

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.
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 ▶ 03/02/2023

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.
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 ▶ 03/02/2023

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:

Personal information section including: 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)? [] 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 with 6 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Income section table with rows 1a through 1z. 1a Total amount from Form(s) W-2, box 1 (158,664). 1h Other earned income (0). 1z Add lines 1a through 1h (158,664).

Table with rows 2a through 6a. 2a Tax-exempt interest. 3a Qualified dividends (106). 4a IRA distributions. 5a Pensions and annuities. 6a Social security benefits.

Table with rows 7 through 15. 7 Capital gain or (loss). 8 Other income from Schedule 1, line 10. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income (148,538). 11 Subtract line 10 from line 9. This is your adjusted gross income (148,538). 12 Standard deduction or itemized deductions (25,900). 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your 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) 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 03/02/2023	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 03/02/2023	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.

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)

A 3

B

C

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 365

0

B

C

Type of Property:

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 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.

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-10,345.

Schedule E (Form 1040) 2022

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: **KAUSHIK VENUGOPAL AVADHANULA**
 Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. **802-57-8673**

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	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	3,650.
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	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	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	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	0.
8	Add lines 6 and 7	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.

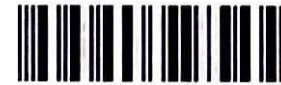
18	Last-month rule	18
19	Qualified HSA funding distribution	19
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	20
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21

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

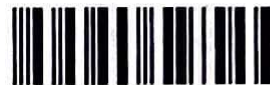
Do not staple or paper clip.

Table with 3 columns: Line number, Description, and Amount. Includes 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

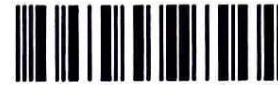
7a Amount from line 7 on page 1	7a	144738
8a Nonbusiness income tax liability on line 7a (see instructions for tax tables).....	8a	4429
8b Business income tax liability – Ohio Schedule IT BUS, line 14 (include schedule).....	8b	
8c Income tax liability before credits (line 8a plus line 8b)	8c	4429
9 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 ▶ 432
24 Overpayment (line 20 minus line 13).....	24	
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

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

▶ Primary signature *Dish* Phone number (513) 981-1011
 ▶ Spouse's signature *Prayathi* Date 03/02/2023
 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

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.

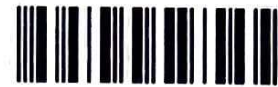
Nonrefundable Credits

Table with 3 columns: Line number, Description of credit, and Amount. Includes items like Tax liability before credits, Retirement income credit, and Total (add lines 2 through 9).



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

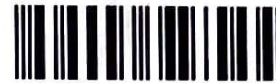
34. Resident credit – Ohio IT RC, line 7 (include a copy)	34		
35. Total nonrefundable credits (add lines 10, 29, 33 and 34; enter here and on Ohio IT 1040, line 9)	35		489

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

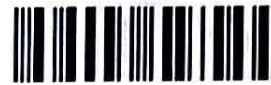
Part B - W-2s

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

Total
distribution

Box 7 -
Distribution code

Box 4 - Federal income tax withheld

Box 14 - Ohio tax withheld

2. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Total
distribution

Box 7 -
Distribution code

Box 4 - Federal income tax withheld

Box 14 - Ohio tax withheld

3. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Total
distribution

Box 7 -
Distribution code

Box 4 - Federal income tax withheld

Box 14 - Ohio tax withheld

4. P/S Payer's TIN

Box 15 - Payer's Ohio number

Box 1 - Gross distribution

Total
distribution

Box 7 -
Distribution code

Box 4 - Federal income tax withheld

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 4 - Federal income tax withheld

Box 14 - Ohio state winnings

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 4 - Federal income tax withheld

Box 14 - Ohio state winnings

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 4 - Federal income tax withheld

Box 14 - Ohio state winnings

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 4 - Federal income tax withheld

Box 7 - State income

Box 5 - Ohio tax withheld

2. P/S Payer's TIN

Box 6 - Payer's Ohio number

Box 1 - Nonemployee compensation

Box 4 - Federal income tax withheld

Box 7 - State income

Box 5 - Ohio tax withheld