

IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**
▶ **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ▶

| | |
|---|--|
| Taxpayer's name KAUSHIK VENUGOPAL AVADHANULA | Social security number 802-57-8673 |
| Spouse's name GAYATHRI MULLAPUDI | Spouse's social security number 635-13-5716 |

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 | 148,538. |
| 2 Total tax | 2 | 18,207. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 24,119. |
| 4 Amount you want refunded to you | 4 | 7,052. |
| 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

| | | | | |
|---|---|---|---|---|
| 7 | 8 | 6 | 7 | 3 |
|---|---|---|---|---|

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

ERO firm name

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 GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 3 | 5 | 7 | 1 | 6 |
|---|---|---|---|---|

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

ERO firm name

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.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 2 | 2 | 4 | 9 | 6 | 6 | 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 [] Single [X] 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:

Form fields for personal information: Your first name and middle initial (KAUSHIK VENUGOPAL), Last name (AVADHANULA), Your social security number (802-57-8673), Spouse's social security number (635-13-5716), Home address (18666 REDMOND WAY), City (REDMOND), State (WA), ZIP code (98052).

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 [X] 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 for Dependents with 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: 158,664.

Table for Attachments and Deductions: 2a Tax-exempt interest, 3a Qualified dividends (106), 4a IRA distributions, 5a Pensions and annuities, 6a Social security benefits, 7 Capital gain or (loss), 8 Other income from Schedule 1, line 10, 9 Total income (148,538), 10 Adjustments to income from Schedule 1, line 26, 11 Adjusted gross income (148,538), 12 Standard deduction or itemized deductions (25,900), 13 Qualified business income deduction, 14 Total deductions (25,900), 15 Taxable income (122,638).

| | | | | |
|------------------------|--|---|-----------|---------|
| Tax and Credits | 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 18,207. |
| | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 18,207. |
| | 19 | Child tax credit or credit for other dependents from Schedule 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 less, enter -0- | 22 | 18,207. |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 0. |
| 24 | Add lines 22 and 23. This is your total tax | 24 | 18,207. | |

| | | | | |
|-----------------|---|---|------------|---------|
| Payments | 25 | Federal income tax withheld from: | | |
| | a | Form(s) W-2 | 25a | 24,119. |
| | b | Form(s) 1099 | 25b | |
| | c | Other forms (see instructions) | 25c | |
| | d | Add lines 25a through 25c | 25d | 24,119. |
| | 26 | 2022 estimated tax payments and amount applied from 2021 return | 26 | |
| | 27 | Earned income credit (EIC) <input type="checkbox"/> No | 27 | |
| | 28 | Additional child tax credit from Schedule 8812 | 28 | |
| | 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| | 30 | Reserved for future use | 30 | |
| 31 | Amount from Schedule 3, line 15 | 31 | 1,140. | |
| 32 | Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits | 32 | 1,140. | |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 25,259. | |

| | | | | |
|---------------|--|---|------------|--------|
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 7,052. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 7,052. |
| | b | Routing number 044000037 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d | Account number 313111707 | | |
| 36 | Amount of line 34 you want applied to your 2023 estimated tax | 36 | | |

| | | | | |
|-----------------------|-----------|--|-----------|--|
| Amount You Owe | 37 | Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions. | 37 | |
| | 38 | Estimated tax penalty (see instructions) | 38 | |

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|---|---|---------------------------------------|---|
| Your signature _____ | Date _____ | Your occupation SOFTWARE DEVELOPER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____ |
| Spouse's signature. If a joint return, both must sign. _____ | Date _____ | Spouse's occupation STUDENT | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____ |
| Phone no. (513) 981-1011 | Email address KAUSHIK.AVADH94@GMAIL.COM | | |

Paid Preparer Use Only

| | | | | |
|--|---|--------------------|-------------------|---|
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 02/28/2023 | PTIN P02082703 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name GLOBAL TAXES LLC | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 | | | Phone no. (678) 965-9522 Firm's EIN 84-3171965 |

**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 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

KAUSHIK VENUGOPAL AVADHANULA & GAYATHRI MULLAPUDI

Your social security number

802-57-8673

Part 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. Attach Schedule E | | 5 | -10,345. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| a | Net operating loss | 8a () | | |
| b | Gambling | 8b | | |
| c | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d () | | |
| e | 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 | | |
| l | 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 | 8l | | |
| m | Olympic and Paralympic medals and USOC prize money (see instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| o | Section 951A(a) inclusion (see instructions) | 8o | | |
| p | Section 461(l) 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 nonqualified deferred compensation plan or a nongovernmental section 457 plan | 8t | | |
| u | Wages earned while incarcerated | 8u | | |
| z | Other income. List type and amount: _____ | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -10,345. |

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

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

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

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment
Sequence No. **03**

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

KAUSHIK VENUGOPAL AVADHANULA & GAYATHRI MULLAPUDI

Your social security number

802-57-8673

Part I Nonrefundable Credits

| | | | | |
|----------|--|-----------|----------|--|
| 1 | Foreign tax credit. Attach Form 1116 if required | | 1 | |
| 2 | Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 | | 2 | |
| 3 | Education credits from Form 8863, line 19 | | 3 | |
| 4 | Retirement savings contributions credit. Attach Form 8880 | | 4 | |
| 5 | Residential energy credits. Attach Form 5695 | | 5 | |
| 6 | Other nonrefundable credits: | | | |
| a | General business credit. Attach Form 3800 | 6a | | |
| b | Credit for prior year minimum tax. Attach Form 8801 | 6b | | |
| c | Adoption credit. Attach Form 8839 | 6c | | |
| d | Credit for the elderly or disabled. Attach Schedule R | 6d | | |
| e | Alternative motor vehicle credit. Attach Form 8910 | 6e | | |
| f | Qualified plug-in motor vehicle credit. Attach Form 8936 | 6f | | |
| g | Mortgage interest credit. Attach Form 8396 | 6g | | |
| h | District of Columbia first-time homebuyer credit. Attach Form 8859 | 6h | | |
| i | Qualified electric vehicle credit. Attach Form 8834 | 6i | | |
| j | Alternative fuel vehicle refueling property credit. Attach Form 8911 | 6j | | |
| k | Credit to holders of tax credit bonds. Attach Form 8912 | 6k | | |
| l | Amount on Form 8978, line 14. See instructions | 6l | | |
| z | Other nonrefundable credits. List type and amount: _____ | 6z | | |
| 7 | Total other nonrefundable credits. Add lines 6a through 6z | | 7 | |
| 8 | Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 | | 8 | |

(continued on page 2)

Part II Other Payments and Refundable Credits

| | | | | |
|-----------|---|------------|-----------|--------|
| 9 | Net premium tax credit. Attach Form 8962 | | 9 | |
| 10 | Amount paid with request for extension to file (see instructions) | | 10 | |
| 11 | Excess social security and tier 1 RRTA tax withheld | | 11 | 1,140. |
| 12 | Credit for federal tax on fuels. Attach Form 4136 | | 12 | |
| 13 | Other payments or refundable credits: | | | |
| a | Form 2439 | 13a | | |
| b | Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021 | 13b | | |
| c | Reserved for future use | 13c | | |
| d | Credit for repayment of amounts included in income from earlier years | 13d | | |
| e | Reserved for future use | 13e | | |
| f | Deferred amount of net 965 tax liability (see instructions) | 13f | | |
| g | Reserved for future use | 13g | | |
| h | Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021 | 13h | | |
| z | Other payments or refundable credits. List type and amount: | 13z | | |
| 14 | Total other payments or refundable credits. Add lines 13a through 13z | | 14 | |
| 15 | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 | | 15 | 1,140. |

**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 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. **13**

Name(s) shown on return

KAUSHIK VENUGOPAL AVADHANULA & GAYATHRI MULLAPUDI

Your social security number

802-57-8673

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)

A 25-40/28/4, NEAR SBI COLONY EAST ANAND BAGH, MALKAJGIRI, HYDERABAD, TELANGANA IN

B
C

| 1b Type of Property (from list below) | 2 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 |
|---------------------------------------|--|------------------|---|-------------------|--------------------------|
| | | A | B | C | |
| A 3 | | 365 | | 0 | <input type="checkbox"/> |
| B | | | | | <input type="checkbox"/> |
| C | | | | | <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: | | |
|---|-----------------------|---|---|
| | A | B | C |
| 3 Rents received | 3 624. | | |
| 4 Royalties received | 4 | | |
| Expenses: | | | |
| 5 Advertising | 5 | | |
| 6 Auto and travel (see instructions) | 6 | | |
| 7 Cleaning and maintenance | 7 884. | | |
| 8 Commissions | 8 | | |
| 9 Insurance | 9 | | |
| 10 Legal and other professional fees | 10 | | |
| 11 Management fees | 11 1,280. | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | |
| 13 Other interest | 13 | | |
| 14 Repairs | 14 4,116. | | |
| 15 Supplies | 15 3,012. | | |
| 16 Taxes | 16 | | |
| 17 Utilities | 17 1,677. | | |
| 18 Depreciation expense or depletion | 18 | | |
| 19 Other (list) _____ | 19 | | |
| 20 Total expenses. Add lines 5 through 19 | 20 10,969. | | |
| 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 -10,345. | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 (10,345.) | | |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a 624. | | |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | | |
| c Total of all amounts reported on line 12 for all properties | 23c | | |
| d Total of all amounts reported on line 18 for all properties | 23d | | |
| e Total of all amounts reported on line 20 for all properties | 23e 10,969. | | |
| 24 Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 (10,345.) | | |
| 26 Total rental real estate and royalty income or (loss). 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 | 26 -10,345. | | |

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form8889 for instructions and the latest information.

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

Social security number of HSA beneficiary.
 If both spouses have HSAs, see instructions.
 802-57-8673

KAUSHIK VENUGOPAL AVADHANULA

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

| | | |
|----|--|---|
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions | <input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family |
| 2 | HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions | 2 0. |
| 3 | If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter | 3 3,650. |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs | 4 0. |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0- | 5 3,650. |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter | 6 3,650. |
| 7 | If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions | 7 0. |
| 8 | Add lines 6 and 7 | 8 3,650. |
| 9 | Employer contributions made to your HSAs for 2022 | 9 833. |
| 10 | Qualified HSA funding distributions | 10 |
| 11 | Add lines 9 and 10 | 11 833. |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 2,817. |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. | 13 0. |

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

| | | |
|-----|--|-----|
| 14a | Total distributions you received in 2022 from all HSAs (see instructions) | 14a |
| b | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions | 14b |
| c | Subtract line 14b from line 14a | 14c |
| 15 | Qualified medical expenses paid using HSA distributions (see instructions) | 15 |
| 16 | Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f | 16 |
| 17a | If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/> | |
| b | Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c | 17b |

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

| | | |
|----|--|----|
| 18 | Last-month rule | 18 |
| 19 | Qualified HSA funding distribution | 19 |
| 20 | Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f | 20 |
| 21 | Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d | 21 |

Do not staple or paper clip.



Department of Taxation

2022 Ohio IT 1040 Individual Income Tax Return



02 28 23

Use only black ink/UPPERCASE letters. Use whole dollars only.

22000198 Sequence No. 1

AMENDED RETURN - Check here and include Ohio IT RE.

NOL CARRYBACK - Check here and include Schedule IT NOL.

Primary taxpayer's SSN (required) 802 57 8673 If deceased Spouse's SSN (if filing jointly) 635 13 5716 If deceased School district # 8307

First name KAUSHIK VENUGOP M.I. Last name AVADHANULA

Spouse's first name (if filing jointly) GAYATHRI M.I. Last name MULLAPUDI

Address line 1 (number and street) or P.O. Box 18666 REDMOND WAY

Address line 2 (apartment number, suite number, etc.) APT EE2037

City REDMOND State WA ZIP code 98052 Ohio county (first four letters) WARR

Foreign country (if the mailing address is outside the U.S.) Foreign postal code

Residency Status - Check only one for primary Filing Status - Check one (as reported on federal income tax return) Ohio Nonresident Statement - See instructions for required criteria Federal extension filers - check here.

Do not staple or paper clip.

Table with 2 columns: Description and Amount. Rows include Federal adjusted gross income, Additions, Deductions, Ohio adjusted gross income, Exemption amount, Ohio income tax base, Taxable business income, and Taxable nonbusiness income.



MM-DD-YY Code

2022 Ohio IT 1040
Individual Income Tax Return



SSN 802 57 8673

22000298 Sequence No. 2

| | |
|---|------------------------------|
| 7a. Amount from line 7 on page 1 | 7a. 144738 |
| 8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)..... | 4429 |
| 8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (include schedule)..... | 8b. |
| 8c. Income tax liability before credits (line 8a plus line 8b) | 8c. 4429 |
| 9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 35 (include schedule)..... | 9. 489 |
| 10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero) | 10. 3940 |
| 11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)..... | 11. |
| 12. Unpaid use tax (see instructions)..... | 12. |
| 13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)..... | 13. 3940 |
| 14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements) | 14. 4372 |
| 15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return | 15. |
| 16. Refundable credits – Ohio Schedule of Credits, line 41 (include schedule)..... | 16. |
| 17. Amended return only – amount previously paid with original and/or amended return | 17. |
| 18. Total Ohio tax payments (add lines 14, 15, 16 and 17)..... | 18. 4372 |
| 19. Amended return only – overpayment previously requested on original and/or amended return..... | 19. |
| 20. Line 18 minus line 19. Place a "-" in the box if negative..... | 20. 4372 |
| <u>If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.</u> | |
| 21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13..... | 21. |
| 22. Interest due on late payment of tax (see instructions) | 22. |
| 23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State" | 23. AMOUNT DUE ▶ |
| 24. Overpayment (line 20 minus line 13) | 24. 432 |
| 25. Original return only – portion of line 24 carried forward to next year's tax liability | 25. |
| 26. Original return only – portion of line 24 you wish to donate: | |
| a. Wildlife Species b. Military Injury Relief c. Ohio History Fund | |
| d. Nature Preserves/Scenic Rivers e. Breast/Cervical Cancer f. Wishes for Sick Children | Total....26g. |
| 27. REFUND (line 24 minus lines 25 and 26g)..... | YOUR REFUND ▶ 27. 432 |

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

▶ Primary signature _____ Phone number (513) 981-1011

▶ Spouse's signature _____ Date _____

Check here to authorize your preparer to discuss this return with the Department.

Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522

Preparer's TIN (PTIN) **P** 02082703

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.

NO Payment Included – Mail to:
Ohio Department of Taxation
P.O. Box 2679
Columbus, OH 43270-2679

Payment Included – Mail to:
Ohio Department of Taxation
P.O. Box 2057
Columbus, OH 43270-2057



02 28 23

Many of these credits **must** be calculated using a worksheet and/or be supported by additional required documentation. See the instructions for worksheets and information on supporting documentation.

Nonrefundable Credits

| | | |
|---|-----|------|
| 1. Tax liability before credits (from Ohio IT 1040, line 8c) | 1. | 4429 |
| 2. Retirement income credit (include 1099-R forms) | 2. | |
| 3. Lump sum retirement credit (include a copy of the worksheet and 1099-R forms) | 3. | |
| 4. Senior citizen credit (must be 65 or older to claim this credit) | 4. | |
| 5. Lump sum distribution credit (include a copy of the worksheet and 1099-R forms) | 5. | |
| 6. Child care & dependent care credit (include a copy of the worksheet) | 6. | |
| 7. Displaced worker training credit (include a copy of the worksheet and all required documentation) | 7. | |
| 8. Campaign contribution credit for Ohio statewide office or General Assembly | 8. | 0 |
| 9. Income-based exemption credit | 9. | 0 |
| 10. Total (add lines 2 through 9) | 10. | 0 |
| 11. Tax less credits (line 1 minus line 10; if negative, enter zero) | 11. | 4429 |
| 12. Joint filing credit (see instructions for table). % times line 11, up to \$650 | 12. | 0 |
| 13. Earned income credit | 13. | |
| 14. Home school expenses credit (include copies of all required documentation) | 14. | |
| 15. Scholarship donation credit (include copies of all required documentation) | 15. | |
| 16. Nonchartered, nonpublic school tuition credit (include copies of all required documentation) | 16. | |
| 17. Vocational job credit (include a copy of the credit certificate) | 17. | |
| 18. Ohio adoption credit | 18. | |
| 19. Nonrefundable job retention credit (include a copy of the credit certificate) | 19. | |
| 20. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) | 20. | |
| 21. Grape production credit | 21. | |
| 22. InvestOhio credit (include a copy of the credit certificate) | 22. | |
| 23. Lead abatement credit (include a copy of the credit certificate) | 23. | |
| 24. Opportunity zone investment credit (include a copy of the credit certificate) | 24. | |



2022 Ohio Schedule of Credits

Primary taxpayer's SSN
802 57 8673



22280298

Sequence No. 8

| | | |
|---|-----|------|
| 25. Technology investment credit carryforward (include a copy of the credit certificate)..... | 25. | |
| 26. Enterprise zone day care & training credits (include a copy of the credit certificate) | 26. | |
| 27. Research & development credit (include a copy of the credit certificate)..... | 27. | |
| 28. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)..... | 28. | |
| 29. Total (add lines 12 through 28) | 29. | 0 |
| 30. Tax less additional credits (line 11 minus line 29; if negative, enter zero)..... | 30. | 4429 |

Nonresident Credit

Dates of Ohio residency 01 01 22 to 08 31 22 **Other state of residency** WA

| | | |
|--|------|--------|
| 31. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy) | 31. | 16400 |
| 32. Ohio adjusted gross income (Ohio IT 1040, line 3)..... | 32. | 148538 |
| 33a. Divide line 31 by line 32 (four decimals; do not round; if greater than 1, enter 1.0000) | 33a. | 0.1104 |
| 33. Nonresident credit (line 30 times line 33a) | 33. | 489 |

Resident Credit

| | | |
|--|-----|-----|
| 34. Resident credit – Ohio IT RC, line 7 (include a copy) | 34. | |
| 35. Total nonrefundable credits (add lines 10, 29, 33 and 34; enter here and on Ohio IT 1040, line 9) | 35. | 489 |

Refundable Credits

| | | |
|---|-----|--|
| 36. Refundable Ohio historic preservation credit (include a copy of the credit certificate)..... | 36. | |
| 37. Refundable job creation credit & job retention credit (include a copy of the credit certificate) | 37. | |
| 38. Pass-through entity credit (include a copy of the Ohio IT K-1s)..... | 38. | |
| 39. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate)..... | 39. | |
| 40. Venture capital credit (include a copy of the credit certificate) | 40. | |
| 41. Total refundable credits (add lines 36 through 40; enter here and on Ohio IT 1040, line 16)..... | 41. | |

2022 Schedule of Ohio Withholding



22350198

Use only black ink/UPPERCASE letters. Use whole dollars only.

Primary taxpayer's SSN

Sequence No. 11

802 57 8673

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms **only if they have Ohio withholding**. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies if necessary. **Place state copies of your income statements after the last page of your return.**

Part A - Total Withholding

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 10401. 4372

Part B - W-2s

| | | | |
|--------|------------------------------------|---|-------------------------------------|
| 1. P/S | Box b - EIN | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
| P | 311225519 | 49565 | 6764 |
| | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc. | Box 17 - Ohio income tax |
| | 52796921 | 49565 | 1468 |
| 2. P/S | Box b - EIN | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
| P | 911144442 | 109099 | 17355 |
| | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc. | Box 17 - Ohio income tax |
| | 51713629 | 82573 | 2904 |
| 3. P/S | Box b - EIN | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
| | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc. | Box 17 - Ohio income tax |
| 4. P/S | Box b - EIN | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
| | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc. | Box 17 - Ohio income tax |
| 5. P/S | Box b - EIN | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
| | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc. | Box 17 - Ohio income tax |
| 6. P/S | Box b - EIN | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
| | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc. | Box 17 - Ohio income tax |
| 7. P/S | Box b - EIN | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
| | Box 15 - Employer's Ohio ID number | Box 16 - Ohio wages, tips, etc. | Box 17 - Ohio income tax |



2022 Schedule of Ohio Withholding

Primary taxpayer's SSN
802 57 8673



22350298

Sequence No. 12

Part C - 1099-Rs

1. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Box 4 - Federal income tax withheld

Total
distribution

Box 7 -
Distribution code

Box 14 - Ohio tax withheld

2. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Box 4 - Federal income tax withheld

Total
distribution

Box 7 -
Distribution code

Box 14 - Ohio tax withheld

3. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Box 4 - Federal income tax withheld

Total
distribution

Box 7 -
Distribution code

Box 14 - Ohio tax withheld

4. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Box 4 - Federal income tax withheld

Total
distribution

Box 7 -
Distribution code

Box 14 - Ohio tax withheld

Part D - W-2Gs

1. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings

Box 14 - Ohio state winnings

Box 4 - Federal income tax withheld

Box 15 - Ohio income tax withheld

2. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings

Box 14 - Ohio state winnings

Box 4 - Federal income tax withheld

Box 15 - Ohio income tax withheld

3. P/S Payer's federal ID number

Box 13 - Ohio state ID number

Box 1 - Reportable winnings

Box 14 - Ohio state winnings

Box 4 - Federal income tax withheld

Box 15 - Ohio income tax withheld

Part E - 1099-NECs

1. P/S Payer's TIN

Box 6 - Payer's Ohio number

Box 1 - Nonemployee compensation

Box 7 - State income

Box 4 - Federal income tax withheld

Box 5 - Ohio tax withheld

2. P/S Payer's TIN

Box 6 - Payer's Ohio number

Box 1 - Nonemployee compensation

Box 7 - State income

Box 4 - Federal income tax withheld

Box 5 - Ohio tax withheld