(Rev. January 2021)

Department of the Treasury

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 Revenue Service	nation:
Submission Identification Number (SID)	
Taxpayer's name	Social security number
VAMSI KRISHNAM RAJU KADUTHURI	675-98-1805
Spouse's name	Spouse's social security number
Part I Tax Return Information — Tax Year Ending December 31, 20	22 (Enter year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	
2 Total tax	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	
4 Amount you want refunded to you	
5 Amount you owe	-
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original of	
return (original or amended) I am now authorizing. I consent to allow my intermediate service provide send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or refor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorized to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution apayment of my federal taxes owed on this return and/or a payment of estimated tax, and the finan authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment canc business days prior to the payment (settlement) date. I also authorize the financial institutions invitaxes to receive confidential information necessary to answer inquiries and resolve issues relat personal identification number (PIN) below is my signature for the income tax return (original or ar Electronic Funds Withdrawal Consent.	ason for rejection of the transmission, (b) the reason norize the U.S. Treasury and its designated Financial account indicated in the tax preparation software for cial institution to debit the entry to this account. This to terminate the authorization. To revoke (cancel) a ellation requests must be received no later than 2 blved in the processing of the electronic payment of ed to the payment. I further acknowledge that the
Taxpayer's PIN: check one box only	8 1 8 0 5
X I authorize GLOBAL TAXES LLC to enter or ERO firm name	generate my PIN Enter five digits, but
signature on the income tax return (original or amended) I am now authorizing.	don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amend if you are entering your own PIN and your return is filed using the Practitioner below.	
Your signature ▶	Date ►
Spouse's PIN: check one box only	
· _	generate my PIN as my
ERO firm name	Enter five digits, but
signature on the income tax return (original or amended) I am now authorizing.	don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amend if you are entering your own PIN and your return is filed using the Practitioner below.	
Spouse's signature ▶	Date ▶
Practitioner PIN Method Returns Only—contin	ue below
Part III Certification and Authentication — Practitioner PIN Method Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 6 6 1 9 8 9 Don't enter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Practic PIN method and Pub. 1345, Handbook for Authorized IRS e-file Practic PIN method and Pub. 1345, Handbook for Authorized IRS e-file Practic PIN method Pub. 1345, Handbook for Authorized IRS e-file Practic PIN method Pub. 1345, Handbook for Authorized PIN method Pub. 1345, Handbook for Pub. 1345, H	I am submitting this return in accordance with the
ERO's signature ▶	Date ►
ERO Must Retain This Form — See Instru	

Don't Submit This Form to the IRS Unless Requested To Do So

E 1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2022	
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OMB No. 1545-0074

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

Filing Status Check only	X S	Single Married filing jointly	Marrie	ed filing separately	(MFS)	Head of	hous	ehold (HOF	H) 🗌		ifying surv ise (QSS)	riving
one box.	If yo	u checked the MFS box, enter the r	name of y	our spouse. If you	checke	ed the HOH o	r QSS	S box, ente	r the c	•	,	e qualifying
	pers	on is a child but not your dependen	t:									
Your first name	and mi	ddle initial	Last na	me					Yo	our so	cial securit	y number
VAMSI KE	RISH	IAM RAJU	KADU	THURI					6'	75-9	98-1805	5
If joint return, sp	pouse's	first name and middle initial	Last na	me					Sp	ouse'	s social sec	urity number
Home address	(numbe	r and street). If you have a P.O. box, see	e instruction	ons.				Apt. no.	Pr	eside	ntial Election	on Campaign
134 ZABF	RISKI	E ST									ere if you,	
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete s	paces below.	Stat	e	ZIP	code			0,	tly, want \$3 Checking a
_JERSEY C	CITY				NJ		07	307	bo	x belo	ow will not	•
Foreign country	/ name		F	Foreign province/state	county	У	Fore	eign postal co	ide yo	ur tax	or refund.	Spouse
 Digital	At an	y time during 2022, did you: (a) red	eive (as	a reward, award, o	r payn	nent for prope	rty o	r services)	or (b)	sell,		
Assets	exch	ange, gift, or otherwise dispose of	a digital	asset (or a financia	intere	est in a digital	asse	t)? (See in	struction	ons.)	☐ Yes	⊠ No
Standard	Som	eone can claim:	ependent	t	se as a	a dependent						
Deduction		Spouse itemizes on a separate retu	rn or you	were a dual-status	alien							
Age/Blindness	You:	Were born before January 2,	1958	Are blind Sp	ouse:	☐ Was bo		fore Janua			☐ Is bli	
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relationsh	nip	(4) Check th	e box it	qualif	ies for (see	instructions):
If more	(1) Fi	rst name Last name		number		to you		Child ta	x credi	t	Credit for oth	ner dependents
than four dependents,									<u> </u>			
see instructions	s ——							L			L	
and check	. —							L			L	┽
here	4 -	T-1-1		- '								<u> </u>
Income	1a	Total amount from Form(s) W-2, b	,	,						1a		29,067.
Attach Form(s)	b	Household employee wages not r Tip income not reported on line 1:	•	• •			•			1b 1c		
W-2 here. Also	d	Medicaid waiver payments not re	•	•			•			1d		
attach Forms W-2G and	e	Taxable dependent care benefits		. ,	IIIStiu	Guorisj	•			1e		
1099-R if tax	f	Employer-provided adoption benefits		*	 a		•			1f		
was withheld.	g g	Wages from Form 8919, line 6.					•			1g		
If you did not get a Form	h	Other earned income (see instructions)					•			1h		0.
W-2, see	i	Nontaxable combat pay election (,			1i	i Ì					
instructions.	z	Add lines 1a through 1h								1z	1 12	29,067.
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interes	t			2b		
if required.	3a	Qualified dividends	3a		b O	rdinary divide	nds			3b		
	4a	IRA distributions	4a		b Ta	axable amoun	nt .			4b		
Standard	5a	Pensions and annuities	5a		b Ta	axable amoun	nt.			5b		
Deduction for—	6a	Social security benefits	6a		b Ta	axable amoun	nt .			6b		
Single or Married filing	С	If you elect to use the lump-sum e	election r	nethod, check here	e (see i	nstructions)						
separately, \$12,950	7	Capital gain or (loss). Attach Sche	edule D if	required. If not red	ıuired,	check here			. 🗆	7		
Married filing	8	Other income from Schedule 1, lin	ne 10 .							8	-1	1,130.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is your total ir	come					9	11	7,937.
surviving spouse, \$25,900	10	Adjustments to income from Sche	edule 1, l	ine 26						10		
Head of	11	Subtract line 10 from line 9. This i	•	-						11	11	7,937.
household, \$19,400	12	Standard deduction or itemized								12	_	2,950.
If you checked any box under	13	Qualified business income deduc-								13		
Standard Deduction,	14	Add lines 12 and 13								14		2,950.
see instructions.	15	Subtract line 14 from line 11. If ze	ro or les	s, enter -0 This is	your t	axable incon	ne			15	10	04,987.

Form 1040 (2022	2)							Page 2
Tax and	16	Tax (see instructions). Check if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	19,032.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	19,032.
	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	19,032.
	23	Other taxes, including self-employment tax,	from Schedule	2, line 21 .			23	0.
	24	Add lines 22 and 23. This is your total tax					24	19,032.
Payments	25	Federal income tax withheld from:						
-	а	Form(s) W-2			25a 21	,398.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	21,398.
If	26	2022 estimated tax payments and amount a	pplied from 20	21 return		[26	
If you have a qualifying child,	27	Earned income credit (EIC)			27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			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 ref	undable credits		32	
	33	Add lines 25d, 26, and 32. These are your to	tal payments			[33	21,398.
Refund	34	If line 33 is more than line 24, subtract line 2					34	2,366.
neiulia	35a	Amount of line 34 you want refunded to you				. 🗆 🗀	35a	2,366.
Direct deposit?	b	Routing number 0 5 3 9 0 4 4			_	Savings		
See instructions.	d	Account number 2 2 3 0 2 8 5	6 1 3 7					
	36	Amount of line 34 you want applied to your	2023 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24. This is the amo	•					
You Owe	38	For details on how to pay, go to www.irs.gov Estimated tax penalty (see instructions) .			38		37	
Third Dorty		you want to allow another person to disc						
Third Party Designee		you want to allow another person to disc tructions				mplete be	low	× No
Designee		signee's	Phone		_	nal identific		
	nai		no.			er (PIN)		
Sign		der penalties of perjury, I declare that I have examine ef, they are true, correct, and complete. Declaration						
Here		ur signature	Date	Your occupation		If the IF	RS sent	t you an Identity
Joint return?				SOFTWARE	ENGINEER	(see in		N, enter it here
See instructions.	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupa		If the IF	RS senf	t your spouse an
Keep a copy for	•						_	ction PIN, enter it here
your records.						(see ins	st.)	
		one no. (660)232-1312	Email address	VAMSIGITAM	EEE@GMAIL.CO			
Paid		parer's name Preparer's signat	ture		Date	PTIN		Check if:
Preparer	VENK	ATA SAI PAVAN KUMAR DUDIPALLI			01/25/2023	P024708	333	Self-employed
Use Only	Fir	n's name GLOBAL TAXES LLC				Phone	no. (678)965-9522
	Fir	n's address 245 ROONEY CT E BRU	NSWICK NO	J 08816		Firm's	EIN	88-2145487
Go to www.irs.ge	ov/Forn	1040 for instructions and the latest information.		BAA	REV 01/14/23 PRO			Form 1040 (2022)

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

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

VAMSI KRISHNAM RAJU KADUTHURI

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

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

illiadoli.		Sequence No. 01
	Your soci	ial security number
	675-98	-1805

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	ch Schedule E .	5	-11,130.
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		8c		
d		8d ()		
е	<u> </u>	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h		8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	· • • • • • • • • • • • • • • • • • • •	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		
n		8n		
0	· · · · · · · · · · · · · · · · · · ·	80		
р		8p		
q		8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form	2 (
	· · · · · · · · · · · · · · · · · · ·	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u		8u		
Z	Other income. List type and amount:	0-		
0		8z		
9 10	Total other income. Add lines 8a through 8z		9 10	-11,130.
10	Combine intes i tillough / and 3. Enter here and on Forth 1040, 1040-5h,	OI IU4U-IND, IIIIE O	IU	-11,130.

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 governing			
	officials. Attach Form 2106	[12	1
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	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			
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:			
25			O.F.	
25 26	Total other adjustments. Add lines 24a through 24z	-	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here an Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	Form 1040 of 1040-3n, lifte 10, of Form 1040-1nn, lifte 10a		20	

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.

Your social security number

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Attachment Sequence No. 13

VAMS	I KRISHNAM RAJU KADUTHURI						675-98	8-1805	
Part									
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	Schedule	c . See	instru	ctions. If you ar	e an indiv	ridual, rep	ort farm
Α [Did you make any payments in 2022 that would require you	to file	Form(e)	10002 5	eo inc	etructions		□ V _c	s X No
				• •	•		• •		
1a	Physical address of each property (street, city, state, ZIF								
Α	KSN COLONY, CHEEMALAPALLI VISAKHAPATNAN	I ANI	DHRA PE	RADESI	H IN	530047			
В									
С					ı	T			<u> </u>
1b	Type of Property 2 For each rental real estate prope				Fa	ir Rental	Person		QJV
	(from list below) above, report the number of fair personal use days. Check the Q					Days	Day		
A B	gersonal use days. Check the Quite if you meet the requirements to f			A B		365		0	
C	qualified joint venture. See instru	ıctions	S.	С					
	of Property:								
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Lanc	1	7	Self-Rental			
	Multi-Family Residence 4 Commercial	tai	6 Roya			Other (descri	he)		
			0 1.090						
						Propertie	es:		
Incon				Α		В			С
3	Rents received	3		5	50.				
4	Royalties received	4							
Exper		_			-				
5 6	Advertising	5 6							
7	Cleaning and maintenance	7		1,5	50				
8	Commissions	8		Ι, J	50.				
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,2	00.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		3,4	80.				
15	Supplies	15		2,7	60.				
16	Taxes	16							
17	Utilities	17		2,6	90.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		11,6	80.				
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	04		-11,1	30				
22	Deductible rental real estate loss after limitation, if any,	21		тт, т	50.				
22	on Form 8582 (see instructions)	22	,	11,13	. 0	(\	(
23a	Total of all amounts reported on line 3 for all rental prope		I/	<u>,_</u>	23a	1	550.		
b	Total of all amounts reported on line 4 for all royalty prop				23b				
C	Total of all amounts reported on line 12 for all properties				23c		$\overline{}$		
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	11,	680.		
24	Income. Add positive amounts shown on line 21. Do no		ide any lo	sses			24		
25	Losses. Add royalty losses from line 21 and rental real estate		-		nter to	otal losses here	25	(11,130.
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, IV, and line 40 on page 2 do not						ן ו		
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar	mount	in the to	tal on li	ne 41	on page 2	26		-11.130

1555

REV 01/17/23 PRO

yours if self-employed), address. ZIP

ROONEY

Only

STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

SC8453

(Rev. 10/7/21) 3299

Phone (678)965-9522

dor.sc.gov First name and middle initial Last name Your social security number 675-98-1805 VAMSI KRISHNAM RAJU KADUTHURI Spouse's first name, if married filing jointly Last name Spouse's social security number Print or type. Mailing address (number and street, PO Box) Daytime phone number ZABRISKIE ST (660)232-1312 City State ZIP Tax Year JERSEY CITY NJ 07307 2022 Information from your SC1040, Individual Income Tax Return 1. Federal taxable income (line 1 of your SC1040) 1 00 987 2. SC tax (line 15 of your SC1040)..... 2 00 332 3. Use Tax (line 26 of your SC1040)...... 3 0 00 4. Total Tax (add line 2 and line 3 4 332 00 5. SC Income Tax Withheld (add line 16 and line 20 of your SC1040) 5 900 00 6. Refundable credits (add line 21 and line 22 of your SC1040) 6 00 7. Refund (line 30 of your SC1040) 7 00 568 8. Balance due (line 34 of your SC1040) 00 Bank information for Refund or Balance Due Must be 9 digits. The first two numbers of the 9. Routing number (RTN) 0 5 3 9 0 4 8 3 RTN must be 01 through 12 or 21 through 32. 2 2 3 0 1-17 digits 10. Bank account number (BAN) 6 3 11. Type of account: ☐ Savings For Balance Due: 12. Payment Withdrawal Date Payment Withdrawal Amount \$ Part III Declaration of taxpayer 🛮 a. I consent for my refund to be directly deposited as designated in Part II. I declare that the information on line 1 through line 8 is correct. If I filed a joint return, this is an irrevocable appointment of my spouse as an agent to receive the refund. □ b. I authorize the South Carolina Department of Revenue (SCDOR) and its designated agents to initiate an ACH Debit request to my bank account, provided in Part II, for payment of the South Carolina taxes I owe. I authorize my bank to debit my account for the requested funds and consent to the sharing of financial information between institutions for the purpose of resolving issues related to my payment. If the SCDOR does not receive full and timely payment of my tax liability, I understand that I am responsible for the balance due, including all penalties and interest. I declare that this return and all attachments are true, correct, and complete to the best of my knowledge. This declaration is based on all information of which the preparer has any knowledge. Do not submit a copy of this form to the SCDOR. Return the signed copy to your paid preparer. Keep a copy with your tax records. Spouse's signature (If married filing jointly, BOTH must sign) Date Your signature Date Declaration of Electronic Return Originator (ERO) and Paid Preparer I declare that I have received the above taxpaver's return and the information is complete and accurate to the best of my knowledge. I have obtained the taxpayer's signature on this form before submitting the SC1040 to the SCDOR. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and the SCDOR and have followed all other requirements described in the IRS Pub. 1345 Authorized IRS e file Providers of Individual Income Tax Returns, and requirements specified by the SCDOR. If I am the preparer, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge, they are true and complete. This declaration is based on all information of which I have knowledge. I understand I do not mail the SC8453 to the SCDOR. I am required to keep the SC8453 and the supporting documents for three years. PTIN Date Check if Check if **ERO** ERO's also paid selfemployed \square signature preparer Use Firm name (or FEIN 88-2145487 GLOBAL TAXES LLC yours if self-employed), address, ZIP Only Phone (678)965-9522 245 ROONEY CT. E BRUNSWICK 08816 **Paid** Date Check PTIN Preparer if self-Preparer's employed signature P02470833 Use Firm name (or FEIN 88-2145487 DUDIPALLI VENKATA SAI PAVAN KUMAR

BRUNSWICK NJ

08816



Check if deceased

dor.sc.gov

675

Your Social Security Number

98



1805

STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

SC1040

(Rev. 4/29/22) 3075

2022 INDIVIDUAL INCOME TAX RETURN

Spouse's Social Se	ecurity Number Check if						21 045104511 11
	deceased	ı 🗆					212 36 8888
			III IJ 74. V 17210	Y N. BODY CHARLESTON	Laballe (zriboa)	rakan tanya tita ara tahun 1904 tahun 1904 tahun 1905	vidos mas milit
For the year January 1	1 - December 31, 2022, or f	iscal tay year be	aginning	2022	and ending	, 2023	
First name and middle		iscai tax yeai be	Last nam		and ending _	, 2023	Suffix
VAMSI KRISI	HNAM RAJU			THURI			
Spouse's first name, i			Last nam				Suffix
Check if	Mailing address (number ar		x)				County code
new address \square	134 ZABRISKIE	ST					99
City				ZIP		Daytime phone number with	area code
JERSEY CIT	<u>Y</u> For <u>eign country address inc</u>	duding postal so	NJ	07307		(660)232-1312	
Check if address is outside US	Foreign country address inc	duding postal co	ode				
is outside 00							
 Amended Retu 	rn: Check if this is an	Amended Re	eturn. (Attac	ch Schedule	AMD)	<u></u>	▶□
	f you are a part-year o						
	only if you are filing a c		•				
	. Do not check this box	•			•		▶ □
•	f you have filed a fede	•					
	•						
	f you served in a milita	ary compat zo	one during	tne tiling per	lod		
Name of the c	ombat zone:						
CHECK VOUR	(4) Ed Cinala	,	(2)	- d 611:	.4-14	on averala CCNI.	
CHECK YOUR	(1) X Single	,			-	spouse's SSN:	
FEDERAL FILING	STATUS (2) Married	d filing jointly ((4) Head	l of household	(5) Qı	ualifying widow(er)	
		:					
Ni. walaan af dan an	danta alaimaad an wayn	2022 fo do mo	l			•	0
•	dents claimed on your						
	dents claimed that we					· ·	
Number of taxpay	ers age 65 or older as	of Decembe	er 31, 2022				
DEPENDENTS							
First name	Last name	Soci	ial Security Nu	ımber Rela	tionship	Date of birth	(MM/DD/YYYY)
			3, 11.			A III	
	- 						

332 00

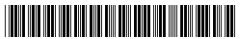


Your SSN 675-98-1805 2022 **INCOME AND ADJUSTMENTS** Enter federal taxable income from your federal form. If zero or less, enter zero here **Dollars** Nonresident filers: complete Schedule NR and enter total from line 48 on line 5 below 1 104,987 00 ADDITIONS TO FEDERAL TAXABLE INCOME a State tax addback, if itemizing on federal return (see instructions) 00 **4**..... **b** Out-of-state losses Type: b 00 c Expenses related to National Guard and Military Reserve Income 00 d Interest income on obligations of states and political subdivisions other than South Carolina 00 00 e Other additions to income (attach explanation - see instructions) 00 00 SUBTRACTIONS FROM FEDERAL TAXABLE INCOME **f** State tax refund, if included on your federal return..... 00 g Total and permanent disability retirement income, if taxed on your federal return 00 g h Out-of-state income/gain (do not include personal service income) Check type of income/gain: Rental Business Other 00 i 44% of net capital gains held for more than one year..... i 00 j Volunteer deductions (see instructions) Type: j 00 **k** Contributions to the SC College Investment Program (Future Scholar) 00 k Active Trade or Business Income deduction (see instructions) I 00 00 m Interest income from obligations of the US government...... m n Certain nontaxable National Guard or Reserve pay..... 00 n Social Security and/or railroad retirement, if taxed on your federal return . . . 00 0 p Retirement Deduction (see instructions) 00 **p-1** Taxpayer (date of birth: ___ 00 **p-2** Spouse (date of birth: p-3 Surviving spouse (date of birth of deceased spouse: 00 Military Retirement Deduction (see instructions) 00 00 **p-6** Surviving spouse (date of birth of deceased spouse: 00 **q** Age 65 and older deduction (see instructions) 00 q-1 q-2 Spouse (date of birth: q-2 00 00 00 Subsistence allowance (multiply ____ t Dependents under the age of 6 years on December 31 of the tax year.... 00 00 00 00 w South Carolina Dependent Exemption (see instructions)...... 4 00 > Residents: subtract line 4 from line 3 and enter the difference. Nonresidents: enter amount from Schedule NR line 48. If less than zero, enter zero here. This is your **SOUTH CAROLINA INCOME SUBJECT TO TAX** 14,253 00 332 00 TAX on your South Carolina Income Subject to Tax (see SC1040TT)..... 00 7 00 00

30752224 REV 01/17/23 PRO

10 Add line 6 through line 9 and enter the total here. This is your TOTAL SOUTH CAROLINA TAX . .





NON-REFUNDABLE CREDITS			
11 Child and Dependent Care (see instructions)	11	00	
12 Two Wage Earner Credit (see instructions)	12	00	
13 Other nonrefundable credits. Attach SC1040TC and other state returns		00	
14 Total nonrefundable credits (add line 11 through line 13)		14	00
15 Subtract line 14 from line 10 and enter the difference. If less than zero, enter zero	here		32 00
PAYMENTS AND REFUNDABLE CREDITS			
16 SC income tax withheld (attach W-2 or SC41)	16 900	00	
17 2022 Estimated Tax payments		00	
18 Amount paid with extension		00	
19 Nonresident sale of real estate (paid on I-290)		00	
20 Other SC withholding (attach 1099)		00	
21 Tuition tax credit (attach I-319)		00	
22 Other refundable credits:			
22a Anhydrous Ammonia (attach I-333)	22a	00	
22b Milk Credit (attach I-334)		00	
22c Classroom Teacher Expenses (attach I-360)		00	
22d Parental Refundable Credit (attach I-361)		00	
22e Motor Fuel Income Tax Credit (attach I-385)		00	
Total refundable credits (add line 22a through line 22e)		22	00
AMENDED RETURN: Use Schedule AMD for line 23 calculation.	'		
23 Add line 16 through line 22 and enter the total here These are your T	OTAL PAYMENTS	23 9	00 00
24 If line 23 is larger than line 15, subtract line 15 from line 23 and enter the overpay			68 00
25 If line 15 is larger than line 23, subtract line 23 from line 15 and enter the amount			00
AMENDED RETURN: Enter the amount from line 24 on line 30. Enter the amount	ount from line 25 on	line 31.	
26 USE TAX due on online, mail-order, or out-of-state purchases	26 0	00	
Use Tax is based on your county's Sales Tax rate. See instructions for more infor			
If you certify that no Use Tax is due, check here ▶ 🗷			
27 Amount of line 24 to be credited to your 2023 Estimated Tax	27	00	
		00	
29 Add line 26 through line 28 and enter the total here		29	0 00
30 If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29 from line			
amount to be refunded to you (line 35 check box entry is required)		30 5	58 00
31 Add line 25 and line 29. If line 29 is larger than line 24, subtract line 24 from line 29, enter the		· -	00
32 Late filing and/or late payment: Penalties Interest	Enter total here	32	00
33 Penalty for Underpayment of Estimated Tax (attach SC2210)		,	
Enter exception code from instructions here if applicable		33	00
34 Add line 31 through line 33 and enter your balance due (select payment option on line			00
REFUND OPTIONS Getting a refund? Direct deposit is fast, accurate, and secure!			
35 Select one: ▶☑ Direct Deposit (line 37 required) (for US accounts only) ▶ [Debit Card	Paper Check	
PAYMENT OPTIONS Have a balance due? Pay electronically! It's quick and easy!			
36 Select one: MyDORWAY (pay at dor.sc.gov/pay) ACH Debit (enter your US bank	information on line 37)		
For payments only: Withdrawal Date Withdrawal Am	ount	00	
37 Type of Account: ▶ ☐ Checking ▶ ☐ Savings			
Routing Bank Accou	int		1-17
Number (RTN) 053904483 Must be 9 digits. The first two numbers of the RTN must be 01 through 32. Number (BA	AN) 223028561	379	digits
I declare that this return and all attachments are true, correct, and complete to the be		If prepared by a persor	other
than the taxpayer, this declaration is based on all information of which the preparer h			
Your signature Date Spo	ouse's signature (if married	filing jointly, BOTH must sign)
I authorize the Director of the SCDOR or delegate to discuss this return,	parer's printed name		
		KUMAR DUDIPALLI	
	eck if self- PTIN	.00450000	
Treparers		02470833	
Use Firm name (or yours if self- GLOBAL TAXES LLC		88-2145487	
Only employed), address, ZIP 245 ROONEY CT E BRUNSWICK N	J 08816 Phone	(678)965-952	: <u>Z</u>





STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

SCHEDULE NR

(Rev. 3/30/22) 3081

dor.sc.gov

2022 NONRESIDENT SCHEDULE

For the year January 1 - December 31, 2022, or fiscal tax year beginning 2022 and ending 2023 Your Social Security Number Your name Spouse's first name Spouse's Social Security Number 675-98-1805 KADUTHURI, VAMSI KRISHNAM RAJU Your dates of SC residency Spouse's dates of SC residency Schedule NR is for 01-01-2022 to 03-04-2022 Nonresidents or Part-year residents to Attach to completed SC1040. Income as Shown on South Carolina INCOME AND EXCLUSIONS Federal Return Income **COLUMN A COLUMN B** 129,067 1 Wages, salaries, tips, etc. 16,012 00 00 2 Taxable interest income 00 00 3 Dividend income 00 00 State and local Income Tax refunds 00 Alimony received 00 00 Business income or (loss) 00 00 Capital gain or (loss) 7 00 00 Other gains or (losses) 00 00 Taxable amount of IRA distributions 00 00 00 00 10 -11,1300 00 00 Farm income or (loss) 00 00 Unemployment compensation 00 00 00 00 00 117,937 16,012 00 00 Federal Adjustment SC Adjustment ADJUSTMENTS TO INCOME 00 00 Certain business expenses of reservists, performing artists, and fee-basis government 00 00 00 00 00 00 00 00

SC adjustment cannot exceed 100% of federal adjustment. Continued on next page.



SC adjustment continued

		COLUMN A		COLUMN B	
22	Self-employed SEP, SIMPLE, and qualified plans		00		00
23	Self-employed health insurance deduction		00		00
24	Penalty on early withdrawal of savings		00		00
25	Alimony paid		00		00
26	IRA deduction		00		00
27	Student loan interest deduction		00		00
28	Other adjustments		00		00
29	Reserved				
30	Total adjustments: Add line 17 through line 29		00		00
	Adjusted gross income: Subtract line 30 from line 16	117,937	00	16,012	
	OUTH CAROLINA ADJUSTMENTS	·		•	
	DITIONS				
32	South Carolina additions				00
SU	BTRACTIONS				
33	South Carolina dependent exemption (see instructions)			C	00
34	44% of net capital gains held for more than one year				00
35	Retirement deduction (see instructions)				
	a) Taxpayer (date of birth:)				00
	b) Spouse (date of birth:)				00
	c) Surviving spouse (date of birth of deceased spouse:)				00
	Military retirement deduction (see instructions)				
	d) Taxpayer (date of birth:)				00
	e) Spouse (date of birth:)				00
26	f) Surviving spouse (date of birth of deceased spouse:)				00
36	Age 65 and older deduction (see instructions - must be resident for part of the year) a) Taxpayer (date of birth:)				00
	b) Spouse (date of birth:)				00
37	Deductions for dependents under 6 years of age on December 31 of the tax year				
	(see instructions - must be resident for part of the year) Date of birth: SSN:				
20	Date of birth: SSN:				00
38	Contributions to the SC College Investment Program (Future Scholar) or the SC Tuition Prepayment Program				00
39	Active Trade or Business Income deduction (see instructions)				00
40	Consumer Protection Services				00
	Other subtractions (see instructions) 41				00
	Total South Carolina subtractions: Add line 33 through line 41			C	00
	Total South Carolina adjustments: Subtract line 42 from line 32				00
	SC modified adjusted gross income: Add Column B, line 31 and line 43			16,012	_
_	PRORATION:			- , -	
-	Line 31, Column B divided by line 31, Column A = 13.58 % (do not exceed 10	00%)			
46	DEDUCTIONS ADJUSTMENT:				
	If using the standard deduction, enter the amount from federal form on line 46.	•			
	If itemizing, use the Schedule NR instructions , and enter the amount from Part IV on line 40 Enter the following amounts from the instructions:	Ó.			
	G .				
	Part I (Itemized Deductions)				
	Part II, Worksheet, line 6 (State Taxes)				
	Part III (Other Expenses)		46	12,950	00
47	Allowable deductions: Multiply line 46 by 13.58 % (from line 45)		47 <	1,759	00 >
48	South Carolina taxable income: Subtract line 47 from line 44, Column B. Enter the difference SC1040, line 5. If line 48 is a negative figure, enter zero on SC1040, line 5		48	14 253	00

Attach this form and a complete copy of your federal return to your SC1040. Check the Schedule NR box on the front of SC1040. Do not submit Schedule NR separately. We cannot process your return if this form is submitted separately.

30812226 REV 01/17/23 PRO

E 1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2022	
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OMB No. 1545-0074

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

Filing Status Check only	X S	Single Married filing jointly	Marrie	ed filing separately	(MFS)	Head of	hous	ehold (HOF	H) 🗌		ifying surv ise (QSS)	riving
one box.	If yo	u checked the MFS box, enter the r	name of y	our spouse. If you	checke	ed the HOH o	r QSS	S box, ente	r the c	•	,	e qualifying
	pers	on is a child but not your dependen	t:									
Your first name and middle initial Last name Yo					our so	cial securit	y number					
VAMSI KE	RISH	IAM RAJU	KADU	THURI					6'	675-98-1805		
If joint return, sp	pouse's	first name and middle initial	Last na	me					Sp	ouse'	s social sec	urity number
Home address	(numbe	r and street). If you have a P.O. box, see	e instruction	ons.				Apt. no.	Pr	eside	ntial Election	on Campaign
134 ZABF	RISKI	E ST									ere if you,	
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete s	paces below.	Stat	e	ZIP	code			0,	tly, want \$3 Checking a
_JERSEY C	CITY				NJ		07	307	bo	x belo	ow will not	•
Foreign country	/ name		F	Foreign province/state	county	У	Fore	eign postal co	ide yo	ur tax	or refund.	Spouse
 Digital	At an	y time during 2022, did you: (a) red	eive (as	a reward, award, o	r payn	nent for prope	rty o	r services)	or (b)	sell,		
Assets	exch	ange, gift, or otherwise dispose of	a digital	asset (or a financia	intere	est in a digital	asse	t)? (See in	struction	ons.)	☐ Yes	⊠ No
Standard	Som	eone can claim:	ependent	t	se as a	a dependent						
Deduction		Spouse itemizes on a separate retu	rn or you	were a dual-status	alien							
Age/Blindness	You:	Were born before January 2,	1958	Are blind Sp	ouse:	☐ Was bo		fore Janua			☐ Is bli	
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relationsh	nip	(4) Check th	e box it	qualif	ies for (see	instructions):
If more	(1) Fi	rst name Last name		number		to you		Child ta	x credi	t	Credit for oth	ner dependents
than four dependents,									<u> </u>			
see instructions	s ——							L			L	
and check	. —							L			L	┽
here	4.	T-1-1		- '								<u> </u>
Income	1a	Total amount from Form(s) W-2, b	,	,						1a		29,067.
Attach Form(s)	b	Household employee wages not r Tip income not reported on line 1:	•	• •			•			1b 1c		
W-2 here. Also	d	Medicaid waiver payments not re	•	•			•			1d		
attach Forms W-2G and	e	Taxable dependent care benefits		. ,	IIIStiu	Guorisj	•			1e		
1099-R if tax	f	Employer-provided adoption benefits		*	 a		•			1f		
was withheld.	g g	Wages from Form 8919, line 6.					•			1g		
If you did not get a Form	h	Other earned income (see instructions)					•			1h		0.
W-2, see	i	Nontaxable combat pay election (,			1i	i Ì					
instructions.	z	Add lines 1a through 1h								1z	1 12	29,067.
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interes	t			2b		
if required.	3a	Qualified dividends	3a		b O	rdinary divide	nds			3b		
	4a	IRA distributions	4a		b Ta	axable amoun	nt .			4b		
Standard	5a	Pensions and annuities	5a		b Ta	axable amoun	nt.			5b		
Deduction for—	6a	Social security benefits	6a		b Ta	axable amoun	nt .			6b		
Single or Married filing	С	If you elect to use the lump-sum e	election r	nethod, check here	e (see i	nstructions)						
separately, \$12,950	7	Capital gain or (loss). Attach Sche	edule D if	required. If not red	ıuired,	check here			. 🗆	7		
Married filing	8	Other income from Schedule 1, lin	ne 10 .							8	-1	1,130.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is your total ir	come					9	11	7,937.
surviving spouse, \$25,900	10	Adjustments to income from Sche	edule 1, l	ine 26						10		
Head of	11	Subtract line 10 from line 9. This i	•	-						11	11	7,937.
household, \$19,400	12	Standard deduction or itemized								12	_	2,950.
If you checked any box under	13	Qualified business income deduc-								13		
Standard Deduction,	14	Add lines 12 and 13								14		2,950.
see instructions.	15	Subtract line 14 from line 11. If ze	ro or les	s, enter -0 This is	your t	axable incon	ne			15	10	04,987.

Form 1040 (2022	2)							Page 2
Tax and	16	Tax (see instructions). Check if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	19,032.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	19,032.
	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	19,032.
	23	Other taxes, including self-employment tax,	from Schedule	2, line 21 .			23	0.
	24	Add lines 22 and 23. This is your total tax					24	19,032.
Payments	25	Federal income tax withheld from:						
-	а	Form(s) W-2			25a 21	,398.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	21,398.
If	26	2022 estimated tax payments and amount a	pplied from 20	21 return		[26	
If you have a qualifying child,	27	Earned income credit (EIC)			27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			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 ref	undable credits		32	
	33	Add lines 25d, 26, and 32. These are your to	tal payments			[33	21,398.
Refund	34	If line 33 is more than line 24, subtract line 2					34	2,366.
neiulia	35a	Amount of line 34 you want refunded to you				. 🗆 🗀	35a	2,366.
Direct deposit?	b	Routing number 0 5 3 9 0 4 4			_	Savings		
See instructions.	d	Account number 2 2 3 0 2 8 5	6 1 3 7					
	36	Amount of line 34 you want applied to your	2023 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24. This is the amo	•					
You Owe	38	For details on how to pay, go to www.irs.gov Estimated tax penalty (see instructions) .			38		37	
Third Dorty		you want to allow another person to disc						
Third Party Designee		you want to allow another person to disc tructions				mplete be	low	× No
Designee		signee's	Phone		_	nal identific		
	nai		no.			er (PIN)		
Sign		der penalties of perjury, I declare that I have examine ef, they are true, correct, and complete. Declaration						
Here		ur signature	Date	Your occupation		If the IF	RS sent	t you an Identity
Joint return?				SOFTWARE	ENGINEER	(see in		N, enter it here
See instructions.	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupa		If the IF	RS senf	t your spouse an
Keep a copy for	•						_	ction PIN, enter it here
your records.						(see ins	st.)	
		one no. (660)232-1312	Email address	VAMSIGITAM	EEE@GMAIL.CO			
Paid		parer's name Preparer's signat	ture		Date	PTIN		Check if:
Preparer	VENK	ATA SAI PAVAN KUMAR DUDIPALLI			01/25/2023	P024708	333	Self-employed
Use Only	Fir	n's name GLOBAL TAXES LLC				Phone	no. (678)965-9522
	Fir	n's address 245 ROONEY CT E BRU	NSWICK NO	J 08816		Firm's	EIN	88-2145487
Go to www.irs.ge	ov/Forn	1040 for instructions and the latest information.		BAA	REV 01/14/23 PRO			Form 1040 (2022)

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

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

VAMSI KRISHNAM RAJU KADUTHURI

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 675-98-1805

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	-11,130.
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			
	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			
	1040, line 1a or 1d	8s (4	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	-	
	Wages earned while incarcerated	8u	-	
Z	Other income. List type and amount:			
_		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	or 1040-NK, line 8	10	-11,130.

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 governing			
	officials. Attach Form 2106	[12	1
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	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			
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:			
25			O.F.	
25 26	Total other adjustments. Add lines 24a through 24z	-	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here an Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	Form 1040 of 1040-3n, lifte 10, of Form 1040-1nn, lifte 10a		20	

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, Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Sequence No. 13

Your social security number

VAMSI KRISHNAM RAJU KADUTHURI 675-98-1805 Part I **Income or Loss From Rental Real Estate and Royalties Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions 1a Physical address of each property (street, city, state, ZIP code) KSN COLONY, CHEEMALAPALLI VISAKHAPATNAM ANDHRA PRADESH IN 530047 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and Davs **Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 550. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,550. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees 11 1,200. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 3,480. 14 14 Repairs . . . 15 Supplies 15 2,760. 16 16 Taxes 17 17 2,690. 18 18 Depreciation expense or depletion 19 19 Other (list) 20 20 Total expenses. Add lines 5 through 19 11,680. 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 -11,130. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 11,130.) 550. 23a Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 11,680. Total of all amounts reported on line 20 for all properties 23e 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 11,130. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 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 ... -11,130.



2022 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040 2022 Page 1

0906

Your Social Security Number (required) 675981805

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

County/Municipality Code (See Table page 50)

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.)

KADUTHURI VAMSI KRISHNAM RAJU

Home Address (Number and Street, including apartment number)

134 ZABRISKIE ST

City, Town, Post Office ZIP Code State JERSEY CITY 07307 ΝJ

Driver's License Number (Voluntary) (See instructions) K01137620006951

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.

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

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

1 dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit) dd1. 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. 053904483 dd4. Routing number dd4. 223028561379 dd5. Account number dd5.



NJ-1040 2022

Name(s) as shown on Form NJ-1040

KADUTHURI VAMSI KRISHNAM RAJU

Your Social Security Number 675981805

1555

NJ-1040 2022 Page 2

040MP02220

Part-year residents, provide months/days you were a New Jersey resident during 2022:

From: 030422

22 To: 123122

NOT

Fiscal year filers only: Enter month of your year end

2023

Filing Status

Fill in only one.

- 1. X Single
- 2. Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return
- 4. Head of Household Enter spouse's/CU partner's SSN
- 5. Qualifying Widow(er)/Surviving CU Partner

Indicate the year of your spouse's/CU partner's death: 2020 2021

Exemptions

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

6.	Regular	×	Self	Spouse/CU Partner	Domestic Partner	1	x \$1,000 = 1000
7.	Senior 65+ (Born in 1957 or earlier)		Self	Spouse/CU Partner			x \$1,000 =
8.	Blind/Disabled		Self	Spouse/CU Partner			x \$1,000 =
9.	Veteran		Self	Spouse/CU Partner			x \$6,000 =
10.	Qualified Dependent Children						x \$1,500 =
11.	Other Dependents						x \$1,500 =
12.	Dependents Attending Colleges (See	instructi	ions)				x \$1,000 =
13.	Total Exemption Amount (Add totals	from th	e lines at 6 throug	;h 12)			13. 1000.

14.	Dependent Information. Provide the following information for each dependent.			
	Last Name, First Name, Middle Initial	Social Security Number	Birth Year No l	Health Insurance
a.				
b.			F	
c.				
d.				

DO NOT MAIL

NJ-1040 2022

Page 3



Name(s) as shown on Form NJ-1040

KADUTHURI VAMSI KRISHNAM RAJU

Your Social Security Number

675981805

1555

15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	70531 .
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	,0001
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.	•
20a.	Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)		•
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.	70531 .
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.	70531 .
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	833 .
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.	Health Enterprise Zone Deduction 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.	833 .
39.	Taxable Income (Subtract line 38 from line 29)	39.	69698 .
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	
40b.	Indicate your residency status during 2022 (fill in only one) Homeowner Tenant Bot	h	
41.	Property Tax Deduction (From Worksheet H) (See instructions)	41.	
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.	69698 .
43.	Tax on amount on line 42 (Tax Table page 52)	43.	2357 .
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.	2357 .
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.	2357 .
51.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51.	2357 .
52.		52.	0.
32.	Interest on Underpayment of Estimated Tax Eill in if Form NL 2210 is analyzed.	32.	•
52	Fill in if Form NJ-2210 is enclosed Shored Personal bility Personal (See instructions)	52	0
53.	Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill in	33.	0 .

NJ-1040 2022 Page 4



Name(s) as shown on Form NJ-1040

KADUTHURI VAMSI KRISHNAM RAJU

Your Social Security Number

675981805

1555

54.	Total Tax Due (Add lines 50 through 53)	1/1 /1 [54.	2357	•
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)	VIAI	55.	3781	
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.	3781	
67.	If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you owe		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 66 and enter the	overpayment	68.	1424	
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. F		
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.	1424	

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

Your Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Date

Paid Preparer's Signature

Federal Identification Number

P02470833

Firm's Name Firm's Federal Employer Identification Number

GLOBAL TAXES LILC 88-2145487

Tax Due Address

Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:

State of New Jersey

Division of Taxation Revenue Processing Center - Payments

PO Box 111 Trenton, NJ 08645-0111

include Social Security number and make check or

money order payable to: State of New Jersey – TGI

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

Refund or No Tax Due Address

Use the labels provided with the envelope and mail to: New Jersey Division of Taxation

Revenue Processing Center - Refunds PO Box 555 Trenton, NJ 08647-0555

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

New Jersey Gross Income Tax Business Income Summary Schedule

2022

P	art I Net Profits From Business		st the net	profit (l	oss) from bus	iness(e	es). See Instructions	
	Business Name	Social Sec Fed	urity Num eral EIN	ber/	VI /	Profi	it or (Loss)	
1.			-					
2.				,				
3.				,				
4.	Net Profit or (Loss). (Add lines 1, 2, and 3.) (En line 18, NJ-1040. If loss, make no entry on line		l	4.				
Р	art II Distributive Share of Partne	ership Incom	ie				re of income (loss) ee instructions.	
	Partnership Name	Federal E	N		re of Partners come or (Loss		Share of Pass-Thro Business Alternat Income Tax	
1.								
2.								
3.								
4.	Distributive Share of Partnership Income or (Lo (Add lines 1, 2, and 3.) (Enter here and on line If loss, make no entry on line 21.)		4.					
5.	Total Share of Pass-Through Business Alternation (Add lines 1, 2, and 3.)(Enter here and include		040.) 5.				V	
Р	art III Net Pro Rata Share of S Co	orporation Ir	come				of income (usable n(s). See instruction	S.
	S Corporation Name	Federal EIN			S Corporation sable Loss)		e of Pass-Through Busi Alternative Income Tax	ness
1.								
2.								
3.								
4.	Net Pro Rata Share of S Corporation Income or (Usa (Add lines 1, 2, and 3.) (Enter here and on line 22, N If loss, make no entry on line 22.)							
5.	Total Share of Pass-Through Business Alternative Inc (Add lines 1, 2, and 3.)(Enter here and include on line							
P	Net Gains or Income art IV From Rents, Royalties, Patents, and Copyrights	form of re of Propert	nts, royalt y:	ies, pat	ents, and cop	yrights	derived from or in the . See instructions. T nts 4 – Copyrights	
	Source of Income or Loss. If rental real estate enter physical address of property.	·	irity Numb ral EIN	ner/ I	ype – Enter umber from list above		Income or (Loss)	
1.	KSN COLONY, CHEEMALAPALLI	67598180	5		1		-9,239.	
2.								
3.								
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, NJ-1040. If loss, make no entry on line 23.) 49, 239.							

Schedule NJ-BUS-2 (Form NJ-1040)

New Jersey Gross Income Tax Alternative Business Calculation Adjustment

2022

			Column A	\sqrt{I}		Column B	
Part	I Income (Loss)		Reportable Regular Business Income			Alternative Business Income (Loss)	
1.	Net Profits From Business	1a.	0.		1b.	0.	
2.	Distributive Share of Partnership Income	2a.	0.		2b.	0.	
3.	Net Pro Rata Share of S Corporation Income	3a.	0.		3b.	0.	
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	0.		4b.	-9,239.	
5.	Loss Carryforward From Tax Year 2021				5b.	()
6.	Totals	6a.	0.		6b.	-9,239.	
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.			1 3/	
10.	Adjustment Percentage	10.		0.50		LY.	
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.				
Part	III Loss Carryforward to Tax Year 2023						
12.	Loss Carryforward to Tax Year 2023				12.	(9,239.)

Instructions

Line ra.	Enter the amount from line 16, Form NJ-1040.
Line 1b.	Enter the amount from Part I, line 4, Schedule N

- NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from line 21, Form NJ-1040.
- Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040). Line 2b.
- 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).
- Enter the amount from line 23, Form NJ-1040. Line 4a.
- 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.
- Enter the total of lines 1b through 5b, netting gains with losses. Line 6b.
- Enter the amount from line 6a of this schedule. Line 7.
- Enter the amount from line 6b of this schedule. If loss, enter zero here. Line 8.
- Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and continue with line 12. Line 9.
- The adjustment percentage for Tax Year 2022 is 50% (0.50). Line 10.
- Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040. Line 11.
- 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 KADUTHURI VAMSI KRISHNAM RAJU	Social Security No. 675-98-1805
Part I	
Did you and, if applicable, all members of your tax household, have mi coverage for every month in 2022 (See instructions for line 53, NJ-104 include only months as a New Jersey resident. X Yes. You do not owe a shared responsibility payment. Fill in the enclose this schedule with your return. No. Continue to Part II.	0.) Part-year residents
Part II	
Enter the name and Social Security number for each member of your to every month each person had minimum essential health coverage or compart-year residents include only months as a New Jersey resident). If exemption, enter the exemption number. (See instructions for line 53, more than one exemption number, check the box. If you need more spany additional individuals. QuickZoom to Shared Responsibility Payment Calculation Worksheet	qualified for an exemption an individual qualified for an NJ-1040.) If an individual has pace, 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 .	
	i	. —	Check	box if t	his indi	vidual i	s unde	r 18 .	··		<u> </u>		
				Ш									
Exemption Code		Check box if this individual has more than one exemption number . Check box if this individual is under 18											
			Check	box if t	nis indi 	vidual i	s unde	r 18	<u></u>	i i i	· · · ·		
Exemption Code	l	ļ L	[∟	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>		
	<u> </u>			Ш									
Exemption Code		_	Check							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 .	
						Viadai i				اأ			
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	his indi	vidual i	s unde	r 18 .					
Exemption Code		_	Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
	•		Check	box if t	his indi	vidual i	s unde	r 18 .	. <u></u> .		<u> </u>		Щ
													\parallel
Exemption Code		_	Check								on nun	nber .	
			Check	box if t	his indi	vidual i	s unde	r 18 .					