1040		rtment of the Treasury—Internal Revenue 5. Individual Income		urn	202	2	OMB No. 1545	-0074	IRS Use On	y—Do not	write or staple	in this space.
Filing Status Check only one box.		Single X Married filing jointly	_	0		,	Head of		· · · ·	sp	ouse (QSS)	Ū
		on is a child but not your depend						QUU			5 name in a	
Your first name	and mi	ddle initial	Last na	me						Your s	social securi	ty number
SRIMANTH				MALAS	ETTY					-	-39-615	
lf joint return, sp	ouse's	first name and middle initial	Last na	me								curity number
DEEPTHI			NYNA								-44-480	
·		r and street). If you have a P.O. box,	see instructio	ons.				A	vpt. no.			on Campaign
22426 BR											c here if you, e if filing joir	ntly, want \$3
		e. If you have a foreign address, als	o complete s	paces bel	ow.	Sta		ZIP co		to go	to this fund.	Checking a
CLARKSBU			r			MI		208			elow will not ax or refund	0
Foreign country	name			-oreign pr	ovince/state/	coun	ty	Foreig	n postal code	yourt		
District	A.t. a.u	uting during 0000 did										
Digital Assets		ly time during 2022, did you: (a) ange, gift, or otherwise dispose										XNo
Standard		eone can claim: You as a	-				a dependent	400001			.,	
Deduction	_	Spouse itemizes on a separate r	-		•							
		Were born before January		Are bl		ouse		rn befo	ore January	2, 1958	🗌 ls b	lind
Dependents	(see i	instructions):		(2) S	Social security		(3) Relationsh	nip (4) Check the	oox if qua	alifies for (see	instructions):
If more		rst name Last name			number		to you		Child tax	credit	Credit for ot	her dependents
than four	AAD	YA TIRUMALASI	TTY	728	-72-038	7	Daughter		X			
dependents, see instructions	SRA	VYA TIRUMALASI	TTY	664	-65-978	2	Daughter		X			
and check	UMA	MAHESWARI CHITTOORI DA	TTATREYA	957	-99-365	5	Aunt					×
here	NAN	DA GOPAL NYNARU		980	-99-571	0	Uncle					×
Income	1a	Total amount from Form(s) W-			· · · ·							63,851.
	b	Household employee wages n				•					b	
Attach Form(s) W-2 here. Also	c	Tip income not reported on line					• • • •	• •			c	
attach Forms	d	Medicaid waiver payments not						• •			d	1 075
W-2G and 1099-R if tax	e	Taxable dependent care benef						• •			e	1,875.
was withheld.	f	Employer-provided adoption b				•		• •			lf	
lf you did not get a Form	g h	Wages from Form 8919, line 6				• •		• •			g h	0.
W-2, see	h i	Other earned income (see instr Nontaxable combat pay election			• • •			· ·		· 💾	n	0.
instructions.	z						-				z 2	65,726.
Attach Sch. B	2a	Tax-exempt interest	2a		· · · ·		axable interes	• •			2 <u>2</u>	05,720.
if required.	3a	Qualified dividends	3a				Ordinary divide				lb	
	4a	IRA distributions	4a				axable amoun				b	
Standard	5a	Pensions and annuities	5a	,			axable amoun				ib	
Deduction for –	6a	Social security benefits	6a				axable amoun				ib di	
Single or Married filing	с	If you elect to use the lump-su	m election r	nethod,	check here	(see	instructions)					
separately, \$12,950	7	Capital gain or (loss). Attach S									7	
 Married filing 	8	Other income from Schedule 1									8	-9,300.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6l	o, 7, and 8.	This is y	our total inc	come	e				9 2	56,426.
surviving spouse, \$25,900	10	Adjustments to income from S	chedule 1, l	ine 26						. 1	0	
Head of	11	Subtract line 10 from line 9. Th	is is your ac	djusted	gross incor	ne				. 1	1 2	56,426.
household, \$19,400	12	Standard deduction or itemiz	ed deducti	i ons (fro	m Schedule	A)				. 1		25,900.
If you checked	13	Qualified business income dec	luction from	Form 8	995 or Form	899	5-A			. 1	3	
any box under Standard	14	Add lines 12 and 13								. 1	4	<u>25,900.</u>
Deduction, see instructions.	15	Subtract line 14 from line 11. If	zero or less	s, enter -	0 This is y	our	taxable incon	ne.		. 1	5 2	30,526.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Form 1040 (2022	2)			Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 . .	16	42,997.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	42,997.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	5,000.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	5,000.
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	37,997.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	472.
	24	Add lines 22 and 23. This is your total tax	24	38,469.
Payments	25	Federal income tax withheld from:		
	а	Form(s) W-2		
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	33,198.
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)		
	28	Additional child tax credit from Schedule 8812		
	29	American opportunity credit from Form 8863, line 8. 		
	30	Reserved for future use 		
	31	Amount from Schedule 3, line 15	-	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	33,198.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	
Direct deposit? See instructions.	b	Routing number X X X X X X X X X X X C Type: Checking Savings		
	d	Account number X X X X X X X X X X X X X X X X X X X		
	36	Amount of line 34 you want applied to your 2023 estimated tax 36		
Amount	37	Subtract line 33 from line 24. This is the amount you owe .		
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions	37	5,328.
	38	Estimated tax penalty (see instructions)		
Third Party		you want to allow another person to discuss this return with the IRS? See	olow	× No
Designee		signee's Phone Personal identif		
	nar	5		
Sign	Un	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the best	t of my knowledge and
Here	bel	ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	prepare	r has any knowledge.
TIELE	Yo	5		t you an Identity
		SOFTWARE ENGINEER (see		N, enter it here
Joint return? See instructions.	Sn	SOFTWARE ENGINEER	· L	t your spouse an
Keep a copy for	op			ction PIN, enter it here
your records.		SOFTWARE ENGINEER (see i	nst.)	
	Ph	one no. (732)692-3263 Email address SRIMANTH.T@GMAIL.COM		
Paid	Pre	eparer's name Preparer's signature Date PTIN		Check if:
	SYAM	PRIYA RAM SAGAR CUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/11/2023 P02082	2703	Self-employed
Preparer Use Only	Firi	n's name GLOBAL TAXES LLC Phon	eno. (678)965-9522
	Firi	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm'	s EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information. BAA REV 03/02/23 PRO		Form 1040 (2022)

BAA

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

Attachment Sequence No. **01**

Your social security number

815-39-6154

Name(s) shown on Form 1040, 1040-SR, or 1040-NR SRIMANTH TIRUMALASETTY & DEEPTHI NYNARU

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. Att	ach Schedule E .	5	-9,900.
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 600.	_	
-	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	0		
	instructions)	8m	-	
	Section 951(a) inclusion (see instructions)	8n 8o	-	
0	Section 951A(a) inclusion (see instructions)		-	
p	Taxable distributions from an ABLE account (see instructions)	8p 8g	-	
q r	Scholarship and fellowship grants not reported on Form W-2	8r	-	
	Nontaxable amount of Medicaid waiver payments included on Form		-	
3	1040, line 1a or 1d	8s (
t	Pension or annuity from a nonqualifed deferred compensation plan or		4	
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
	Other income. List type and amount:			
-		8z		
9	Total other income. Add lines 8a through 8z		9	600.
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF		10	-9,300.
-				

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

Schedule 1 (Form 1040) 2022

Par	II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee officials. Attach Form 2106	-basis government	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			20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23 24	Archer MSA deduction		23	
24 a		24a		
b	Deductible expenses related to income reported on line 8l from the	240	-	
D	rental of personal property engaged in for profit	24b		
с	Nontaxable amount of the value of Olympic and Paralympic medals			
Ŭ	and USOC prize money reported on line 8m	24c		
d		24d		
е	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		
1	Housing deduction from Form 2555	24j	-	
K	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
-	Other adjustments. List type and amount:	24K		
2		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	
	BAA	REV 03/02/23 PRO		ule 1 (Form 1040) 2022

SCHEDULE	2
(Form 1040)	

Additional Taxes

OMB No. 1545-0074

2022

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

	nent of the Treasury Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		A S	ttachment equence No. 02
	()	rm 1040, 1040-SR, or 1040-NR ALASETTY & DEEPTHI NYNARU	Your soci 815-39-		ecurity number
Pa			010 07	01	51
1	Alternative r	ninimum tax. Attach Form 6251		1	
2	Excess adva	ance premium tax credit repayment. Attach Form 8962	2	2	
3	Add lines 1	and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	:	3	
Par	t II Other	Taxes			
4	Self-employ	ment tax. Attach Schedule SE	4	4	
5	Social secu Attach Form	Irity and Medicare tax on unreported tip income.514137			
6	Uncollected Form 8919	social security and Medicare tax on wages. Attach			
7	Total addition	onal social security and Medicare tax. Add lines 5 and 6 $$. $$. $$,		7	
8	Additional ta	ax on IRAs or other tax-favored accounts. Attach Form 5329 if requ	iired.		
	If not require	ed, check here	<u>ا</u>	8	0.
9	Household	employment taxes. Attach Schedule H	🤮	9	
10	Repayment	of first-time homebuyer credit. Attach Form 5405 if required	1	0	
11	Additional N	Nedicare Tax. Attach Form 8959	1	1	472.
12	Net investm	ent income tax. Attach Form 8960	1	2	
13		social security and Medicare or RRTA tax on tips or group-terr om Form W-2, box 12		3	
14		tax due on installment income from the sale of certain residentia		4	
15		the deferred tax on gain from certain installment sales with a sales 00		5	
16	Recapture of	of low-income housing credit. Attach Form 8611	1	6	
			1	L	

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

(continued on page 2)

Schedule 2 (Form 1040) 2022

Par	t II Other Taxes (continued)						
17	Other additional taxes:						
а	Recapture of other credits. List type, form number, and amount:						
		17a					
b	Recapture of federal mortgage subsidy, if you sold your home						
	see instructions	17b					
	Additional tax on HSA distributions. Attach Form 8889	17c					
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d					
е	Additional tax on Archer MSA distributions. Attach Form 8853 .	17e					
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f					
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g					
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h					
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17 i					
j	Section 72(m)(5) excess benefits tax	17j					
k	Golden parachute payments	17k					
Т	Tax on accumulation distribution of trusts	17 I					
m	Excise tax on insider stock compensation from an expatriated corporation	17m					
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n					
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170					
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p					
q	Any interest from Form 8621, line 24	17q					
z	Any other taxes. List type and amount:						
		17z					
18	Total additional taxes. Add lines 17a through 17z				18		
19	Reserved for future use				19		
20	Section 965 net tax liability installment from Form 965-A	20					
21	Add lines 4, 7 through 16, and 18. These are your total other taxe			and			
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b				21		472.
	ВАА	RE	V 03/02/23 PR0	J 5	schedu	le 2 (Form	n 1040) 2022

Prof. 1940) Comments real estate, royalise, partnerships, 5 corporations, estate, trusts, REMCs, etc) Descriptions Descriptions <thdescription< th=""> <thdescriptions< th=""> <thdescription< th=""><th></th><th></th><th>(5</th><th></th><th>Supplem</th><th></th><th></th><th></th><th></th><th></th><th></th><th>0</th><th></th><th>OMB No</th><th>o. 1545-0074</th></thdescription<></thdescriptions<></thdescription<>			(5		Supplem							0		OMB No	o. 1545-0074
Total and instructions and the latest information. Comparison in the second secon		-	(From	n rental real			• •	•			trusts, REMIC	JS, 6	əlc.)	2() 22
Namedy advance nation Your sector Your sector SRNAWTH Restrict TY is DEEPTHI NYNARU 815-39-6154 Det your and the submess of renting bescnal property (use Schedule C. See instructions. If you are an individual, report fammetal income or loss from Form 485 or page 2. line 40. A Did your metals and paymentals in 2022 that would require you to file Form(s) 1099? See instructions. Yes No 1a Pryscial address of sach property (street, city, state, 2IP code) A A Sach 0 Image: Sach 2000 Yes No 1a Pryscial address of sach property (street, city, state, 2IP code) A A Sach 0 Image: Sach 2000 Image: Sach 2000<				Go to							nformation.			Attachn Seguen	nent Ice No. 13
Income or Loss From Rental Real Estate and Royalties metal income or loss from Form 485 or page 2, line 40. A Did you make any payments in 2022 that would require you to file Form(s) 1099?					j							Υοι	ur socia		
Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report fram rental income or loss from From 4803 property (street, city, state, ZIP code) A Did you make any payments in 2022 that would require you to file Form(s) 10997 See instructions	SRIM	ANTH TIRUM	ALASI	ETTY & I	DEEPTHI NYNAR	U						81	L5-39	- 9-6154	
rental income or loss from Form 435 on page 2, line 40. A Did your will you file required Form(s) 1099? Yes No 1a Physical address of each property (street, city, state, ZIP code) Xes Yes No 1a Physical address of each property (street, city, state, ZIP code) Xes Xes Yes No 1a Physical address of each property (street, city, state, ZIP code) Xes Xes Yes No 1a Physical address of each property (street, city, state, ZIP code) Xes Xes Yes No 1a Type of Property: 1 C Yes No Yes No Yes No 1b Type of Property: 1 Subork, eport the number of fair leas as qualified joint venture. See instructions. Yes No A 365 0 Image: See See See See See See See See See S	Part	Income	or Lo	oss From	Rental Real Esta	ate and	Ro	yalties			1				
A Did you make any payments in 2022 that would require you to file Form(s) 10997 See instructions		Note: If yo	ou are ir	n the busine	ss of renting personal	propert	y, use	Schedul	e C . See	e instru	ctions. If you a	are a	n indiv	vidual, rep	ort farm
B H*Yes,* did yeuror will you file required Form(s) 10997 Yes No 1a Physical address of each property (street, city, state, ZIP code) A 22426 Encode A 8 C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C							o filo		10002 0	Coo in	atructions				
1a Physical address of each property (street, city, state, ZIP code) A 22426 B C C 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 QUV box only A 3 (a.5.) 0 0 7 Personal use days. Check the QUV box only A 3 (a.5.) 0 0 7 Self-Pental C 3 Vacation/Short-Term Rental 2 5 Land A 7 Self-Pental 8 7 Self-Pental 8 7 Income: 3 7 OC Properties: 7 7 7 Income: 3 7 OC 8 C 7 7 7 7 7 Income: 3 70.0 B C 7 8 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7															_
A 22426 BRIGHT SKY DR CLARKSBURG MD 20871 B Ib 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 QV box only if you meet the requirements to file as a qualified joint venture. See instructions. Fair Rental Porsonal Use Days O II Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7. Self-Rental 2 Multi-Family Residence 3 Vacation/Short-Term Rental 5 Land 7. Self-Rental 3 Rents received 4 Commercial 6 C Self-Rental 4 Royatites received 5 A B C C 5 Advertising 5 Self-Rental Self-Rental Self-Rental C 6 Auto and travel (see instructions) 5 6 C C C 1 Royatites received 5 6 C C C C C C C C C C C C C C <td></td> <td><u> </u></td> <td></td> <td>. 🗆 I</td> <td></td>												<u> </u>		. 🗆 I	
B C 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 C Fair Rental Days Personal Use Days QJV B		-				-		5)							
C Type of Property (from list below) 2 For each rental real estate property listed above, report the number of fair rental and personal use asys. Check the QJV box only if you meet the requirements to file as a qualified pint venture. See instructions. Fair Rental Days Personal Use Days QJV A 3 1 1 1 36.5 0 1 Type of Property: 1 1 Single Family Residence 3 3 1 7 Self-Hental 8 0 1 Income: 3 Vacation/Short-Term Rental 2 6 A B C 7 Self-Hental 8 0 1 1 1 0 1 1 0 1 1 0 1 1 0 1 1 0 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		22426 BRI	GHI 3	SKI DR	CLARKSBURG MI	D 208	/1								
Ib 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. Oheck the QJV box only if you set the requirements to file as a qualified joint venture. See instructions. Fair Rental B Personal Use Days QJV Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 2 Multi-Family Residence 3 Vacation/Short-Term Rental 6 Royaties 5 Land 6 Royaties 7 SetF-Rental 8 Other (describe) 7 SetF-Rental 8 Other (describe) Income: 3 Rents received 4 7 SetF-Rental 8 Other (describe) 8 Other (describe) Income: 3 Rents received 4 8 Other (describe) 8 Other (describe) S Advertising 5 5 5 5 5 S Advertising and maintenance 7 6 9 0 0 11 Management fees 10 11 14 14 14 12 Mortgage interest pial to banks, etc. (see instructions) 12 6, 0.43. 11 11 13 Other interest 13 14 14 14 14 14 14 13 Other interest 13 14 14 14 14 14 14															
direction above, report the number of fair rental and personal use days. Check the QJV box only fly our meet the requirements to file as a qualified joint venture. See instructions. Days Days <thdays< th=""> Days Days</thdays<>		Type of Prope	arty 1	2 For eac	h rental real estate	nroper	ty liet	bd		Fa	ir Rental	D	arson	allico	
A 3 personal use days. Check the QJV box only B A 365 0 B C C C C C C C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7. Self-Bental 8 Other (describe) Income: A B C C C C Isingle Family Residence 4 Commercial 5 Land 7. Self-Bental 8 Other (describe) Income: A B C C C A dwartising A B C C Advantising Advantising S Advantising S C Advantising C 3 700. C C Auto and travel (see instructions) S S Advant and travel (see instructions) S S Isingle pairs 10 I I I I I Isingle pairs 10 I I I I I Isingle pairs 11 I I <thi< th=""> I I I</thi<>	15									10					QJV
B Qualified joint venture. See instructions. B C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7. Set/-Rental 2 Multi-Family Residence 4 Commercial 6 Royatiles 8 Other (describe) Income: A B C 3 Rents received 4 700. 4 Expenses: 5 4 700. 4 5 Advertising 5 6	Α	3	,	person	al use days. Check	the QJ	V bo>	c only	Α		365	~		0	
C I C I Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royatties 8 Other (closeribe) Income: A B C 3 Rents received 4 3 700. 4 Royatties received 4 9	В								В				-		
1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Salt-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 0 Dimention Income: 3 Rents received 4 9 Dimention 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	С			quaime	a joint venture. See	einstruc	lions	.	С						
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: 3 Rents received A B C 3 Rents received 4 B C 4 Royalties received 4 C Commission C 5 Advertising 5 - - C 6 Auto and travel (see instructions) 6 - - - 7 Cleaning and maintenance 7 - - - - 8 Commissions 8 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -															
Income: A B C 3 Rents received		•				m Renta	al								
Income: A B C 3 Rents received 3 700 Fogalities received	2	Multi-Family Re	esidenc	ce 4	Commercial			6 Roya	alties	8	Other (descr	ribe))		
3 Rents received 3 700. 4 Royalties received 4											Properti	es:			
4 Royalties received 4 Expenses: 5 Advertising 5 Advertising 5 6 Cleaning and maintenance 7 7 8 6 7 8 9 9 9 9 10 10 10 11 Management fees 11 12 6,043. 11 13 14 11 14 14 14 15 14 14 16 17 14 17 14 14 18 11 14 19 10 10 10 11 14 14 14 14 15 16 1,557. 17 Utilities 17 12 18 19 10 10 20 10,600. 21 -9,900. 21 -9,900. 22 9,900. ()) 22 (9,900.) ()) ()) <t< td=""><td>Incom</td><td>e:</td><td></td><td></td><td></td><td></td><td></td><td></td><td>Α</td><td></td><td>В</td><td></td><td></td><td></td><td>С</td></t<>	Incom	e:							Α		В				С
Expenses: 5 Advertising 6 5 Advertising 6	3	Rents received	d			[3		7	00.					
5 Advertising	4	Royalties recei	ived .				4	K							
6 Auto and travel (see instructions) 6 7 7 7 8 Commissions 7 9 10 10 10 11 10 11 Management fees 11 12 6,043 11 13 11 11 14 13 14 15 Supplies 15 16 Taxes 15 17 11 11 18 12 10,060 19 Other (list) 11 19 Other (list) 11 10 12 14 15 15 15 19 Other (list) 18 19 Other (list) 12 10 It is a (loss), see instructions to find out if you must file Form 6198 12 11 It -9,900. 22 10,600. 21 -9,900. 23a 700. 22 9,900)()()(23a Total of all amounts reported on line 3 for all rental properti	Expen	ses:													
7 Cleaning and maintenance 7 8 Commissions 8 9 Insurance 9 1 Legal and other professional fees 10 11 Management fees 10 12 6,043 11 13 0ther interest 13 14 12 6,043 15 Supplies 13 16 7 14 15 15 14 16 4,557 17 17 Utilities 16 4,557 17 18 19 20 10,600 20 21 -9,900 20 10,600 22 9,900 ()()()() ()()() 23 Total of all amounts reported on line 3 for all rental properties 23a 700 24 22 9,900 ()()()() ()()() 23 Total of all amounts reported on line 12 for all properties 23a 700 23 Total of all amounts reported on line 12 for all properties 23a 10,600 24<	5	-					-								
8 Commissions 8 9 9 10 10 10 10 10 11 Management fees 10 11 12 6,043. 11 13 12 6,043. 11 14 12 6,043. 11 15 13 14 15 16 Taxes 14 14 16 15 15 15 16 17 16 Taxes 17 18 19 10 10 10 10 10 11 10 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11															
9 Insurance 9 10 10 Legal and other professional fees 10 10 11 Management fees 11 10 11 12 6,043 11 11 11 13 12 6,043 11 11 11 14 15 12 6,043 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11		•					_		•						
10 Legal and other professional fees 10 11 Management fees 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 6,043. 13 Other interest 13 14 14 15 16 15 16 4,557. 16 7axes 16 4,557. 17 Utilities 19 20 10,600. 20 21 -9,900. 20 22 (9,900.)(())(())(())(()) 23a 700. 24 23a 700. 25 Losses. Add positive amounts reported on line 3 for all reporties 23a 700. 24 Losses. Add positive amounts reported on line 20 for all properties 23a 700. 26 Total of all amounts reported on line 3 for all reporteries 23a 700. 25 Losses. Add positive amounts reported on line 20 for all properties 23a 10,600. 27 Fotal of all amounts reported on line 20 for all properties 23a 10,600. 26 Otal of all amounts reported on line 21 for all properties 23a															
11 Management fees 11 12 6,043. 12 6,043. 13 14 13 14 14 14 14 14 15 14 15 16 4,557. 16 16 7axes 16 4,557. 17 Utilities 17 18 19 0ther (list) 19 10 20 10,600. 20 10,600. 21 -9,900. 21 -9,900. 22 0.40 colline s of through 19 21 -9,900. 21 -9,900. 23a 700. 22 0.41 of all amounts reported on line 3 for all ropatites 23a 700. 23a Total of all amounts reported on line 16 for all properties 23a 700. 23b 10,600. 23b 23a 10,600. 24 23c 6,043. 23c 6,043. 23b 10,600. 23b 23b 23c 6,043. 24 10,600. 23b 10,600. 23c 6,043.						H	-								
12 Mortgage interest paid to banks, etc. (see instructions) 12 6,043. 13 14 Repairs 15 14 Repairs 14 15 15 Supplies 16 4,557. 16 Taxes 16 4,557. 17 Utilities 17 18 Depreciation expense or depletion 17 19 Other (list) 19 20 Total expenses. Add lines 5 through 19 20 10 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 21 -9,900. 21 22 (9,900.)()(23a Total of all amounts reported on line 3 for all rental properties 23a 23b		-	-												
13 Other interest 13 14 Repairs 14 15 Supplies 14 16 Taxes 14 17 Utilities 15 18 Depreciation expense or depletion 18 19 Other (list) 19 20 Total expenses. Add lines 5 through 19 20 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 20 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 22 (9,900.)()(23a Total of all amounts reported on line 3 for all rental properties 23a c Total of all amounts reported on line 12 for all properties 23a c Total of all amounts reported on line 18 for all properties 23a c Total of all amounts reported on line 20 for all properties 23a c Total of all amounts reported on line 21. Do not include any losses 23a c Total of all amounts shown on line 21. Do not include any losses 23c 24 25 <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>6 0</td> <td>112</td> <td></td> <td></td> <td></td> <td></td> <td></td>		-							6 0	112					
14 Repairs 14 15 15 Supplies 16 4,557. 16 Taxes 16 4,557. 17 Utilities 17 18 Depreciation expense or depletion 17 19 Other (list) 19 20 Total expenses. Add lines 5 through 19 20 20 Total expenses. Add lines 5 through 19 20 21 Subtract line 20 from line 3 (rents) and/or 4 (royatties). If result is a (loss), see instructions to find out if you must file Form 6198 21 21 -9,900. 21 22 (9,900.)()(23a Total of all amounts reported on line 3 for all rental properties 23a c Total of all amounts reported on line 12 for all properties 23a c Total of all amounts reported on line 20 for all properties 23a c Total of all amounts reported on line 21 for all properties 23a c Total of all amounts reported on line 21 or all properties 23a c Total of all amounts reported on line 21 nor entil real estate losses from line 22. Enter total losses here 23c c Total of all amou						ons)			0,0	143.					
15 Supplies 15 16 16 Taxes 17 16 4,557. 17 Utilities 17 18 19 18 Depreciation expense or depletion 18 19 20 Total expenses. Add lines 5 through 19 18 19 20 Total expenses. Add lines 5 through 19 20 10,600. 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 -9,900. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 21 -9,900. 23a 23a Total of all amounts reported on line 3 for all rental properties 23a 700. 23a Total of all amounts reported on line 12 for all properties 23a 700. 23b															
16 Taxes 17 16 4,557. 17 Utilities 17 17 18 Depreciation expense or depletion 18 19 19 Other (list) 19 20 10 Total expenses. Add lines 5 through 19 20 10,600. 21 Subtract line 20 from line 3 (rents) and/or 4 (royatiles). If result is a (loss), see instructions to find out if you must file Form 6198 21 -9,900. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 21 -9,900. 23a Total of all amounts reported on line 3 for all rental properties 23a 700. 23a Total of all amounts reported on line 12 for all properties 23a 700. 24 Cotal of all amounts reported on line 12 for all properties 23a 10,600. 24 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 24 25 Gosses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 9,900.) 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,		-													
17 Utilities 17 18 18 Depreciation expense or depletion 17 18 19 Other (list) 19 10 20 Total expenses. Add lines 5 through 19 20 10,600 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 19 20 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 21 -9,900. 21 23a Total of all amounts reported on line 3 for all rental properties 23a 700. 23b 23a Total of all amounts reported on line 12 for all properties 23c 6,043. 23d 23d Total of all amounts reported on line 20 for all properties 23d 10,600. 24 24 10,600. 10,600. 10,600. 10,600. 10,600. 10,600. 24 10,600. 10,600. 10,600. 10,600. 10,600. 10,600. 24 10,600. 10,600. 10,600. 10,600. 10,600. 10,600. 24 10,600. 10,600. 10,600. <t< td=""><td></td><td></td><td></td><td></td><td></td><td>t t</td><td></td><td></td><td>4 5</td><td>57</td><td></td><td></td><td></td><td></td><td></td></t<>						t t			4 5	57					
18 Depreciation expense or depletion 18 19 Other (list) 19 20 Total expenses. Add lines 5 through 19 20 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 10,600. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 21 23a Total of all amounts reported on line 3 for all rental properties 23a c Total of all amounts reported on line 12 for all properties 23a c Total of all amounts reported on line 12 for all properties 23a d Total of all amounts reported on line 20 for all properties 23a d Total of all amounts reported on line 20 for all properties 23a d Total of all amounts reported on line 20 for all properties 23a d Total of all amounts reported on line 21 nor ont include any losses 23a e Total of all amounts reported on line 21 and rental real estate losses from line 22. Enter total losses here 25 e Total of all amounts reported on line 21 and rental real estate losses from line 22. 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 <td></td> <td></td> <td></td> <td></td> <td></td> <td>H</td> <td></td> <td></td> <td>1,5</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						H			1,5						
19 Other (list) 19 19 20 10,600. 20 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 10,600. 21 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 21 -9,900. 22 22 9,900.)()()()) 23a Total of all amounts reported on line 3 for all rental properties . . 23a 700. b Total of all amounts reported on line 12 for all properties <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td>					-										
 20 Total expenses. Add lines 5 through 19		•													
result is a (loss), see instructions to find out if you must file Form 6198	20	Total expenses	s. Add	l lines 5 thro	ough 19		20		10,6	500.					
file Form 6198 1 -9,900. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 9,900.)()(23a Total of all amounts reported on line 3 for all rental properties 23a 700. b Total of all amounts reported on line 4 for all royalty properties 23b 23b c Total of all amounts reported on line 12 for all properties 23c 6,043. d Total of all amounts reported on line 20 for all properties 23e 10,600. 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 9,900.) 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 9,900.)	21	Subtract line 2	20 from	n line 3 (ren	ts) and/or 4 (royalti	ies). If									
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 (9,900.)()()()) 23a Total of all amounts reported on line 3 for all rental properties 23a 700. 23a 700. b Total of all amounts reported on line 4 for all royalty properties 23a 700. 23b 23b c Total of all amounts reported on line 12 for all properties 23c 6,043. 23d 23d d Total of all amounts reported on line 20 for all properties 23a 10,600. 24 e Total of all amounts reported on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 9,900.) 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 25 9,900.)		result is a (loss	s), see	instruction	s to find out if you	must									
on Form 8582 (see instructions) 22 (9,900.) () () () 23a Total of all amounts reported on line 3 for all rental properties 23a 700. b Total of all amounts reported on line 4 for all royalty properties 23b		file Form 6198	3				21		-9,9	900.					
23a Total of all amounts reported on line 3 for all rental properties 23a 700. b Total of all amounts reported on line 4 for all royalty properties 23b 23b c Total of all amounts reported on line 12 for all properties 23c 6,043. d Total of all amounts reported on line 18 for all properties 23d 23d e Total of all amounts reported on line 20 for all properties 23d 10,600. 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 (9,900.) 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	22														
 b Total of all amounts reported on line 4 for all royalty properties						L		(9,90		()	()
 c Total of all amounts reported on line 12 for all properties	23a											70	00.		
d Total of all amounts reported on line 18 for all properties 23d 10,600. e Total of all amounts reported on line 20 for all properties 23e 10,600. 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 (9,900.) 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 25 (9,900.)	b				-										
 Total of all amounts reported on line 20 for all properties											6	,04	43.		
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 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 24				•											
 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 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 				•								,61			
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												•		(0 000 \
here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on												- F	20	l	9,900.)
	26														
$\mathcal{I}_{\mathcal{I}}$													26		-9.900
For Paperwork Reduction Act Notice, see the separate instructions. NPA -9,900. Schedule E (Form 1040) 2022	For Pa													edule F (F	

Schedule E (Form 1040) 2022

Attach to Form 1040, 1040-SR, or 1040-UR. Converse sources Converse	Form	2441			Child	and D	epender	nt Care	e Expe	enses		0	MB No. 1545-0074
Instruction Go to www.irs.gov/form2411 for instructions and the latest information. Mathematics. (a) a construction without SRIMANTH_TELEVALABETTY & DESETHI NYNARU Your service approximation without (15) - 30 - 6154 A You car't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under <i>Married Persons Filing Separately</i> . If you meet these requirements, claim a credit for child and dependent care expenses and your centering desend income of \$250 or \$503 enth on Form 2441 based on the income rules listed in the instructions under <i>IY You or Your Spouse Was a Student or Was listed</i> . Imarried intervence of \$250 or \$503 enth on Form 2441 based on the income rules listed in the instructions under <i>IY You or Your Spouse Was a Student or Was listed</i> . Imarried intervence (a) listed in the instructions under <i>IY You or Your Spouse Was a Student or Baseled,</i> check this box. Imarried intervence (b) Adverses 1 (e) Care provider is used. (b) Adverses (c) Imarried intervence (soft or BN) (c) Was the sing conductore (soft or BN) (c	FOIII						-		-				2022
Namese town on round Your exclusion Your exclusion Your exclusion Your exclusion BERNANTH TERMALASETTY & DEEPTH WYNART 915–39-6114 915–39-6114 915–39-6114 A You can't claim a credit for child and dependent care expenses if your fling status is married fling separately. If you ary spouse was a student or was disabled during 2022 and you're entering deemed income of \$250 or \$500 a month on form 2411 based on the income rules listed in the instructions under <i>II' You or Your Spouse</i> Was a Student or Dasabed, check this box . If you or your spouse was a student or was disabled during 2022 and you're entering deemed income of \$250 or \$500 a month on form 241 based on the income rules listed in the instructions under <i>II' You or Your Spouse</i> Was a Student or Dasabed, check this box . Part Persons or Organizations Who revises the instructions and check this box. If (W Care provider's from the instruction is and check this box. If (W Care provider's from the instruction is and check this box. If (W Care provider's from the instruction is and check this box. If (W Care provider's from the instruction is and check this box. If (W Care provider's from the instruction is and check this box. If (W Care provider is your household employee, you may one employment taxes. For details, see the instructions and check this box. Did your receive No Complete only Part II below. If (W Care provider is your household employee, you may owe employment taxes. For details, see the instructions and check this box. Id do you receive: No			У	Got						st information			
SRIMARTH_TIRUMALASETTY 6_DEEPTHI_NYNARU [915-9154] A You car't claim a credit for child and dependent care expenses in invarial diling apparately unless you meet the equirements listed in the instructions under <i>Married Persons Filing Separately</i> . If you meet these requirements, claim of Disabled, check this box .						govnorm	2447 101 1130				Your so		
A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately. Hyou mare these requirements located in the instructions under Married Persons Filing Separately. Hyou meet these requirements is claim in the instructions under Married Persons Filing Separately. Hyou meet these requirements is claim or Disabled, check this box. B If you ryour spouse was a student or was disabled during 2022 and you're entering deamed income of \$250 or \$500 a month on form 2441 based on the income intel in the instructions under Married Come-You must complete this part. (d) Was the improvident of Care-You must complete this part. Part Persons or Organizations Who Provided the Care-You must complete this part. (d) Was the improvidency must be improved to the improvidency must be improved to the improvidency must be improved to the instructions and check this box. (e) Improvidency must be improved to the improvidency must be improved to the instructions of \$250 or \$250 at month on improved to the improvidency must be improved to the improved to the improved to the improved to the improvidency must be improved to the improvidency must be improved to the improvidency must be improved to the the improvidency must be improved to the care provider is a specified to the improvidency must be improved to the improved to the improved to the	. ,		MALAS	ETTY &	DEEPTH	I NYNAI	RU				815-	39-6	154
requirements listed in the instructions under Maniel Persons Filing Separately. If you meet these requirements, check this box								our filing s	tatus is n	narried filing se			
Form 2411 based on the income rules listed in the instructions under II You or Your Spouse Was a Student or Disability, check this box													
Persons or Organizations Who Provided the Care – You must complete this path. If you have more than three care providers, see the instructions and check this box. Image: State and State													
If you have more than three care providers, see the instructions and check this box Image: construction instruction instrun instrus instructins instruction instruction instruct	1								-			ed, che	eck this box .
1 (a) Care provider's name (b) Address (number, steet, apt. no., city, state, ad 2/P code) (c) Identifying number (number, steet, apt. no., city, state, ad 2/P code) (c) Identifying number (number, steet, apt. no., city, state, ad 2/P code) (c) Ves No 1 (a) Care provider's (number, steet, apt. no., city, state, ad 2/P code) (c) Ves No (c) Ves No 1 (a) Care provider's (number, steet, apt. no., city, state, ad 2/P code) (c) Ves No (c) Ves No 1 (b) Care provider (number, steet, apt. no., city, state, ad 2/P code) No (c) Ves No (c) Ves No 1 (c) Care provider (c) Care (c)	Part												
Credit for Child and Dependent Care Expenses Information about your qualifying person's name If the amount is in column (d) of line 2, Don't enter more than \$3,000 if you had one qualifying person's and periad in accust on the set of the se	1 (a		\$	(number, str			and ZIP code)			household emp For example, this nannies but not	loyee in 20 generally in daycare cer	22? cludes	
Image: State of the structure is a state of the structure is a structure is structure is a structure is a structure is structure is a struct										Yes		0	
Did you receive No Complete only Part II below. dependent care benefits? Yes Complete Part III on page 2 next. Caution: If the care provider is your household employee, you may dwe employment taxes. For details, see the Instructions for Schedule H (Form 1040). If you incurred care expenses in 2022 but didn't pay them until 2023, or if you prepaid in 2023 for care to be provided in 2023, don't include these expenses in column (d) of line 2 for 2022. See the instructions and check this box Part II Credit for Child and Dependent Care Expenses Complete Part III on page 2 next. 2 Information about your qualifying person's name b) Qualifying person's name (a) Qualifying person's name (b) Qualifying person's qualifying person's good action of \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31 (d) Check here if the your completed Part III, enter the amount from line 31 3 Add the amounts in column (d) of line 2. Don't enter more than \$3,000 if you had one qualifying person or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31 4 5 If married filing jointy, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all othersy enter the amount from line 4 5 0. 6 Enter the amount from form 1040, 1100 - 23, 000 - 23 31,000 - 33,000 - 24 33,000 - 43,000 - 21 41,000 - 43,000 - 21 41,000 - 43,000 - 21 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>🗌 Yes</td><td></td><td>0</td><td></td></t<>										🗌 Yes		0	
dependent care benefits? Yes Complete Part III on page 2 next. Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040). If you incurred care expenses in 2022 but didn't pay them until 2023, or if you prepaid in 2022 for care to be provided in 2023, don't include these expenses in column (d) of line 2 for 2022. See the instructions. Part III Credit for Child and Dependent Care Expenses 2 Information about your qualifying person's name (a) Qualifying person's name (b) Qualifying person's name First Last b) caulifying person (a) Qualifying person's name (b) Qualifying person's name (c) Qualifying person's name First Last b) caulifying person (c) Qualifying person's of \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31 3 4 Enter your earned income. See instructions; iI others, enter the amount from line 31 4 5 0. 6 Enter the amount from form 1040, 1040-SR, or 1040-NR, line 11 1 7 8 3 3 4 3 4 3 90 Over Social social amount shown below that applies to the amount form line 7. ft mire 7 is: ft ine 7 is: ft ine 7 is: ft ine 7 is: ft ine 7 is:										Ves		o	
Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040), If you incurred care expenses in column (d) of line 2 for 2022. See the instructions. For details, see the Instructions for Schedule H (Form 1040), If you incurred care expenses in column (d) of line 2 for 2022. See the instructions. Image: Column (d) of line 2 for 2022. See the instructions and check this box 2 Information about your qualifying person(s). If you have more than three qualifying persons, see the instructions and check this box (d) Cualifying person's name (e) Cualifying person's name (f) Qualifying person's name First Last (b) Qualifying person's care to solve the instructions and check this box (g) Qualified expenses 3 Add the amounts in column (d) of line 2. Don't entermore than \$3,000 if you had one qualifying person or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31 3 4 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4 5 0. 6 Enter the smallest of line 3, 4, or 5 If the 7 is: 5 0. 7 Enter the smallest of line 3, 4, or 5 22,000 - 23,000 28 39,000 - 41,000 22 30,000 - 27,000						?						t.	
(a) Qualifying person's name (b) Qualifying person's additying person's additying person's additying person's additying person was owr age 12 and was disabled. See instructions (d) Qualified expenses is being additying person and the person and the person and the person and the person are \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31 (d) Qualified expenses is being additying person and the person are \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31 (d) Qualified expenses is the person and the person and the person are \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31 (d) Qualified expenses is the person and the person are \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31 (d) Qualified expenses is the person are \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31 (d) Qualified expenses is the person are \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31 (d) Qualified expenses is the person are \$6,000 if you had two or your spouse was a student or was disabled, see the instructions; all others, enter the amount from line 4. (d) Qualified expenses is \$0,000 6 Enter on line 8 the decimal amount shown below that applies to the amount on line 7. ff line 7 is: ff line 7 is: ff line 7 is: fi line 7 is: ga 0 ver Weat not person and amount is \$2,000 - 23,000 24,000 - 23,000 27,000 - 29,000 28,37,000 - 39,000 28,37,000 - 39,000	be pro Part	vided in 2023	3, don't dit for (include th Child and	nese exper d Depeno	nses in co dent Ca i	olumn (d) of r e Expense	line 2 for 2 s	2022. See	e the instructio	ns.		
(a) Qualifying person's name (b) Qualifying person's social security number social social security number social social security number soci social socin social social security number social social security	2	information a	bout you	ir qualityin	ig person(s	s) . If you n	lave more tha	n three qua	annying pe				
 or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31 Enter your earned income. See instructions If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4 Enter the smallest of line 3, 4, or 5 Enter the smallest of line 3, 4, or 5 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 I T If line 7 is: But not Decimal amount is over below that applies to the amount on line 7. If line 7 is: So - 15,000 35 \$25,000 - 27,000 29 \$37,000 - 39,000 23 35,000 - 17,000 34 29,000 - 31,000 27 41,000 - 43,000 21 4000 - 23,000 23 30,000 - 25,000 30 35,000 - 37,000 24 9a Multiply line 6 by the decimal amount on line 8 Add lines 9a and 9b and enter the result Credit for child and dependent care expenses. Enter the smaller of line 9 cor line 10 here and 		First	(a) Qu	ualifying pers	son's name	Last				qualifying perso age 12 and was	n was over s disabled.	you in 2	incurred and paid 022 for the person
 or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31 Enter your earned income. See instructions If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4 Enter the smallest of line 3, 4, or 5 Enter the smallest of line 3, 4, or 5 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 I T If line 7 is: But not Decimal amount is over below that applies to the amount on line 7. If line 7 is: So - 15,000 35 \$25,000 - 27,000 29 \$37,000 - 39,000 23 35,000 - 17,000 34 29,000 - 31,000 27 41,000 - 43,000 21 4000 - 23,000 23 30,000 - 25,000 30 35,000 - 37,000 24 9a Multiply line 6 by the decimal amount on line 8 Add lines 9a and 9b and enter the result Credit for child and dependent care expenses. Enter the smaller of line 9 cor line 10 here and 													
 or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31 Enter your earned income. See instructions If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4 Enter the smallest of line 3, 4, or 5 Enter the smallest of line 3, 4, or 5 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 I T If line 7 is: But not Decimal amount is over below that applies to the amount on line 7. If line 7 is: So - 15,000 35 \$25,000 - 27,000 29 \$37,000 - 39,000 23 35,000 - 17,000 34 29,000 - 31,000 27 41,000 - 43,000 21 4000 - 23,000 23 30,000 - 25,000 30 35,000 - 37,000 24 9a Multiply line 6 by the decimal amount on line 8 Add lines 9a and 9b and enter the result Credit for child and dependent care expenses. Enter the smaller of line 9 cor line 10 here and 													
 or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31 Enter your earned income. See instructions If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4 Enter the smallest of line 3, 4, or 5 Enter the smallest of line 3, 4, or 5 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 I T If line 7 is: But not Decimal amount is over below that applies to the amount on line 7. If line 7 is: So - 15,000 35 \$25,000 - 27,000 29 \$37,000 - 39,000 23 35,000 - 17,000 34 29,000 - 31,000 27 41,000 - 43,000 21 4000 - 23,000 23 30,000 - 25,000 30 35,000 - 37,000 24 9a Multiply line 6 by the decimal amount on line 8 Add lines 9a and 9b and enter the result Credit for child and dependent care expenses. Enter the smaller of line 9 cor line 10 here and 													
 4 Enter your earned income. See instructions 1 f married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4 6 Enter the smallest of line 3, 4, or 5 7 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 7 8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7. If line 7 is: 15,000 - 15,000 35 \$25,000 - 27,000 29 \$37,000 - 39,000 21 15,000 - 17,000 34 27,000 - 29,000 28 39,000 - 41,000 22 19,000 - 21,000 31 33,000 - 35,000 25 23,000 - 25,000 30 35,000 - 37,000 24 9a Multiply line 6 by the decimal amount on line 8 10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions 10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions 10 Credit for child and dependent care expenses. Enter the smaller of line 9c or line 10 here and 	3			()						1 2 0 1			
 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4		-									-		
or was disabled, see the instructions); all others, enter the amount from line 4 5 0. 6 Enter the smallest of line 3, 4, or 5 6 7 Enter the smallest of line 3, 4, or 5 6 7 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 7 8 Inter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 7 8 Inter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 7 8 If line 7 is: If line 7 is: Over over amount is over becimal amount is over over amount is amount is over over amount is a famount is over over amount is a pleximal amount is a space becimal amount on line 8 8 X 1000 - 23,000 .34 27,000 - 29,000 .25 23,000 - 21,000 .32 33,000 - 33,000 .25 2,000 - 21,000 .32 35,000 - 37,000 .24 9a 9a </td <td></td>													
 6 Enter the smallest of line 3, 4, or 5 7 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 7 8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7. If line 7 is: S0-15,000 35 \$25,000-27,000 29 \$37,000-39,000 23 39,000-41,000 22 17,000-19,000 34 27,000-29,000 28 39,000-41,000 22 41,000-43,000 21 19,000-21,000 31 33,000-35,000 24 9a Multiply line 6 by the decimal amount on line 8 10 9b 9c Add lines 9a and 9b and enter the result Credit for child and dependent care expenses. Enter the smaller of line 9c or line 10 here and 	Ŭ												0
 7 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 7 8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7. If line 7 is: But not over over over over over amount is \$0-15,000 .35 \$25,000-27,000 .29 \$37,000-39,000 .23 15,000-17,000 .34 27,000-29,000 .28 39,000-41,000 .22 17,000-19,000 .33 29,000-31,000 .27 41,000-43,000 .21 19,000-21,000 .32 31,000-33,000 .26 43,000-No limit .20 33,000-35,000 .24 9a Multiply line 6 by the decimal amount on line 8	6												0.
 8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7. If line 7 is: If line 7 is: Over But not Decimal amount is 90 Ver But not over But not over<											_		
OverBut not overDecimal amount isOverBut not overDecimal amount isDecimal amount is\$0-15,000.35\$25,000-27,000.29\$37,000-39,000.2315,000-17,000.3427,000-29,000.2839,000-41,000.2217,000-19,000.3329,000-31,000.2741,000-43,000.2119,000-21,000.3231,000-33,000.2643,000-No limit.2021,000-23,000.3133,000-35,000.249aMultiply line 6 by the decimal amount on line 8bIf you paid 2021 expenses in 2022, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c9aMultiply limit. Enter the amount from the Credit Limit Worksheet in the instructions10.10Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions10	8	Enter on line	8 the d	ecimal arr	nount shov	vn below	that applies	to the amo	ount on li	ne 7.			
Over over amount is Over over amount is Over over amount is \$0-15,000 .35 \$25,000-27,000 .29 \$37,000-39,000 .23 15,000-17,000 .34 27,000-29,000 .28 39,000-41,000 .22 17,000-19,000 .33 29,000-31,000 .27 41,000-43,000 .21 19,000-21,000 .32 31,000-33,000 .26 43,000-No limit .20 21,000-23,000 .31 33,000-35,000 .25 9a Multiply line 6 by the decimal amount on line 8 b If you paid 2021 expenses in 2022, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c 9b 9c 10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions 10 9c 11 Credit for child and dependent care expenses. Enter the smaller of line 9c or line 10 here and 10 10 11 11 11 12<			_		If line 7 is			If line 7 i		_			
\$0-15,000 .35 \$25,000-27,000 .29 \$37,000-39,000 .23 15,000-17,000 .34 27,000-29,000 .28 39,000-41,000 .22 17,000-19,000 .33 29,000-31,000 .27 41,000-43,000 .21 19,000-21,000 .32 31,000-33,000 .26 43,000-No limit .20 21,000-23,000 .31 33,000-35,000 .25 9a Multiply line 6 by the decimal amount on line 8 b If you paid 2021 expenses in 2022, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c 9b c Add lines 9a and 9b and enter the result 10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions 10 11 Credit for child and dependent care expenses. Enter the smaller of line 9c or line 10 here and <td></td> <td></td> <td></td> <td></td> <td>Over</td> <td></td> <td></td> <td>Over</td> <td></td> <td></td> <td></td> <td></td> <td></td>					Over			Over					
17,000-19,000 .33 29,000-31,000 .27 41,000-43,000 .21 19,000-21,000 .32 31,000-33,000 .26 43,000-No limit .20 21,000-23,000 .31 33,000-35,000 .25 .23,000-25,000 .30 35,000-37,000 .24 9a Multiply line 6 by the decimal amount on line 8 b If you paid 2021 expenses in 2022, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c . . 9b c Add lines 9a and 9b and enter the result 10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions 10 					\$25,000-			\$37,000		1			
17,000-19,000 .33 29,000-31,000 .27 41,000-43,000 .21 19,000-21,000 .32 31,000-33,000 .26 43,000-No limit .20 21,000-23,000 .31 33,000-35,000 .25 23,000-25,000 .30 35,000-37,000 .24 9a Multiply line 6 by the decimal amount on line 8 9a If you paid 2021 expenses in 2022, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c . . . 9b 9b Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions 10 11 Credit for child and dependent care expenses. Enter the smaller of line 9c or line 10 here and 		15,000-17,0	000	.34	27,000-	-29,000	.28	39,000	-41,000	.22			V
21,000-23,000 .31 33,000-35,000 .25 23,000-25,000 .30 35,000-37,000 .24 9a Multiply line 6 by the decimal amount on line 8		17,000—19,0	000	.33	29,000-	-31,000	.27	41,000	-43,000	.21	8		Χ
9a 23,000-25,000 .30 35,000-37,000 .24 9a 9a Multiply line 6 by the decimal amount on line 8		19,000—21,0	000	.32	31,000-	-33,000	.26	43,000	—No limit	.20			
 9a Multiply line 6 by the decimal amount on line 8		21,000-23,0	000	.31	33,000-	-35,000	.25						
 b If you paid 2021 expenses in 2022, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c						-	.24				_		
from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c 9b c Add lines 9a and 9b and enter the result 9c 10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions 10 11 Credit for child and dependent care expenses. Enter the smaller of line 9c or line 10 here and			-										
 c Add lines 9a and 9b and enter the result	b												
 10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions 10 11 Credit for child and dependent care expenses. Enter the smaller of line 9c or line 10 here and 10 	-							e en and (
11 Credit for child and dependent care expenses. Enter the smaller of line 9c or line 10 here and								 the instructi	 ons 10	 .	90	-	
		Credit for cl	hild and	l depende	ent care e	xpenses.	. Enter the si	naller of li	ne 9c or	line 10 here ar			

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

Page 2		2441 (2022) Dependent Care Benefits	Form 2 Part
1,875.	12	Enter the total amount of dependent care benefits you received in 2022. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don't include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12
	13 14	Enter the amount, if any, you carried over from 2020 and/or 2021 and used in 2022. See instructions If you forfeited or carried over to 2023 any of the amounts reported on line 12 or 13, enter the amount. See instructions	13 14
1,875.	15	Combine lines 12 through 14. See instructions	15 16
		Enter the smaller of line 15 or 16	17 18 19
		 If married filing separately, see instructions. All others, enter the amount from line 18. Enter the smallest of line 17, 18, or 19	20
		Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19). If you entered an amount on line 13, add it to the \$5,000 or \$2,500 amount you enter on line 21. However, don't enter more than the maximum amount allowed under your dependent care plan. If your dependent care plan uses a non-calendar plan year, see instructions	21
0.	22	Is any amount on line 12 or 13 from your sole proprietorship or partnership? No. Enter -0 Yes. Enter the amount here.	22
0.	24	Subtract line 22 from line 15	23 24
0.	25	Excluded benefits. If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0	25
	26	Taxable benefits. Subtract line 25 from line 23. If zero or less, enter -0 Also, enter this amount on Form 1040, 1040-SR, or 1040-NR, line 1e	26
		To claim the child and dependent care credit, complete lines 27 through 31 below.	
	27	Enter \$3,000 (\$6,000 if two or more qualifying persons)	27
	28	Add lines 24 and 25	28
	29	Subtract line 28 from line 27. If zero or less, stop . You can't take the credit. Exception. If you paid 2021 expenses in 2022, see the instructions for line 9b	29
	30	Complete line 2 on page 1 of this form. Don't include in column (d) any benefits shown on line 28 above. Then, add the amounts in column (d) and enter the total here	30
	31	Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11	31
Form 2441 (2022)	-	REV 03/02/23 I	

Form **5329** Department of the Treasury Internal Revenue Service

DEEPTHI NYNARU

24

25

Name of individual subject to additional tax. If married filing jointly, see instructions.

Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

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

	OIVIB NO. 1545-0074				
	2022				
	Attachment Sequence No. 29				
Yo	ur social security number				
802-44-4804					

Go to www.irs.gov/Form5329 for instructions and the latest information.

		Home address (number and street), or P.O. box if	f mail is not delivered to y	our home		Apt. no.
Fill in	Your Address Only	City, town or post office, state, and ZIP code. If y	ou have a foreign address	s, also complete the spaces		
	u Are Filing This	below. See instructions.	gg	-,		
	by Itself and Not				return, che	n amended eck here
with	Your Tax Return	Foreign country name	Foreign province/state/	county	Foreign pos	
				Journy		
lf vou	only owe the addition	nal 10% tax on the full amount of the	early distributions	you may be able to r	eport this	tax directly or
Sche	dule 2 (Form 1040), line	8, without filing Form 5329. See instruc	ctions.			-
Par		x on Early Distributions. Complete				
		ution) before you reached age 591/2 f				
		tract (unless you are reporting this tax				
		te this part to indicate that you qualify	for an exception to	the additional tax on	early dist	ributions or to
		distributions. See instructions.				
1		ludible in income (see instructions). For			1	
2	-	luded on line 1 that are not subject to th				
		exception number from the instructions			2	
3		Iditional tax. Subtract line 2 from line 1			3	
4		10% (0.10) of line 3. Include this amour			4	
	, ,	of the amount on line 3 was a distribution		RA, you may have to		
		mount on line 4 instead of 10%. See instead		•		
Par		x on Certain Distributions From E				
		an amount in income, on Schedule 1 (avings accoun
		ied tuition program (QTP), or on Schedu			iccount.	
5		d in income from a Coverdell ESA, a QTI			5	
6					6	
7		Iditional tax. Subtract line 6 from line 5			7	
8		10% (0.10) of line 7. Include this amour			8	
Part		x on Excess Contributions to Trac for 2022 than is allowable or you had ar				ed more to you
9		tributions from line 16 of your 2021 Form		-		
10	•	A contributions for 2022 are less that				
10		n, see instructions. Otherwise, enter -0-		10		
11		listributions included in income (see inst		11		
12		prior year excess contributions (see inst	,	12		
13		12			13	
14		ntributions. Subtract line 13 from line 9.			14	
15		for 2022 (see instructions)			15	
16		itions. Add lines 14 and 15			16	
17		6% (0.06) of the smaller of line 16 or the				
		22 contributions made in 2023). Include this			17	
Part		x on Excess Contributions to Rot				re to vour Roth
		an is allowable or you had an amount o				,
18		tributions from line 24 of your 2021 Form			3 18	
19		ributions for 2022 are less than your m				
		ructions. Otherwise, enter -0		19		
20		m your Roth IRAs (see instructions)		20		
21	Add lines 19 and 20				21	
22		ntributions. Subtract line 21 from line 18			22	
23	-	for 2022 (see instructions)			23	

Additional tax. Enter 6% (0.06) of the smaller of line 24 or the value of your Roth IRAs on December 31,

Total excess contributions. Add lines 22 and 23 . . .

24

25

.

Form 53	329 (2022	2)						Page 2
Part				tributions to Coverdell ESAs. C han is allowable or you had an amoun	•			
26	Enter	the excess of	contributions from line 32 c	of your 2021 Form 5329. See instruction	s. If zero, go	to line 31	26	
27				SAs for 2022 were less than the uctions. Otherwise, enter -0	27			
28	2022	distributions	s from your Coverdell ESA	As (see instructions)	28			
29	Add I	ines 27 and	28				29	
30	Prior	year excess	contributions. Subtract li	ne 29 from line 26. If zero or less, ente	er-0		30	
31	Exces	ss contributi	ons for 2022 (see instruct	ions)			31	
32	Total	excess cont	tributions. Add lines 30 ar	nd 31			32	
33	Addit	tional tax.	Enter 6% (0.06) of the s i	maller of line 32 or the value of you	ur Coverdell	ESAs on		
	Dece (Form	mber 31, 20 1 1040), line	22 (including 2022 contri 8	butions made in 2023). Include this a	mount on S	chedule 2	33	
Part				ibutions to Archer MSAs. Comple				
				nan is allowable or you had an amoun			Form	า 5329.
34	Enter	the excess of	contributions from line 40 c	of your 2021 Form 5329. See instruction	ns. If zero, go	o to line 39	34	
35				or 2022 are less than the maximum herwise, enter -0	35		7	
36	2022	distributions	s from your Archer MSAs		36			
37	Add I	ines 35 and	36				37	
38				ne 37 from line 34. If zero or less, ente			38	
39	Exces	ss contributi	ons for 2022 (see instruct	ions)			39	
40	Total	excess cont	tributions. Add lines 38 ar	nd 39			40	
41				smaller of line 40 or the value of y				
				butions made in 2023). Include this a				
				<u></u>			41	
Part		someone or amount on l	n your behalf, or your en ine 49 of your 2021 Form		SAs for 202	2 than is all	lowab	le or you had an
42				of your 2021 Form 5329. If zero, go t	oline 47 .		42	0.
43	allow	able contrib	ution, see instructions. Ot	2022 are less than the maximum herwise, enter -0	43			
44				orm 8889, line 16				
45	Add I	ines 43 and	44				45	
46				ne 45 from line 42. If zero or less, ente			46	
47	Exces	ss contributi	ons for 2022 (see instruct	ions)			47	600.
48	Total	excess cont	tributions. Add lines 46 ar	nd 47			48	600.
49				aller of line 48 or the value of your H				
				2023). Include this amount on Schedule			49	0.
Part \			Tax on Excess Contr 2022 were more than is a	ibutions to an ABLE Account. C llowable.	omplete this	s part if con	tributi	ons to your ABLE
50	Exces	ss contributi	ons for 2022 (see instruct	ions)			50	
51	Addit	tional tax.	Enter 6% (0.06) of the s	maller of line 50 or the value of yo	our ABLE ad	ccount on		
	Dece	mber 31, 20	22. Include this amount o	n Schedule 2 (Form 1040), line 8			51	
Part				mulation in Qualified Retirement quired distribution from your qualified	•	•	As). (Complete this part
52	Minin	num required	d distribution for 2022 (se	e instructions)			52	
53	Amou	unt actually o	distributed to you in 2022				53	
54	Subtr	ract line 53 f	rom line 52. If zero or less	s, enter -0			54	
55	Addit	tional tax. E	nter 50% (0.50) of line 54	. Include this amount on Schedule 2 (F	orm 1040),	line 8 .	55	
Are Fi by Its	iling Tl elf anc	Only if You his Form I Not With	belief, it is true, correct, and com	clare that I have examined this form, including acc plete. Declaration of preparer (other than taxpayer)	ompanying attac s based on all in	formation of whi	the bes	st of my knowledge and arer has any knowledge.
TOUR	Tax Re		Your signature			Date	,	
Paid Prep		Print/Type pre	parer's name	Preparer's signature	Date	Check self-emp		PTIN
-		Firm's name				Firm's EIN		
Use	Unity	Firm's address	S			Phone no.		

SCHEDULE 8812 (Form 1040)

Department of the Treasury

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

2

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Attachment Sequence No. 47

20

Internal	Revenue Service Go to www.irs.gov/Schedule8812 for instructions and the latest information.		Sequence No. 41				
Name(s	shown on return	Your social	l security number				
SRIM	RIMANTH TIRUMALASETTY & DEEPTHI NYNARU 815-39-6154						
Par	t I Child Tax Credit and Credit for Other Dependents						
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	. 1	256,426.				
2a	Enter income from Puerto Rico that you excluded						
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.					
с	Enter the amount from line 15 of your Form 4563						
d	Add lines 2a through 2c	. 2d	0.				
3	Add lines 1 and 2d	. 3	256,426.				
4	Number of qualifying children under age 17 with the required social security number 4	2					
5	Multiply line 4 by \$2,000	. 5	4,000.				
6	Number of other dependents, including any qualifying children who are not under age						
	17 or who do not have the required social security number	2					
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid	ent					
	alien. Also, do not include anyone you included on line 4.						
7	Multiply line 6 by \$500	. 7	1,000.				
8	Add lines 5 and 7	. 8	5,000.				
9	Enter the amount shown below for your filing status.						
	• Married filing jointly—\$400,000						
	• All other filing statuses— $$200,000 \int \dots $. 9	400,000.				
10	Subtract line 9 from line 3.						
	• If zero or less, enter -0						
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For						
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	. 10	0.				
11	Multiply line 10 by 5% (0.05)		0.				
12	Is the amount on line 8 more than the amount on line 11?		5,000.				
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit	dit.					
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.						
10	Yes. Subtract line 11 from line 8. Enter the result.	12					
13	Enter the amount from the Credit Limit Worksheet A		42,997.				
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents	. 14	5,000.				
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.						
	If the amount on line 12 is more than the amount on line 14, you may be able to take the addition						
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-N	R through	line 27				

(also complete Schedule 3, line 11) before completing Part II-A.

For Paperwork Reduction Act Notice, see your tax return instructions. REV 03/02/23 PRO Schedule 8812 (Form 1040) 2022 BAA

Schedu	ile 8812 (Form 1040) 2022	Page 2
Part	II-A Additional Child Tax Credit for All Filers	
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.	
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lin	e 27
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A	
	and II-B. Enter -0- on line 27	16a 0.
b	Number of qualifying children under 17 with the required social security number: x \$1,500.	
	Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.	
	Enter -0- on line 27	16b
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.	
17	Enter the smaller of line 16a or line 16b \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots	17
18a	Earned income (see instructions)	
b	Nontaxable combat pay (see instructions)	
19	Is the amount on line 18a more than \$2,500?	
	\square No. Leave line 19 blank and enter -0- on line 20.	
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result	20
	Next. On line 16b, is the amount \$4,500 or more?	
	■ No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the	
	smaller of line 17 or line 20 on line 27.	
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.	
	Otherwise, go to line 21.	
Part		ts of Puerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,	
21	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If	
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see	
	instructions	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form	-
	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22	
23	Add lines 21 and 22	-
24	1040 and	
	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,	
	and Schedule 3 (Form 1040), line 11.	
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25
26	Enter the larger of line 20 or line 25	26
	Next, enter the smaller of line 17 or line 26 on line 27.	
Part	II-C Additional Child Tax Credit	
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27
		nedule 8812 (Form 1040) 2022
	DAA	

Form 888 Department of the Treasu

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

2

	Go to www.irs.gov/Form8889 for instructions and the latest information.				Sequence No. 52
	s) shown on Form 10 MANTH TIRUM	40, 1040-SR, or 1040-NR	Social security num If both spouses hav 815-39-	/e HS	As, see instructions.
Befo	re you begin:	Complete Form 8853, Archer MSAs and Long-Term Care Insurance	Contracts, if r	equ	ired.
Par		ntributions and Deduction. See the instructions before completing h you and your spouse each have separate HSAs, complete a separate			
1	Check the box See instruction	x to indicate your coverage under a high-deductible health plan (HDHP) on the second	during 2022.] Se	lf-only 🗵 Family
2	unextended d	ions you made for 2022 (or those made on your behalf), including those rule date of your tax return that were for 2022. Do not include employer cathrough a cafeteria plan, or rollovers. See instructions	ontributions,	2	0.
3	were, or were	nder age 55 at the end of 2022 and, on the first day of every month durin e considered, an eligible individual with the same coverage, enter \$3,650 ge). All others , see the instructions for the amount to enter	(\$7,300 for	3	7,300.
4	lines 1 and 2.	unt you and your employer contributed to your Archer MSAs for 2022 from If you or your spouse had family coverage under an HDHP at any time during nount contributed to your spouse's Archer MSAs	g 2022, also	4	0.
5	Subtract line 4	from line 3. If zero or less, enter -0	[5	7,300.
6		ount from line 5. But if you and your spouse each have separate HSAs and er an HDHP at any time during 2022, see the instructions for the amount to e		6	3,650.
7	, ,	e 55 or older at the end of 2022, married, and you or your spouse had fam P at any time during 2022, enter your additional contribution amount. See in	, ,	7	
8	Add lines 6 an	d7		8	3,650.
9		tributions made to your HSAs for 2022 9	3,650.		
10		funding distributions			
11		d 10	· · · · _	11	3,650.
12		1 from line 8. If zero or less, enter -0		12	0.
13		n. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), P e 2 is more than line 13, you may have to pay an additional tax. See instructi		13	0.
Dart		ezis more than the 15, you may have to pay an additional tax. See institucin			

HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete Irt II 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	
С	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		
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	[

Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before Part III 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.

	non-model Deduction Act Nation and company to company instructions		-	0000 (0000)
	1040), Part II, line 17d	21		
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form			
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20		
19	Qualified HSA funding distribution	19		
18	Last-month rule	18		

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

88 Form Department of the Treasury

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

2 Attachment 50

internali	Revenue Service		5	sequence No. 32
. ,	shown on Form 1040, 1040-SR, or 1040-NR THI NYNARU		ave HS	of HSA beneficiary. As, see instructions.) 4
Befor	e you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance	Contracts, if	requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing and both you and your spouse each have separate HSAs, complete a separate			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) c See instructions	luring 2022.	Se	If-only 🗵 Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those n unextended due date of your tax return that were for 2022. Do not include employer co 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 were, or were considered, an eligible individual with the same coverage, enter \$3,650 family coverage). All others , see the instructions for the amount to enter	(\$7,300 for	3	7,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during include any amount contributed to your spouse's Archer MSAs	g 2022, also	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0		5	7,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and coverage under an HDHP at any time during 2022, see the instructions for the amount to e		6	3,650.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had fam under an HDHP at any time during 2022, enter your additional contribution amount. See in:		7	
8	Add lines 6 and 7		8	3,650.
9	Employer contributions made to your HSAs for 2022 9	4,250.		
10	Qualified HSA funding distributions			
11	Add lines 9 and 10		11	4,250.
12	Subtract line 11 from line 8. If zero or less, enter -0		12	0.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), P		13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instruction			
Part			rate I	-ISAs, complete
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 contributions (and the earnings on those excess contributions) included on line 14a withdrawn by the due date of your return. See instructions		14b	
с	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, amount in the total on Schedule 1 (Form 1040), Part I, line 8f	include this	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Addition Tax (see instructions), check here	nal 20%		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on are subject to the additional 20% tax. Also, include this amount in the total on Sched 1040), Part II, line 17c	line 16 that ule 2 (Form	17b	
Part		the instruction		
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		20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Sched	ule 2 (Form		
	1040), Part II, line 17d		21	

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

Form	8889	(2022)
------	------	--------

BAA REV 03/02/23 PRO

Form COUCT Earned Income Credit IE(C). American Coparturity Tax Credit (AOTC). For tax year 20 Birk. November 2020 To be completed by preparation (CDC), and Head Of Household HOH) Fing Status For tax year 20 Decomment of the Tessary Internal Reveals Decompleted by preparation (CDC), and Head Of Household HOH) Fing Status Statuments Statuments Statument TRUNNALLASETTY & DESETHI NYNARU 815-39-6154 Persever a status Statuments SYAM PRITA RAM SAGAR GUPTA TALLAM P02082703 P02082703 Part Dub complete the related Parts I-V for the complete by reparation of the status P02082703 Part Dub Oligence Requirements P02082703 P02082703 Part Dub Oligence Requirements P02082703 P02082703 Part Dub Oligence Requirements P02082703 P02082703 Part Dub Complete the related Parts I-V for the benefits) claimed (check all that apply). If of cells are claimed on the return (do you complete the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions, and of you complete DC and/or CTCATC/ODC OTC NO 1 Did you complete the return based on information for the applicable tax year provided by the taxpayer is exponses to disterment hat the taxpayer is eligible to claim the cedit(s) and/or		8867 Paid Preparer'	s Due Diligence Checkli	st	OMB	No. 1545	i-0074
Department of the Teatury Internal Revues Set of Set own.irs.gov/Form3857 for instructions and the latest information. Mathement Sequence No. 70 Tapper namely above on etuin Tapper namely above on the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V To or reasonably obtained by you? (See instructions and above on see as eared income.) Tapper namely above on tapper nabove on tapper namely above on tapper namely above on tapp		Child Tax Credit (CTC) (inclu	IC), American Opportunity Tax Credit (AOT Iding the Additional Child Tax Credit (ACT	°C), C) and			rear
SRIMANTH TIRUMALASETTY & DEEPTHI NYNARU 815-39-6154 Preparer name Preparer is Menification number SYM RIYA RAM SAGAR GUPTA TALLAM P20282703 Part Due Diligence Requirements Pice Control (Control (Co		nent of the Treasury To be completed by preparer and filed	l with Form 1040, 1040-SR, 1040-NR, 1040	-PR, or 1040-SS.	Attach Seque	nment ence No.	70
Preparer name P	Taxpaye	er name(s) shown on return		Taxpayer identification	n number		
SYAM FRIYA RAM SAGAR GUPTA TALLAM P02082703 Part Due Diligence Requirements Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). 1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.) 2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SB, 1040-NB, 104	SRII	MANTH TIRUMALASETTY & DEEPTHI NYNAR	U	815-39-6154	1		
Part Due Diligence Requirements Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefities) claimed (check all that apply). EIC IC/ACTC/ODC ACTC CHOT HOI To the benefities) claimed (check all that apply). EIC IC/ACTC/ODC ACTC (COC HOI IC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-PR, 1040-SS, or Schedule 812 (Form 1040) instructions, and/or the ACTC worksheet found in the Form 1886 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. Inderwise the taxpayer is eligible to claim the credit(s) and/or HOH filing status. 4 Did you complete the anomics) of any credit(s) Audit of HOH filing status. X 4 Did you contemporaneously document the taxpayer is eligible to alaim the credit(s) and/or HOH filing status and to figure the anount(s) of any credit(s). X 4 Did you satisfy the reasonable inquiries to determine the correct, complete, and consistent information resonable inquiries to determine the correct, complete, and consistent information? X 5 Did you make reasonable inquiries to determine the correct complete, and consistent information normation neasonable inquiries? Did you contemporaneously document your inquiries? Did you contemp	Prepare	er's name		Preparer tax identifica	tion numb	ber	
Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefitie) claimed (check all that apply).	SYAI	M PRIYA RAM SAGAR GUPTA TALLAM		P02082703			
for the benefit(s) claimed (check all that apply). IC X CTC/ACTC/DOC AOTC HOH 1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.) XoTC NO 2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODD worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-NS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? X Image: Complete the applicable EIC and/or CTC/ACTC/ODD Worksheet(S) that provides the same information, and all related forms and schedules for each credit claimed? X Image: Complete the applicable EIC and/or CTC/ACTC/ODD Worksheet(S) that provides the same information, and all related forms and schedules for each credit claimed? Image: Complete the applicable for and/or HOH filing status. 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. Image: Complete the applicable worksheet(S) and/or HOH filing status. Image: Complete the applicable worksheet(S) of any credit(S) and/or HOH filing status. Image: Complete the applicable worksheet(S) was obtained. Image: Complete the applicable worksheet(S) was	Part	t I Due Diligence Requirements					
 a big decision of the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-PR, 1040-PR,						A	
 worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. Review information to determine that the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) Did you contemporaneously document you inquiries? (Documentation, should include the questions by ou asked, when you asked, the information tax was provided, and the impact the information had on your preparation of the return.) Did you satisfy the record retention requirement? To meet the fecord retention requirement, you must keep a copy of your documentation requirement? To meet the fecord retention requirement, you must keep a copy of your documentation requirement? To meet the record retention requirement, you must keep a copy of your documentation requirement? To meet the fecord retention requirement, you must keep a copy of your documentation requirement? To meet the fecord retention requirement, you must keep a copy of your documentation requirement? To meet the fecord retention requirement, you must keep a copy of your documentation requirement? To meet the fecord retention requirement, you must keep a copy of your documentation requirement? To meet the fecord retention requirement. Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH f	1					No	N/A
 the following. Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s). Did any information provided by the taxpayer or a third party for use in preparing the return, or information provided by the taxpayer or a third party for use in preparing the return, or information provided by the taxpayer or a third party for use in preparing the return, or information provided by the taxpayer or a third party for use in preparing the return, or information provided by the taxpayer or a third party for use in preparing the return, or information provided by the taxpayer or a third party for use in preparing the return, or information provided by the taxpayer information should include the questions you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return) Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s). a Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of the credit(s)	2	worksheets found in the Form 1040, 1040-SR, 10 1040) instructions, and/or the AOTC worksheet worksheet(s) that provides the same information,	40-NR, 1040-PR, 1040-SS, or Schec found in the Form 8863 instruction	lule 8812 (Form s, or your own	X		
 4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) a Did you make reasonable inquiries to determine the correct, complete, and consistent information? b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, the information that was provided, and the impact the information had on your preparation of the return.) 5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	3	 the following. Interview the taxpayer, ask questions, and contendetermine that the taxpayer is eligible to claim the Review information to determine that the taxpay 	mporaneously document the taxpayer e credit(s) and/or HOH filing status. ver is eligible to claim the credit(s) an	's responses to			
 b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) 5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s) are cord of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	4	Did any information provided by the taxpayer or information reasonably known to you, appear to	r a third party for use in preparing be incorrect, incomplete, or inconsis	g the return, or stent? (If " Yes ,"		×	
 you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	а	Did you make reasonable inquiries to determine the	e correct, complete, and consistent in	formation? .			
 keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	b	you asked, whom you asked, when you asked, th	e information that was provided, and	the impact the			
 List those documents provided by the taxpayer, if any, that you relied on: 6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	5	keep a copy of your documentation referenced in a applicable worksheet(s), a record of how, when, a 8867 and any applicable worksheet(s) was obtain taxpayer that you relied on to determine eligibility	duestion 4b, a copy of this Form 886 and from whom the information used t ed, and a copy of any document(s) p for the credit(s) and/or HOH filing sta	7, a copy of any o prepare Form provided by the atus or to figure	X		
 6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?		List those documents provided by the taxpaver, if a	any, that you relied on:		<u></u>		
 credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? 7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) a Did you complete the required recertification Form 8862? 8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and 							
 credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? 7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) a Did you complete the required recertification Form 8862? 8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and 							
 credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? 7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) a Did you complete the required recertification Form 8862? 8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and 							
 credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? 7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) a Did you complete the required recertification Form 8862? 8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and 							
 7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) a Did you complete the required recertification Form 8862? 8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and 	6	credit(s) and/or HOH filing status and the amoun	t(s) of any credit(s) claimed on the	return if his/her	X		
(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) Image: Complete the required recertification Form 8862? a Did you complete the required recertification Form 8862? Image: Complete the required recertification Form 8862? 8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and Image: Complete taxpayer is reporting self-employment income, did you ask questions to prepare a complete and	7						
 a Did you complete the required recertification Form 8862?			•	-			
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and	а						
	8				_		

For Paperwork Reduction Act Notice, see separate instructions.

REV 03/02/23 PRO

Form 8867 (Rev. 11-2022)

Form 88	367 (Rev. 11-2022)			Page 2
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
с Part	more than one person (tiebreaker rules)? Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not a	claim C	DTC, A	CTC,
-10	or ODC, go to Part IV.)	Yes	No	N/A
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	X		N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	×		
Part		, go to	Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qua		Yes	No
	tuition and related expenses for the claimed AOTC?			
Part			1	· · ·
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax		Yes	No
Daut	and provided more than half of the cost of keeping up a home for the year for a qualifying person?			
Part				
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HO	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responsion your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) status and to figure the amount(s) of the credit(s);	nses or s) and/c	the ret or HOH	urn or filing
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkl credit(s) claimed and HOH filing status, if claimed;	ist for a	iny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 880 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	's eligit	oility for	the
	A record of how, when, and from whom the information used to prepare this form and the applicat obtained.	ble wor	ksheet(s) was
	5. A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount	payer's int(s) of	respon the cre	ses, to dit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for eac related to a claim of an applicable credit or HOH filing status (see instructions for more information	h failur).	e to co	mply

15	Do you certify that all o	of the a	answers on thi	s Form	8867	are, t	to the	best	of your know	wledge, tr	ue, corre	ct, and	Yes	No
	complete?												X	
									REV 03/02/23 F	PRO		Form 88	67 (Rev.	11-2022)

<u>8959</u> Form Department of the Treasury Internal Revenue Service

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074 20

Attachment Sequence No. 71

Name(s)	shown on return	Your social	security number
SRIM	IANTH TIRUMALASETTY & DEEPTHI NYNARU	815-39	-6154
Part	Additional Medicare Tax on Medicare Wages		
1	Medicare wages and tips from Form W-2, box 5. If you have more than one		
		,491.	
2	Unreported tips from Form 4137, line 6		
3	Wages from Form 8919, line 6 3 Add lines 1 through 3 4	101	
4 5	Add lines 1 through 3	,491.	
5	Married filing jointly		
	Married filing separately		
		,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0		6 52,491.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and	d go to	
	Part II		7 472.
Part			
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you		
	had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.)		
9	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
10	Single, Head of household, or Qualifying surviving spouse \$200,0009Enter the amount from line 4		
10 11	Subtract line 10 from line 9. If zero or less, enter -0		
12	Subtract line 10 from line 8. If zero or less, enter -0		12
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter he		
10	go to Part III		13
Part			
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14		
	(see instructions)		
15	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
16	Single, Head of household, or Qualifying surviving spouse \$200,000 15 Subtract line 15 from line 14. If zero or less, enter -0- . . .		16
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (
17	Enter here and go to Part IV		17
Part	V Total Additional Medicare Tax		
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 10)40-PR	
	or 1040-SS filers, see instructions), and go to Part V		18 472.
Part	V Withholding Reconciliation		
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form		
		,386.	
20		,491.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax	206	
00	withholding on Medicare wages	<u>, 386.</u>	
22	withholding on Medicare wages		22 0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W		0.
20	14 (see instructions)		23
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount		
-	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040	-PR or	
	1040-SS filers, see instructions)	:	24 0.
Eor Do	nerwork Reduction Act Notice, see your tay return instructions		Form 8959 (2022)

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

Form **8960**

Department of the Treasury

Internal Revenue Service

Net Investment Income Tax— Individuals, Estates, and Trusts

OMB No. 1545-2227

2022

Attachment Sequence No. 72

Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

Name(s)	shown on your tax return		Your social	security number or EIN
SRIN	IANTH TIRUMALASETTY & DEEPTHI NYNARU		815-39	-6154
Part	I Investment Income Section 6013(g) election (see instructions)			
	Section 6013(h) election (see instructions)			
	Regulations section 1.1411-10(g) election (see in	structions)		
1	Taxable interest (see instructions)		1	
2	Ordinary dividends (see instructions)		2	
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see			
	instructions)	4a −9,	900.	
b	Adjustment for net income or loss derived in the ordinary course of a non-			
	section 1411 trade or business (see instructions)	4b		,
С	Combine lines 4a and 4b		40	-9,900.
5a	Net gain or loss from disposition of property (see instructions)	5a		
b	Net gain or loss from disposition of property that is not subject to net			
	investment income tax (see instructions)	5b		
С	Adjustment from disposition of partnership interest or S corporation stock (see		· · · · ·	
	instructions)	5c		
d	Combine lines 5a through 5c		5 d	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			
7	Other modifications to investment income (see instructions)			
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	-9,900.
	Investment Expenses Allocable to Investment Income and Modifi			
9a	Investment interest expenses (see instructions)	9a		
b	State, local, and foreign income tax (see instructions)	9b		
C	Miscellaneous investment expenses (see instructions)	9c	0.1	
d 10	Add lines 9a, 9b, and 9c		9d	
10 11	Total deductions and modifications. Add lines 9d and 10		11	
	Tax Computation		11	
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, of	omplete lines 1	3_17	
12	Estates and trusts, complete lines 18a–21. If zero or less, enter -0			0.
	Individuals:			0.
13	Modified adjusted gross income (see instructions)	13 256,	426.	
14	Threshold based on filing status (see instructions)		000.	
15	Subtract line 14 from line 13. If zero or less, enter -0	1	426.	
16	Enter the smaller of line 12 or line 15	/		0.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). En			
••	on your tax return (see instructions)			0.
	Estates and Trusts:			
18a	Net investment income (line 12 above)	18a		
b	Deductions for distributions of net investment income and deductions under			
	section 642(c) (see instructions)	18b		
с	Undistributed net investment income. Subtract line 18b from line 18a (see			
	instructions). If zero or less, enter -0	18c		
19a	Adjusted gross income (see instructions)	19a		
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b		
с	Subtract line 19b from line 19a. If zero or less, enter -0	19c		
20	Enter the smaller of line 18c or line 19c			
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.0			
	include on your tax return (see instructions)		21	
For Pa	perwork Reduction Act Notice, see your tax return instructions.	REV 03/02/23 PRO		Form 8960 (2022)



RESIDENT INCOME TAX RETURN



2022

815396154 Your Social Security Number SRIMANTH Your First Name TIRUMALASETTY Your Last Name DEEPTHI Spouse's First Name NYNARU Spouse's Last Name 22426 BRIGHT SK Current Mailing Address Line	мі мі Y DR	Does your name match name on your social se card? If not, to ensure get credit for your per- exemptions, contact S 1-800-772-1213 or visit www.ssa.gov	ecurity : you sonal SA at				
SRIMANTH Your First Name TIRUMALASETTY Your Last Name DEEPTHI Spouse's First Name NYNARU Spouse's Last Name 22426 BRIGHT SK Current Mailing Address Line	мі мі Y DR	Does your name match name on your social se card? If not, to ensure get credit for your per: exemptions, contact S 1-800-772-1213	ecurity : you sonal SA at				
Your First Name TIRUMALASETTY Your Last Name DEEPTHI Spouse's First Name NYNARU Spouse's Last Name 22426 BRIGHT SK Current Mailing Address Line	<u>mi</u>	name on your social se card? If not, to ensure get credit for your pers exemptions, contact S 1-800-772-1213	ecurity : you sonal SA at				
TIRUMALASETTY Your Last Name DEEPTHI Spouse's First Name NYNARU Spouse's Last Name 22426 BRIGHT SK Current Mailing Address Line	<u>mi</u>	name on your social se card? If not, to ensure get credit for your pers exemptions, contact S 1-800-772-1213	ecurity : you sonal SA at				
Your Last Name <u>DEEPTHI</u> Spouse's First Name <u>NYNARU</u> Spouse's Last Name <u>22426</u> BRIGHT SK Current Mailing Address Line	Y DR	name on your social se card? If not, to ensure get credit for your pers exemptions, contact S 1-800-772-1213	ecurity : you sonal SA at				
DEEPTHI Spouse's First Name NYNARU Spouse's Last Name 22426 BRIGHT SK Current Mailing Address Line	Y DR	name on your social se card? If not, to ensure get credit for your pers exemptions, contact S 1-800-772-1213	ecurity : you sonal SA at				
Spouse's First Name <u>NYNARU</u> Spouse's Last Name <u>22426</u> BRIGHT SK Current Mailing Address Line	Y DR	card? If not, to ensure get credit for your persexemptions, contact S 1-800-772-1213	sonal SA at				
NYNARU Spouse's Last Name 22426 BRIGHT SK Current Mailing Address Line	Y DR	exemptions, contact S 1-800-772-1213	SA at				
Spouse's Last Name 22426 BRIGHT SK Current Mailing Address Line							
22426 BRIGHT SK Current Mailing Address Line		2	·				
Current Mailing Address Line							
	1 (Street No. a)						
Current Mailing Address Line		nd Street Name or PO E	Box)			-	
Current Mailing Address Line			CLARKSBURG		MD	20871	
	2 (Apt No., Suit	e No., Floor No.)	City or Town		State	ZIP Code + 4	
Foreign Country Name				Foreign Prov	vince/State/Count	У	
Foreign Postal Code							
	s Line 1 (Street I	No. and Street Name) (No. , Suite No., Floor No.) (No		'1	MONTGOMER	Y	
City			State ZIP Code	e + 4	Maryland County		
FILING 1. STATUS	Single	(If you can be clain	ned on another perso	on's tax retu	rn, use Filing	Status 6.)	
CHECK ONE 2. BOX ►	X Marrie	d filing joint return	or spouse had no inc	ome			
See Instruction 3. 1 if you are	Marrie	d filing separately, S	Spouse SSN 🕨				
required to file. 4.	Head o	of household					
5.	Qualify	ving widow(er) with	dependent child				
6.	Depen	dent taxpayer (Ente	er 0 in Exemption Bo	x (A) - See	Instruction 7.)	
		and Residence (M sidence:	M DD YYYY) FROM		то		
			ce in Maryland in 202	2 place a P	in the box		►
			as non-Maryland m				



RESIDENT INCOME TAX RETURN



2022 Page 2

NAME SRIMANTH	TIRUMALASETTY & DEEPTHI NYNARU SSN 815396154	
EXEMPTIONS See Instruction 10.	A. ► X Yourself ► X Spouse Enter number checked 2 See Instruction 10 A. \$.00
Check appropriate box(es). NOTE: If you are claiming	B. ► 65 or over ► 65 or over	
dependents, you must attach the Dependents'	▶ Blind ▶ Blind Enter number checked X \$1,000	.00
Information Form 502B to this form to receive	C. Enter number from line 3 of Dependent Form 502B ▶ 4 See Instruction 10 C. \$.00
the applicable exemption amount	D. Enter Total Exemptions (Add A, B and C.)	0.00
	Check here ► If you do not have health care coverage DOB (mm/dd/yyyy) ►	
MARYLAND HEALTH CARE COVERAGE	Check here ► If your spouse does not have health care coverageDOB (mm/dd/yyyy) ►	
See Instruction 3.	Check here I authorize the Comptroller of Maryland to share information from this tax return Maryland Health Benefit Exchange for the purpose of determining pre-eligibility health care coverage.	
	E-mail address 🕨	
	1. Adjusted gross income from your federal return▶ 1.	256426 .00
INCOME See Instruction 11.	1a. Wages, salaries and/or tips	
	1b. Earned income 1b. .00 1c. Capital Gain or (loss) 1c. .00	
	1d. Taxable Pensions, IRAs, Annuities (Attach Form 502R.) ► 1d. .00	
	1e. Place a "Y" in this box if the amount of your investment income is more than \$10,300►	
	2. Tax-exempt interest on state and local obligations (bonds) other than Maryland 2.	
ADDITIONS	3. State retirement pickup	
TO MARYLAND INCOME	4. Lump sum distributions (from worksheet in Instruction 12.) ▶ 4	
See Instruction 12.	5. Other additions (Enter code letter(s) from Instruction 12.) 5.	
See Instruction 12.	6. Total additions (Add lines 2 through 5. See instructions.)	.00
	7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.)7.	256426 .00
	8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 > 8.	.00
SUBTRACTIONS	9. Child and dependent care expenses 9.	.00
FROM	10a. Pension exclusion from worksheet (13A) Yourself ► Spouse ► ► 10a.	.00
MARYLAND	10b. Pension exclusion from worksheet (13E) Yourself ► Spouse ► ► 10b	.00
INCOME	11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 ▶ 11.	
See Instruction 13.	12. Income received during period of nonresidence (See Instruction 26.) ▶ 12.	
	13. Subtractions from attached Form 502SU	
	14. Two-income subtraction from worksheet in Instruction 13▶ 14.	
	15. Total subtractions (Add lines 8 through 14. See instructions.)	
	16. Maryland adjusted gross income (Subtract line 15 from line 7.)	255226 .00
	All taxpayers must select one method and check the appropriate box.	
DEDUCTION	X STANDARD DEDUCTION METHOD (Enter amount on line 17.)	
METHOD	ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.)	
See Instruction 16.	17a. Total federal itemized deductions (from line 17, federal Schedule A) . > 17a.	.00
	17b. State and local income taxes (See Instruction 14.) ▶ 17b.	.00
	Subtract line 17b from line 17a and enter amount on line 17.	
	17. Deduction amount (Part-year residents see Instruction 26 (I and m).)	4850 .00
	18. Net income (Subtract line 17 from line 16.)	250376 .00
	19. Exemption amount from Exemptions area (See Instruction 10.)	0.00
	20 . Taxable net income (Subtract line 19 from line 18) 20	250376 .00



RESIDENT INCOME TAX RETURN



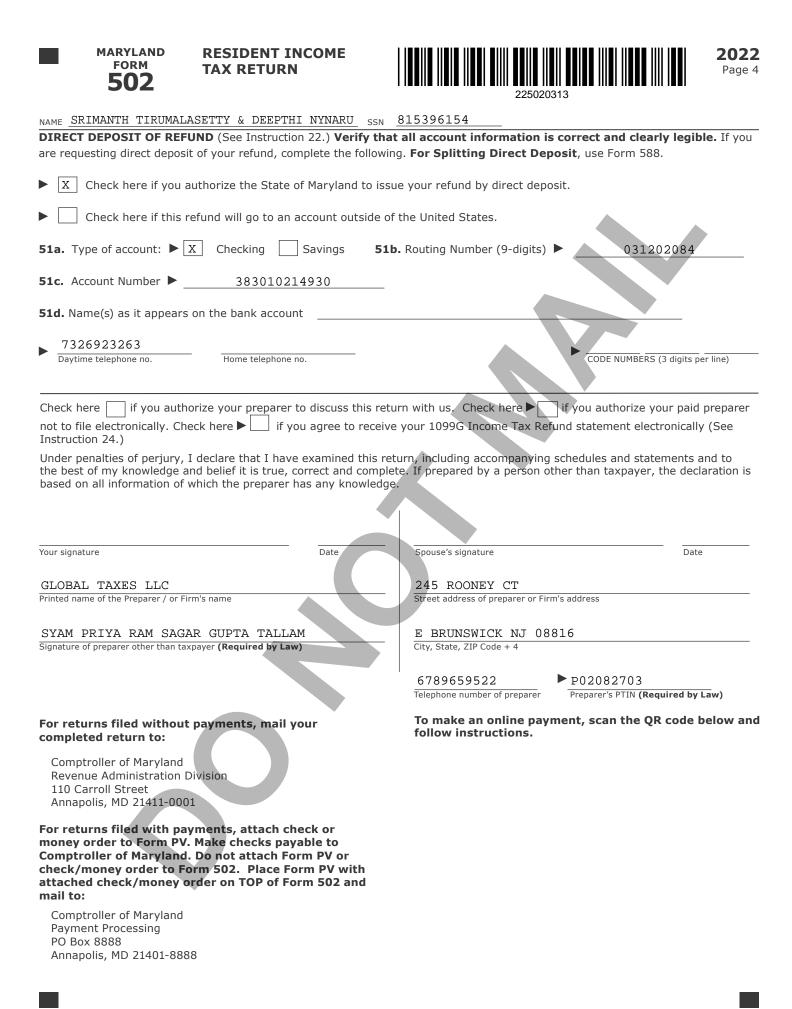
2022 Page 3

00

00

			225020213		
NAME	SRIMANTH	TIR	UMALASETTY & DEEPTHI NYNARU SSN 815396154		
		21.	Maryland tax (from Tax Table or Computation Worksheet Schedules I or II)	12343	_
MAR	YLAND	22.	Earned income credit (EIC) (See Instruction 18.) 22.		-
TAX COM	IPUTATION		Check this box if you are claiming the Maryland Earned Income Credit, but do not qualify for the federal Earned Income Credit.		
			Check this box if you are claiming the Maryland Earned Income Credit with a qualifying child.		
		23.	Poverty level credit (See Instruction 18.).		_
		24.	Other income tax credits for individuals from Part AA, line 14 of Form 502CR (Attach Form 502CR.) 24.		_
		25.	Business tax credits You must file this form electronically to claim business tax credits	edits on Form 50	0
		26.	Total credits (Add lines 22 through 25.)		_
		27.	Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0	12343	_
		28.	Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by		
LOC	AL TAX		your local tax rate .0 0320 or use the Local Tax Worksheet	8012	<u>.</u>
	PUTATION	29.	Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) 29		_
		30.	Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) 30.		_
		31.	Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.)		_
		32.	Total credits (Add lines 29 through 31.)		_
		33.	Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0		_
		34.	Total Maryland and local tax (Add lines 27 and 33.)	20355	-
				.00	

		Check this box if you are claiming the Maryland Earned Income Credit with a gualifying child.	
	23.	Poverty level credit (See Instruction 18.)	
	24.	Other income tax credits for individuals from Part AA, line 14 of Form 502CR (Attach Form 502CR.) 24.	
	25.	Business tax credits	redits on Form 50
	26.	Total credits (Add lines 22 through 25.)	
	27.	Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0	12343
	28.	Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by	
LOCAL TAX		your local tax rate .0 0320 or use the Local Tax Worksheet	8012
COMPUTATION	29.	Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.). 29.	
	30.	Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) 30.	
	31.	Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.)	
		Total credits (Add lines 29 through 31.)	
	33.	Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0	
	34.	Total Maryland and local tax (Add lines 27 and 33.)	20355
		Contribution to Chesapeake Bay and Endangered Species Fund ▶ 35	
CONTRIBUTIONS	36.	Contribution to Developmental Disabilities Services and Support Fund ▶ 36	
See Instruction 20.		Contribution to Maryland Cancer Fund	.00
	38.	Contribution to Fair Campaign Financing Fund	.00
		Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.). 39.	
	40.	Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms	
		and attach if MD tax is withheld.). \bullet 40.	20507
	41.	2022 estimated tax payments, amount applied from 2021 return, payment made	
		with an extension request, and Form MW506NRS 41.	
	42.	Refundable earned income credit (from worksheet in Instruction 21) ▶ 42.	
	43.	Refundable income tax credits from Part CC, line 10 of Form 502CR	
		(Attach Form 502CR and/or Schedule K-1 (Forms 510/511), if applicable. See Instruction 21.) 43.	
	44.	Total payments and credits (Add lines 40 through 43.)	20507
	45.	Balance due (If line 39 is more than line 44, subtract line 44 from line 39.	
		See Instruction 22.) 45.	150
	46.	Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.). $\cdots $ 46.	152
	47.	Amount of overpayment TO BE APPLIED TO 2023 ESTIMATED TAX 47.	
	48.	Amount of overpayment TO BE REFUNDED TO YOU	
REFUND		(Subtract line 47 from line 46.) See line 51	152
	49.	Check here if you are attaching Form 502UP. Enter interest charges from line 18,	
		or for late filing or homebuyer withdrawal penalty \blacktriangleright 49.	
MOUNT DUE	50.	TOTAL AMOUNT DUE (Add lines 45 and 49.)	
		IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV 50.	





Dependents' Information (Attach to Form 502, 505 or 515.)



8153	96154	8024448	304			
Your So	cial Security Number	Spouse's Soc	ial Security Number			
SRIM	ANTH					
Your Firs	st Name		MI			
TIRUI	MALASETTY					
Your Las	st Name					
DEEP	THI					
Spouse'	's First Name	I	MI			
NYNA	RU					
Spouse'	s Last Name					
Sumn	mary					
1 Ent	er the total number che	ecked below fo	r Regular depende	nts (4)		▶ 1.
	er the total number che			. ,		
	al dependent exemptio					
		502, 505 01 5.				
Depei	ndents (If a dependen	t listed below	is age 65 or over,	check both 4	and 5.)	
▶ 1.	First Name AADYA	MI	Last Name TIRUMALASET	ry		Check here 🕨 🔄 if this dependent doe
	Social Security Number	Relationship		Regular	65 or over	not have health care coverage
▶ 2.	728720387	3. DAUGHTE	ER	4. <u>X</u>	5	DOB (MM/DD/YYYY)
	First Name	MI	Last Name			
▶ 1.	SRAVYA		TIRUMALASET	ΓY		Check here if this dependent does
	Social Security Number	Relationship		Regular	65 or over	not have health care coverage
> 2	664659782	3. DAUGHTE	R	4. X	5	
2.	001039702	J. <u>DROGIIII</u>			J	DOB (MM/DD/YYYY)
	First Name	MI	Last Name			
▶1.	UMA MAHESWARI	►	CHITTOORI DA	ATTATREYA		Check here 🕨 📄 if this dependent does
	Social Security Number	Relationship		Regular	65 or over	not have health care coverage
2.	957993655	3. <u>AUNT</u>		4. <u>X</u>	5	DOB (MM/DD/YYYY)
	First Name	MI	Last Name			
▶ 1.	NANDA GOPAL		NYNARU			Check here 🕨 🦳 if this dependent doe
	Social Security Number	Relationship		Regular	65 or over	not have health care coverage
▶ 2	980995710	3. UNCLE		4. X	5	DOB (MM/DD/YYYY)
						· · · · · · ·
	First Name	MI	Last Name			
						Check here if this dependent does
▶ 1.				Regular	65 or over	not have health care coverage
▶ 1.	Social Security Number	Relationship		5	00 01 0101	
▶ 1.▶ 2.	Social Security Number	Relationship		4	5	DOB (MM/DD/YYYY)
		3	Lact Name	-		-
▶ 2.	Social Security Number	Relationship 3 MI	Last Name	-		
		3	Last Name	-		DOB (MM/DD/YYYY)