Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

internal n	levelide Service								
Submis	ssion Identification Number (SID)								
Taxpayer	r's name	Socia	security	y numbe	er				
JASH	WANT K UPPU	67	671-89-2551						
Spouse's			Spouse's social security number						
Dout	Toy Detrive Information Toy Very Ending December 21	(Entar Maar		40. O. I.+li	- o ri =	ina \			
Part		(Enter year	you ar	e autr	ioriz	ing.)			
	whole dollars only on lines 1 through 5. Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.								
	Adjusted gross income			1		113.	686.		
	Total tax			2			012.		
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3			162.		
	Amount you want refunded to you			4			150.		
	Amount you owe			5					
Part I		and keep a	а сору	of yo	our r	eturi	n)		
return (o to send for any o Agent to payment authoriza payment business taxes to personal	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part original or amended) I am now authorizing. I consent to allow my intermediate service provider, my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorized initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account of my federal taxes owed on this return and/or a payment of estimated tax, and the financial intention is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to text, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellations a days prior to the payment (settlement) date. I also authorize the financial institutions involved to receive confidential information necessary to answer inquiries and resolve issues related to all identification number (PIN) below is my signature for the income tax return (original or amendatic Funds Withdrawal Consent.	transmitter, or for rejection of the U.S. Treat and indicated institution to define an on requests in the process the paymen	electro of the tra asury ar n the ta bit the uthoriza nust be sing of t. I furtl	nic returniss and its de ix preparent to its de ix preparent to its de ix preparent to its de	irn ori sion, (esigna aration this this revo ed no ctroni	iginato (b) the ated F n softwaccou oke (ca o later ic paye	or (ERO) reason inancial ware for int. This ancel) a than 2 ment of that the		
	yer's PIN: check one box only				Τ_Τ				
\mathbf{x}	I authorize GLOBAL TAXES LLC to enter or gen	erate mv PIN	, [9]	2 5	-	1	as my		
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	,	Ent	er five d i't enter		but	,		
	I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PIN below.								
Your si	gnature ▶ Dat	e▶							
Snouse	e's PIN: check one box only								
Spouse	I authorize to enter or gen	orata my DIN					00 mv		
	ERO firm name	crate my i m		er five d	igits.		as my		
	signature on the income tax return (original or amended) I am now authorizing.			't enter					
	I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PIN below.								
Spouse	e's signature ▶ Dat	e >							
	Practitioner PIN Method Returns Only—continue k	oelow							
Part II	Certification and Authentication — Practitioner PIN Method Only								
FRO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4	9 6	5 6	1 9	8 8	9		
	_ intrinsical year on angle in the interest by year into digit con collected in in		on't ente	r all zer		1 -1			
authorize	that the above numeric entry is my PIN, which is my signature for the electronic individual included to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I amount of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Provided	n submitting t	his retu	rn in ac	cord	anće v			
ERO's	signature ▶ Dat	e ►							
	ERO Must Retain This Form — See Instruction								
	Don't Submit This Form to the IRS Unless Requested								

Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2022

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly u checked the MFS box, enter the na	ame of y							spou	ise (QSS)	
		son is a child but not your dependent										
Your first name		iddle initial	Last na							Your social security number		
JASHWANT			UPPU						_		39-2552	
If joint return, s	pouse's	s first name and middle initial	Last na	me					;	Spouse's	s social sec	curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			А	pt. no.		Presider	ntial Election	on Campaign
2072 ноі	LLY	AVE									ere if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Stat	e	ZIP co	ode				tly, want \$3 Checking a
SOUTH PI	LAIN	FIELD			NJ		070	80		_	ow will not	•
Foreign country	/ name		F	Foreign province/state/	count	у	Foreig	n postal co			or refund.	•
											You	Spouse
Digital Assets		ny time during 2022, did you: (a) rece lange, gift, or otherwise dispose of a	•				•	,	. ,	,	Yes	⊠ No
Standard		eone can claim: You as a de					accety	. (000 111	otrao	110110.)		
Deduction		Spouse itemizes on a separate return	•			а перепиет						
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	ouse:	☐ Was bor	rn befo	re Janua	ary 2,	1958	☐ Is bli	nd
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	nip (4) Check tl	ne box	if qualif	ies for (see	instructions):
If more	(1) F	irst name Last name		number		to you		Child to	ax cre	dit	Credit for oth	ner dependents
than four								[
dependents, see instructions								[
and check								[<u> </u>
here]							[<u> </u>
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (se	e instructions) .						1a	13	30,587.
	b	Household employee wages not re	ported	on Form(s) W-2 .						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	structions)						1c		
attach Forms	d	Medicaid waiver payments not rep	orted o	n Form(s) W-2 (see i	nstru	ctions)				1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f		•						1e		
was withheld.	f	Employer-provided adoption bene	fits from	n Form 8839, line 29						1f		
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form W-2, see	h	Other earned income (see instructi	ons) .				· ·			1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1i</u>	i					
	Z	Add lines 1a through 1h								1z	13	30,587.
Attach Sch. B	2 a	Tax-exempt interest	2a			axable interest				2b		
if required.	<u>3a</u>	Qualified dividends	3a		b O	rdinary divide	nds .			3b		
	4a		4a			axable amoun				4b		
Standard Deduction for—	5a		5a			axable amoun				5b		
• Single or	6a	,	6a			axable amoun	t		٠ ـ	6b		
Married filing separately,	С	If you elect to use the lump-sum el		•	•	,						
\$12,950	7	Capital gain or (loss). Attach Sched							. L	7		
 Married filing jointly or 	8	Other income from Schedule 1, line								8		3,301.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9	11	7,286.
\$25,900	10	Adjustments to income from Sche								10	1	3,600.
 Head of household, 	11	Subtract line 10 from line 9. This is	-	-						11		3,686.
\$19,400	12	Standard deduction or itemized								12	+ 1	L2,950.
 If you checked any box under 	13	Qualified business income deducti								13	-	0 0 = =
Standard Deduction,	14	Add lines 12 and 13								14		<u> 2,950.</u>
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -u This is y	our t	axable incom	1е .			15	1 10	00,736.

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	18,012.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	18,012.
	19	Child tax credit or credit for other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line 8					20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18. If zero or less,	enter -0				22	18,012.
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is your total tax					24	18,012.
Payments	25	Federal income tax withheld from:						
	а	Form(s) W-2			25a 22	2,162.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	22,162.
If you have a	26	2022 estimated tax payments and amount a	pplied from 20	21 return			26	
qualifying child,	27	Earned income credit (EIC)		No .	27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812	2		28			
	29	American opportunity credit from Form 8863	3, 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 pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. These are your to	otal payments				33	22,162.
Refund	34	If line 33 is more than line 24, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	4,150.
	35a	Amount of line 34 you want refunded to you		is attached, chec	k here	🗌	35a	4,150.
Direct deposit?	b	Routing number 0 6 1 0 0 0 2		c Type: 🔀	Checking	Savings		
See instructions.	d	Account number 7 0 2 7 5 7 6						
	36	Amount of line 34 you want applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. This is the amo For details on how to pay, go to <i>www.irs.go</i>	•				37	
	38	Estimated tax penalty (see instructions) .			38			
Third Party Designee		you want to allow another person to disc tructions				omplete k	elow.	X No
		signee's	Phone			onal identi	ication I	
	na		no.			iber (PIN)		
Sign		der penalties of perjury, I declare that I have examine ief, they are true, correct, and complete. Declaration						
Here	Yo	ur signature	Date	Your occupation				nt you an Identity
						Prote (see		N, enter it here
Joint return? See instructions.			5.	SOFTWARE E		,		<u> </u>
Keep a copy for your records.	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	on		ity Prote	ection PIN, enter it here
	Ph	one no. (952)261-3980	Email address	JASHWANTH.U	PPU@GMAIL.C	MC		
Doid	Pre	eparer's name Preparer's signat	ture		Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/10/2023	P0208	2703	Self-employed
Preparer	Fin	m's name GLOBAL TAXES LLC				Phor	ne no. (678)965-9522
Use Only	Fin	n's address 245 ROONEY CT E BRU	NSWICK N	J 08816			's EIN	84-3171965
								1010

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

JASHWANT K UPPU

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

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

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

Your social security number 671-89-2551

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-13,301.
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 (<u>)</u>	
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			
	instructions)	8m		
n	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	0- /		
	1040, line 1a or 1d	8s (4	
t	Pension or annuity from a nonqualifed deferred compensation plan or	04		
	a nongovernmental section 457 plan	8t	-	
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	0-		
9	Total other income. Add lines 8a through 8z	8z	9	
9 10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR			-13 301

Schedule 1 (Form 1040) 2022 Page **2**

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis governr	nent	
	officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889		
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE		
16	Self-employed SEP, SIMPLE, and qualified plans		
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings		
19a	Alimony paid		
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	3,600.
21	Student loan interest deduction		
22	Reserved for future use		
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8l from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade		
_	Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans		
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)		
İ	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		
	<u> </u>		
j	Housing deduction from Form 2555		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
_	1041)		
Z	Other adjustments. List type and amount:		
0E	Total other adjustments. Add lines 24s through 24z	05	1
25 26	Total other adjustments. Add lines 24a through 24z		
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here an Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	u on	3,600.
	romi 1040 or 1040-5h, line 10, or form 1040-NH, line 10a	26	3,600.

SCHEDULE E (Form 1040)

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.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

2022
Attachment Sequence No. 13

Name(s) shown on return Your social security number JASHWANT K UPPU 671-89-2551

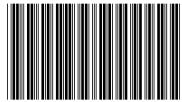
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			C. See	instru	ctions. If you a	ıre an indi	vidual, repo	ort farm
Α	Did you make any payments in 2022 that would require you	to file	Form(s) 1	099? S	ee ins	structions .		. TYe	s X No
	f "Yes," did you or will you file required Form(s) 1099? .								
1a	Physical address of each property (street, city, state, ZIF								
Α	MOOSAPET HYDERABAD TELANGANA IN 500018	3							
В									
С									
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair real estate properabove.				Fa	ir Rental Days		nal Use iys	QJV
Α	personal use days. Check the Qu	JV box	x only	Α		365		0	
В	if you meet the requirements to f			В					
С	qualified joint venture. See instru	Ctions	S.	С					
Гуре	of Property:			·					
	Single Family Residence 3 Vacation/Short-Term Rent Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya	Ities		Self-Rental Other (descr	ribe)		
						Properti	es:		
ncon	ne:			Α		В			С
3	Rents received	3		6	00.				
4	Royalties received	4							
Expe	nses:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,2	00.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,0	00.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		3,6					
15	Supplies	15		3,2	10.				
16	Taxes	16							
17	Utilities	17		4,5	00.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		13,5	60.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	_	-12,9	60.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(12,96	0.)	()	()
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a		600.		
b	Total of all amounts reported on line 4 for all royalty properties				23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
е	Total of all amounts reported on line 20 for all properties				23e	13	,560.		
24	Income. Add positive amounts shown on line 21. Do no	t inclu	ude any lo	sses			. 24		
25	Losses. Add royalty losses from line 21 and rental real estat	e loss	ses from lin	e 22. E	nter to	otal losses he	re 25	(L2,960.)
26	Total rental real estate and royalty income or (loss). On here. If Parts II, III, IV, and line 40 on page 2 do not a Schedule 1 (Form 1040), line 5. Otherwise, include this are	apply	to you, a	also en	iter th	nis amount c		-	-12,960.

Schedule E (Form 1040) 2022 Name(s) shown on return. Do not enter name and social security number if shown on other side. Your social security number JASHWANT K UPPU 671-89-2551 Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1. Part II Income or Loss From Partnerships and S Corporations Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198**. See instructions. 27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section (b) Enter P for (c) Check if (e) Check if (f) Check if 28 (d) Employer (a) Name partnership; S foreign basis computation any amount is identification number partnership for S corporation is required not at risk Α KILLEN WOLFRIDGE LLC 87-3114654 Ρ В C D **Passive Income and Loss** Nonpassive Income and Loss (h) Passive income (g) Passive loss allowed (i) Nonpassive loss allowed (i) Section 179 expense (k) Nonpassive income (attach Form 8582 if required) from Schedule K-1 from Schedule K-1 (see Schedule K-1) deduction from Form 4562 Α 341. В C D 29a Totals b Totals 341. 30 Add columns (h) and (k) of line 29a 30 31 Add columns (g), (i), and (j) of line 29b. 31 341 32 Total partnership and S corporation income or (loss). Combine lines 30 and 31 32 -341 Part III Income or Loss From Estates and Trusts (b) Employer 33 identification number Α В **Passive Income and Loss** Nonpassive Income and Loss (f) Other income from (c) Passive deduction or loss allowed (d) Passive income (e) Deduction or loss (attach Form 8582 if required) from Schedule K-1 from Schedule K-1 Schedule K-1 Α В 34a Totals b Totals Add columns (d) and (f) of line 34a 35 35 36 Add columns (c) and (e) of line 34b 36 37 Total estate and trust income or (loss). Combine lines 35 and 36. 37 Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder 38 (c) Excess inclusion from (d) Taxable income (b) Employer (e) Income from (a) Name (net loss) from Schedules Q. line 1b Schedules Q, line 2c identification number Schedules Q, line 3b (see instructions) 39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below 39 Part V 40 Net farm rental income or (loss) from **Form 4835**. Also, complete line 42 below . . . 40 41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5 41 -13,301. Reconciliation of farming and fishing income. Enter your gross 42 farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AD; and Schedule K-1 (Form 1041), box 14, code F. See instructions 42 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you

43

reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated

under the passive activity loss rules



2022 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040 2022 Page 1

1010

040MP01220

Your Social Security Number (required) 671892551

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)

UPPU JASHWANT K

Spouse's/CU Partner's SSN (if filing jointly)

Home Address (Number and Street, including apartment number)

County/Municipality Code (See Table page 50) 2072 HOLLY AVE

Driver's License Number (Voluntary) (See instructions)

U71013887208942

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

I authorize the Division of Taxation to discuss my return and enclosures with my preparer.

NJ-1040-O is enclosed.

Gubernatorial Elections Fund Note: This does not reduce your refund or increase your balance due.

Do you want to designate \$1 to the Gubernatorial Elections Fund? You Yes No If joint return, does your spouse want to designate \$1? Spouse/CU Partner Yes No

Direct Deposit Information

dd1.	Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	1	
dd2.	Account type (C for checking, S for savings)	dd2.	C	
dd3.	Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.		
dd4.	Routing number	dd4.		061000227
dd5.	Account number	dd5.		7027576573



NJ-1040 2022

 $\begin{array}{ccc} \text{Name(s) as shown on Form NJ-1040} \\ \text{UPPU} & \text{JASHWANT} & \text{K} \end{array}$

Your Social Security Number

671892551

1555

NJ-104	l
2022	
Page 2	

040MP02220

year residents, provide months/days	you were	a New Jersey resid	ent during 2022:		Fiscal yea	ir filers on	ıly:		
то:					Enter mor	nth of you	r year end	2	023
g Status only one.									
Married/CU Partner, filing Head of Household Qualifying Widow(er)/Sur	separate	return J Partner			Enter spouse's/CU partne	er's SSN			
Indicate the year of your sp	ouse's/C	U partner's death:	2020	2021					
Regular Senior 65+ (Born in 1957 or earlier) Blind/Disabled Veteran Qualified Dependent Children Other Dependents Dependents Attending Colleges (Se	× ee instruc	Self Self Self Self Stelf Self	Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner		Domestic Partner	1	x \$1,000 = x \$1,000 = x \$6,000 = x \$1,500 = x \$1,500 = x \$1,000 =		
Total Exemption Amount (Add total	ais iroin t	ne mies at o tilloug	112)				13.	1000	•
•		ing information for	each dependent.		Social Security Number		Birth Year	No	o Health Insurance
	g Status only one. X Single Married/CU Couple, filing Married/CU Partner, filing Head of Household Qualifying Widow(er)/Sur- Indicate the year of your sp aptions the ovals that apply. You must enter a tot Regular Senior 65+ (Born in 1957 or earlier) Blind/Disabled Veteran Qualified Dependent Children Other Dependents Dependents Attending Colleges (Sc Total Exemption Amount (Add total Dependent Information. Provide the Last Name, First Name, Middle Init	g Status only one. X Single Married/CU Couple, filing joint retu Married/CU Partner, filing separate Head of Household Qualifying Widow(er)/Surviving CU Indicate the year of your spouse's/C aptions the ovals that apply. You must enter a total in the be Regular Senior 65+ (Born in 1957 or earlier) Blind/Disabled Veteran Qualified Dependent Children Other Dependents Dependents Attending Colleges (See instruct Total Exemption Amount (Add totals from t Dependent Information. Provide the followit Last Name, First Name, Middle Initial	g Status only one. X Single Married/CU Couple, filing joint return Married/CU Partner, filing separate return Head of Household Qualifying Widow(er)/Surviving CU Partner Indicate the year of your spouse's/CU partner's death: aptions the ovals that apply. You must enter a total in the boxes to the right and co Regular X Self Senior 65+ (Born in 1957 or earlier) Self Blind/Disabled Veteran Self Qualified Dependent Children Other Dependents Dependents Attending Colleges (See instructions) Total Exemption Amount (Add totals from the lines at 6 through Dependent Information. Provide the following information for Last Name, First Name, Middle Initial	Single Married/CU Couple, filing joint return Married/CU Partner, filing separate return Head of Household Qualifying Widow(er)/Surviving CU Partner Indicate the year of your spouse's/CU partner's death: 2020 **Potions** The ovals that apply. You must enter a total in the boxes to the right and complete the calculation. Regular X Self Spouse/CU Partner Senior 65+ (Born in 1957 or earlier) Self Spouse/CU Partner Blind/Disabled Self Spouse/CU Partner Veteran Self Spouse/CU Partner Qualified Dependent Children Other Dependents Dependents Attending Colleges (See instructions) Total Exemption Amount (Add totals from the lines at 6 through 12) Dependent Information. Provide the following information for each dependent.	Status only one. X Single Married/CU Couple, filing joint return Married/CU Partner, filing separate return Head of Household Qualifying Widow(er)/Surviving CU Partner Indicate the year of your spouse's/CU partner's death: 2020 2021 **ptions** the ovals that apply. You must enter a total in the boxes to the right and complete the calculation. Regular X Self Spouse/CU Partner Senior 65+ (Born in 1957 or earlier) Self Spouse/CU Partner Blind/Disabled Self Spouse/CU Partner Veteran Self Spouse/CU Partner Qualified Dependent Children Other Dependents Dependents Attending Colleges (See instructions) Total Exemption Amount (Add totals from the lines at 6 through 12) Dependent Information. Provide the following information for each dependent. Last Name, First Name, Middle Initial	g Status only one. X Single Married/CU Couple, filing joint return Married/CU Partner, filing separate return Head of Household Qualifying Widow(er)/Surviving CU Partner Indicate the year of your spouse's/CU partner's death: 2020 2021 **ptions** the ovals that apply. You must enter a total in the boxes to the right and complete the calculation. Regular X Self Spouse/CU Partner Domestic Partner Senior 65+ (Born in 1957 or earlier) Self Spouse/CU Partner Veteran Self Spouse/CU Partner Qualified Dependent Children Other Dependents Dependents Dependents Attending Colleges (See instructions) Total Exemption Amount (Add totals from the lines at 6 through 12) Dependent Information. Provide the following information for each dependent. Last Name, First Name, Middle Initial Social Security Number	g Status only one. X Single Married/CU Couple, filing joint return Married/CU Partner, filing separate return Head of Household Qualifying Widow(er)/Surviving CU Partner Indicate the year of your spouse's/CU partner's death: 2020 2021 ***ptions** the ovals that apply. You must enter a total in the boxes to the right and complete the calculation. Regular X Self Spouse/CU Partner Senior 65+ (Born in 1957 or earlier) Self Spouse/CU Partner Self Spouse/CU Partner Veteran Self Spouse/CU Partner Qualified Dependent Children Other Dependents Dependents Dependents Dependents Domestic Partner 1 Self Spouse/CU Partner Veteran Self Spouse/CU Partner Veteran Self Spouse/CU Partner Veteran Self Spouse/CU Partner Other Dependents Total Exemption Amount (Add totals from the lines at 6 through 12) Dependent Information. Provide the following information for each dependent. Last Name, First Name, Middle Initial Social Security Number	Status only one. X Single Married/CU Couple, filing joint return Head of Household Qualifying Widow(er)/Surviving CU Partner Indicate the year of your spouse's/CU partner's death: 2020 2021 **Pottons** the ovals that apply. You must enter a total in the boxes to the right and complete the calculation. Regular X Self Spouse/CU Partner Senior 65+ (Born in 1957 or earlier) Self Spouse/CU Partner Veteran Self Spouse/CU Partner Self Spouse/CU Partner x \$1,000 = Senior 65+ (Born in 1957 or earlier) Self Spouse/CU Partner x \$1,000 = Veteran Self Spouse/CU Partner x \$1,000 = Veteran Self Spouse/CU Partner x \$1,000 = Veteran Self Spouse/CU Partner x \$1,000 = Total Exemption Amount (Add totals from the lines at 6 through 12) 13. Dependent Information. Provide the following information for each dependent. Last Name, First Name, Middle Initial Social Security Number Birth Year	Status only one. X Single Married/CU Partner, filing separate return Head of Household Qualifying Widow(er)/Surviving CU Partner Indicate the year of your spouse's/CU partner's death: 2020 2021 **Ptions** the ovals that apply. You must enter a total in the boxes to the right and complete the calculation. Regular X Self Spouse/CU Partner Senior 65+ (Born in 1957 or earlier) Self Spouse/CU Partner Domestic Partner 1 x \$1,000 = 1000 Senior 65+ (Born in 1957 or earlier) Self Spouse/CU Partner x \$1,000 = 1000 Self Spouse/CU Partner y \$1,000 = 1000 Ceteran Self Spouse/CU Partner Qualified Dependent Children Other Dependents Attending Colleges (See instructions) Total Exemption Amount (Add totals from the lines at 6 through 12) Dependent Information. Provide the following information for each dependent. Last Name, First Name, Middle Initial

 $\label{eq:Name} \begin{array}{ll} \text{Name(s) as shown on Form NJ-1040} \\ \text{UPPU} & \text{JASHWANT} & \text{K} \end{array}$

Your Social Security Number

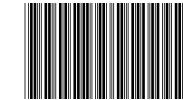
671892551

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			100400
15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	133433 .
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	•
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	•
17.	Dividends	17.	•
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	•
19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	•
20a.	Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)	20a.	•
20b.	Excludable pension, annuity, and IRA distributions/withdrawals	20b.	•
21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.	•
22.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	•
23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.	•
24.	Net gambling winnings (See instructions)	24.	•
25.	Alimony and separate maintenance payments received	25.	•
26.	Other (Enclose documents) (See instructions)	26.	
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	133433 .
28a.	Pension/Retirement Exclusion (See instructions)	28a.	•
28b.	Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)	28b.	•
28c.	Total Exclusion Amount (Add lines 28a and 28b)	28c.	
29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	133433 .
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	1000 .
31.	Medical Expenses (See Worksheet F and instructions)	31.	•
32.	Alimony and separate maintenance payments (See instructions)	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 Ed. Tuition Deduction	37c.	•
38.	Total Exemptions and Deductions (Add lines 30 through 37c)	38.	1000 .
39.	Taxable Income (Subtract line 38 from line 29)	39.	132433 .
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	1440 .
40b.	Indicate your residency status during 2022 (fill in only one) Homeowner Tenant	Both	
41.	Property Tax Deduction (From Worksheet H) (See instructions)	41.	1440 .
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.	130993 .
43.	Tax on amount on line 42 (Tax Table page 52)	43.	6218 .
44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	44.	•
	Enter Code		
45.	Balance of Tax (Subtract line 44 from line 43)	45.	6218 .
46.	Sheltered Workshop Tax Credit	46.	
47.	Gold Star Family Counseling Credit (See instructions)	47.	
48.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)	48.	
49.	Total Credits (Add lines 46 through 48)	49.	•
50.	Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry	50.	6218 .
51.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51.	0 .
52.	Interest on Underpayment of Estimated Tax	52.	•
	Fill in if Form NJ-2210 is enclosed		
53.	Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill in	53.	0 .



Name(s) as shown on Form NJ-1040 UPPU JASHWANT K

Your Social Security Number

671892551

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Tax Due Address

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54.	Total Tax Due (Add lines 50 through 53)		54.	6218 .
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)		55.	7020 .
56.	Property Tax Credit (See instructions page 24)	56.		
57.	New Jersey Estimated Tax Payments/Credit from 2021 tax return	57.		
58.	New Jersey Earned Income Tax Credit (See instructions)	58.		
	Fill in if you had the IRS calculate your federal earned income credit			
	Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit			
59.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)		59.	
60.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)		60.	
61.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions))	61.	
62.	Wounded Warrior Caregivers Credit (See instructions)		62.	
63.	Pass-Through Business Alternative Income Tax Credit (See instructions)		63.	
64.	Child and Dependent Care Credit (See instructions)		64.	
	Fill in if you are a CU couple claiming the Child and Dependent Care Credit			
65.	New Jersey Child Tax Credit (See instructions)		65.	
	Number of dependents under age 6 on 12/31/2022			
66.	Total Withholdings, Credits, and Payments (Add lines 55 through 65)	66.	7020 .	
67.	If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amour	67.		
	If you owe tax, you can still make a donation on lines 70 through 77.			
68.	If the total on line 66 is more than line 54, you have an overpayment. Subtract line 54 from line 6	66 and enter the overpayment	68.	802 .
69.	Amount from line 68 you want to credit to your 2023 tax		69.	
70.	Contribution to N.J. Endangered Wildlife Fund		70.	
71.	Contribution to N.J. Children's Trust Fund to Prevent Child Abuse		71.	
72.	Contribution to N.J. Vietnam Veterans' Memorial Fund		72.	
73.	Contribution to N.J. Breast Cancer Research Fund		73.	
74.	Contribution to U.S.S. New Jersey Educational Museum Fund		74.	
75.	Other Designated Contribution (See instructions)	Enter Code	75.	
76.	Other Designated Contribution (See instructions)	Enter Code	76.	•
77.	Other Designated Contribution (See instructions)	Enter Code	77.	
78.	Total Adjustments to Tax Due/Overpayment amount (Add lines 69 through 77)		78.	
79.	Balance due (If line 67 is more than zero, add line 67 and line 78)		79.	•
80.	Refund amount (If line 68 is more than zero, subtract line 78 from line 68)		80.	802 .

Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to: the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge. State of New Jersey Division of Taxation Revenue Processing Center - Payments Your Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Date PO Box 111 Trenton, NJ 08645-0111 include Social Security number and make check or money order payable to: State of New Jersey – TGI Federal Identification Number Paid Preparer's Signature You can also make a payment on our website: nj.gov/taxation SYAM PRIYA P02082703 RAMSAGAR GUPTA TALLAM Refund or No Tax Due Address Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Firm's Federal Employer Identification Number Revenue Processing Center - Refunds PO Box 555 GLOBAL TAXES LLC 84-3171965 Trenton, NJ 08647-0555

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to

Division Use: 1______ 2_____ 3_____ 4_____ 5____ 6_____ 7______

Name(s) as shown on Form NJ-1040	Social Security Number
UPPU JASHWANT K	671-89-2551

Schedule NJ-BUS-1 (Form NJ-1040)

New Jersey Gross Income Tax Business Income Summary Schedule

2022

	(Form NJ-1040)	В	usiness	inc	om	e 5	umm	na	iry Schedu	lle		
Р	Part I Net Profits From Business List the net profit (loss) from business(es). See Instructions.											
	Business Name	Social S F		ırity ral E		iber/			Profit or (Loss)			
1.												
2.												
3.												
4.	Net Profit or (Loss). (Add lines 1, 2, and 3.) (line 18, NJ-1040. If loss, make no entry on line			on			4.					
Р	art II Distributive Share of Parti	ner	ship Inco	me	e						ee instructions.	
	Partnership Name	Federal	EIN	١				e of Partnersl ome or (Loss				
1.	KILLEN WOLFRIDGE LLC	873	3114654						-341.			
2.												
3.												
4.	Distributive Share of Partnership Income or ((Add lines 1, 2, and 3.) (Enter here and on lir lf loss, make no entry on line 21.)				4.			-341.				
5.	Total Share of Pass-Through Business Altern (Add lines 1, 2, and 3.)(Enter here and includ				40.)	5.						
P	art III Net Pro Rata Share of S (Cor	poration	Ind	con	ne					of income (usable n(s). See instruction	S.
	S Corporation Name	Federal El	N					S Corporation able Loss)	Share of Pass-Through Busine Alternative Income Tax			
1.												
2.												
3.												
4.	Net Pro Rata Share of S Corporation Income or (U (Add lines 1, 2, and 3.) (Enter here and on line 22, If loss, make no entry on line 22.)			4.								
5.	Total Share of Pass-Through Business Alternative I (Add lines 1, 2, and 3.)(Enter here and include on li			5.								
Part IV 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 esta enter physical address of property.		Security Number/			Type – Enter number from list above			Income or (Loss)			
1.	MOOSAPET		671892551				1				-12,960.	
							\dashv					
	Not Income or (Loss) (Add lines 1.2 and 2.	١							<u> </u>			
4.	(Enter here and on line 23, NJ-1040. If loss,		e no entry	on l	ine 2	23.)			4.		-12,960.	
 3. 4. 	Net Income or (Loss). (Add lines 1, 2, and 3. (Enter here and on line 23, NJ-1040. If loss,		e no entry	on li	ine 2	23.)			4.		-12,960.	

Name(s) as shown on Form NJ-1040	Social Security Number
UPPU JASHWANT K	671-89-2551

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

2022

			Column A		Column B							
Part I Income (Loss)			Reportable Regular Business Income			Alternative Business Income (Loss)	Alternative Business					
1.	Net Profits From Business	1a.	0.		1b.	0.						
2.	Distributive Share of Partnership Income	2a.	0.		2b.	-341.						
3.	Net Pro Rata Share of S Corporation Income	3a.	0.		3b.							
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	0.		4b.							
5.	Loss Carryforward From Tax Year 2021				5b.	(12,000.)					
6.	Totals	6a.	0.		6b.	-25,301.						
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	3										
12.	Loss Carryforward to Tax Year 2023				12.	(25,301.)					

Instructions

- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from line 21, Form NJ-1040.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from line 22, Form NJ-1040.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from line 23, Form NJ-1040.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from line 12 of your 2021 Schedule NJ-BUS-2 (Form NJ-1040).
- 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 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-1040.
- Line 12. If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

Schedule **NJ-HCC** (Form NJ-1040)

2022

New Jersey **Health Care Coverage**If your income on line 29 is at or below the filing threshold, do not complete this schedule.

Name as Shown on Return UPPU JASHWANT K	Social Security No. 671-89-2551						
Part I							
Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2022 (See instructions for line 53, NJ-1040.) Part-year residents include only months as a New Jersey resident. X Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53, NJ-1040, and enclose this schedule with your return. No. Continue to Part II.							
Part II							
Enter the name and Social Security number for each member of your ta every month each person had minimum essential health coverage or qu (part-year residents include only months as a New Jersey resident). If an exemption, enter the exemption number. (See instructions for line 53, Normore than one exemption number, check the box. If you need more spatiantly additional individuals. QuickZoom to Shared Responsibility Payment Calculation Worksheet	ralified for an exemption n individual qualified for an J-1040.) If an individual has noce, enclose a statement listing						

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Exemption Code		_	Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
	İ		Check	box if t	his indi	vidual i	s unde	r 18 .	··		<u> </u>		
				Ш									
Exemption Code		_	Check								on nun	nber .	
			Check	box if t	nis indi 	vidual i	s unde	r 18	<u></u>	i i i	· · · ·		
Exemption Code	l	ļL	[∟	hav if t	∣∟ his indi	vidual I	has mo	re than		vemnti	on nun	her	
Exemption code : :	-	_	Check							•			
						Viadai i							
Exemption Code	l -		Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
			Check	box if t	h <u>is ind</u> i	v <u>idual</u> i	s unde	r 18 .	. <u></u> .	<u></u>	<u></u> .	<u></u>	
Exemption Code	-	_	Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
	1		Check	box if t	his indi	vidual i	s unde	r 18 .	··		<u> </u>		
				Ш									
Exemption Code		_	Check						n one e	xempti	on nun	nber .	
			Check	box if t	nis indi I	vidual i	s unde	r 18	i — i	i i i i	<u> </u>		
Exemption Code			[∟	hov if t	∣∟ hic indi	vidual I	has mo	ro than		vomoti		obor	
Exemplion Code	-	_	Check							•	on nun	ibei .	
						Vidual			i i i i i	Ι	\Box		
Exemption Code	l 		Check	box if t	ı∟ his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
,		_	Check										
Exemption Code		_	Check	box if t	his indi	vidual l	has mo	re than	one e	xempti	on nun	nber	
	•		Check	box if t	his indi	vidual i	s unde	r 18 -			·		Ш
Exemption Code		_	Check								on nun	nber .	\vdash
			Check	box if t	his indi	vidual i	s unde	r 18 .			· · ·	· · · ·	