-2 (see instructions)  Income Notice (see instructions)  Income Notice (see instructions)  Income Notice (see instructions)  Income		s —								=			
Income  1a Total amount from Form(s) W-2, box 1 (see instructions)		1 —								=			
b Household employee wages not reported on Form(s) W-2 Attach Forms W-2 here. Also attach Forms W-2 G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.  Z Attach Sch. B if required.  Attach Sch. B if required.  Attach Grand  Attach Grand  Attach Grand  Attach Sch. B if required.  Attach Sch. B if required.  Attach Sch. B if required.  Attach Grand		1a	Total amount from Form(s) W-2 h	ox 1 (see	e instructions)						1a		<u> </u>
Attach Forms W-2 here. Also datach Forms W-2G and 1099-R if tax 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 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 did not get a Form W-2, see instructions.  If you did not get a Form W-2, see instructions.  If you decide down form 8919, line 6  Other earned income (see instructions)  If you decide down form 8919, line 6  Other earned income (see instructions)  If you decide down form 8919, line 6  Other earned income (see instructions)  If you decide down form 8919, line 6  Other earned income (see instructions)  If you decide down form 8919, line 6  Other earned income (see instructions)  If you decide down form 8919, line 6  If you decide down form sole down form sole dule 1, line 10  If you decide down form Schedule 1, line 10  If you decide down form Schedule 1, line 26  Subtract line 10 from line 9. This is your total income  If you decide down form Schedule 1, line 26  Subtract line 10 from line 9. This is your total income  If you decide down form Schedule 1, line 26  Subtract line 10 from line 9. This is your total income  If you decide down form Schedule 1, line 26  Subtract line 10 from line 9. This is your total income  If you checked and you checked and you have to line 11 form form 8995 or Form 8995-A  If you checked and you checked and you have to lease enter 10 form line 11 form form line 11 form line 12 form line 11 form line 11 form line 11 form line 11 form line	income			•	,								, 1, 23 1.
W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.  Z Match Sch. B 2a Tax-exempt interest 2a b Taxable combat pay election (see instructions)  Z Add lines 1a through 1h Add stirributions 4a b Taxable amount 4b Standard Deduction for Single or Married filing separately, \$12,950  Namied filing jointly or Qualifying Sunviving spouse, \$25,900  Nead of Nead of household, \$11,900  Nedicical waiver payments not reported on Form(s) W-2 (see instructions)  Mediciald waiver payments not reported on Form(s) W-2 (see instructions)  Mediciald waiver payments not reported on Form(s) W-2 (see instructions)  I to 10	Attach Form(s)		. , , , , , , , , , , , , , , , , , , ,										
W-2G and 1099-R if tax was withheld. If you did not get a Form Way 2, see instructions.  If you did not get a Form Way 2, see instructions.  Attach Sch. B at Instructions.  It you elect to use the lump-sum election method, check here (see instructions).  It you elect to use the lump-sum election method, check here (see instructions).  C apital gain or (loss). Attach Schedule D if													
toger if tax was withheld. If you did not get a Form W-2, see instructions.  W-2, see instructions.  The ins			` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `										
Was withheld.  If you did not get a Form W-2, see instructions.  If you did not get a Form W-2, see instructions.  I Nontaxable combat pay election (see instructions)  I Nontaxable combat pay election (see instructions)  I Nontaxable combat pay election (see instructions)  I Add lines 1a through 1h  Attach Sch. B if required.  Attach Sc		f	· · · · · · · · · · · · · · · · · · ·										
Note that the properties of		g											
Instructions.  Instru		h	Other earned income (see instruct	ions) .									0.
Add lines 1a through 1h  Attach Sch. B if required.  2a		i	Nontaxable combat pay election (	see instr	uctions)		1i	i					
If required.   3a	instructions.	z	Add lines 1a through 1h								1z	9	94,234.
dather distributions	Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interest	t.			2b		
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 \$25,000  If you checked you checked any box under \$25,000  If you checked you checked you checked any box under \$25,000  If you checked you ch	if required.	3a	Qualified dividends	3a		<b>b</b> C	rdinary divide	nds .			3b		
Ceduction 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, or Position of the file of the fi		4a	IRA distributions	4a		b T	axable amoun	t			4b		
Single or Married filing separately, \$12,950  Married filing jointly or Qualifying sourviving spouse, \$25,900  Head of household, \$19,400  If you checked any box under Standard Deduction, \$200   12   12,950.  Add lines 12 and 13   14   12,950.  Add lines 12 and 13   15   200		5a	Pensions and annuities	5a		b T	axable amoun	t			5b		
Married filing separately, 7 Size Married filing separately, 12,950  Married filing separately, 7 Married filing spoonse, 12,950  Married filing jointly or Qualifying spouse, \$25,900  Mare do filing jointly or Qualifying spouse, \$25,900  Mad lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		6a	Social security benefits	6a		b T	axable amoun	t			6b		
S12,950  Married filing jointly or Qualifying surviving spouse, \$25,900  Head of household, \$19,400  If you checked any box under Standard Deduction, Peduction, Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Description of Married glain of (loss). Attach Schedule D if required, the required, check nere  7  8	Married filing	С			,	`	,						
Subtract line 10 from line 9. This is your total income   9   84,734.		7									7		
Qualifying surviving spouse, \$25,900Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income984, 734.984, 734.9Adjustments to income from Schedule 1, line 2610910Subtract line 10 from line 9. This is your adjusted gross income1184, 734.10Subtract line 10 from line 9. This is your adjusted gross income1184, 734.12Standard deduction or itemized deductions (from Schedule A)1212, 950.13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131412, 950.15Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income1571, 784.		8	·								8		-9,500.
\$25,900 Adjustments to income from Schedule 1, line 26	Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is your <b>total in</b>	come					9	8	34,734.
household, \$19,400  If you checked any box under Standard Deduction, Deduction, 15  Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income		10	•								10		
\$19,400 12 Standard deduction or itemized deductions (from Schedule A)		11		•							11		34,734.
any box under Standard  14 Add lines 12 and 13					`	,						1	L2,950.
Standard 14 Add lines 12 and 13													
	Standard												
		15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is y	our t	axable incom	ne .			15	7	/1,784.

Form 1040 (2022	2)						Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Fo	rm(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16 11,408.
Credits	17	Amount from Schedule 2, line 3					17
	18	Add lines 16 and 17					11,408.
	19	Child tax credit or credit for other dependent	ents from Sched	ule 8812			19
	20	Amount from Schedule 3, line 8				[	20
	21	Add lines 19 and 20					21
	22	Subtract line 21 from line 18. If zero or les	s, enter -0			[	11,408.
	23	Other taxes, including self-employment ta	x, from Schedul	e 2, line 21 .			0.
	24	Add lines 22 and 23. This is your total tax				:	11,408.
Payments	25	Federal income tax withheld from:					
-	а	Form(s) W-2			<b>25a</b> 13	,255.	
	b	Form(s) 1099			25b		
	С	Other forms (see instructions)			25c		
	d	Add lines 25a through 25c				2	25d 13,255.
If	26	2022 estimated tax payments and amount	t applied from 20	021 return		:	26
If you have a qualifying child,	27	Earned income credit (EIC)			27		
attach Sch. EIC.	28	Additional child tax credit from Schedule 88			28		
	29	American opportunity credit from Form 88	63, line 8		29		
	30	Reserved for future use			30		
	31	Amount from Schedule 3, line 15			31		
	32	Add lines 27, 28, 29, and 31. These are yo	;	32			
	33	Add lines 25d, 26, and 32. These are your	total payments			[	13,255.
Refund	34	If line 33 is more than line 24, subtract line					1,847.
neiulia	35a	Amount of line 34 you want refunded to y			•	. 🗆 🖪	1,847.
Direct deposit?	b	Routing number 0 1 1 0 0 0		c Type:		Savings	
See instructions.	d	Account number 4 6 6 0 0 0	8 0 0 7				
	36	Amount of line 34 you want applied to you	ur 2023 estimate	ed tax	36		
Amount	37	Subtract line 33 from line 24. This is the a	mount you owe				
You Owe		For details on how to pay, go to www.irs.g	gov/Payments or	see instructions		;	37
	38	Estimated tax penalty (see instructions)			38		
<b>Third Party</b>		you want to allow another person to d					
Designee		tructions			_	mplete belo	<del></del>
	De nai	signee's ne	Phone no.			nal identifica er (PIN)	tion
Cian		der penalties of perjury, I declare that I have exam		d accompanying sc		, ,	hest of my knowledge and
Sign		ef, they are true, correct, and complete. Declaration		, , ,		,	, ,
Here	Yo	ır signature	Date	Your occupation			S sent you an Identity
							on PIN, enter it here
Joint return? See instructions.				SOFTWARE		(see inst	<u> </u>
Keep a copy for	Sp	buse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupa	tion		S sent your spouse an Protection PIN, enter it here
your records.					(see inst		
	Ph	one no. (978)696-6334	Email address	RAGHIINANDHAN K	OTAKONDA@GMAIL.CO	 M	
		parer's name Preparer's sign	nature	THIOTOTIC THE THE T	Date	PTIN	Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIY.		GUPTA TALIAN	1 02/03/2023	P020827	03 Self-employed
Preparer		n's name GLOBAL TAXES LLC	2221 0110111		-   02, 00, 2025		o. (678)965-9522
Use Only		n's address 245 ROONEY CT E BI	RUNSWICK N	J 08816		Firm's E	
Go to www ire or		1040 for instructions and the latest information.		BAA	REV 01/28/23 PRO	, J L	Form <b>1040</b> (2022)
55 15 17 WW.113.90	0111			DAA	NL V 01/20/23 FRU		101111 10 10 (2022)

#### **SCHEDULE 1** (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074 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 social security number									
RAGH	UNANDHAN KOTAKONDA		193-	77-276	65				
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	ach Schedule	Ε.	5	-9,500.				
6	Farm income or (loss). Attach Schedule F			6					
7	Unemployment compensation			7					
8	Other income:								
а	Net operating loss	8a (		)					
b	Gambling	8b							
С	Cancellation of debt	8c							
d	Foreign earned income exclusion from Form 2555	8d (							
е	Income from Form 8853	8e							
f	Income from Form 8889	8f							
g	Alaska Permanent Fund dividends	8g 8h							
h	Jury duty pay								
i	Prizes and awards	8i							
j	Activity not engaged in for profit income	8j							
k	Stock options	8k							
I	Income from the rental of personal property if you engaged in the rental								
	for profit but were not in the business of renting such property	81							
m	Olympic and Paralympic medals and USOC prize money (see								
	instructions)	8m		-					
	Section 951(a) inclusion (see instructions)	8n		-					
0	Section 951A(a) inclusion (see instructions)	80		-					
р	Section 461(I) excess business loss adjustment	8p		+					
q	Taxable distributions from an ABLE account (see instructions)	8q		-					
r	Scholarship and fellowship grants not reported on Form W-2	8r		-					
S	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s (							
t	Pension or annuity from a nonqualifed deferred compensation plan or								
	a nongovernmental section 457 plan	8t							
	Wages earned while incarcerated	8u							
Z	Other income. List type and amount:								
		87							

Total other income. Add lines 8a through 8z . . . . . . . . . . . . .

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

-9,500.

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 governr			
	officials. Attach Form 2106	L	12	
13	Health savings account deduction. Attach Form 8889	[	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	[	14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction	L	17	
18	Penalty on early withdrawal of savings	L	18	
19a	Alimony paid		I9a	
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	L	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)			
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	tax law violations	_		
J	Housing deduction from Form 2555	_		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
_	1041)			
Z	Other adjustments. List type and amount:24z			
25	Total other adjustments. Add lines 24a through 24z		25	
25 26	,		23	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	1 01111 1040 01 1040-011, IIIIE 10, 01 1 01111 1040-1110, IIIIE 10a		<b>2</b> 0	

## 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.

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

2022 Attachment Sequence No. 13

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Your social security number

٠,	SHOWITOHTELUM							iai Security	
	UNANDHAN KOTAKONDA						193-7	77-2765	
Part									
	<b>Note:</b> If you are in the business of renting personal proper rental income or loss from <b>Form 4835</b> on page 2, line 40.	ty, use	Schedule	<b>C</b> . See	instruc	tions. If you a	are an indi	ividual, rep	ort farm
Α [	Did you make any payments in 2022 that would require you	to filo	Form(c) 1	0002 5	oo inc	tructions			s X No
	f "Yes," did you or will you file required Form(s) 1099?								
Б					• •				25   NO
1a	Physical address of each property (street, city, state, ZIF	o code	e)						
Α	WESTERN HILLS COLONY ADDAGUTTA TELANGA	ANA :	IN 5000	26					
В									
С									
1b	Type of Property 2 For each rental real estate prope				Fai	r Rental	Persor	nal Use	QJV
	(from list below) above, report the number of fair					Days	Da	ays	QUV
Α	personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to f qualified joint venture. See instru			В					
С	qualified joint vontare. God motifu	0110110	J.	С					
	of Property:								
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land	l		Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (desc	ribe)		
						Properti			
Incom	ne'			Α		В			С
3	Rents received	3			00.				
4	Royalties received	4							
Expen									
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 instructions)	12		, -					
13	Other interest	13							
14	Repairs	14		2,4	00.				
15	Supplies	15			00.				
16	Taxes	16							
17	Utilities	17		3,5	00.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		10,1	00.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If								
	result is a (loss), see instructions to find out if you must								
	file <b>Form 6198</b>	21		-9,5	00.				
22	Deductible rental real estate loss after limitation, if any,								
	on Form 8582 (see instructions)	22	(	9,50	0.)(		)	(	,
23a	Total of all amounts reported on line 3 for all rental prope				23a		600.		
b	Total of all amounts reported on line 4 for all royalty prop	erties			23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
е	Total of all amounts reported on line 20 for all properties				23e	10	,100.		
24	Income. Add positive amounts shown on line 21. Do no		-				. 24		
25	Losses. Add royalty losses from line 21 and rental real estate							(	9,500.
26	Total rental real estate and royalty income or (loss).								
	here If Parts II III IV and line 40 on page 2 do not	annly	to you	alen ar	ntar th	e amount o	n I	1	

26

-9,500.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2





Georgia Form 500 (Rev. 06/22/22)
Individual Income Tax Return
Georgia Department of Revenue
2022 (Approved software version)

#### Page 1

_									
Fiscal Year Beginning	STATE GA								
Fiscal Year Ending	YOUR DRIVER'S LICENSE/STATE ID		0	06167236	2				
YOUR FIRST NAME  1. RAGHUNANDHAN	N	MI	YOUR SOCIAL 9 193-77-	SECURITY NUMI -2765	BER				
LAST NAME (For Name Change See IT-5 KOTAKONDA	11 Tax Booklet)		s	UFFIX					
SPOUSE'S FIRST NAME	,	MI	SPOUSE'S SOC	CIAL SECURITY	NUMBER	DEPARTME	NT USE ONLY		
LAST NAME			s	UFFIX					
ADDRESS (NUMBER AND STREET or P.O. BO 2. 13085 MORRIS RD UNIT		for Apt, S	uite or Building	Number) CHE	ECK IF ADDRESS HAS CHANGEI	D			
CITY (Please insert a space if the city has mul 3. ALPHARETTA	tiple names)		state GA	ZIP CODE 30004					
(COUNTRY IF FOREIGN)						Residency Status			
4. Enter your Residency Status with the ap	ppropriate number	· <b></b> ······					1		
1. FULL- YEAR RESIDENT 2. PART- YEAR RESI	IDENT		то	)		3. NONR	ESIDENT		
Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.									
5. Enter Filing Status with appropriate le	etter (See IT-511 Ta	ax Booki	et)			Filing Status5.	A		
A. Single B. Married filing joint C. Married filing s	separate (Spouse's social	security n	umber must be e	ntered above) D.	. Head of Household or (	Qualifying Surv	iving Spous		
6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself X 6b. Spouse 6c. 1									

7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse).....

7a.



23004115

7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

YOUR SOCIAL SECURITY NUMBER 193-77-2765

2022

Page 2

First Name, MI.	Last Name	
Social Security Number	Relationship to You	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
INCOME COMPUTATIONS If amount on line 8, 9, 10, 13 or 15 is negative, u	use the minus sign (-). Example -3456.	
8. Federal adjusted gross income (From Federal IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	he amount on Line 8 is \$40,000 or more, or your gross in	84734 come is less than your
9. Adjustments from Form 500 Schedule 1 (See I	T-511 Tax Booklet) 9.	
10. Georgia adjusted gross income (Net total of Lin	ne 8 and Line 9) 10.	84734
11. Standard Deduction (Do not use FEDERAL STA (See IT-511 Tax Booklet)	ANDARD DEDUCTION) 11a.	5400
b. Self: 65 or over? Blind? Total	al x 1,300= 11b.	
Spouse: 65 or over? Blind?  c. Total Standard Deduction (Line 11a + Line 11  Use EITHER Line 11c OR Line 12c (Do not write)		5400
12. Total Itemized Deductions used in computing Fed	eral Taxable Income. If you use itemized deductions, <b>you m</b>	nust include Federal Schedule A
a. Federal Itemized Deductions (Schedule A- I	Form 1040) 12a.	
b. Less adjustments: (See IT-511 Tax Booklet)	12b.	
c. Georgia Total Itemized Deductions	12c.	
13 Subtract either Line 11c or Line 12c from Line	10: enter balance 13	79334



YOUR SOCIAL SECURITY NUMBER 193-77-2765

2022

## Page 3

14a. Enter the number from Line 6c. 1 Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	2700
14b. Enter the number from Line 7a. Multiply by \$3,000	14b.	
14c. Add Lines 14a. and 14b. Enter total	14c.	2700
<ul><li>15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14)</li><li>15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information)</li></ul>	15a. 15b.	76634
15c. Georgia Taxable Income (Line 15a less Line 15b)	15c.	76634
16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet)	16.	4234
17. Low Income Credit 17a. 17b	17c.	
18. Other State(s) Tax Credit (Include a copy of the other state(s) return)	18.	
19. Credits used from IND-CR Summary Worksheet	19.	
20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)	<b>d</b> 20.	
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.	0
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.	4234
INCOME STATEMENT DETAILS Only outen in come on which Coomic toy was	withhald Fataninaansa frans W 22 4000a	

INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from Form G2-RP Line 12 or 13; Form G2-LP Line 11, or for Form G2-FL enter zero.

	o							
	(INCOME STATEMENT A)		(INCOME STATEMENT B)		(INCOME STATEMENT C)			
1.	WITHHOLDING TYPE:	1.	WITHHOLDING TYPE:	1.	WITHHOLDING TYPE:			
	X W-2 G2-A G2-LP		X W-2 G2-A G2-LP		W-2 G2-A G2-LP			
	1099 G2-FL G2-RP		1099 G2-FL G2-RP		1099 G2-FL G2-RP			
2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN	2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN	2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN			
	453071590		830440596					
3.	EMPLOYER/PAYER STATE WITHHOLDING ID $3158707 \mathrm{LH}$	3.	EMPLOYER/PAYER STATE WITHHOLDING ID $27755304$	3.	EMPLOYER/PAYER STATE WITHHOLDING ID			
4.	GA WAGES / INCOME 12320	4.	GA WAGES / INCOME 77725	4.	GA WAGES / INCOME			
5.	GA TAX WITHHELD 628	5.	GA TAX WITHHELD 4087	5.	GA TAX WITHHELD			

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

This Page (3) is required for processing
01 1555 115 2022 GA

REV 01/03/23 PRO

004 22



YOUR SOCIAL SECURITY NUMBER 193-77-2765

ID

## Page 4

	(INCOME STATEMENT D)		(INCOME STAT	EMENT E	≣)			(INCOME STATE	MENT F)	
1.	WITHHOLDING TYPE:	1.	WITHHOLDING	TYPE:			1.	WITHHOLDING T	YPE:	
	W-2 G2-A G2-LP		W-2	G2-A		G2-LP		W-2	G2-A	G2-LP
	1099 G2-FL G2-RP		1099	G2-FL		G2-RP		1099	G2-FL	G2-RP
2.	EMPLOYER/PAYER FEDERAL	2.	EMPLOYER/PA				2.			
	ID NUMBER (FEIN) SSN		ID NUMBER (FE	iin)	SSN			ID NUMBER (FEII	N) SSN	
3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PA	YER STA	TE WIT	HHOLDING ID	3.	EMPLOYER/PAY	ER STATE W	THHOLDING I
4.	GA WAGES / INCOME	4.	GA WAGES / IN	ICOME			4.	GA WAGES / INC	COME	
5.	GA TAX WITHHELD	5.	GA TAX WITHH	ELD			5.	GA TAX WITHHE	LD	
•							•			
23.	Georgia Income Tax Withheld on Wages (Enter Tax Withheld Only and include W-2s					23.				4715
24	Other Georgia Income Tax Withheld		•			24.				
24.	(Must include G2-A, G2-FL, G2-LP and/or G	32-R	P)			24.				
25.	Estimated Tax paid for 2022 and Form I	Г-56	0			25.				
26.	Schedule 2B Refundable Tax Credits					26.				
07	(Cannot be claimed unless filed electronic	-	•							471F
27.	Total prepayment credits (Add Lines 23, 2	24, 2	5 and 26)			27.				4715
28.	If Line 22 exceeds Line 27, subtract Line	27 1	rom Line 22 a	nd enter						
	balance due					28.				
29.	If Line 27 exceeds Line 22, subtract Line									
	overpayment					29.				481
30.	Amount to be credited to 2023 ESTIMA	TEF	TAV			30.				0
30.	Amount to be credited to 2023 E311WA	\ I E L	/ IAA			30.				O
31.	Georgia Wildlife Conservation Fund (No	gift	of less than \$1	.00)		31.				
32.	Georgia Fund for Children and Elderly (	No g	ift of less than	\$1.00).		32.				
20	Coordia Consor Dossorsh Fund (No gift	of la	oo than ¢1 00	`		33.				
33.	Georgia Cancer Research Fund (No gift	OI IC	355 tilali \$ 1.00	)	•••••	00.				
34.	Georgia Land Conservation Program (No	gift	of less than \$	1.00)		34.				
35.	Georgia National Guard Foundation (No	gift	of less than \$1	.00)		35.				
36.	Dog & Cat Sterilization Fund (No gift of I	000	than \$4 00\			36.				
50.	Dog & Cat Sternization Fund (No girt of I	<del>6</del> 33	ιιιαιι φ Ι. <b>υυ</b> )	•••••	•••••	50.				
37.	Saving the Cure Fund (No gift of less th	an \$	1.00)			37.				
38.	Realizing Educational Achievement Can Hap	pen	(REACH) Progr	am		38.				
	(No gift of less than \$1.00)		(4) !-			<b>c</b>				



YOUR SOCIAL SECURITY NUMBER 193-77-2765

2022

Page 5

<b>4</b> 0	Tubilo caloty Momorial Cra	nt (No gift of less than \$1	.00)	39.		
40.	Form 500 UET (Estimated	tax penalty) 500 UET 6	exception attached	40.		
41.	Penalty: Late Payment and	or Late Filing		41.		
42.	Interest			42.		
43.	(If you owe) Add Lines 2 MAKE CHECK PAYABLE 1 Mail To: GEORGIA DEPAR PO BOX 740399 ATLANTA	O GEORGIA DEPARTMEN TMENT OF REVENUE PRO	T OF REVENUE,	43.		
44.	(If you are due a refund) Su	btract the sum of Lines 30 th	ru 42 from Line 29			
	THIS IS YOUR REFUND			44.		481
	Refund Due Mail To: GEORG PO BOX 740380 ATLANTA, G		ENUE PROCESSING	CENTER,		
	If you do not enter Direct	Deposit information or i	f you are a first tim	e filer you will	be issued a paper check.	
44a	. Direct Deposit (U.S. Accounts Only)	Type: Checking X Sa	avings			
	Routing Number 011000138		Accou Numbe	nt <sup>er</sup> 4660008	00734	
T	axpayer's Signature	(Check box if deceased)	Spouse's	Signature	(Check box if deceased)	
_				Oignataro	(-	
13	axpayer's Date of Death		Spouse's	Date of Death	,	
	axpayer's Date of Death axpayer's Signature Date		Spouse's s Phone Number 96-6334		Spouse's Signature Date	·
T		978-69	s Phone Number 96-6334	Date of Death	Spouse's Signature Date	
T	axpayer's Signature Date By providing my e-mail address I ar	978-69	s Phone Number 96-6334	Date of Death	Spouse's Signature Date	g any updates to
T.	axpayer's Signature Date By providing my e-mail address I ar ny account(s). Taxpayer's E-mail Address  SYAM PRIYA RAM SAG	978–69	s Phone Number 96-6334	Date of Death  ronically notify me a	Spouse's Signature Date the below e-mail address regardin	g any updates to
T.	axpayer's Signature Date  By providing my e-mail address I ar my account(s).  Taxpayer's E-mail Address  SYAM PRIYA RAM SAG.  Signature of Preparer	978-69  n authorizing the Georgia Depart  AR GUPTA TALLAM	s Phone Number 96-6334	Date of Death  ronically notify me a  Preparer' 678-	Spouse's Signature Date the below e-mail address regardin I authorize DOR to with the named pr S Phone Number 9 6 5 - 9 5 2 2	g any updates to
TI	axpayer's Signature Date By providing my e-mail address I ar ny account(s). Taxpayer's E-mail Address  SYAM PRIYA RAM SAG	978-69 n authorizing the Georgia Depart  AR GUPTA TALLAM  n Taxpayer	s Phone Number 96-6334	Date of Death  ronically notify me a  Preparer' 678 –  Preparer'	Spouse's Signature Date the below e-mail address regardin I authorize DOR to with the named pr S Phone Number 9 6 5 - 9 5 2 2	g any updates to

E 1040 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   No	Filing Status Check only			_	ed filing separately (N		<del></del>		`	, _	spou	ifying surv	· ·	
Your social security number   RAGHUNANDHAN   193-77-2765	one box.	•	•	•	our spouse. If you c	песк	ed the HOH or	r QSS	box, ent	er tne	child's	name ir tr	ie qualitying	
RAGHUNANDHAN  It ploint return, spouse's first name and middle initial  Lat name  Spouse's social security number  Apt. no.  Chock here if you, or your spouse if filting posture and street, if you have a Po. box, see instructions.  Apt. no.  Chock here if you, or your spouse if filting posture and street, if you have a foreign address, also complete spaces below.  Apt. no.  Chock here if you, or your spouse if filting posture and street, if you have a foreign address, also complete spaces below.  Apt. no.  Chock here if you, or your spouse if filting posture and box below will not change box below will not change a ALPHARETTA  At any time during 2022, did you; (a) receive (as a reward, award, or payment for property or services); or (b) sell_ Assets  Assets  Ax any time during 2022, did you; (a) receive (as a reward, award, or payment for property or services); or (b) sell_ Assets  Assets  Assets  Ax any time during 2022, did you; (a) receive (as a reward, award, or payment for property or services); or (b) sell_ Assets  Assets  Assets  Ax any time during 2022, did you; (a) receive (as a reward, award, or payment for property or services); or (b) sell_ Assets  Assets  Assets  Ax any time during 2022, did you; (a) receive (as a reward, award, or payment for property or services); or (b) sell_ Assets  Assets  Assets  Ax any time during 2022, did you; (a) receive (as a reward, award, or payment for property or services); or (b) sell_ Assets  Assets  Assets  Ax any time during 2022, did you; (a) receive (as a reward, award, or payment for property or services); or (b) sell_ Assets  Assets  Ax and time a sell payment for property or services); or (b) sell_ Assets  Assets  Ax and time a sell payment for property or services); or (b) sell_ Assets  Assets  Ax and time a sell payment for property or services); or (b) sell_ Assets  Ax and time a sell payment for property or services); or (b) sell_ Assets  Ax and time a sell payment for property or services); or (b) sell_ Assets  Ax and time a sell payment for property or	Your first name			1	me					Ι,	Your so	cial securit	v number	
Hjorit return, spouse's first name and middle initial   Last name   Last name   Last name   Apt. no.   Presidential Election Campaig   Check here if you or your   Check here if you or   Check here if you or your   Check here if you or   Check here if you or   Check here if you or   Check here if you or your   Check here if you or your   Check here if you or   Check here if you or   Check here if you or your   Check here if you or   Check here   Check he													-	
Apt. no.														
Check here if you, or your Check here if you, or your Spouse of life, it you have a foreign address, also complete spaces below.   State   ZIP code   30.004   Stoge to this fund. Checking   GA   30.004   Stoge to the will be controlled to the special province/fatale/country   Foreign postal code   You   Spouse   Standard   Section   You   Spouse   Standard   Section   You   Spouse   Standard   Section   You   Spouse   Standard   Your spouse sa dependent   Your spouse   Yes   No   You   Yes   No   You   Yes   You   Yes   You   You   Yes   You   You   Yes   You   You   Yes   You   You   You   Yes   You   You   Yes   You   You   Yes   You	,	, , , , , ,											,	
Check here if you, or your force from the first purpose a foreign address, also complete spaces below.   State	Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				Apt. no.		Presider	ntial Election	on Campaigr	
Control   Cont	13085 MG	· DRRTS	S RD UNIT 9211											
ALPHARETTA				mplete sp	paces below.	Sta	te	ZIP	code					
Foreign province/state/county   Foreign prostal code   You   Spous   Spous   Standard   Assets   Standard   Assets   Standard   Assets   Standard   Assets   Standard   Assets   Standard   Deduction   Spous   Handles   Spous   Standard   Standard   Standard   Standard   Standard   Standard   Standard   Standard   Spous   Standard   Spous   Standard   Spous   Standard   Spous   S	ALPHARET	TA		GA			300	004		3				
Digital Assets Bendendt Deduction  □ Spouse itemizes on a separate return or you were a dual-status alien  Age/Blindness You:   Were born before January 2, 1958   Are blind				F	Foreign province/state/							· ·		
Assets  standard  Deduction  Spouse itemizes on a separate return or you were adual-status talion  Age/Blindness  You:   Were born before January 2, 1958   Are blind   Spouse:   Was born before January 2, 1958   Is blind  Dependents  (see instructions): (2) Social security number: (3) Relationship to you  Then four dependents, see instructions and check here   International to you here and use instructions and check here   International to you here are the box if qualifies for (see instructions) and check here   International to you here are the box if qualifies for (see instructions) and check here   International to you here are the box if qualifies for (see instructions) and check here   International to you here are the box if qualifies for (see instructions) and check here   International to you here to you here are the box if qualifies for (see instructions) and check here   International to you here you here are the box if qualifies for (see instructions) and check here   International to you here you here are the box if qualifies for (see instructions) and check here   International to you here you here are the box if qualifies for (see instructions) and check here   International to you here you here are the box if qualifies for (see instructions) and check here   International to you here you here are the box if qualifies for (see instructions)   International to you here you here are here for the form of you here you here are here for see here forms forms (see instructions)   International to you here you												You	Spouse	
Assets exchange, gift, or otherwise dispose of a dightal asset (or a financial interest in a dightal asset)? (See instructions).	Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, award, or	payr	nent for prope	rty or	services	); or (l	o) sell,			
Spouse itemizes on a separate return or you were a dual-status alien		exch	ange, gift, or otherwise dispose of a	a digital a	asset (or a financial	inter	est in a digital	asset	)? (See ir	struc	tions.)	Yes	X No	
Age/Blindness You:	Standard	Som	eone can claim:	pendent	Your spous	e as	a dependent							
Comparison   Com			Spouse itemizes on a separate retur	n or you	were a dual-status	alien								
Comparison   Com	Ago/Blindnos	Valle	Word born before January 2, 1	058	7 Ara blind Sne		• Mas bor	rn hof	oro Janu	an / 2	1059		ind	
If more than four dependents, see instructions and check here				930 _	- 			- 1						
If more than four dependents, see instructions and check here .   Income  Inco	•					/	` '	ııp						
dependents, see instructions and check here		(1)	Last Harrie				.,	-	Offilia		uit			
Income In								_		_				
Income		s —								=				
Income Attach Form(s) W-2 here. Also attach Forms W-2 are Also attach Forms W-2 fir tax was withheld. If you did not get a Form W-2, see instructions  W-2, see instructions.  If you did not get a Form W-2, see instructions)  W-2, see instructions.  If you did not get a Form W-2, see instructions)  Wages from Form 8919, line 6  Other earned income (see instructions)  In the Wages from Form 8919, line 6  Wages from Forms 8919, line 6  Other earned income (see instructions)  In the Wages from Forms 8919, line 6  Until you did not get a Form Bern Bern Bern Bern Bern Bern Bern Bern		1								=				
b Household employee wages not reported on Form(s) W-2.  Attach Forms W-2 here. Also attach Forms W-2 G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.  If pounding the form by the control of the co		1a	Total amount from Form(s) W-2 h	ox 1 (see	e instructions)						1a		<u> </u>	
Attach Forms W-2 here. Also datach Forms W-2G and 1099-R if tax 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 required.  Attach Sch. B. 2a Tax-exempt interest . 2a b Taxable interest . 2b IRA distributions . 4a b Taxable amount . 4b IRA distributions . 4a b Taxable amount . 4b IRA distributions . 4a b Taxable amount . 5b Social security benefits . 6a b Taxable amount . 6b If you elect to use the lump-sum election method, check here (see instructions) . 10 IRA dilines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . 9 84, 734. 84, 734	income		. , .	•	,								, 1, 23 1.	
W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.  W-2 has a form W-2 has a form was witheld. If you did not get a Form was witheld. If you did not get a Form was	Attach Form(s)		. ,	•	. ,									
W-2G and 1099-R if tax was withheld. If you did not get a Form Way 2, see instructions.  If you did not get a Form Way 2, see instructions.  Attach Sch. B and If required.  Attach Sch. B and If required in the schedule If you elect to use the lump-sum election method, check here (see instructions)  C apital gain or (loss). Attach Schedule D if required. If not required, check here  T and If you elect to use the lump-sum election method, check here (see instructions)  C apital gain or (loss). Attach Schedule D if required. If not required, check here  T and If you elect to use the lump-sum election method, check here  Attach Sch. B and If you elect to use the lump-sum election method, check here  Attach Sch. B and If you elect to use the lump-sum election method, check here  Attach Sch. B and If you elect to use the lump-sum election method, check here  Attach Sch. B and If you elect to use the lump-sum election method, check here  Attach Sch. B and If you elect to use the lump-sum election method, check here  T and If you elect to use the lump-sum election method, check here  Attach Sch. B and If you elect to use the lump-sum election method, check here  Attach Sch. B and If you elect to use the														
1099-Ri f tax was withheld. If you did not get a Form W-2, see instructions.  W-2, see instructions.  Attach Sch. B if required.  4 Attach Sch. B and ard Peduction for Single or Married filing separately. \$12,295.  Married filing souriting spouse. \$22,900  Mar														
Wages from Form 8919, line 6		f	•		•						1f			
Mortiaxable combat pay election (see instructions)   1		g									1g			
Instructions.  Z Add lines 1a through 1h		h	Other earned income (see instruct	ions) .									0.	
Attach Sch. B If required.  2a		i	Nontaxable combat pay election (	see instr	uctions)		1i							
If required.  3a Qualified dividends 3a b Ordinary dividends 4b Deduction Standard  4a RA distributions 4a b Taxable amount 4b  5a Pensions and annuities 5a b Taxable amount 5b  6a Social security benefits 6a b Taxable amount 6b  6a Social security benefits 6a b Taxable amount 6b  6b Capital gain or (loss). Attach Schedule D if required. If not required, check here 6cd any box under Standard Poeduction, 12 Standard Capital Gain or itemized deduction from Schedule A 1 If zero or less enter -0. This is your taxable income 15 In Suptract line 14 from line 1.1 If zero or less enter -0. This is your taxable income 15 In Suptract line 14 from line 1.1 If zero or less enter -0. This is your taxable income 15 In Suptract line 14 from line 1.1 If zero or less enter -0. This is your taxable income 15 In Suptract line 14 from line 1.1 If zero or less enter -0. This is your taxable income 15 In Suptract line 1.5 In Suptract line 1.	instructions.	z	Add lines 1a through 1h								1z	9	94,234.	
data distributions	Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interest	t.			2b			
Standard Deduction for—Single or Married filing separately, \$12,950  Married filing jointly or Qualifying sourviving spouse, \$25,900  Head of household, \$19,400  If you checked any box under Standard Deduction, or subtract line 10 from line 9. This is your adjusted gross income  15	if required.	3a	Qualified dividends	3a		<b>b</b> 0	rdinary divide	nds .			3b			
Ceduction 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, Polyment of the form of the filip of the		4a	IRA distributions	4a		b T	axable amoun	t			4b			
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, Plant Standard Deduction, Plant Standard Deduction, Plant Standard Deduction, Standard Deduction, Standard Schedule 1, If zero or less, enter -0- This is your taxable income  If you elect to use the lump-sum election method, check here (see instructions)  If you elect to use the lump-sum election method, check here (see instructions)  If you elect to use the lump-sum election method, check here (see instructions)  Adjustments (line 10 from Schedule D if required. If not required, check here (see instructions)  Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income (see instructions)  Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income (see instructions)  Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income (see instructions)  Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income (see instructions)  Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income (see instructions)  Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income (see instructions)  Barried filing (see instructions)  Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income (see instructions)  Barried filing (see instructions)  Barried filin		5a	Pensions and annuities	5a		b T	axable amoun	t			5b			
Married filing separately, \$12,950  Married filing jointly or Qualifying surviving spouse, \$25,900  Head of household, \$19,400  If you elect to use the lump-sum election method, check here (see instructions)  Capital gain or (loss). Attach Schedule D if required. If not required, check here  Other income from Schedule 1, line 10  Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  Adjustments to income from Schedule 1, line 26  Subtract line 10 from line 9. This is your adjusted gross income  12 Standard deduction or itemized deductions (from Schedule A)  13 Qualified business income deduction from Form 8995 or Form 8995-A  14 Add lines 12 and 13  Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income		6a	Social security benefits	6a		b T	axable amoun	t			6b			
\$12,950  Married filing jointly or Qualifying surviving spouse, \$25,900  Head of household, \$19,400  If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Defendence Description of the possible	Married filing	С												
Subtract line 10 from line 9. This is your total income   9   84,734.		7								. [	7			
Qualifying surviving spouse, \$25,9004dd lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income984, 734.9Adjustments to income from Schedule 1, line 261010Subtract line 10 from line 9. This is your adjusted gross income1184, 734.11Standard deduction or itemized deductions (from Schedule A)1212, 950.13Qualified business income deduction from Form 8995 or Form 8995-A131412, 950.15Peduction,15Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income		8	·								8		-9,500.	
\$25,900 Adjustments to income from Schedule 1, line 26	Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. <sup>-</sup>	This is your <b>total inc</b>	come					9	8	34,734.	
household, \$19,400  If you checked any box under Standard Deduction, Deduction,  12 Standard deduction or itemized deductions (from Schedule A)		10	•								10			
\$19,400  If you checked any box under Standard Deduction, Deduction, Deduction, 12  Standard deduction or itemized deductions (from Schedule A)		11		•							11			
any box under Standard  14 Add lines 12 and 13					`	,						1	L2,950.	
Standard         14         Add lines 12 and 13         1.														
	Standard													
		15	Subtract line 14 from line 11. If zei	o or less	s, enter -0 This is y	our <b>t</b>	axable incom	ne .			15	7	/1,784.	

Form 1040 (2022	2)						Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from For	m(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌	10	6 11,408.
Credits	17	Amount from Schedule 2, line 3				17	7
	18	Add lines 16 and 17				18	11,408.
	19	Child tax credit or credit for other depende	ents from Sched	ule 8812		19	9
	20	Amount from Schedule 3, line 8				20	0
	21	Add lines 19 and 20				<b>2</b>	1
	22	Subtract line 21 from line 18. If zero or less	s, enter -0			2	11,408.
	23	Other taxes, including self-employment tax	k, from Schedule	e 2, line 21 .		23	0.
	24	Add lines 22 and 23. This is your total tax				24	11,408.
Payments	25	Federal income tax withheld from:					
-	а	Form(s) W-2			<b>25a</b> 13,	255.	
	b	Form(s) 1099			25b		
	С	Other forms (see instructions)			25c		
	d	Add lines 25a through 25c				25	id 13,255.
If	26	2022 estimated tax payments and amount	applied from 20	021 return		20	6
If you have a qualifying child,	27	Earned income credit (EIC)			27		
attach Sch. EIC.	28	Additional child tax credit from Schedule 88			28		
	29	American opportunity credit from Form 88	63, line 8		29		
	30	Reserved for future use			30		
	31	Amount from Schedule 3, line 15			31		
	32	Add lines 27, 28, 29, and 31. These are you				3	2
	33	Add lines 25d, 26, and 32. These are your	-	-		3	13,255.
Refund	34	If line 33 is more than line 24, subtract line				34	1,847.
Returia	35a	Amount of line 34 you want <b>refunded to y</b>			•	. 35	ia 1,847.
Direct deposit?	b	Routing number   0   1   1   0   0   0   1		c Type:		avings	
See instructions.	d	Account number 4 6 6 0 0 0 8					
	36	Amount of line 34 you want applied to you			36		
Amount	37	Subtract line 33 from line 24. This is the ar					
You Owe		For details on how to pay, go to www.irs.g			1 1	3	7
	38	Estimated tax penalty (see instructions) .			38		
Third Party		you want to allow another person to ditructions				mplete belov	w. 🕱 No
Designee			Phone		<del></del>	nal identification	_
	nai	signee's ne	no.			er (PIN)	
Sign		der penalties of perjury, I declare that I have exami		, , ,		,	, 0
Here	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of						
	YO	ır signature	Date	Your occupation			sent you an Identity n PIN, enter it here
Joint return?				SOFTWARE	ENGINEER	(see inst.)	
See instructions.	Sp	ouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupa		sent your spouse an	
Keep a copy for your records.					Identity P	rotection PIN, enter it here	
your rooordo.							
		one no. (978)696-6334	Email address	RAGHUNANDHAN.K	OTAKONDA@GMAIL.CO		0, 1, 1,
Paid		parer's name Preparer's sign				PTIN	Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	A RAM SAGAR	GUPTA TALLAM	1 02/03/2023 1	20208270	
Use Only		n's name GLOBAL TAXES LLC					. (678)965-9522
		n's address 245 ROONEY CT E BR	UNSWICK N	J 08816		Firm's EIN	
Go to www.irs.go	ov/Forn	1040 for instructions and the latest information.		BAA	REV 01/28/23 PRO		Form <b>1040</b> (2022)

#### **SCHEDULE 1** (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074 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	ocial se	curity number			
RAGH	77-276	65			
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	ach Schedule	Ε.	5	-9,500.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a (		)	
b	Gambling	8b			
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d (			
е	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
I	Income from the rental of personal property if you engaged in the rental				
	for profit but were not in the business of renting such property	81			
m	Olympic and Paralympic medals and USOC prize money (see				
	instructions)	8m		-	
	Section 951(a) inclusion (see instructions)	8n		-	
0	Section 951A(a) inclusion (see instructions)	80		-	
р	Section 461(I) excess business loss adjustment	8p		+	
q	Taxable distributions from an ABLE account (see instructions)	8q		-	
r	Scholarship and fellowship grants not reported on Form W-2	8r		-	
S	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s (			
t	Pension or annuity from a nonqualifed deferred compensation plan or				
	a nongovernmental section 457 plan	8t			
	Wages earned while incarcerated	8u			
Z	Other income. List type and amount:				
		87			

Total other income. Add lines 8a through 8z . . . . . . . . . . . . .

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

-9,500.

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 govern			
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
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			05	
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 at Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	Form 1040 or 1040-36, line 10, or form 1040-196, line 10a		20	