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.

Submission Identification Number (SID)

l axpayer's name	Social security number
CHARAN TEJA DHAVILESWARAPU	661-99-8377
Spouse's name	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	1 92,216.
2 Total tax	2 13,058.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 15,060.
4 Amount you want refunded to you	4 2,002.
5 Amount you owe	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get	and keep a copy of your return)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or am	ended) I am now authorizing, and to the best of

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

Taxpayer's PIN: check one box only

X	I authorize	GLOBAL TAXE	ES LLC	to enter or generate my PIN	9
			ERO firm na		En

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	~		_	

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

ERO firm name

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

Your signature 🕨

Date 🕨

Spouse's PIN: check one box only

I authorize

to ente	r or	generate	my	PIN

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

Spouse's signature)ate					 		
Practitioner PIN Method Returns Only—continu	e bel	ow						
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		6	 98	9	

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

ERO's signature ►	Date D								
ERO Must Retain This F Don't Submit This Form to the	-								
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 01/28/23 PRO	Form 8879 (Rev. 01-2021)						

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, Assets Vest and the sectange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No Standard Deduction Spouse itemizes on a separate return or you were a dual-status alien Image: Comparison of the separate return or you were a dual-status alien Image: Comparison of the separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Dependents (1) First name Last name (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions) If more (1) First name Last name (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions) If more (1) First name Last name (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions) If more (1) First name Last name (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions) If more (1) First name Last name (2) Social security (3) Relationship (4) Check th	E1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		n 20 2	2	OMB No. 1545	-0074	IRS Use Onl	y—Do not v	write or staple in this space.
person is a child but not your dependent: Your social security number Your first name and middle initial Last name DHAVTILESWARAPU 661-93-6377 If joint num, spose's first name and middle initial Last name Apt. no. Presidential Bectino Campair Cry, town, or post office. If you have a foreign address, also complete spaces below. State 2/P code Dopouse if filing jointly, vanit 5 to po to this fund. Checking: Foreign country name Foreign province/state/country Foreign province/state/country Foreign post office. If you have a foreign address, also complete spaces below. State 2/P code box below will not change porce if filing jointly, vanit 5 to po to the filing jointly, vanit 5 dop to the fili	Check only			_						spo	use (QSS)
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If joint return, spouse's first name and middle initial Last name Spouse's social security numt Home address (number and street), If you have a P.O. box, see instructions. Apt. no. Presidential Election Campais (Dir, town, or post office, If you have a foreign address, also complete spaces below. Stata ZP code PLYMOUTH Foreign contry name Persign province/state/county Foreign post office, If you have a foreign address, also complete spaces below. Stata ZP code Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No Standard Someone can claim: \ou us a dependent You spouse as a dependent Yes No Dependents See instructions. (P) Fict name Last name (P) Social socurity (P) Relationability (P) Check the box if qualifies for (see instructions.) Image: P If more there (I) Fict name Last name (P) Social socurity (P) Social socurity (P) Social socurity (P) Check the box if qualifies for (see instructions.) Image: P If a Total amount from Form(s) W-2, box 1 (see instructions.) Image: P Image: P Image: P Image: P If a total amount from Form(s) W-2, box 1 (see instructions.) Image: P <td>Your first name</td> <td>and mi</td> <td>ddle initial</td> <td>Last name</td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td>Your so</td> <td>ocial security number</td>	Your first name	and mi	ddle initial	Last name	•					Your so	ocial security number
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Cury, but, or post once, if you have a foreign address, and compare spaces alow. State 21*00 to go to this fund. Checking: Foreign country name Foreign province/state/county Foreign postal code your tax or refund. Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, your tax or refund. Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No Standard Someone can claim: You as a dependent You spouse as a dependent Yes No Age/Blindness You: Were born before January 2, 1958 Are blind Spouse temizes or a separate return or you were a dual-status alien Age/Blindness (1) First name Lat name number (a) Relationship (b) Chack the box if qualifies for (see instructions): If more (1) First name Lat name number (b) Chack the box if qualifies or (see instructions) Ia 101, 735 Match Form(s) Ha Total amount from Form(s) W-2, box 1 (see instructions) Ia 101, 735 Match Form(s) To income or reported on form (S89, line 29 If Ia 101, 735 Match	15712 60	TH A	AVE N								
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\$12,950 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 1 7 • Married filing jointly or Qualifying spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 92,216 • Married filing jointly or Qualifying spouse, \$25,900 10 Adjustments to income from Schedule 1, line 26 9 92,216 • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 92,216 • If you checked any box under standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 • I4 12,950	Married filing	с	If you elect to use the lump-sum e	lection me	thod, check here (see	instructions)				
opinity or Qualifying surviving spouse, \$25,9009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income992,21610Adjustments to income from Schedule 1, line 261010• Head of household, \$19,40011Subtract line 10 from line 9. This is your adjusted gross income1192,2161192,2161192,21612Standard deduction or itemized deductions (from Schedule A)1212,95013Qualified business income deduction from Form 8995 or Form 8995-A13141412,950		7	Capital gain or (loss). Attach Schee	dule D if re	equired. If not requ	ired	, check here			7	
Qualifying surviving spouse, \$25,9009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income992, 21610Adjustments to income from Schedule 1, line 261011Subtract line 10 from line 9. This is your adjusted gross income11992, 2161192, 21612Standard deduction or itemized deductions (from Schedule A)1213Qualified business income deduction from Form 8995 or Form 8995-A131412, 950		8	Other income from Schedule 1, line	e10 .						. 8	-9,519.
\$25,900 10 Adjustments to income nom ochedule 1, ine 20 11 92,216 • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 11 92,216 12 Standard deduction or itemized deductions (from Schedule A) 12 12 12,950 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12,950	Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8. Th	is is your total inc	omo	ə			. 9	92,216.
• Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 92,216 • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 12 12,950 • If you checked any box under Standard 14 Add lines 12 and 13 13 14 12,950		10	Adjustments to income from Sche	dule 1, line						. 10)
\$19,400 12 Standard deduction or itemized deductions (irom Schedule A) 12 12,950 • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 14 Add lines 12 and 13 13 14 12,950	Head of	11	Subtract line 10 from line 9. This is	s your adju	isted gross incon	ne				. 11	92,216.
any box under Standard 14 Add lines 12 and 13 12,950		12								. 12	2 12,950.
Standard 14 Add lines 12 and 13				ion from Fo	orm 8995 or Form	899	5-A			. 13	
Vegueuu	Standard										1
see instructions.		15	Subtract line 14 from line 11. If zer	o or less, e	enter -0 This is yo	our	taxable incom	ie .		. 15	5 79,266.

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

Form **1040** (2022)

Form 1040 (2022	2)							Page 2
Tax and	16	Tax (see instructions). Check if any from For	m(s): 1 🗌 881	4 2 4972	3		16	13,058.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	13,058.
	19	Child tax credit or credit for other depende	nts from Sched	lule 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	13,058.
	23	Other taxes, including self-employment tax	, from Schedul	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is your total tax				r	24	13,058.
Payments	25	Federal income tax withheld from:						
,	а	Form(s) W-2			25a 15	,060.		
	b	Form(s) 1099			25b			
	с	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	15,060.
	26	2022 estimated tax payments and amount					26	,
If you have a qualifying child,	27	Earned income credit (EIC)			27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 88			28			
)	29	American opportunity credit from Form 886			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 you			-		32	
	33	Add lines 25d, 26, and 32. These are your					33	15,060.
	34	If line 33 is more than line 24, subtract line					34	2,002.
Refund	35a	Amount of line 34 you want refunded to yo					35a	2,002.
Direct deposit?	b	Routing number 0 9 1 4 0 8 5				Savings	004	2,002.
See instructions.	d	Account number 4 5 0 6 1 2 9				Savings		
	36	Amount of line 34 you want applied to you		od tax	36			
Amount					30			
You Owe	37	Subtract line 33 from line 24. This is the an For details on how to pay, go to <i>www.irs.gu</i>					37	
	38	Estimated tax penalty (see instructions)	-		38		31	
Third Party Designee		you want to allow another person to distructions				omolete he	alow	× No
Designee		signee's	Phone			onal identific		
	nar		no.			per (PIN)	Jacion	
Sign	Un	der penalties of perjury, I declare that I have exami	ned this return an	d accompanying sch	nedules and statemer	nts, and to t	he bes	t of my knowledge and
Here	bel	ef, they are true, correct, and complete. Declaration	n of preparer (othe	r than taxpayer) is b	ased on all informatio	n of which	prepare	er has any knowledge.
TIELE	Yo	ur signature	Date	Your occupation				nt you an Identity
						Protection (see in		IN, enter it here
Joint return? See instructions.			Dete	SOFTWARE			,	t your spouse an
Keep a copy for	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupat	lion			ection PIN, enter it here
your records.						(see in	ist.)	
	Ph	one no. (510) 458-6686	Email address	CHARANTEJA.D	HAVIL@GMAIL.CC	M		
D · · ·	Pre	parer's name Preparer's sign	ature		Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/02/2023	P02082	703	Self-employed
Preparer		n's name GLOBAL TAXES LLC				Phone		678)965-9522
Use Only		n's address 245 ROONEY CT E BR	UNSWICK N	J 08816		Firm's		88-2145487
Go to www.irs.or		1040 for instructions and the latest information.		BAA	REV 01/28/23 PRO			Form 1040 (2022
	0.11			DAA	NEV 01/20/23 FINU			10111 1010 1022

BAA

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2022 Attachment Sequence No. **01**

Your social security number

Department of the Treasury Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR

CHAR	AN TEJA DHAVILESWARAPU		661-99	-83	77
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att			5	-9,519.
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			
1	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 ()		
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:				
0	Tatal ather income. Add lines 0a through 0-	8z		•	
9 10	Total other income. Add lines 8a through 8z			9	0 510
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF	, or 1040-NH	i, line 8	0	-9,519.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b	basis government	: 🗌	
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN	·	_	
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		4a		
b	Deductible expenses related to income reported on line 8I from the			
		4b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
		4c		
d		4d		
е	Repayment of supplemental unemployment benefits under the Trade			
		4e	_	
f		24f	_	
g		4g	_	
h	Attorney fees and court costs for actions involving certain unlawful			
_		4h	_	
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
		24i	_	
J	•	24j	_	
K	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
_		24k	_	
Z	Other adjustments. List type and amount:			
0E		4z	05	
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . I			
			26	
	BAA	REV 01/28/23 PRO	Schedu	le 1 (Form 1040) 2022

SCHEDULE E		Supplemental Income and Loss						OMB No. 1545-0074					
(Form 1040)		(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)						20 2 2					
	ent of the Treasury Revenue Service		G				40-SR, 1040-NR, or 1041. structions and the latest information.				Attachment Sequence No. 13		
	Name(s) shown on return Your social												
. ,	AN TEJA DH	AVTT.F	SWAF	RAPII								9-8377	
Part					Real Estate an	d Ro	valties				001 0		
	Note: If yo	ou are ir	n the bu	usiness of rent	ing personal proper on page 2, line 40.			e C. See	e instruc	ctions. If you ar	e an indiv	vidual, rep	ort farm
Α					would require you	to file	Form(s)	1099? 5	See ins	tructions		. 🗌 Ye	s 🛛 No
					orm(s) 1099? .								
1a					eet, city, state, ZIF								
Α	DABAGARDEI	NS VI	SHAF	KAPATNAM	ANDHRA PRADE	SH 1	IN 5300)20					
В													
С													
1b	Type of Prope	erty 2	2 Fo	r each rental	real estate prope	rty list	ted		Fa	ir Rental	Person	al Use	QJV
	(from list below		ab	ove, report th	ne number of fair	rental	and			Days	Da	ys	QJV
Α	2		pe	rsonal use da	ays. Check the Q	JV box	c only	Α		192		0	
В			u y au	alified ioint v	requirements to f enture. See instru	ne as	a	В					
C			99					C					
	of Property:												
	Single Family R				/Short-Term Ren	tal	5 Land	-		Self-Rental			
2	Multi-Family Re	sidenc	e	4 Commei	rcial		6 Roya	alties	8	Other (descri	be)		
										Propertie	s:		
Incom	ie:							Α		В			С
3						3		7	20.				
4	Royalties recei	ived .				4							
Expen	ses:												
5	-					5							
6		•				6							
7	-					7		1,1	52.				
8						8							
9						9							
10	•	•				10		1 0	21				
11 12	Management f				ee instructions)	11 12		1,0	51.				
13		•		•		12							
14						14		3.2	00.				
15						15			56.				
16						16		-, .					
17						17		2,1	00.				
18						18							
19	Other (list)					19							
20	Total expenses	s. Add	lines &	5 through 19		20		10,2	39.				
21	Subtract line 2	0 from	n line 3	(rents) and/	or 4 (royalties). If								
					d out if you must								
						21		-9,5	19.				
22					limitation, if any,							,	,
~~						22			.9.)()	()
23a					or all rental prope				23a		720.		
b					or all royalty prop				23b				
c d	Total of all amounts reported on line 12 for all properties												
u e			•		for all properties				23u	1 ∩	,239.		
24			•		on line 21. Do no								
25		•			nd rental real estat							(9,519.)
26					come or (loss).							•	, ,
-					1	-							

Schedule 1 (Form 1040), line 5. Otherwise, include this amo	ount in the total on line 41	
For Paperwork Reduction Act Notice, see the separate instructions.	NPA	-9,519.

here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on

Form **8889**

Health Savings Accounts (HSAs)

OMB No. 1545-0074

Attach to Form 1040, 1040-SB, or 1040-NB

	2022				
	Attachment Sequence No. 52				
number of HSA beneficiary.					

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8889 for instructions and the latest information.		n	Attachment		
	Revenue Service			_	equence No. 52
.,		lf l	both spouses ha	ve HS/	f HSA beneficiary. As, see instructions.
CHAR	RAN TEJA DH	AVILESWARAPU	661-99-	-837	7
Befor	e you begin:	Complete Form 8853, Archer MSAs and Long-Term Care Insurance Co	ontracts, if	requi	red.
Part		ntributions and Deduction. See the instructions before completing the hyou and your spouse each have separate HSAs, complete a separate			
1	Check the box See instruction	x to indicate your coverage under a high-deductible health plan (HDHP) dur	ing 2022.	Sel	f-only 🛛 Family
2	unextended d	ions you made for 2022 (or those made on your behalf), including those ma ue date of your tax return that were for 2022. Do not include employer com hrough a cafeteria plan, or rollovers. See instructions	tributions,	2	0.
3	were, or were	der age 55 at the end of 2022 and, on the first day of every month during a considered, an eligible individual with the same coverage, enter \$3,650 (\$ je). All others , see the instructions for the amount to enter	\$7,300 for	3	7,300.
4	lines 1 and 2.	unt you and your employer contributed to your Archer MSAs for 2022 from Fo If you or your spouse had family coverage under an HDHP at any time during 2 nount contributed to your spouse's Archer MSAs	2022, also	4	0.
5	Subtract line 4	from line 3. If zero or less, enter -0	[5	7,300.
6		ount from line 5. But if you and your spouse each have separate HSAs and her an HDHP at any time during 2022, see the instructions for the amount to ent	-	6	7,300.
7	under an HDH	e 55 or older at the end of 2022, married, and you or your spouse had family P at any time during 2022, enter your additional contribution amount. See instr		7	0.
8	Add lines 6 an			8	7,300.
9		ributions made to your HSAs for 2022	733.		
10		funding distributions		44	700
11		d 10		11	733.
12 13		1 from line 8. If zero or less, enter -0		12 13	0,567.
10		2 is more than line 13, you may have to pay an additional tax. See instruction			0.
Part		stributions. If you are filing jointly and both you and your spouse each ate Part II for each spouse.	have separ	ate F	ISAs, complete
14a	Total distributi	ons you received in 2022 from all HSAs (see instructions)		14a	
b	contributions	ncluded on line 14a that you rolled over to another HSA. Also include ar (and the earnings on those excess contributions) included on line 14a t the due date of your return. See instructions	that were	14b	
С		4b from line 14a	L	14c	
15		cal expenses paid using HSA distributions (see instructions)	H 1	15	
16		distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, in total on Schedule 1 (Form 1040), Part I, line 8f		16	
17a	Tax (see instru	istributions included on line 16 meet any of the Exceptions to the Additiona inclions), check here	· · 🗆		
	are subject to 1040), Part II, I		e 2 (Form	17b	
Part	complet	and Additional Tax for Failure To Maintain HDHP Coverage. See the ing this part. If you are filing jointly and both you and your spouse each e a separate Part III for each spouse.			
18	Last-month ru			18	
19	Qualified HSA	funding distribution	[19	

For Pa		Form 8880 (2)	
	1040), Part II, line 17d	21	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form		
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
19	Qualified HSA funding distribution	19	

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

DEPARTMENT OF REVENUE

2022 Form M1, Individual Income Tax Do not use staples on anything you submit.



	RAN TEJA st Name and Initial	DHAVILESWA Last Name	RAPU 6619983 Your Social Secu		<u>1992</u> of Birth (MM/DD/YYYY)		
If a Joint	Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social S	ecurity Number Spouse's D	ate of Birth		
	L2 60TH AVE N Home Address		Check if Address	s is: New	Foreign		
	NOUTH		<u>MN</u> State	<u>55446</u> ZIP Code	55446 ZIP Code		
2022	Federal Filing Status (pla	ice an X in one box):					
× (1) Single (2) Married Filing Jointly	Spouse Name		d of Household (5) (Qualifying Widow(er)		
Depe	endents (see instructions)	Spouse SSN					
Depend	lent 1 First Name	Dependent 1 Last Name	Dependent 1 St	SN Dependent 1	Relationship to You		
Depend	lent 2 First Name	Dependent 2 Last Name	Dependent 2 S	5N Dependent 2	Relationship to You		
Depend	lent 3 First Name	Dependent 3 Last Name	Dependent 3 St	5N Dependent 3	Relationship to You		
	Your Federal Return (see in 101735 es, salaries, tips, etc. B. IR	nstructions) O A, pensions, and annuities	C. Unemployment	7926 D. Federal taxable			
1	Federal adjusted gross income (from line 11 of federal Form 10	40 and 1040-SR)	1∎	92216		
3					92216		
4	Itemized deductions (from Sched	dule M1SA) or your standard d e	eduction (see instructions)	4 🔳	12900		
5	Exemptions (determine from inst	tructions)		5 🔳			
6	State income tax refund from line	e 1 of federal Schedule 1		6 🔳			
7			dule M1MB (<i>see instructions</i>)		12900		
8			r less, leave blank.		79316		
9 10					4989		



11	Alternative minimum tax (enclose Schedule M1MT)					
12	Add lines 10 and 11		10	4989		
12 13	Full-year residents: Enter the amount from line 12 on line 13.					
10	Part-year residents and nonresidents: From Schedule M1NR, e					
	line 13, from line 28 on line 13a, and from line 29 on line 13b	13 —	4989			
	0	2				
	13a ■ 13b ■(<u>J</u>				
14	Other taxes, such as recapture amounts and the tax on lump-	sum distributions (check appropriate boxes)				
	(a) Schedule M1HOME (b) Schedule M1529	(c) Schedule M1LS	14 🔳			
15	Tax before credits. Add lines 13 and 14		15	4989		
16	Amount from line 19 of Schedule M1C, Nonrefundable Credit	s (enclose Schedule M1C)	16			
17 18	Subtract line 16 from line 15 (<i>if result is zero or less, leave bla</i> Nongame Wildlife Fund contribution (<i>see instructions</i>)	nk)	17	4989		
10	This will reduce your refund or increase the amount you owe		18			
				4000		
19	Add lines 17 and 18		19	4989		
20	Minnesota income tax withheld. Complete and enclose Sched Minnesota withholding from Forms W-2, 1099, and W-2G and S		20	5618		
21	Minnesota estimated tax and extension payments made for 2	2022	21 🔳			
22	22 Amount from line 12 of Schedule M1REF, Refundable Credits (see instructions; enclose Schedule M1REF) 22					
23	Total payments. Add lines 20 through 22		23	5618		
24	REFUND . If line 23 is more than line 19, subtract line 19 from			629		
25	For direct deposit, complete line 25 Direct deposit of your refund <i>(you must use an account not a</i>		24	029		
25		ssociatea with a joicign bank).				
		8 4506129248				
	Routing Number	Account Number	_			
26	AMOUNT YOU OWE. If line 19 is more than line 23, subtract I Penalty amount from Schedule M15 (see instructions). Also su		26			
27	this amount from line 24 or add it to line 26 (enclose Schedule		27			
IF Y	OU PAY ESTIMATED TAX and want part of your refund credited					
28	Amount from line 24 you want sent to you		28			
20		d 8-0-0	20			
29 Taxp	Amount from line 24 you want applied to your 2023 estimate ayer(s): I declare that this return is correct and complete to the		29			
Your	Signature	Spouse's Signature (If Filing Jointly)	Date (MI	M/DD/YYYY)		
	04586686	CHARANTEJA.DHAVIL@GMAIL		.,,		
-	me Phone	Email Address	• 0011			
	AM PRIYA RAM SAGAR GUPTA TALLAM	02022023		82703		
	Preparer's Signature	Date (MM/DD/YYYY)	PTIN or V	VITA/TCE # (required)		
	89659522	SYAM@GTAXFILE.COM Preparer's Email Address				
	I do not want my paid preparer to file my return electronically.	I authorize the Minnesota Department of Revenue	to discuss this ta	x return		
	Include a copy of your 2022 federal return and schedules.	with the preparer or the third-party designee indic	ated on my feder	al return.		
	Mail to: Minnesota Individual Income Tax, Mail Station 0010					
	REV 01/23/23 PRO	1031				

DEPARTMENT OF REVENUE

2

3

4



2022 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

CHARAN TEJA	DHAVILESWARAPU	661998377
Your First Name and Initial	Last Name	Your Social Security Number
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF showing Minnesota income tax withheld, complete this schedule to determine line 20 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back

Α	B—Box 13	C—Box 15	D—Box 16	E—Box 17
If the Form W-2 is for:	If Retirement Plan	Employer's seven-digit Minnesota	State wages, tips, etc.	Minnesota tax withheld
• you, enter 1	box is checked,	Tax ID Number	(round to nearest whole dollar)	(round to nearest whole dollar)
 spouse, enter 2 	mark an X below.	2076261	20.01	106
a1 <u>⊥</u>	b1	c1 MN3276361	d13821_	e1186
a2 <u>1</u>	_{b2} ×	c2 MN <u>3547336</u>	d297914_	e25432
a3	b3	c3 MN	d3	e3
a4	b4	c4 MN	d4	e4
a5	b5	c5 MN	d5	e5
Subtotal for additio	nal Forms W-2 (froi	m line 5 on page 2)		
Total Minnesota ta	x withheld on all Fo	orms W-2 (add amounts in line 1, co	lumn E)	1 ■5618
Minnesota tax with	held on Forms 1099	9, W-2G, and 1042-S. If you have mo	re than four forms, complete line	6 on the back.
Α		В	С	D
If the Form 1099, W-2G	i, or 1042-S is for:	Payer's seven-digit Minnesota Tax ID	Income amount (see the table on	Minnesota tax withhel
• you, enter 1		Numbe (if unknown, contact the pay	ver) the back for amounts to include)	(round to nearest whole doll
• spouse, enter 2				
a1		b1 MN	c1	d1
a2		b2 MN	c2	d2
a3		b3 MN	c3	d3
a4		b4 MN	c4	d4
Subtotal for additio	nal 1099, W-2G, an	d 1042-S (from line 6 on page 2)		
Total Minnesota ta	x withheld on all 10	099, W-2G, and 1042-S (add amount	ts in line 2, column D)	2
Total Minnesota ta	withheld by partr	nerships, S corporations, and fiducia	aries	
(from line 7 on page	2)			3
Total. Add the Minr	nesota tax withheld	on lines 1, 2, and 3.		
Enter the total here	and on line 20 of F	orm M1		4■ 5618
		Include this schedule wit If required, include Schedu		
REV 01/2		1031		
NL V 01/20		100-	-	