

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID) ▶

Taxpayer's name <u>ARCHANA ARJULA</u>	Social security number 708-38-5986
Spouse's name	Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	69,839.
2 Total tax	2	8,130.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	9,628.
4 Amount you want refunded to you	4	1,498.
5 Amount you owe	5	

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

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

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

8	5	9	8	6
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ *Archana* Date ▶ 02-04-2023

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

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

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

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

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

Filing Status [] Single [] Married filing jointly [X] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: RISHIKESH REDDY NIMMA

Your first name and middle initial: ARCHANA
Last name: ARJULA
Your social security number: 708-38-5986
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number: 319-53-4353
Home address (number and street). If you have a P.O. box, see instructions. 28 KAPOK STREET
City, town, or post office. If you have a foreign address, also complete spaces below. OLD ORCHARD BEACH
State: ME ZIP code: 04064
Foreign country name: Foreign province/state/county: Foreign postal code:
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. [] You [] Spouse

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent
[] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1958 [] Are blind Spouse: [] Was born before January 2, 1958 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'If more than four dependents, see instructions and check here'.

Income section table with rows 1a through 15. Includes sub-rows for tax-exempt interest, qualified dividends, IRA distributions, pensions and annuities, social security benefits, taxable interest, ordinary dividends, taxable amounts, capital gain or loss, other income, total income, adjusted gross income, standard deduction, and taxable income. Total taxable income: 56,889.

Attach Sch. B if required.

Standard Deduction for—
• Single or Married filing separately, \$12,950
• Married filing jointly or Qualifying surviving spouse, \$25,900
• Head of household, \$19,400
• If you checked any box under Standard Deduction, see instructions.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	8,130.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	8,130.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	8,130.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	8,130.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	9,628.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	9,628.
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31		
	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	9,628.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,498.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,498.
	b	Routing number 021200339 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 381041013092		
	36	Amount of line 34 you want applied to your 2023 estimated tax	36	

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

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

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

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

Your signature <i>Archana</i>	Date 02-04-2023	Your occupation ANALYST	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (480) 304-2026	Email address ARCHANA.ARJULA97@GMAIL.COM		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/31/2023	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816		Phone no. (678) 965-9522	Firm's EIN 84-3171965

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment
Sequence No. **01**

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

Your social security number
708-38-5986

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-6,816.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
z	Other income. List type and amount: _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-6,816.

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

Part II Adjustments to Income

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

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Name(s) shown on return
ARCHANA ARJULA

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. **13**

Your social security number
708-38-5986

Part I Income or Loss From Rental Real Estate and Royalties

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

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

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

A	SRIVEN COURTYARD FLAT #102 HN01-5-1115 PLOT 306 &307, LANE-#11, PANCHASHEEL ENCLAVE OLD ALWAL, SEC-BAD,TELANGANA IN 500067
B	
C	

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A 3		186	0	<input type="checkbox"/>
B				<input type="checkbox"/>
C				<input type="checkbox"/>

Type of Property:

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

Income:		Properties:		
		A	B	C
3	Rents received	428.		
4	Royalties received			
Expenses:				
5	Advertising			
6	Auto and travel (see instructions)			
7	Cleaning and maintenance	600.		
8	Commissions			
9	Insurance			
10	Legal and other professional fees			
11	Management fees	950.		
12	Mortgage interest paid to banks, etc. (see instructions)			
13	Other interest			
14	Repairs	1,860.		
15	Supplies	2,685.		
16	Taxes			
17	Utilities	1,149.		
18	Depreciation expense or depletion			
19	Other (list) _____			
20	Total expenses. Add lines 5 through 19	7,244.		
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	-6,816.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	(6,816.)		
23a	Total of all amounts reported on line 3 for all rental properties		428.	
b	Total of all amounts reported on line 4 for all royalty properties			
c	Total of all amounts reported on line 12 for all properties			
d	Total of all amounts reported on line 18 for all properties			
e	Total of all amounts reported on line 20 for all properties		7,244.	
24	Income. Add positive amounts shown on line 21. Do not include any losses			
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here			(6,816.)
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2			-6,816.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2022

Health Savings Accounts (HSAs)

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

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

ARCHANA ARJULA

Social security number of HSA beneficiary.
 If both spouses have HSAs, see instructions.
 708-38-5986

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

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

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions	<input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2 0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter	3 7,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs	4 0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5 7,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	6 7,300.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions	7
8	Add lines 6 and 7	8 7,300.
9	Employer contributions made to your HSAs for 2022	9 25.
10	Qualified HSA funding distributions	10
11	Add lines 9 and 10	11 25.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12 7,275.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13 0.

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

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

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

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



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

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

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

Taxpayer's name ARCHANA ARJULA	Spouse's name (jointly filed return only)
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Purpose

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

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

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

General instructions

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

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

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

Part A – Tax return information

1 Federal adjusted gross income (from applicable line).....	1.	69839.
2 Refund	2.	11.
3 Amount you owe	3.	
4 Financial institution routing number	4.	021200339
5 Financial institution account number	5.	381041013092
6 Account type: <input checked="" type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings		

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

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

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

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

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

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

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

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

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

ERO's signature	Print name GLOBAL TAXES LLC	Date
Paid preparer's signature	Print name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03312023



Department of Taxation and Finance

Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-203

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

22

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

Your first name and middle initial ARCHANA		Your last name (for a joint return , enter spouse's name on line below) ARJULA		Your date of birth (mmddyyyy) 10221997		Your Social Security number 708385986	
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mmddyyyy)		Spouse's Social Security number 319534353	
Mailing address (see instructions) (number and street or PO Box) 28 KAPOK STREET				Apartment number		New York State county of residence NR	
City, village, or post office OLD ORCHARD BEACH		State ME	ZIP code 04064	Country UNITED STATES		School district name NR	
Taxpayer's permanent home address (see instructions) (no. and street or rural route)				Apartment no.		City, village, or post office	
						School district code number	
State		ZIP code		Country		Decedent information	
						Taxpayer's date of death	
						Spouse's date of death	

- A Filing status** (mark an **X** in one box):
- ① Single
 - ② Married filing joint return (enter both spouses' Social Security numbers above)
 - ③ Married filing separate return (enter both spouses' Social Security numbers above)
 - ④ Head of household (with qualifying person)
 - ⑤ Qualifying surviving spouse

- B** Did you itemize your deductions on your 2022 federal income tax return? Yes No
- C** Can you be claimed as a dependent on another taxpayer's federal return? Yes No
- D1** Did you have a financial account located in a foreign country? Yes No



D2 Yonkers part-year residents only:

- (1) Did you receive a homeowner tax rebate credit? (see instructions) Yes No
- (2) Enter the amount00

E New York City part-year residents only

- (1) Number of months you lived in NY City in 2022
- (2) Number of months your spouse lived in NY City in 2022

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

G New York State part-year residents

- Enter the date you moved into or out of NYS (mmddyyyy)
- On the last day of the tax year (mark an **X** in one box):
- 1) Lived in NYS
 - 2) Lived outside NYS; received income from NYS sources during nonresident period
 - 3) Lived outside NYS; received no income from NYS sources during nonresident period

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

I Dependent information

First name and middle initial	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)

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



203001223555

For office use only

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Enter your Social Security number
708385986

Federal income and adjustments

Table with 3 columns: Description, Federal amount (Whole dollars only), and New York State amount (Whole dollars only). Rows include Wages, salaries, tips, etc. (76655.00), Taxable interest income (.00), Ordinary dividends (.00), Taxable refunds, credits, or offsets of state and local income taxes (-6816.00), Alimony received (.00), Business income or loss (.00), Capital gain or loss (.00), Other gains or losses (.00), Taxable amount of IRA distributions (.00), Taxable amount of pensions/annuities (.00), Rental real estate, royalties, partnerships, S corporations, trusts, etc. (-6816.00), Rental real estate included in line 11 (-6816.00), Farm income or loss (.00), Unemployment compensation (.00), Taxable amount of Social Security benefits (.00), Other income (.00), Add lines 1 through 11 and 13 through 16 (69839.00), Total federal adjustments to income (.00), Federal adjusted gross income (69839.00), and Recomputed federal adjusted gross income (69839.00).

New York additions

Table with 3 columns: Description, Federal amount, and New York State amount. Rows include Interest income on state and local bonds and obligations (.00), Public employee 414(h) retirement contributions (.00), Other (Form IT-225, line 9) (.00), and Add lines 19a through 22 (69839.00).

New York subtractions

Table with 3 columns: Description, Federal amount, and New York State amount. Rows include Taxable refunds, credits, or offsets of state and local income taxes (.00), Pensions of NYS and local governments and the federal government (.00), Taxable amount of Social Security benefits (.00), Interest income on U.S. government bonds (.00), Pension and annuity income exclusion (.00), Other (Form IT-225, line 18) (.00), Add lines 24 through 29 (.00), and New York adjusted gross income (69839.00).

32 Enter the amount from line 31, Federal amount column 69839.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Standard deduction or itemized deduction

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

33	8000 .00
34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	61839 .00
35 Dependent exemptions (enter the number of dependents listed in Item I; see instructions)	000 .00
36 New York taxable income (subtract line 35 from line 34)	61839 .00

Tax computation, credits, and other taxes

37 New York taxable income (from line 36)	61839 .00
38 New York State tax on line 37 amount	3404 .00
39 New York State household credit	.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	3404 .00
41 New York State child and dependent care credit	.00
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	3404 .00
43 New York State earned income credit	.00

44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	3404 .00
---	----------

45 Income percentage New York State amount from line 31 ÷ Federal amount from line 31 = Round result to 4 decimal places

46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	430 .00
47 New York State nonrefundable credits (Form IT-203-ATT, line 8)	.00
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	430 .00
49 Net other New York State taxes (Form IT-203-ATT, line 33)	.00
50 Total New York State taxes (add lines 48 and 49)	430 .00

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

51 Part-year New York City resident tax (Form IT-360.1)	51	.00	See instructions to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.
52 Part-year resident nonrefundable New York City child and dependent care credit	52	.00	
52a Subtract line 52 from 51	52a	.00	
52b MCTMT net earnings base	52b	.00	
52c MCTMT	52c	.00	
53 Yonkers nonresident earnings tax (Form Y-203)	53	.00	
54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54	.00	
55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54)	55	.00	
56 Sales or use tax (Do not leave blank.)	56	0 .00	
57 Voluntary contributions (Form IT-227, Part 2, line 1)	57	.00	
58 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57)	58	430 .00	



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your Social Security number
708385986

59 Enter amount from line 58 59 430 .00

Payments and refundable credits

Table with 2 columns: Description and Amount. Rows include: 60 Part-year NYC school tax credit, 60a NYC school tax credit, 61 Other refundable credits, 62 Total New York State tax withheld, 63 Total New York City tax withheld, 64 Total Yonkers tax withheld, 65 Total estimated tax payments/amount paid with Form IT-370, 66 Total payments and refundable credits.

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return. Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information

Table with 2 columns: Description and Amount. Rows include: 67 Amount overpaid, 68 Amount of line 67 available for refund, 68a Amount of line 68 that you want to deposit into a NYS 529 account, 68b Total refund after NYS 529 account deposit.

TIP: Use this amount to check your refund status online.

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

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

See instructions for payment options.

See instructions for the proper assembly of your return.

Table with 2 columns: Description and Amount. Rows include: 69 Amount of line 67 that you want applied to your 2023 estimated tax, 70 Amount you owe, 71 Estimated tax penalty, 72 Other penalties and interest, 73 Account information for direct deposit or electronic funds withdrawal.

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box []

73a Account type: [X] Personal checking - or - [] Personal savings - or - [] Business checking - or - [] Business savings

73b Routing number 021200339 73c Account number 381041013092

74 Electronic funds withdrawal Date [] Amount [] .00

Table with 4 columns: Third-party designee?, Print designee's name, Designee's phone number, Personal identification number (PIN). Includes Yes/No checkboxes and an Email field.

Table for Preparer information. Includes: Paid preparer must complete, Preparer's NYTPRIN, Preparer's signature, Preparer's printed name, Firm's name, Preparer's PTIN or SSN, Address, Employer identification number, Date, Email.

Table for Taxpayer information. Includes: Taxpayer(s) must sign here, Your signature, Your occupation, Spouse's signature and occupation, Date, Daytime phone number, Email.

See instructions for where to mail your return.



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Summary of W-2 Statements

IT-2

New York State • New York City • Yonkers

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

W-2 Record 1

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

708385986

Box b Employer identification number (EIN)

980429806

Box c Employer's information

Employer's name			
TATA CONSULTANCY SERVICES LIMITED			
Employer's address (number and street)			
379 THORNALL STREET			
City	State	ZIP code	Country
EDISON	NJ	08837	

Box 1 Wages, tips, other compensation
76655.00

Box 8 Allocated tips
.00

Box 10 Dependent care benefits
.00

Box 11 Nonqualified plans
.00

Box 12a Amount
1.00
Code C

Box 12b Amount
25.00
Code W

Box 12c Amount
5119.00
Code DD

Box 12d Amount
.00
Code

Box 14a Amount
4.00
Description NY SDI

Box 14b Amount
98.00
Description NJVPDI

Box 14c Amount
169.00
Description SUI

Box 14d Amount
98.00
Description FLI

Box 13 Statutory employee Retirement plan Third-party sick pay Corrected (W-2c)

NY State information:

Box 15a NY State NY

Box 16a NYS wages, tips, etc.
8820.00

Box 17a NYS income tax withheld
441.00

Other state information:

Box 15b other state NJ

Box 16b Other state wages, tips, etc.
69973.00

Box 17b Other state income tax withheld
2841.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.
Locality a .00
Locality b .00

Box 19 Local income tax withheld
Locality a .00
Locality b .00

Box 20 Locality name
Locality a
Locality b

Do not detach.

W-2 Record 2

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

Box b Employer identification number (EIN)

Box c Employer's information

Employer's name			
Employer's address (number and street)			
City	State	ZIP code	Country

Box 1 Wages, tips, other compensation
.00

Box 8 Allocated tips
.00

Box 10 Dependent care benefits
.00

Box 11 Nonqualified plans
.00

Box 12a Amount
.00
Code

Box 12b Amount
.00
Code

Box 12c Amount
.00
Code

Box 12d Amount
.00
Code

Box 14a Amount
.00
Description

Box 14b Amount
.00
Description

Box 14c Amount
.00
Description

Box 14d Amount
.00
Description

Box 13 Statutory employee Retirement plan Third-party sick pay Corrected (W-2c)

NY State information:

Box 15a NY State NY

Box 16a NYS wages, tips, etc.
.00

Box 17a NYS income tax withheld
.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.
.00

Box 17b Other state income tax withheld
.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.
Locality a .00
Locality b .00

Box 19 Local income tax withheld
Locality a .00
Locality b .00

Box 20 Locality name
Locality a
Locality b



102001223555



NO HANDWRITTEN ENTRIES ON THIS FORM

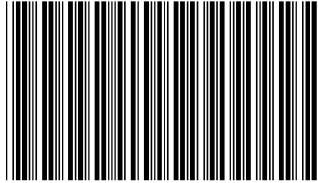
2022 NJ-1040NR
New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

For Taxable Year January 1, 2022 – December 31, 2022 or Other Tax Year
Beginning _____, 2022 Ending _____, 2023

1555

NJ-1040NR
2022
Page 1



040NV01220

Your Social Security Number
708385986

Last Name, First Name, Initial (Joint filers enter first name and middle initial of each. Enter spouse/CU partner last name only if different.)
ARJULA ARCHANA

Spouse's/CU Partner's Social Security Number

State of Residency (outside NJ)
MAINE

Home Address (Number and Street, incl. apt. # or rural route)
28 KAPOK STREET

Driver's License # (Voluntary)
8772388

State
ME

City, Town, Post Office
OLD ORCHARD BEACH

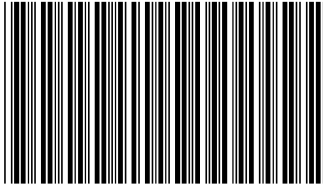
State ZIP Code
ME 04064

This is an amended return
Federal extension application attached or enter confirmation number _____
The address above is a foreign address
Your address has changed
Death certificate for deceased taxpayer is attached (See instructions page 9)
I authorize the Division of Taxation to discuss my return and enclosures with my preparer

NJ Residency Status If you were a New Jersey resident for ANY part of the tax year, give the period of New Jersey residency. From: To:

Gubernatorial Elections Fund Do you want to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner want to designate \$1? Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.
Yes No
Yes No





040NV02220

Name(s) as shown on Form NJ-1040NR
ARJULA ARCHANA

Your Social Security Number
708385986

1555

Filing Status
(Check only ONE box)

- 1. Single
- 2. Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return R NIMMA 319534353
- 4. Head of Household Name and SSN of Spouse/CU Partner
- 5. Qualifying Widow(er)/Surviving CU Partner

Exemptions

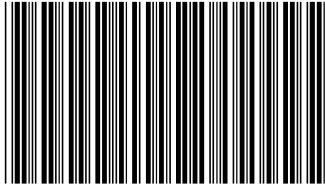
- 6. Regular Self Spouse/CU Partner Domestic Partner 6. 1
- 7. Age 65 or over Self Spouse/CU Partner 7.
- 8. Blind or Disabled Self Spouse/CU Partner 8.
- 9. Veteran Exemption Self Spouse/CU Partner 9.
- 10. Number of your qualified dependent children 10.
- 11. Number of other dependents 11.
- 12. Dependents attending colleges (See Instructions) 12.
- 13. For line 13a – Add lines 6, 7, 8, and 12. For line 13b – Add lines 10 and 11. For line 13c – Enter amount from line 9. 13a. 1 13b. 13c.

Dependent Information

- | 14. Dependent's Last Name, First Name, Middle Initial | Dependent's Social Security Number | Birth Year |
|---|------------------------------------|------------|
| a. _____ | | |
| b. _____ | | |
| c. _____ | | |
| d. _____ | | |

COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE) COL. B - AMOUNT FROM NEW JERSEY SOURCES

15. Wages, salaries, tips, and other employee compensation Check box if you completed lines 69 through 75	15.	69973 .	15.	69973 .
16. Interest	16.	.	16.	.
17. Dividends	17.	.	17.	.
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4)	18.	.	18.	.
19. Net gains or income from disposition of property (From line 68)	19.	.	19.	.
20. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4)	20.	0 .	20.	0 .
21. Net gambling winnings (See Instructions)	21.	.	21.	.
22. Taxable pensions, annuities, and IRA distributions/withdrawals	22.	.	22.	.
23. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)	23.	.	23.	.
24. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)	24.	.	24.	.
25. Alimony and separate maintenance payments received	25.	.	25.	.
26. Other – State Nature and Source _____	26.	.	26.	.
27. TOTAL INCOME (Add lines 15 through 26)	27.	69973 .	27.	69973 .



040NV03220

Name(s) as shown on Form NJ-1040NR
ARJULA ARCHANA

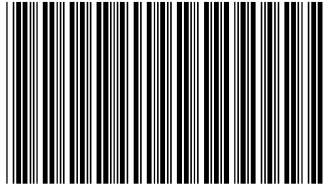
Your Social Security Number
708385986

1555

28a. Pension/Retirement Exclusion (See Instructions)	28a.	.	.
28b. Other Retirement Income Exclusion (See Worksheet and Instructions)	28b.	.	28b. .
28c. Total Exclusion Amount (Add line 28a and line 28b)	28c.	.	28c. .
29. Gross Income (Subtract line 28c from line 27)	29.	69973	29. 69973
30. Total Exemption Amount (See Instructions)	30.	1000	.
31. Medical Expenses (See Worksheet and Instructions)	31.	.	.
32. Alimony and separate maintenance payments	32.	.	.
33. Qualified Conservation Contribution	33.	.	.
34. Health Enterprise Zone Deduction	34.	.	.
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0	.
36. Organ/Bone Marrow Donation Deduction (See instructions)	36.	.	.
37a. NJBEST Deduction	37a.	.	.
37b. NJCLASS Deduction	37b.	.	.
37c. NJ Higher Education Tuition Deduction	37c.	.	.
38. Total Exemptions and Deductions (Add lines 30 through 37c)	38.	1000	.
39. Taxable Income (Subtract line 38 from line 29, column A)	39.	68973	.
40. Tax on amount on line 39 (From Tax Table)	40.	2318	.
41. Income Percentage B. (line 29) / A. (line 29) = <u>100.00</u> %			
42. New Jersey Tax (Multiply amount from line 40 by income percentage from line 41)	42.		2318 .
43. Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)	43.		.
44. Gold Star Family Counseling Credit (See Instructions)	44.		.
45. Credit for Employer of Organ/Bone Marrow Donor (See instructions)	45.		.
46. Total Credits (Add lines 43, 44, and 45)	46.		.
47. Balance of Tax After Credits (Subtract line 46 from line 42)	47.		2318 .
48. Interest on Underpayment of Estimated Tax. Check box if Form NJ-2210NR is enclosed	48.		.
49. Total Tax Due (Add line 47 and line 48)	49.		2318 .
50. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) (Part-year nonresidents, see instructions)	50.	2841	.
51. New Jersey Estimated Tax Payments/Credit from 2021 return	51.	.	.
52. Tax paid on your behalf by Partnership(s)	52.	.	.
53. Excess NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	53.	.	.
54. Excess NJ Disability Insurance Withheld (Enclose Form NJ-2450)	54.	.	.
55. Excess NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	55.	.	.
56. Pass-Through Business Alternative Income Tax Credit (See instructions)	56.	.	.

Also enter on line 51:

- Payments made in connection with sale of NJ real property
- Payments by S corporation for nonresident shareholder



040NV04220

Name(s) as shown on Form NJ-1040NR
ARJULA ARCHANA

Your Social Security Number
708385986

1555

57.	Total Payments/Credits (Add lines 50 through 56)	57.	2841 .
58.	If line 57 is less than line 49, you have tax due. Subtract line 57 from line 49 and enter the amount you owe If you owe tax, you can still make a donation on line 61A through 61F	58.	.
59.	If line 57 is more than line 49, you have an overpayment. Subtract line 49 from line 57 and enter the overpayment	59.	523 .
60.	Amount from line 59 you want to credit to your 2023 tax	60.	.
61.	Amount you want to credit to:		
	(A) N.J. Endangered Wildlife Fund	61A.	.
	(B) N.J. Children's Trust Fund	61B.	.
	(C) N.J. Vietnam Veterans' Memorial Fund	61C.	.
	(D) N.J. Breast Cancer Research Fund	61D.	.
	(E) U.S.S. N.J. Educational Museum Fund	61E.	.
	(F) Designated Contribution	Code	61F.
62.	Total Adjustments to Tax Due/ Overpayment (Add lines 60 through 61F)	62.	.
63.	Balance due (If line 58 is more than zero, add line 58 and 62)	63.	.
64.	Refund amount (If line 59 is more than zero, subtract line 62 from line 59)	64.	523 .

NOTE:
An entry on lines 60 through 61F will reduce your tax refund

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

> _____
Your Signature Date

> _____
Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)

Paid Preparer's Signature

Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM

P02082703

Firm's Federal Employer Identification Number

Firm's Name GLOBAL TAXES LLC

84-3171965

Pay amount on line 63 in full. Write Social Security number(s) on check or money order and make payable to:

State of New Jersey - TGI
Division of Taxation
Revenue Processing Center
PO Box 244
Trenton, NJ 08646-0244

You can also make a payment on our website:
nj.gov/taxation

Name(s) as shown on Form NJ-1040NR ARJULA ARCHANA	Your Social Security Number 708385986
--	--

Part I	Net Gains or Income From Disposition of Property	List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible as reported on federal Schedule D.
---------------	---	---

(a) Kind of property and description	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price	(e) Cost or other basis as adjusted (see instructions) and expense of sale	(f) Gain or (loss) (d less e)
65.					

66. Capital Gains Distribution.....	66.		
67. Other Net Gains.....	67.		
68. Net Gains (Add lines 65, 66, and 67) (Enter here and on line 19) (If loss, enter zero)	68.		

Part II	Allocation of Wage and Salary Income Earned Partly Inside and Outside New Jersey	(See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.)
----------------	---	---

69. Amount reported on line 15 in column A required to be allocated	69.		
70. Total days in taxable year	70.		
71. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.)	71.		
72. Total days worked in taxable year (subtract line 71 from line 70)	72.		
73. Deduct days worked outside New Jersey.....	73.		
74. Days worked in New Jersey (subtract line 73 from line 72).....	74.		

75. **Allocation Formula** _____ x _____ = _____ (Include this amount on line 15, col. B)
 (Enter amount from line 69) (Salary earned inside N.J.)

Part III	Allocation of Business Income to New Jersey	(See instructions if other than Formula Basis of allocation is used.)
-----------------	--	---

Business Allocation Percentage (From Schedule NJ-NR-A)

Enter below the line number and amount of each item of business income reported in column A that is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.

From Line No. _____ \$ _____ x _____ % = \$ _____

From Line No. _____ \$ _____ x _____ % = \$ _____

From Line No. _____ \$ _____ x _____ % = \$ _____

Name(s) as shown on Form NJ-1040NR ARJULA ARCHANA	Social Security Number 708-38-5986
--	---------------------------------------

Schedule NJ-BUS-1 New Jersey Gross Income Tax **2022**
(Form NJ-1040NR) Business Income Summary Schedule

Part I Net Profits From Business		List the net profit (loss) from business(es). See Instructions.	
	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.			
2.			
3.			
4.	Net Profit or (Loss). (Add lines 1, 2, and 3) (Enter here and on line 18, column A. If loss, enter zero on line 18, column A.)		4.

Part II Net Gains or Income From Rents, Royalties, Patents, and Copyrights		List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1-Rental real estate 2-Royalties 3-Patents 4-Copyrights		
	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type – Enter number from list above	Income or (Loss)
1.	SRIVEN COURTYARD FLAT #102	708385986	1	-6,816.
2.				
3.				
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 20, column A. If loss, enter zero on line 20, column A.)		4.	-6,816.

Part III Distributive Share of Partnership Income			List the distributive share of income (loss) from partnership(s). See instructions.		
	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)	Share of tax paid on your behalf by Partnerships	Share of Pass-Through Business Alternative Income Tax
1.					
2.					
3.					
4.	Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, column A. If loss, enter zero on line 23, column A.)				
5.	Total Share of tax paid on your behalf by Partnerships (Add lines 1, 2, and 3.) Enter total here and include on line 52.				
6.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 56.)				

Part IV Net Pro Rata Share of S Corporation Income		List the pro rata share of income (usable loss) from S corporation(s). See instructions.		
	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)	Share of Pass-Through Business Alternative Income Tax
1.				
2.				
3.				
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 24, column A. If loss, enter zero on line 24, column A.)		4.	
5.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 56.)		5.	

Schedule NJ-BUS-2
(Form NJ-1040NR)New Jersey Gross Income Tax
Alternative Business Calculation Adjustment**2022**

Part I		Column A			Column B		
		Reportable Regular Business Income			Alternative Business Income (Loss)		
1.	Net Profits From Business	1a.	0.	1b.	0.		
2.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	2a.	0.	2b.	-6,816.		
3.	Distributive Share of Partnership Income	3a.	0.	3b.	0.		
4.	Net Pro Rata Share of S Corporation Income	4a.	0.	4b.	0.		
5.	Loss Carryforward From Tax Year 2021			5b.	()		
6.	Totals	6a.	0.	6b.	-6,816.		
Part II Adjustment Calculation							
7.	Total Regular Business Income	7.	0.				
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.				
9.	Business Increment (Subtract line 8 from line 7)	9.	0.				
10.	Adjustment Percentage	10.	0.50				
11.	Alternative Business Calculation Adjustment (line 9 x 0.50)	11.	0.				
Part III Loss Carryforward to Tax Year 2023							
12.	Loss Carryforward to Tax Year 2023	12.	(6,816.)				

Instructions

- Line 1a. Enter the amount from line 18, column A, Form NJ-1040NR.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 2a. Enter the amount from line 20, column A, Form NJ-1040NR.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 3a. Enter the amount from line 23, column A, Form NJ-1040NR.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 4a. Enter the amount from line 24, column A, Form NJ-1040NR.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 5b. Enter the amount from line 12 of your 2021 Schedule NJ-BUS-2 (Form NJ-1040NR).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and on line 35 of Form NJ-1040NR, and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2022 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040NR.
- Line 12. If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

Keep a copy of this schedule for your records



2022

MAINE INDIVIDUAL INCOME TAX FORM 1040ME



09

01 01 2022 to 12 31 2022 See instructions. Print neatly in blue or black ink only.

Check here if this is an AMENDED return.

22022V0

ARCHANA Your First Name

MI 708 38 5986 Your Social Security Number

ARJULA Your Last Name

319 53 4353 Spouse's Social Security Number

RISHIKESH REDDY Spouse's First Name

MI Home Phone Number

NIMMA Spouse's Last Name

Work Phone Number

28 KAPOK STREET Current Mailing Address (PO Box, number, street and apartment number)

OLD ORCHARD BEACH City or Town

ME 04064 State ZIP Code

Foreign country name

Foreign province/state/county

Foreign postal code

A. Maine Property Tax Fairness Credit / Maine Sales Tax Fairness Credit - Maine residents and part-year residents only. See Schedule PTFC/STFC. Check this box if you are filing a return only to claim the Property Tax Fairness Credit on line 25d and/or the Sales Tax Fairness Credit on line 25e. Otherwise, leave this box blank. Follow the instructions on Schedule PTFC/STFC.

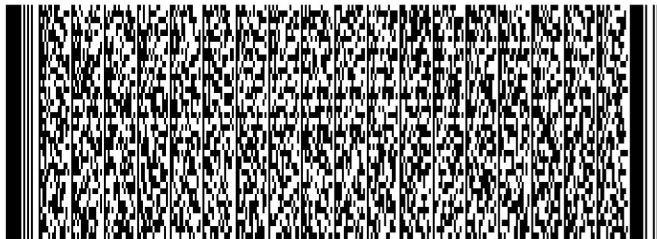
1. Maine Clean Election Fund. Maine Residents Only. Check here if you, or your spouse, if filing jointly, want \$3 to go to this fund.

You Spouse

2. Check here if you were engaged in COMMERCIAL FARMING OR FISHING during 2022.....

FILING STATUS (Check one)

- 3. Single
4. Married filing jointly (Even if only one had income)
5. X Married filing separately. Enter spouse's social security number and full name above.
6. Head of household (With qualifying person)
7. Qualifying widow(er) with dependent child (Year spouse died)



PASS-THROUGH ENTITIES ONLY

Composite return, Partnership Audit, Schedule 1040C-ME Schedule 1040PA-ME

RESIDENCY STATUS (Check one)

- 8. X Resident 8a. Safe Harbor Resident 11. Nonresident Alien (Maine nonresident) Check here if you are filing Schedule NRH
9. Part-Year Resident 10. Nonresident 11a. Nonresident Alien (Maine resident)

12. CHECK IF: You were: 12a. 65 or over 12b. blind Spouse was: 12c. 65 or over 12d. blind

13. Enter the TOTAL number of EXEMPTIONS. See instructions..... 13. 1
13a. Enter the TOTAL number of qualifying children and dependents. Also see Form 1040ME, Schedule A, line 8 13a. 0

Table with 2 columns: Description and Amount. Rows include: 14. FEDERAL ADJUSTED GROSS INCOME (69839.00), 15a. INCOME ADDITION MODIFICATIONS (.00), 15b. INCOME SUBTRACTION MODIFICATIONS (.00), 16. MAINE ADJUSTED GROSS INCOME (69839.00), 17. DEDUCTION (12950.00), 18. EXEMPTION (4450.00). Includes CAUTION note and 'Continue on page 2' instruction.

Calculate Your Taxable Income



DO NOT ENTER \$ signs, commas, or decimals:

Calculate Your Tax and Nonrefundable Credits

19	TAXABLE INCOME. (Line 16 minus lines 17 and 18.).....	19	52439.00
20	INCOME TAX. (Find the tax for the amount on line 19 in the tax table in this booklet or compute your tax using the tax table or tax rate schedules available at www.maine.gov/revenue/tax-return-forms .).....	20	3321.00
20a	TAX CREDIT RECAPTURE AMOUNTS (Enclose worksheet(s) - see instructions).	20a	.00
21	NONRESIDENT CREDIT. (For part-year residents, nonresidents and safe harbor residents only.) From Schedule NR, line 9 or NRH, line 11..... (You MUST attach a copy of your federal return and TDY papers, if applicable.)	21	.00
22	TOTAL TAX. (Line 20 plus line 20a minus line 21).....	22	3321.00
23	NONREFUNDABLE TAX CREDITS. (From Maine Schedule A, line 23.).....	23	2737.00
24	NET TAX. (Line 22 minus line 23.) (Nonresidents see instructions.).....	24	584.00

Tax Payments/Refundable Credits

25	TAX PAYMENTS.		
a	Maine income tax withheld. (Enclose W-2, 1099 and 1099ME forms.).....	25a	595.00
b	2022 estimated tax payments and 2021 credit carried forward, extension payments and payments with original return. (Include any REAL ESTATE WITHHOLDING tax payments.).....	25b	.00
c	REFUNDABLE TAX CREDITS. (From Maine Schedule A, line 7.).....	25c	.00
d	Property Tax Fairness Credit (Schedule PTFC/STFC, line 12). (See instructions.)... (For Maine residents and part-year residents only.)	25d	.00
e	Sales Tax Fairness Credit. (Schedule PTFC/STFC, line 13 or 13a). (See instructions.) (For Maine residents and part-year residents only.)	25e	.00
f	TOTAL. (Add lines 25a, b, c, d, and e.).....	25f	595.00
26	If this is an amended return, enter overpayment, if any, on original return or as previously adjusted.....	26	.00
27	Line 25f minus line 26. (If negative, enter a minus sign in the box to the left of the number.).....	27	595.00
28	INCOME TAX OVERPAID. If line 27 is larger than line 24, enter amount overpaid. (Line 27 minus line 24 - if line 24 is negative, enter line 27 here.).....	28	11.00
29	INCOME TAX UNDERPAID. If line 24 is larger than line 27, enter amount underpaid. (Line 24 minus line 27.) (See instructions.).....	29	.00

Calculate Use Tax / Voluntary Contributions / Refund Due

30	USE TAX (SALES TAX). (See instructions.).....	30	0.00
30a	SALES TAX ON CASUAL RENTALS OF LIVING QUARTERS. (See instructions.)....	30a	.00
31	CHARITABLE CONTRIBUTIONS and PARK PASSES. (From Maine Schedule CP, line 12.)	31	.00
32	NET OVERPAYMENT. (Line 28 minus lines 30, 30a and 31.) – Note: If total of lines 30, 30a and 31 is greater than line 28, enter as amount due on line 34a.	32	11.00
33	Amount of line 32 to be CREDITED to 2023 estimated tax. 33a	0.00 REFUND	
		33b	11.00

IF YOU WOULD LIKE YOUR REFUND SENT DIRECTLY TO YOUR BANK ACCOUNT (\$20,000 or less), see page 5 of the instructions and fill in the lines below.

Check here if this refund will go to an account outside the United States. **33c** Routing Number 021200339

..... **33d** Account Number 381041013092

33e Type of Account: Checking Savings



DO NOT ENTER \$ signs, commas, or decimals.

Name(s) as shown on Form 1040ME

Your Social Security Number

ARCHANA ARJULA

708 38 5986

TAX DUE	34a TAX DUE. (Add lines 29, 30, 30a and 31.) - Note: If total of lines 30, 30a and 31 is greater than line 28, enter the difference as an amount due on this line. 34a	.00
	b Underpayment Penalty. (Attach Form 2210ME.) Check here if you checked the box on Form 2210ME, line 17. 34b	.00
	c TOTAL AMOUNT DUE. (Add lines 34a and 34b.) (Pay in full with return.) 34c	.00



EZ PAY at <https://portal.maine.gov/ezpay> or **ENCLOSE CHECK** payable to: **Treasurer, State of Maine. DO NOT SEND CASH.**

IMPORTANT NOTE If taxpayer is **deceased**, enter **date of death**. (Month) (Day) (Year) If spouse is **deceased**, enter **date of death**. (Month) (Day) (Year)

Third Party Designee Do you want to allow another person to discuss this return with Maine Revenue Services? **Yes** (complete the following). **No**.
(See page 5 of the instructions.)
Designee's name: _____ Phone no.: _____ Personal identification #: _____

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

SIGN HERE Keep a copy of this return for your records.			
	Your signature	Date signed	ANALYST Your occupation
	Spouse's signature (If joint return, both must sign)	Date signed	Spouse's occupation
	Your email address		
Paid Preparer's Use Only	SYAM PRIYA RAM SAGAR GUPTA Preparer's signature	03 31 2023 Date signed	678 965 9522 Preparer's phone number
	GLOBAL TAXES LLC Print preparer's name and name of business		P02082703 Preparer's SSN or PTIN

Avoid errors that delay processing of returns:

- Use black or blue ink. Do not use red ink.
- Be sure to enter amounts on correct lines.
- **Line A.** Check the Property Tax Fairness Credit/Sales Tax Fairness Credit box, if it applies.
- **Line 20.** Use the correct column from the tax table for your filing status.
- **Refund.** If you overpaid your tax, enter the amount you want to be refunded on line 33b.
- Double check social security numbers, filing status, and number of exemptions.
- Double check mathematical calculations.
- Be sure to sign your return.
- Enclose W-2 forms with the return.

If requesting a **REFUND**, mail to: Maine Revenue Services, P.O. Box 1066, Augusta, ME 04332-1066
If **NOT** requesting a refund, mail to: Maine Revenue Services, P.O. Box 1067, Augusta, ME 04332-1067



DO NOT SEND PHOTOCOPIES OF RETURNS

SCHEDULE A
FORM 1040ME

ADJUSTMENTS TO TAX

See instructions.

Enclose with Form 1040ME.



09

Attachment
Sequence No. 7

2022

For more information, visit www.maine.gov/revenue/tax-return-forms.

2202103

Name(s) as shown on Form 1040ME

Your Social Security Number

ARCHANA ARJULA

708 38 5986

Section 1. REFUNDABLE CREDITS:

DO NOT ENTER \$ signs, commas, or decimals.

- 1. **Child Care Credit - for Maine residents and part-year residents only.** Enter the amount from line 5, or line 5a, of the Child Care Credit Worksheet on the next page. (Enclose worksheet.)... *1. .00
- 2. **Adult Dependent Care Credit.** Enter amount from line 7, or line 7a, of the Adult Dependent Care Credit Worksheet. (Enclose worksheet.) *2. .00
- 3. **Earned Income Tax Credit - for Maine residents and part-year residents only.** Enter the amount from line 2, 3, or 4, whichever applies, of the Earned Income Tax Credit Worksheet. (Enclose worksheet.) *3. .00
- 4. **Student Loan Repayment Tax Credit - for Maine residents and part-year residents only.** (Enclose worksheet.) *4. .00
- 5. **Rehabilitation of Historic Properties after 2007.** (Enclose worksheet.) 5. .00
- 6. **Other Refundable Tax Credits.** (Enclose applicable worksheet(s))..... 6. .00
- 7. **Total Refundable Credits.** Add lines 1 through 6. Enter result here and on Form 1040ME, line 25c. 7. .00

Section 2. NONREFUNDABLE CREDITS (See instructions for details):

- 8. **Dependent Exemption Tax Credit.** See instructions and, if necessary, enclose worksheet on the next page. Enter the amount from Form 1040ME, line 13a _____ x \$300. ... *8. 0 .00
- 9. **Child Care Credit.** Enter amount from line 6, or line 6a, of the Child Care Credit Worksheet on the next page. (Enclose worksheet.) *9. .00
- 10. **Adult Dependent Care Credit.** Enter amount from line 8, or line 8a, of the Adult Dependent Care Credit Worksheet. (Enclose worksheet.) *10. .00
- 11. **Earned Income Tax Credit for nonresidents only.** Enter amount from line 4 of the Earned Income Tax Credit Worksheet. (Enclose worksheet.) *11. .00
- 12. **Credit for Income Tax Paid to Other Jurisdictions.** Enter the amount from line 5 of the worksheet for the Credit for Income Tax Paid to Other Jurisdictions. (Enclose worksheet(s)). *12. 2737 .00
- 13. **Maine Seed Capital Credit.** (Enclose worksheet.) 13. .00
- 14. **Maine Capital Investment Credit.** (Enclose worksheet.)..... 14. .00
- 15. **Research Expense Tax Credit.** (Enclose worksheet.) 15. .00
- 16. **Carryforward of Certain Credit Amounts.** (Enclose worksheet.) 16. 0 .00
- 17. **Pine Tree Development Zone Credit -** Enter the amount from the Credit Application Worksheet. (Enclose worksheet.) 17. .00
- 18. **Employer Credit for Family and Medical Leave**..... 18. .00
- 19. **Employer Credit for Volunteer Firefighters and Volunteer Municipal Emergency Medical Services Persons**..... 19. .00
- 20. **Other Nonrefundable Tax Credits.** (Enclose applicable worksheet(s))..... 20. .00
- 21. **Total Nonrefundable Credits -** Add lines 8 through 20..... 21. 2737 .00
- 22. **Maine Income Tax -** Form 1040ME, line 22..... 22. 3321 .00
- 23. **Allowable Nonrefundable Credits -** Amount on line 21 or line 22, whichever is less. Enter here and on Form 1040ME, line 23. 23. 2737 .00

*Note: Personal credits (lines 1, 2, 3, 4, 8, 9, 10, 11, and 12 above) taken by part-year residents, nonresidents and safe harbor residents are limited to the Maine residency period or prorated based on the ratio of Maine-source income to total income. Generally, these credits are prorated on the related credit worksheet. Maine business credits are claimed in their entirety, some refundable and some limited up to the Maine tax liability (carryover provisions may apply).



Credit for Income Tax Paid to Other Jurisdiction Worksheet for Tax Year 2022 36 M.R.S. § 5217-A

Enclose with your Form 1040ME.
You must also attach a copy of the income tax return filed with the other jurisdiction.

Taxpayer Name: ARCHANA ARJULA SSN: 708-38-5986

(Part-year residents, see special instructions on page 3)

A. Name of other taxing jurisdiction: NEW JERSEY

1. Maine adjusted gross income from Form 1040ME, line 16..... 1. 69839.

2. Calculate the portion of Maine adjusted gross income sourced to and taxed by the other jurisdiction entered on line A:

a. Income sourced to and taxed by other jurisdiction included on Form 1040ME, line 14.
See instructions..... 2a. 69973.

Income modifications sourced to and taxed by other jurisdiction (Form 1040ME, Schedule 1A and Schedule 1S). **Include only amounts attributable to income included on line 2a:**

b. Additions - Specify _____ 2b. _____

c. Subtractions - Specify _____ 2c. _____

d. Income sourced to and taxed by other jurisdiction included on Form 1040ME, line 16.
Line 2a plus line 2b minus line 2c (if negative, enter zero). 2d. 69973.

3. Percentage of income taxed by other jurisdiction (divide line 2d by line 1 - if line 2d is greater than line 1, enter 1.0000)..... 3. 1 . 0 0 0 0

4. Limitation of Credit:
a. Maine tax on income also taxed by other jurisdiction (multiply Form 1040ME, line 20 by line 3 above). 4a. 3321.

b. Income taxes **paid** to other jurisdiction on income shown on line 2d..... 4b. 2318.
Do not enter the amount withheld on line 4b. See instructions.

5. Allowable Credit, line 4a or 4b, whichever is less. Enter here and on Maine Schedule A, line 12..... 5. 2318.

• **Taxpayers who claim credit for income tax paid to more than one other jurisdiction:** The credit for each jurisdiction must be computed separately. Use a separate worksheet for each jurisdiction. Print the name of the other jurisdiction on line A. Add the line 5 results together and enter the total on Maine Schedule A, line 12. **Enclose with your Form 1040ME. You must also attach a copy of the income tax return filed with the other jurisdiction.**

Note: MRS may request additional information supporting the credit claimed before the return can be processed.

You may photocopy this page if you need additional worksheets.



Credit for Income Tax Paid to Other Jurisdiction Worksheet for Tax Year 2022 36 M.R.S. § 5217-A

Enclose with your Form 1040ME.
You must also attach a copy of the income tax return filed with the other jurisdiction.

Taxpayer Name: ARCHANA ARJULA SSN: 708-38-5986

(Part-year residents, see special instructions on page 3)

A. Name of other taxing jurisdiction: NEW YORK

1. Maine adjusted gross income from Form 1040ME, line 16..... 1. 69839.

2. Calculate the portion of Maine adjusted gross income sourced to and taxed by the other jurisdiction entered on line A:

a. Income sourced to and taxed by other jurisdiction included on Form 1040ME, line 14.
See instructions..... 2a. 8820.

Income modifications sourced to and taxed by other jurisdiction (Form 1040ME, Schedule 1A and Schedule 1S). **Include only amounts attributable to income included on line 2a:**

b. Additions - Specify _____ 2b. _____

c. Subtractions - Specify _____ 2c. _____

d. Income sourced to and taxed by other jurisdiction included on Form 1040ME, line 16.
Line 2a plus line 2b minus line 2c (if negative, enter zero). 2d. 8820.

3. Percentage of income taxed by other jurisdiction (divide line 2d by line 1 - if line 2d is greater than line 1, enter 1.0000)..... 3. 0 . 1 2 6 3

4. Limitation of Credit:

a. Maine tax on income also taxed by other jurisdiction (multiply Form 1040ME, line 20 by line 3 above). 4a. 419.

b. Income taxes **paid** to other jurisdiction on income shown on line 2d..... 4b. 430.
Do not enter the amount withheld on line 4b. See instructions.

5. Allowable Credit, line 4a or 4b, whichever is less. Enter here and on Maine Schedule A, line 12..... 5. 419.

• **Taxpayers who claim credit for income tax paid to more than one other jurisdiction:** The credit for each jurisdiction must be computed separately. Use a separate worksheet for each jurisdiction. Print the name of the other jurisdiction on line A. Add the line 5 results together and enter the total on Maine Schedule A, line 12. **Enclose with your Form 1040ME. You must also attach a copy of the income tax return filed with the other jurisdiction.**

Note: MRS may request additional information supporting the credit claimed before the return can be processed.

You may photocopy this page if you need additional worksheets.