Form 8879
(Rev. January 2021)
Department of the Treesure

Department of the Treasury Internal Revenue Service

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)

T.....

Тахрау	er's name	Social secu	rity numb	ber
MAD	HAN MOHAN DATTA K ENDETI	897-7	5-712	5
Spouse	's name	Spouse's so	ocial secu	urity number
Par	Tax Return Information – Tax Year Ending December 31, 2022 (Enter	vear vou	are au	thorizing.)
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	103,333.
2	Total tax		2	15,526.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	18,642.
4	Amount you want refunded to you		4	3,116.
5			5	

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

Under penalties of periury. 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

~- ~				
GLOBAL	TAXES	LГС	to enter or generate my PIN	

6	7	1	2	5	
	er fiv n't en				as

my

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

Spouse's PIN: check one box only

I authorize

X I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

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	e be	low							
Part III Certific	cation and Authentication – Practitioner PIN Method Only								 	
ERO's EFIN/PIN. En	nter your six-digit EFIN followed by your five-digit self-selected PIN.			Doi	n't e	nter a	all ze	eros		

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 >	RO's signature ► Date ►										
ERO Must Reta Don't Submit This Forn	in This Form — See n to the IRS Unless										
For Paperwork Reduction Act Notice, see your tax return ins	tructions. RAA	REV 03/18/23 PRO	Form 8879 (Rev. 01-2021)								

1040		rtment of the Treasury—Internal Revenue Serv 5. Individual Income Tax		ım 20	22	OMB No. 1545	-0074	IRS Use	Only	–Do not w	vrite or staple	in this space.
Check only		Single Married filing jointly	_	d filing separat					,	spo	lifying sur use (QSS)	0
one box.		u checked the MFS box, enter the n on is a child but not your dependent		our spouse. If y	ou check	the HOH or	QSS	box, ent	er th	e child's	s name if ti	ne qualifying
Your first name	and mi	ddle initial	Last nar	ne						Your so	cial securi	ty number
MADHAN M	IOHAI	ι datta k	ENDE	TI						897-	76-712	5
lf joint return, sp	oouse's	first name and middle initial	Last nar	ne						Spouse	's social se	curity number
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.			A	pt. no.		Preside	ntial Electi	on Campaigr
17030 N	49TI	I ST					2	2155			here if you,	
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete sp	aces below.	Sta	ate	ZIP c	ode		•		ntly, want \$3 Checking a
SCOTTSDA	LE				A	Z	852	54		0	ow will not	•
Foreign country	name		F	oreign province/s	state/coun	ty	Foreig	n postal c	ode	your ta	k or refund	
Digital Assets		y time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a					-			. ,	Yes	X No
Standard	Som	eone can claim: 🗌 You as a de	pendent	Your s	pouse as	a dependent						
Deduction		pouse itemizes on a separate retur	n or you	were a dual-st	atus alier	ı						
Age/Blindness	You:	Were born before January 2, 1	958	Are blind	Spouse	: 🗌 Was bor					🗌 ls b	
Dependents	s (see	instructions):		(2) Social se		(3) Relationsh	ip (4) Check t	he bo	ox if quali	fies for (see	instructions):
If more	(1) Fi	rst name Last name		numbe	r	to you		Child t	ax cr	edit	Credit for ot	her dependents
than four												
dependents, see instructions	;											
and check												
here												
Income	1a	Total amount from Form(s) W-2, b		,				• •	•	1a		13,320.
Attach Form(s)	b	Household employee wages not re	•	.,			• •		• •	1b		
W-2 here. Also	С	Tip income not reported on line 1a					• •		• •	10		
attach Forms W-2G and	d	Medicaid waiver payments not rep		.,			• •	• •	•	10		
1099-R if tax	e	Taxable dependent care benefits f		-			• •	• •	• •	1e		
was withheld.	f	Employer-provided adoption bene		-			• •	• •	• •	1f		
lf you did not get a Form	g L	Wages from Form 8919, line 6 .					• •		• •	1g		0.
W-2, see	h i	Other earned income (see instruct Nontaxable combat pay election (see instruct)	,			· · · · ·	· ·	• •	• •	1h	1	0.
instructions.	z	Add lines to through th		,		11				1z	1	13,320.
Attach Sch. B	 2a	Ŧ	2a			axable interest	• •		•	2b		13,520.
if required.	2a 3a		3a	13.	_	Ordinary divider			• •	3b		13.
	4a		4a		-	axable amount			• •	46		10.
Standard	5a		5a		-	axable amount			• •	56		
Deduction for-	6a		6a		-	axable amount			•	6b		
 Single or Married filing 	c	If you elect to use the lump-sum e		nethod, check					. Г			
separately,	7	Capital gain or (loss). Attach Sche							. Г	7		0.
\$12,950Married filing	8	Other income from Schedule 1, lin								8		10,000.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								9		03,333.
surviving spouse,	10	Adjustments to income from Sche		-						10		
\$25,900 • Head of	11	Subtract line 10 from line 9. This is								11		03,333.
household, \$19,400	12	Standard deduction or itemized	-							12		12,950.
 If you checked 	13	Qualified business income deduct				5-A				13		,
any box under Standard	14	Add lines 12 and 13								14		12,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or less	s, enter -0 Thi	s is your	taxable incom	е.			15		90,383.
see manucuons.												

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	n(s): 1 🗌 881	4 2 4972	3		16	15,5	526.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	15,5	526.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	If zero or less,	enter -0				22	15,5	526.
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your total tax					24	15,5	526.
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a 18	8,642.			
	b	Form(s) 1099				25b		1		
	с	Other forms (see instructions	s)			25c		1		
	d	Add lines 25a through 25c						25d	18,6	642.
14	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return			26		
If you have a qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit	from Form 8863	3, line 8		29		-		
	30	Reserved for future use .		· 		30				
	31	Amount from Schedule 3, lin				31				
	32	Add lines 27, 28, 29, and 31.						32		
	33	Add lines 25d, 26, and 32. The second	-	-	-			33	18,6	42.
Defend	34	If line 33 is more than line 24	,					34		16.
Refund	35a	Amount of line 34 you want				, .	. 🗆	35a	3,1	16.
Direct deposit?	b	Routing number 0 7 1					Savings			
See instructions.	d	Account number 7 5 7					59-			
	36	Amount of line 34 you want a			d tax	36				
Amount	37	Subtract line 33 from line 24								
You Owe	07	For details on how to pay, go						37		
	38	Estimated tax penalty (see in				38		0.		
Third Party		you want to allow another								
Designee		structions	•				omplete l	selow.	× No	
J	De	signee's		Phone			onal identi	fication r		
	nai	ne		no.		num	ber (PIN)			
Sign		der penalties of perjury, I declare th								
Here		ief, they are true, correct, and com	plete. Declaration			ased on all informati				Ū.
	Yo	ur signature		Date	Your occupation				nt you an Identi N, enter it here	
Joint return?					SOFTWARE	ENGINEER		inst.)		
See instructions.	Sp	ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupa		If the	e IRS ser	nt your spouse a	an
Keep a copy for	-1-	,,,,,					Iden	tity Prote	ection PIN, ente	
your records.							(see	inst.)		
		one no. (217)414-432	4	Email address	MOHANE454	9@GMAIL.COM	1			
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN	T	Check if:	
Preparer									Self-empl	loyed
Use Only	Fir	m's name GLOBAL TAX	KES LLC				Pho	ne no.		
	Firi	m's address 245 ROONE	CT E BRU	JNSWICK N	J 08816		Firm	's EIN		
Go to www.irs.go	ov/Form	n1040 for instructions and the lates	st information.		BAA	REV 03/18/23 PRO			Form 104	0 (2022

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 ocial security number

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social securi
MADHAN MOHAN DATTA K ENDETI	897-76-7125

Par	t 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	-11,500.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k	_	
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81	_	
m	Olympic and Paralympic medals and USOC prize money (see			
		8m	-	
	Section 951(a) inclusion (see instructions)	8n	-	
0	Section 951A(a) inclusion (see instructions)	80	-	
р	Section 461(I) excess business loss adjustment	8p	-	
q	Taxable distributions from an ABLE account (see instructions)	8q	-	
r	Scholarship and fellowship grants not reported on Form W-2	8r	-	
S	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	0- (
	,	8s (4	
t	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan	8t		
	Wages earned while incarcerated	8u	-	
u z	-	ou	-	
2	Other Income from box 3 of 1099-Misc 1,500.	8z 1,500.		
9	Total other income. Add lines 8a through 8z		9	1,500.
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF		10	-10,000.
-	perwork Reduction Act Notice, see your tax return instructions.	.,		ile 1 (Form 1040) 2022

Par	t II Adjustments to Income					÷.
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee			ernment		
	officials. Attach Form 2106				12	
13	Health savings account deduction. Attach Form 8889				13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
15	Deductible part of self-employment tax. Attach Schedule SE				15	
16	Self-employed SEP, SIMPLE, and qualified plans				16	
17	Self-employed health insurance deduction				17	
18	Penalty on early withdrawal of savings				18	
19a	Alimony paid				19a	
b	Recipient's SSN					
с	Date of original divorce or separation agreement (see instructions):					
20	IRA deduction				20	
21	Student loan interest deduction				21	
22	Reserved for future use				22	
23	Archer MSA deduction				23	
24	Other adjustments:					
а		24a				
b	Deductible expenses related to income reported on line 8I from the					
		24b				
с	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				
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				
ĥ	Attorney fees and court costs for actions involving certain unlawful					
		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					
		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					
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	<u> </u>	<u> </u>	<u></u>	26	
	BAA	REV	03/18/23 PF	20	Schedul	le 1 (Form 1040) 20

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

Go to *www.irs.gov/ScheduleD* for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. 2022 Attachment Sequence No. 12

Internal Revenue Service Name(s) shown on return

Department of the Treasury

MADHAN MOHAN DATTA K ENDETI

Your social security number 897-76-7125

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, columr	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	36.	36.			0.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions						()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	7	0.			

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.		(d) Proceeds (sales price)	(e) Cost (or other basis)	Cost to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.				(g)	with column (g)
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
12	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824	11 12				
13 14	Capital gain distributions. See the instructions Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	13 14	()			
15	Net long-term capital gain or (loss). Combine lines 8a on the back .		15			

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	0.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 both gains? Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.		
	☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 (0.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.		
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

REV 03/18/23 PRO

Schedule D (Form 1040) 2022

Form **8949**

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



Name(s) shown on return	Social security number or taxpayer identification number
MADHAN MOHAN DATTA K ENDETI	897-76-7125

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	Date sold or disposed of	Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a co	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).	
Robinhood Securities LLC	01/01/22	12/31/22	36.	36.			0.	
2 Totals. Add the amounts in column negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box A	al here and inc is checked), lir	lude on your 1e 2 (if Box B	36.	36.			0.	

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

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

	DULE E				Supplementa								o. 1545-0074
(Form	rm 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)						20	22					
	Deartment of the Treasury Attach to Form 1040, 1040-SR, 1040-SR, or 1041.							Attachr	ment				
	ternal Revenue Service Go to www.irs.gov/ScheduleE for instructions and the latest information.							nce No. 13					
.,	shown on return	л спс іл	77									cial security	
Part	AN MOHAN D				Deal Estate an		valtiaa				897-	76-7125	•
Part	Note: If yo	ou are ii	n the	e business of renti	Real Estate an ing personal proper on page 2, line 40.	rty, use	Schedule	C . See	e instru	ctions. If you	are an inc	dividual, rep	oort farm
Α					vould require you	to file	Form(s) 1	099? 8	See ins	structions .		. 🗌 Ye	es 🛛 No
					orm(s) 1099?								
1a					et, city, state, Zll								
A	Kandukur	Praka	asa	m Andhra P	radesh IN 52	23105	5						
B							-						
С													
1b	Type of Prope (from list below				real estate prope				Fa	ir Rental Days		onal Use ays	QJV
Α	3	~			ays. Check the Q			Α		365		0	
B				if you meet the	requirements to f	file as	a 🚽	 B		505		0	
С				qualified joint ve	enture. See instru	uctions	S	C					
Туре	of Property:						1		1		1		
1 3	Single Family R	esider	nce	3 Vacation	/Short-Term Ren	ital	5 Land			Self-Rental			
2	Multi-Family Re	sidend	се	4 Commer	cial		6 Roya	lties	8	Other (desc	cribe)		
										Proper	ties:		
Incom	ie:							Α		В			С
3	Rents received	ł				3		6	00.				
4	Royalties recei	ived .				4							
Expen													
5						5							
6						6		1 -	0.0				
7	•					7		1,5	00.				
8 9						8							
9 10						10							
11						11		1.3	00.				
12				o banks, etc. (se		12							
13						13							
14	Repairs					14		3,0	00.				
15						15		2,8	00.				
16						16			0.0				
17						17		3,5	00.				
18 19	Other (list)	•				18 19							
20						20		12,1	0.0				
21	•			•	or 4 (royalties). If			/_					
					l out if you must								
	file Form 6198	j				21	-	-11,5	00.				
22					imitation, if any,	22	(11,50)0.)	()()
23a					or all rental prope				23a		600.		,
b					or all royalty prop				23b				
с					for all properties				23c				
d					for all properties				23d				
е					for all properties				23e	1	2,100.		
24		-			on line 21. Do no		-				. 24		11 500 \
25					nd rental real esta								11,500.)
26	i otal rental re	eal est	tate	e and royalty in	come or (loss).	Comb	ine lines 2	∠4 and	25. E	nter the res	ult		

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 For Paperwork Reduction Act Notice, see the separate instructions.

26

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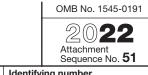
-11,500.

Form 4952
Department of the Treasury Internal Revenue Service

Investment Interest Expense Deduction

Go to www.irs.gov/Form4952 for the latest information.

Attach to your tax return.



Name(s)	shown on return			Ide	ntifying numb	er
MADH	AN MOHAN DATTA K ENDETI			89	97-76-71	25
Part	Total Investment Interest Expense					
1	Investment interest expense paid or accrued in 2022 (see instructions)				1	263.
2	Disallowed investment interest expense from 2021 Form 4952, line 7				2	
3	Total investment interest expense. Add lines 1 and 2				3	263.
Part	Net Investment Income					
	Gross income from property held for investment (excluding any net gain from			1.0		
	the disposition of property held for investment)	4a		13		
	Qualified dividends included on line 4a	4b		13		0
	Subtract line 4b from line 4a		• •		4c	0.
	Net gain from the disposition of property held for investment	4d			_	
е	Enter the smaller of line 4d or your net capital gain from the disposition					
	of property held for investment. See instructions	4e				
f	Subtract line 4e from line 4d				4f	0.
-	Enter the amount from lines 4b and 4e that you elect to include in investment inc				5 4 g	
h	Investment income. Add lines 4c, 4f, and 4g				4h	0.
5	Investment expenses (see instructions)				5	
	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0				6	0.

For Pa	aperwork Reduction Act Notice, see page 4.	BAA	REV 03/18/23 PRO		Form 4952 (2022)
8	Investment interest expense deduction	. Enter the	smaller of line 3 or line 6. See instructions	8	0.
	3. If zero or less, enter -0			7	263.
1	Disallowed investment interest expension	e to be ca	arried forward to 2023. Subtract line 6 from line		

For Paperwork Reduction Act Notice, see page 4. BAA REV 03/18/23 PRO

Form 8582
Department of the Treasury Internal Revenue Service

Name(s) shown on return

Part I

MADHAN MOHAN DATTA K ENDETI

2022 Passive Activity Loss

Passive Activity Loss Limitations

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041.

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

Identifying number 897-76-7125

	Caution: Complete Parts IV and V before completing Part I.		
Renta Allowa			
1a b c d	Activities with net income (enter the amount from Part IV, column (a))1a0.Activities with net loss (enter the amount from Part IV, column (b))1b(11,500.)Prior years' unallowed losses (enter the amount from Part IV, column (c))1c()Combine lines 1a, 1b, and 1c	1d	-11,500.
All Ot			
2a b c d	Activities with net income (enter the amount from Part V, column (a)) . 2a Activities with net loss (enter the amount from Part V, column (b)) . . Prior years' unallowed losses (enter the amount from Part V, column (c)) . . Combine lines 2a, 2b, and 2c . . .	2d	
3	Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3	-11,500.

If line 3 is a loss and: • Line 1d is a loss, go to Part II.

• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Par	Part II Special Allowance for Rental Real Estate Activities With Active Participation									
	Note: Enter all numbers in Part II as positive amounts. See instructions for an example.									
4	Enter the smaller of the loss on line 1	d or the loss on lir	ne3			4	11,500.			
5	Enter \$150,000. If married filing separ	ately, see instructi	ons	5	150,000.					
6	Enter modified adjusted gross income	e, but not less thar	n zero. See instruc	tions 6	114,833.					
	Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7.	to line 5, skip line	s 7 and 8 and ent	er -0-						
7	Subtract line 6 from line 5			7	35,167.					
8	Multiply line 7 by 50% (0.50). Do not e	nter more than \$25	,000. If married filir	ng separately, se	e instructions	8	17,584.			
9	Enter the smaller of line 4 or line 8					9	11,500.			
Par										
10	Add the income, if any, on lines 1a an	d 2a and enter the	etotal			10	0.			
11	Total losses allowed from all passiv	e activities for 20	22. Add lines 9 an	id 10. See instru	ctions to find					
	out how to report the losses on your t	ax return				11	11,500.			
Par	t IV Complete This Part Before	e Part I, Lines 1	a, 1b, and 1c. S	ee instructions	S					
	Nome of optivity	Current year		Prior years	Ove	erall ga	ain or loss			
	Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(c) Unallowed loss (line 1c) (d) Gain		(e) Loss			
Kan	dukur	0.	11,500.				11,500.			
-										

For Paparwork Poduction Act Nation son instru	ictions		DEV 00/1/	(22 DD 2	Farm 8582 (0000
Total. Enter on Part I, lines 1a, 1b, and 1c	0.	11,500.			

For Paperwork Reduction Act Notice, see instructions. BAA

REV 03/18/23 PRO

Form 8582 (2022)

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Part V Complete This	Part Before	Part I, Lines 2	a, 2b,	and 2c. S	ee instruc	tions.			
		Currer	Current year Prior years Overall ga			ll gain or loss			
Name of activity		(a) Net income (b) N (line 2a) (lin		Net loss (c) Unallov ne 2b) loss (line		owed e 2c)	(d) Gain	(e) Loss	
		((,		,			
otal. Enter on Part I, lines 2a, 2 Part VI Use This Part if		Is Shown on F	Part II.	Line 9. S	l ee instruc	tions.			
		orm or schedule	,						
Name of activity	a te	and line number o be reported on see instructions)	(a)) Loss	(b) Ra	itio	(c) Special allowance	(d) Subtract column (c) fron column (a).	
Kandukur		E Ln 22		11,500.	1.0000	0000	11,50	0. 0	
otal				11,500.	1.00)	11,50	0. 0	
Part VII Allocation of Un	nallowed Los	sses. See instr	uction	S.					
Name of activity		Form or sche and line nur to be reporte (see instruct	nber ed on	(a) I	Loss		(b) Ratio	(c) Unallowed loss	
otal							1.00		
Part VIII Allowed Losses	. See instruc	tions.							
Name of activity		Form or sche and line nur to be reporte (see instruct	nber ed on	(a) l	LOSS	(b) Ur	nallowed loss	(c) Allowed loss	

REV 03/18/23 PRO

Form **8582** (2022)

orm	E-file Signature Authorization
379	(Arizona Forms 140, 140A, 140EZ, 140NR and 140PY)

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.

Your First Name and Initial	Last Name		Your Social Security Number*
MADHAN MOHAN DATTA K	ENDETI	Enter	897 76 7125
Your Spouse's First Name and Initial (if filed joint)	l ast Name	your SSN(s).	Spouse's Social Security No.*

PART 1 – PURPOSE (If you are e-filing a Small Business Income Tax Return, also complete Form AZ-8879 SBI)*Do Not Truncate

• To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.

• To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

PART 2 – TAX RETURN INFO	RMATION		PART 3 – FIN	ANCIAL INS	TITUTION INFORMATION
			Must be prese	nt when reque	sting direct debit or deposit.
1 Arizona Adjusted Gross Income	103,333 00		Foreign Ac	count Deposit	Debit: See instructions below.
2 Balance Of Tax	2,571 00		TYPE OF ACCOUNT		
3 Arizona Income Tax Withheld	4,080 00		🛛 Checking	Savings	0 7 1 0 0 0 0 1 3
Check box 4 <u>or</u> box 5:			ACCOUNT NUMBER		
4 REFUND: Enter the amount of	refund	1,509 00	7 5 7 2 0	7 1 5 9	
5 AMOUNT YOU OWE: Enter th	e amount owed	00		JEST DATE	\$

Box 4 Checkbox – Refund: You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

Box 5 Checkbox – Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your account. If you are due a refund, we will send you a check instead. If you owe tax, you must mail a check to the Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

2022

PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2022, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

- **6a** X I consent that my refund be directly deposited as designated in the electronic portion of my 2022 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- **6b** I do not want direct deposit of my refund or I am not receiving a refund.
- **6c** I authorize the Arizona Department of Revenue (ADOR) 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 Arizona taxes owed on this return. 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.

If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of my tax liability by April 18, 2023, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, my state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.

I authorize GLOBAL TAXES LLC

(ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2022. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return. I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

RE	→		
SE SIGN HERE	→	YOUR PEN AND INK SIGNATURE	DATE
PLEASE		SPOUSE'S PEN AND INK SIGNATURE	DATE

RETURN.				Arizona Form 140	F	Resident	Perso	onal Inco	ome Tax	Return		F	-	ENDAR YEAR	l
RE	32F		Check	box 82F under extensi	ion OR FISCA	L YEAR BEG	INNING		12.0.2.2					<u> </u>	. 66F
TO THE	_`			me and Middle Ir			La	st Name			Enter	Your	Social	Security Nu	umber
0	1			MOHAN DATT				IDETI			your			76 712	
ST	_	Spou	se's Firs	st Name and Mide	dle Initial (if box 4 d	or 6 checked)	La	st Name			SSN(s).	Spous	se's S	ocial Securit	ty No.
Ξ	1	Curro	nt Uom	o Addroso - pumb	ber and street, rura	l routo			Apt. No.			Dhono	(with	area code)	
Ľ,	2			I 49TH ST	bei and street, fula	ITOULE			2155		94 (217				
ANY ITEMS				Post Office	St	ate		ZIP Code						Year(s) (if diff	ferent)
	3	SC	OTTSI	DALE	A	Z		85254							97
STAPLE	S	4	🗆 м	larried filing joint	return 4a 🗌 Inj	jured Spouse	Protectio	n of Joint O	verpayment		USE ONLY.	DO NO	от ма	RK IN THIS A	REA.
ST	TAT	5	Пн	ead of household	d. Enter name of qua	lifying child or o	dependent	on next line:		88					
۲Ō	S U														
DO NOT	FILING STATUS	6 7		larried filing sepa ingle	rate return. Enter s	pouse's name a	and Social	Security Num	ber above.						
		1		<u> </u>	claimed. Do not	put a check i	mark.								
		8			ou and/or spouse)			id 11a, also con	nplete lines 38,						
	10b	9	В	lind (you and/or s	spouse)	39, and 41. For	r lines 10a a	nd 10b, also co	mplete line 49.	81 PM			80	RCVD	
	and	10a		ependents: Unde	-	10b De	ependents	: Age 17 and	d over.						
	10a	11a			and grandparents Dependent Informat	ion Coolinat	ructions		naan ahaak i		and com			Dout 4	
	- Dependents				(a)		ructions.	(b)		(d)		(e)		f) (f)	
	end				ND LAST NAME		SOCIAL S	ECURITY NO.	RELATIONSHI	P NO. OF MO		pendent included i		 if you did no this person or 	n your
	Dep			(Do not list	yoursen or spouse.)					HOME IN	2022 1	10a) (Bo	2 x 10b)	federal return educational c	
	11a -	10c													
	and	10d													
	8, 9, .	10e													
o.	sus 8		(Box	11a): Qualifying	parents and grand (a)	parents. See	instructio	(b)	re space, cheo (c)	k the box (d)	and con	nplete (e)	page 4	4, Part 2.	
14	Exemptions				ND LAST NAME		SOCIAL S	ECURITY NO.	RELATIONSHI	P NO. OF MO		AGE 65) IN
after Form 140	Exer			(Do not list	yourself or spouse.)					LIVED IN HOME IN		OVEF	<	2022	
Т. Н		11b													
afte	1	11c													
ts â	Ī	12	Federa	I adjusted gross	s income (from yo	our federal re	eturn)					. 12		103,333	3 00
					s check the box if										00
cun	ons				d gross income. S									103,333	
ð	Additions				nterest ustment. See instruc										00
ner	۹				n										00
otl				•	ne: Complete Othe										00
s 01	-				nrough 18 and enter th						-			103,333	3 00
nle					(loss). See instruction							00			
led					ital gain or (loss). S al gain or (loss). Se						L L	00			
sch					in from assets acq						C	00			
ΑZ		24	Multiply	/ line 23 by 25%	(.25) and enter the	result								(00 0
pu		This	box may	THE DEPARTMENT OF A CONTRACT OF	ontain a printed barco	11 AD /16 DU + 12 P +		^{1.} 25 Netc	apital gain - qua	lified small bu	usiness	25			00
ala	Subtractions		insi. 'n	78. LEVEL DE LEVEL DE LEVEL. No. LEVEL DE			版路		culated Arizona						00
lera	tract			·收止物於物的复数形。	[1] 教育的 (1) 人名英格兰人姓氏	AZD 35 EX 123.	BARK I		ership Income a						00
fec	Sub		WHX	er i de politik (de la de la de La decidad de la decidad de		UNITED STATES			st on U.S. obligation for fed., AZ s						00
red			8-1 E I				#BM-1		sion for retired/ref	-					00
qui								30 U.S. S	Social Security of	or Railroad Re	etirement Ac	t 30			00
e l			WB21	SAN ENSINE NO	ion shake in the		86 B)		in wages of Ame						00
an)				NYAL DALLAR	Kozkaza (Kaza) (Kaz	zələriyi değ			eceived for being						00
Place any required federal and AZ schedules or other documer		-	-						perating loss ad			. 33 0			00
Pla									ibutions: 34 a 529 29A (ABLE)		dd 34a and 34l	_			00
	-		2 10413	(22)			۵7 ۶	orm 140 (2)		a			2/04/22	PRO Page	1.0.0

	Your	Name (as shown on page 1)	Your Social Se	ecurity Number	
	MAI	DHAN MOHAN DATTA K ENDETI	897-76	-7125	
	35	Subtract lines 24 through 34c from line 19		35	103,333
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income so			
	37	Subtract line 36 from line 35. Enter the difference			103,333
ŝ	38	Age 65 or over: Multiply the number in box 8 by \$2,100			
Exemptions		Blind: Multiply the number in box 9 by \$1,500			
xen	39				
ш	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300			
	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000			103,333
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter			12,950
	43	Deductions: Check box and enter amount. See instructions			
	44	If you checked box 43 S and claim charitable contributions, check 44 C Complete page 3. Se		00.202	
of Tax	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"			90,383
	46	Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables			2,571
Balance	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 32		47	
ala	48	Subtotal of tax: Add lines 46 and 47. Enter the total			2,571
-	49	Dependent Tax Credit. See instructions		49	(
	50	Family income tax credit (from the worksheet - see instructions)		50	
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 64			
	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater	<u>than line 48, enter</u>	"0" 52	2,571
lits	53	2022 AZ income tax withheld			4,080
credits	54	2022 AZ estimated tax payments 54a 00 Claim of Right 54b	00 Add 54	a and 54b. 54c	
Refundable Crec	55	2022 AZ extension payment (Form 204)		55	
inda	56	Increased Excise Tax Credit (from the worksheet - see instructions)		56	
Refu	57	Property Tax Credit from Arizona Form 140PTC		57	
	58	Other refundable credits: Check the box(es) and enter the total amount	581 308-1 582	2 349 58	
Ę	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total			4,080
ue or ymen	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip li			
overpaym	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpa			1,509
ð	62	Amount of line 61 to be applied to 2023 estimated tax			0
Ś	63				1,509
Gifts		- 74 Voluntary Gifts to:Assigned to Schools		00	_/
ary	•••	Child Abuse Prevention		00	
Voluntary		Neighbors Helping Neighbors 69 00 Special Olympics		00	
≥		I Didn't Pay Enough Fund		00	
2	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertaria			
enalty		Estimated payment penalty			
Ре		2511 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included			
				70	
ed		Add lines 64 through 74 and 76; enter the total			1,509
Ч	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80 Direct Deposit of Refund: <i>Check box</i> 79 <i>A</i> if your deposit will be ultimately placed in a foreign account			1,509
Amount Owed		CM Checking or ROUTING NUMBER ACCOUNT NUMBER			
N N		98 S Savings 0 7 1 0 0 0 1 3 7 5 7 2 0 7 1 5 9			
`	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; with	rite your SSN on p	ayment;	
	I	and include with your return			
		Under penalties of perjury, I declare that I have read this return and any documents with it, an			
		true, correct and complete. Declaration of preparer (other than taxpayer) is based on all inforr	nation of which	preparer nas any	knowledge.
HERE	≯				
Ψ		YOUR SIGNATURE DATE		ENGINEER	
-					
SIGN	→				
ິ		SPOUSE'S SIGNATURE DATE	SPOUSE'S OCCU	JPATION	
		GLOBAL TAXES			
		PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPAREI		YED)	
AS		245 ROONEY CT			
EASE		PAID PREPARER'S STREET ADDRESS	PAID	PREPARER'S TIN	
PLEAS		The			
PLEAS					
PLEAS		E BRUNSWICK NJ 08816 PAID PREPARER'S CITY STATE ZIP CODE		PREPARER'S PHONE	NUMBER