Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Submission Identification Number (SID) Taxpayer's name Social security number \$27-09-5976 \$27-09-5976 \$27-09-5976 \$27-09-5976 \$27-09-5976 \$27-09-5976 \$27-09-5976 \$27-09-5976 \$27-09-5976 \$27-09-5976 \$27-09-5976 \$27-09-5976 \$27-09-5976 \$28-000-5000 Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. Adjusted gross income 1 102, 633. 2 153, 356. 3 Federal income withheld from Form(s) W-2 and Form(s) 1099 4 2 15, 356. 3 Federal income withheld from Form(s) W-2 and Form(s) 1099 5 Amount you want refunded to you 4 3 3 20, 757. 4 Amount you want refunded to you 5 Amount you own belief, it is true, comed, and complete. Inturine declare that the amounts is pPr1 labove are the amounts from the income tax return (original or amended) I am now authorizing, and to the best of any design processing the return or refund, and 6) the date of any refund. If applicable, it put authorize the St. Treasury and its design from the income tax return (original or amended) I am now authorizing, and to the best of any design in processing the return or refund, and 6) the date of any refund, if applicable, it put authorize the St. Treasury and its design the income tax return (original or amended) I am now authorizing, and to the best of any design in processing the return or refund, and 6) the date of any refund, if applicable, it put authorize the St. Treasury and its death of any design in processing the return or refund, and 6) the date of any refund, if applicable, it put authorize the St. Treasury and its death asso wood on the arthur and origin and any original or amended in the tax propagation software for the payment of refunded taxes one of one the arthur and original or amended in a 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 flied using the Practitioner PIN method. The ERO must complete Part III below. Part IIII Certification				
Part II Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.) Finter 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	Submission Identification Number (SID)			
Spouse's some Spouse's social security number	Taxpayer's name	Social securi	ty number	
Part II 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	SRI DIVYA BORRA	827-09	-5976	
Enter whole dollars only on lines 1 through 5. Note: Form 100-05 St flers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 1 102, 635. 2 Total tax 2 15, 338. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 20, 757. 4 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you want refunded to make you get and keep a copy of your return) 1 Under prentities of perpty, 1 destent that I have examined a copy of the income tax return foriginal or amended it am now wanthorizing, 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 least of my knowledge and belief. It is frue, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) in a more wanthorizing and to the best of my knowledge and belief. It is frue, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax in 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 eignature b Practitioner PIN Method Returns Only—continue below Practitioner PIN Method Returns Only	Spouse's name	Spouse's so	cial security r	number
Enter whole dollars only on lines 1 through 5. Note: Form 104-0S filter use line 4 only, Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 1 102, 635. 2 Total tax 2 15, 338. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3 20, 757. 4 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you own the funded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you 9 Amount you want refunded to you 9 Amount refunded to you 9 Amount refunded to you 9 Amount refunded to the best of 9 Amount you 9 Amount you 9 Amount refunded to the best of 9 Amount you 9 Amount you 9 Amount refunded to the best of 9 Amount you 9 Amount you 9 Amount refunded to you 9 Amount refunded to the search of you 9 Amount you 9 Amount refunded to the search of you 9 Amount you 9 Amount you 9 Amount refunded to you 9 Amount you 9 Amount you 9 Amount refunded to the search of you 9 Amount you 9 Amount you 9 Amount refunded to the search of you 9 Amount you	Part I Tay Return Information — Tay Vear Ending December 31	022 (Enter year you s	re author	rizina)
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax		022 (Enter year you a	are autilior	izirig.)
1 1 0.2, 635. 2 Total tax				
2 10slat ax 3 Federal income tax withhold from Form(s) W-2 and Form(s) 1099 . 3 20,757. 4 Amount you want refunded to you . 4 5,339 . 5 Amount you owe . 5 Amount	·		11	102,635.
Amount you want refunded to you	,			
Amount you want refunded to you Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of whowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are transmitted from the complete of the properties of the	3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	
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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 for allow my intermediate service provider, transmitter, or electronic return original or amended and processing the return or return, and (c) the date of any return, 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 account indicated in the tax preparation software for payment of the internation and the processing of the electronic payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution could be the tax preparation software for the payment of the processing of the electronic payment authorized to internate the authorization. To revoke (cancel) a subsense 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. If urther 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** Juill 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 PIN: check one box only** I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Ch	Part II Taxpayer Declaration and Signature Authorization (Be sure you	ı get and keep a cop	y of your	return)
Taxpayer's PIN: check one box only	return (original or amended) I am now authorizing. I consent to allow my intermediate service proto 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 au Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution payment of my federal taxes owed on this return and/or a payment of estimated tax, and the final 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 cambusiness days prior to the payment (settlement) date. I also authorize the financial institutions in taxes to receive confidential information necessary to answer inquiries and resolve issues relapersonal identification number (PIN) below is my signature for the income tax return (original or a	vider, transmitter, or electreason for rejection of the thorize the U.S. Treasury a account indicated in the thocial institution to debit the tot terminate the authoriz cellation requests must be volved in the processing of ated to the payment. I fur	onic return or ransmission and its designax preparation at the entry to this ation. To refer received of the electrother acknown.	originator (ERO) a, (b) the reason anated Financial ion software for is account. This evoke (cancel) a no later than 2 poic payment of wledge that the
I authorize GLOBAL TAXES LLC ER0 firm name Signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's PIN: check one box only Date				$\overline{}$
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I authorize	Your signature ▶	Date ►		
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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. Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. ERO's signature Date ERO Must Retain This Form — See Instructions	if you are entering your own PIN and your return is filed using the Practitione			
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. Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. ERO's signature ▶ Date ▶ ERO Must Retain This Form — See Instructions	Spouse's signature ▶	Date ►		
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ERO Must Retain This Form — See Instructions	authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that	ual income tax return (orig at I am submitting this ret	inal or amer urn in accor	rdance with the
	ERO's signature ▶	Date ►		

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

2022

OMB No. 1545-007

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

Filing Status	X S	Single Married filing jointly	Marrie	ed filing separatel	y (MFS)	☐ Head of	household (HOH)			fying surv	viving
Check only one box.	•	u checked the MFS box, enter the n	,	our spouse. If yo	u check	ed the HOH or	QSS box, enter		•	se (QSS) name if th	ne qualifying
Your first name		on is a child but not your dependen	Last nar	me.				Vou		ial securif	ty number
SRI DIV		adie ilitiai	BORR							19 – 597	•
		first name and middle initial	Last nar								curity number
n jonit rotarn, o	poudo c	, mot name and middle middle	Laot Hai	110				Opo	400 0	, coolai coo	ourney manneon
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Apt. no.	Pre	siden	tial Election	on Campaign
903 RIV	· Endet	T.T. WAY						- 1		ere if you,	
		ce. If you have a foreign address, also co	omplete sp	paces below.	Sta	ite	ZIP code				ntly, want \$3
EDISON					NO	J	08817	~		tnis tuna. w will not	Checking a change
Foreign country	y name		F	oreign province/sta	ate/coun	ty	Foreign postal coo			or refund.	
										You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a	•				,.	` '		Yes	⊠ No
Standard		eone can claim: You as a de		<u>-</u> _		a dependent	40000). (0000		,		
Deduction		Spouse itemizes on a separate return	•			•					
Age/Blindness	You:	☐ Were born before January 2, 1	1958	Are blind	Spouse	: Was bor	rn before Januar			☐ Is bl	
Dependent	s (see	instructions):		(2) Social secu	urity	(3) Relationsh	iib · ·			•	instructions):
If more	(1) Fi	rst name Last name		number		to you	Child tax	credit		Credit for oth	her dependents
than four dependents,]	\dashv		
see instruction	s ——							1	\dashv		
and check here	1 —							1	\dashv		
	1 1 0	Total amount from Form(a) W 2 h	201 (00)	inate: ational]	40	L	<u> </u>
Income	1a b	Total amount from Form(s) W-2, b	,	,					1a 1b	1 1	13,635.
Attach Form(s)	C	Household employee wages not reported on Form(s) W-2									
W-2 here. Also	d	Medicaid waiver payments not rep		1c 1d							
attach Forms W-2G and	e	Taxable dependent care benefits		1e							
1099-R if tax	f	Employer-provided adoption bene		*	29				1f		
was withheld.	g	Wages from Form 8919, line 6.							1g	1	
If you did not get a Form	h	Other earned income (see instruct							1h		0.
W-2, see	i	Nontaxable combat pay election (,			1i		Ī			
instructions.	z	Add lines 1a through 1h	`						1z	11	13,635.
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interes	t		2b		
if required.	3a	Qualified dividends	3a		b C	ordinary divide	nds	. [3b		
	4a	IRA distributions	4a		b T	axable amoun	t		4b		
Standard	5a	Pensions and annuities	5a		b T	axable amoun	t		5b		
Deduction for— Single or	6a	Social security benefits	6a		b T	axable amoun	t		6b		
Married filing	С	If you elect to use the lump-sum e		,	`	,					
separately, \$12,950	7	Capital gain or (loss). Attach Sche							7		
Married filing	8	Other income from Schedule 1, lin							8		11,000.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•	incom	e		.	9	10	02,635.
surviving spouse, \$25,900	10	Adjustments to income from Sche	•						10		
Head of household,	11	Subtract line 10 from line 9. This is	-					.	11	1	02,635.
\$19,400	12	Standard deduction or itemized		`	,			.	12		12 , 950.
If you checked any box under	13	Qualified business income deduct						.	13		
Standard Deduction,	14							Г	14		12 , 950.
see instructions.	15	Subtract line 14 from line 11. If ze	ro or less	s, enter -U This i	s your	taxable incom	ie		15	3	89,685.

Form 1040 (2022	2)								Pag	e 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	15,358		
Credits	17	Amount from Schedule 2, lin	ne 3					17			
	18	Add lines 16 and 17						18	15,358	_	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19			
	20	Amount from Schedule 3, lin	ne 8					20			
	21	Add lines 19 and 20						21		_	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	15,358	-	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23			
	24	Add lines 22 and 23. This is	your total tax					24	15,358	_	
Payments	25	Federal income tax withheld									
	а	Form(s) W-2				25a 20	,757.				
	b	Form(s) 1099				25b					
	С	Other forms (see instruction:	s)			25c					
	d	Add lines 25a through 25c	,				2	.5d	20,757		
.,	26	2022 estimated tax paymen						26	·	_	
If you have a qualifying child,	27	Earned income credit (EIC)				27				_	
attach Sch. EIC.	28	, ,	Additional child tax credit from Schedule 8812								
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lin									
	32	Add lines 27, 28, 29, and 31				ndable credits	;	32			
	33	Add lines 25d, 26, and 32. T					;	33	20,757	$\overline{\cdot}$	
Refund	34	If line 33 is more than line 24	•					34	5,399		
neiulia	35a	Amount of line 34 you want				•	. 🗆 🖪	5a	5,399		
Direct deposit?	b	Routing number 0 2 1					Savings			_	
See instructions.	d	Account number 3 8 1	0 4 7 5	4 3 8 6	6 7 1						
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36					
Amount	37	Subtract line 33 from line 24								_	
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> v	//Payments or	see instructions .		;	37			
	38	Estimated tax penalty (see in	nstructions) .			38					
Third Party		you want to allow another	•						.		
Designee		structions					mplete belo		X No		
	De nai	signee's me		Phone no.			nal identificat er (PIN)	ilon [
Sign	Un	der penalties of perjury, I declare t	hat I have examine	ed this return and	d accompanying sch	edules and statemen	ts. and to the	best	of my knowledge	and	
_		ief, they are true, correct, and com			1 , 0		,		, ,		
Here	Yo	ur signature		Date	Your occupation		I		you an Identity		
							Protection (see inst		I, enter it here	$\overline{}$	
Joint return? See instructions.				D-t-	SENIOR ASS		<u> </u>	<u> </u>		Ш	
Keep a copy for	Sp	ouse's signature. If a joint return, I	ootn must sign.	Date	Spouse's occupati	on			your spouse an tion PIN, enter it h	nere	
your records.						(see inst					
	Ph	one no. (908) 938-408	6	Email address	DIVYAROBUS	T@GMAIL.COM	M			_	
D-:-I		eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	_	
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/04/2023	P020827	03	Self-employed	d	
Preparer		m's name GLOBAL TA							78)965-952	2	
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's E		84-317196	_	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/24/23 PRO			Form 1040 (2)	022)	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Soguence No. 01

Department of the Treasury Internal Revenue Service

SRI DIVYA BORRA

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

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

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

	Sequence No. U1
Your soc	ial security number
827-09	-5976

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	ach Schedule E .	5	-11,000.
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		
ı	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	-	
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	0_		
0	Total ather income. Add lines to three the Co	8z		
9 10	Total other income. Add lines 8a through 8z		9	-11 - 000

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

Par	II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b			
	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 8l 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	41-		
_	,	4k	_	
Z	Other adjustments. List type and amount:	4z		
25			05	
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 . E		26	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	<u> </u>		

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.

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

Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return SRI DIVYA BORRA

Department of the Treasury

Internal Revenue Service

Your social security number 827-09-5976

Dowl	Income out one From Dontal Deal Fatel on	-d D	vol#:							
Part	Note: If you are in the business of renting personal properental income or loss from Form 4835 on page 2, line 40.	rty, use	Schedule							
	Did you make any payments in 2022 that would require you f "Yes," did you or will you file required Form(s) 1099?									No No
1a	Physical address of each property (street, city, state, ZI									
Α	48-519, GANESH NAGAR, CHINTAL, HYDERABA			TN	5000	5.4				
B	10 3197 GINLDII WIGHN, GHINTILLYHIDDINDIN	U 1113	D7111071117	1 111	3000	<u> </u>				
C										
1b	Type of Property (from list below) 2 For each rental real estate property above, report the number of fair				Fa	ir Rental Days		nal Use ays	C	λΛ
Α	personal use days. Check the Q			Α		365		0		
В	if you meet the requirements to qualified joint venture. See instru			В						
С	quaimed joint venture. See instru	JCHOIR	·	С						
Туре	of Property:									
	Single Family Residence 3 Vacation/Short-Term Rer Multi-Family Residence 4 Commercial	ntal	5 Land 6 Roya			Self-Rental Other (descri	ribe)			
						Properti				
Incon	יפי			Α		В	<u> </u>		С	
3	Rents received	3			50.					
4	Royalties received									
Exper										
5	Advertising	5								
6	Auto and travel (see instructions)									
7	Cleaning and maintenance			9	50.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees			1,5	50.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		3,8	50.					
15	Supplies	15		2,9	50.					
16	Taxes	16								
17	Utilities	17		2,3	50.					
18	Depreciation expense or depletion	18								
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		11,6	50.					
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		_	-11,0	00					
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22		11,00		()()
23a	Total of all amounts reported on line 3 for all rental prope	erties			23a		650.			
b	Total of all amounts reported on line 4 for all royalty prop				23b					
С	Total of all amounts reported on line 12 for all properties				23c					
d	Total of all amounts reported on line 18 for all properties				23d					
е	Total of all amounts reported on line 20 for all properties				23e	11	,650.			
24	Income. Add positive amounts shown on line 21. Do no		•				. 24			
25	Losses. Add royalty losses from line 21 and rental real esta	ite loss	es from lir	ne 22. E	nter to	otal losses he	re 25	(11,0	000.)
26	Total rental real estate and royalty income or (loss). here. If Parts II, III, IV, and line 40 on page 2 do not Schedule 1 (Form 1040) line 5. Otherwise, include this a	apply	to you, a	also er	nter th	is amount o	I		_11	0.00

Health Savings Accounts (HSAs)

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8889 for instructions and the latest information. OMB No. 1545-0074 Attachment Sequence No. 52

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

SRI DIVYA BORRA

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.

827-09-5976

Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	f requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions	X Se	elf-only 🗌 Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter	3	3,650.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	3,650.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family		
	coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	6	3,650.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions.	7	0.
8	Add lines 6 and 7	8	3,650.
9	Employer contributions made to your HSAs for 2022		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	500.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	3,150.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	HSA Distributions. If you are filing jointly and both you and your spouse each have sepa a separate Part II for each spouse.	arate I	HSAs, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructi completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.		
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

Passive Activity Loss Limitations

See separate instructions.

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

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

OMB No. 1545-1008 Attachment Sequence No. **858**

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

Identifying number 827-09-5976

SRI	DIVYA BORRA				827	-09-	-5976
Pai	t I 2022 Passive Activity Loss						
	Caution: Complete Parts IV ar	nd V before comple	eting Part I.				
	al Real Estate Activities With Active Pa ance for Rental Real Estate Activities			ive participation, s	ee Special		
1a	Activities with net income (enter the a	mount from Part I\	/, column (a)) .		0.		
b	Activities with net loss (enter the amount				11,000.)		
С	Prior years' unallowed losses (enter the)		
d	Combine lines 1a, 1b, and 1c					1d	-11,000.
All Ot	her Passive Activities						
2a	Activities with net income (enter the a	mount from Part V	, column (a)) .	2a			
b	Activities with net loss (enter the amount	unt from Part V, co	olumn (b))	2b ()		
С	Prior years' unallowed losses (enter th	ne amount from Pa	rt V, column (c))	2c ()		
d	Combine lines 2a, 2b, and 2c					2d	
3	Combine lines 1d and 2d. If this line i all losses are allowed, including any p	prior year unallow	•	•			
	losses on the forms and schedules no	ormally used .				3	-11,000.
	If line 3 is a loss and: • Line 1d is a l		\\\\	in David II and so to	line 10		
	• Line 2d is a i	loss (and line 1d is	zero or more), ski	ip Part II and go to	line 10.		
	on: If your filing status is married filing . Instead, go to line 10.	separately and yo	ou lived with your	spouse at any tim	e during the	year,	do not complete
Par	t II Special Allowance for Rer	ntal Real Estate	Activities With	Active Participa	ation		
	Note: Enter all numbers in Par	t II as positive amo	ounts. See instruct	tions for an examp	le.		
4	Enter the smaller of the loss on line 1	d or the loss on lin	e3			4	11,000.
5	Enter \$150,000. If married filing separ	ately, see instructi	ons	5 1	50,000.		
6	Enter modified adjusted gross income	e, but not less thar	zero. See instruc	tions 6 1	13,635.		
	Note: If line 6 is greater than or equal	to line 5, skip line	s 7 and 8 and ent	er -0-			
	on line 9. Otherwise, go to line 7.						
7	Subtract line 6 from line 5				36 , 365.		
8	Multiply line 7 by 50% (0.50). Do not en			•		8	18,183.
9	Enter the smaller of line 4 or line 8					9	11,000.
Par		10 1 1				40	
10	Add the income, if any, on lines 1a an					10	0.
11	Total losses allowed from all passiv out how to report the losses on your to					11	11,000.
Dar	Complete This Part Before					11	11,000.
r ai	Complete This Fait Below			ee manachons.			
Name of activity Current year Prior years Overa							in or loss
	Traine of ability	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gair	1	(e) Loss
48-	519, GANESH NAGAR,	0.	11,000.				11,000.
	·						

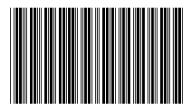
Total. Enter on Part I, lines 1a, 1b, and 1c

0.

11,000.

Form 8582 (2022)

1 01111 0002 (2022)									rage Z	
Part V Complete This Part Befor	e Pa	art I, Lines 2	a, 2b,	and 2c. S	ee instru	ctions.			•	
Name of activity		Curren	ıt year		Prior y	ears	Overa	ll ga	ain or loss	
Name of activity	(a)	Net income (line 2a)		Net loss ne 2b)	(c) Unal loss (lin		(d) Gain		(e) Loss	
Total. Enter on Part I, lines 2a, 2b, and 2c				1:						
Part VI Use This Part if an Amour			art II.	, Line 9. S	ee instrud	ctions.				
Name of activity	and to b	m or schedule d line number be reported on e instructions)	(a) Loss	(b) Ra	atio	(c) Special allowance		(d) Subtract column (c) from column (a).	
48-519, GANESH NAGAR,	I	E Ln 22		11,000.	1.0000	0000	11,00	0.	0.	
Total				11,000.	1.0	0	11,00	0.	0.	
Part VII Allocation of Unallowed L	oss	es. See instri	uction	S.						
Name of activity		Form or sche and line num to be reporte (see instructi		(a) l	Loss ((b) Ratio		(c) Unallowed loss	
Total							1.00			
Part VIII Allowed Losses. See instr	uctio	ons.								
Name of activity		Form or schedi and line numb to be reported (see instruction		(a) l	_oss	(b) Ur	nallowed loss	((c) Allowed loss	
				-						
				-		+				
Total										



2022 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

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NJ-1040 2022 Page 1

040MP01220

Your Social Security Number (required) 827095976

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.)

BORRA SRI DIVYA

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

Home Address (Number and Street, including apartment number)

903 RIVENDELL WAY

 ${\footnotesize \begin{array}{c} {County/Municipality\ Code\ (See\ Table\ page\ 50)} \\ 1205 \end{array}}$

City, Town, Post Office State ZIP Code EDISON NJ 08817

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

B66437200054901

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

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

NJ-1040-O is enclosed.

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

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

Direct Deposit Information

dd1.	Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	1	
dd2.	Account type (C for checking, S for savings)	dd2.	C	
dd3.	Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.		
dd4.	Routing number	dd4.		021200339
dd5.	Account number	dd5.	3	881047543867



Name(s) as shown on Form NJ-1040 BORRA SRI DIVYA

Your Social Security Number 827095976

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NJ-1040 2022 Page 2

Part-	year res	sidents, provide months/days y	ou were	a New Jersey resid	ent during 2022:		Fiscal year	ly:				
Fron	n:	To:					Enter mo	nth of you	r year end	2	023	
	i g Statu n only on											
1.	×	Single										
2.		Married/CU Couple, filing j	oint retu	rn								
3.		Married/CU Partner, filing s	separate 1	eturn								
4.	Head of Household						Enter spouse's/CU partner's SSN					
5.		Qualifying Widow(er)/Surv	iving CU	Partner								
		Indicate the year of your spo	ouse's/Cl	U partner's death:	2020	2021						
Fill in		ls that apply. You must enter a tota	l in the bo	-	•			1	x \$1,000 =	1000		
6.	Regu		^	Self	Spouse/CU Partner		Domestic Partner	1				
7. 8.		r 65+ (Born in 1957 or earlier) /Disabled		Self Self	Spouse/CU Partner Spouse/CU Partner				x \$1,000 = x \$1,000 =			
o. 9.	Veter			Self	Spouse/CU Partner				x \$6,000 =			
9. 10.		fied Dependent Children		Sell	Spouse/CO Farmer				x \$1,500 =			
10.		Dependents							x \$1,500 =			
12.		ndents Attending Colleges (Se	a inetruet	tions)					x \$1,000 =			
13.	•	Exemption Amount (Add total		, and the second second	h 12)				13.	1000		
14.	Deper	ndent Information. Provide the	e followi	ng information for	each dependent.							
	Last 1	Name, First Name, Middle Init	ial				Social Security Number		Birth Year	No	Health Insurance	
a.												
b.												
c.												
d.												



Name(s) as shown on Form NJ-1040 BORRA SRI DIVYA

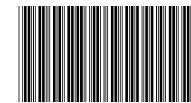
Your Social Security Number 827095976

1555

NJ-1040 2022 Page 3

040MP03220

			445545
15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	115517 .
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	•
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	•
17.	Dividends	17.	•
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	•
19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	•
20a.	Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)	20a.	•
20b.	Excludable pension, annuity, and IRA distributions/withdrawals	20b.	•
21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.	•
22.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	•
23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.	•
24.	Net gambling winnings (See instructions)	24.	•
25.	Alimony and separate maintenance payments received	25.	•
26.	Other (Enclose documents) (See instructions)	26.	
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	115517 .
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.	115517 .
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	1000 .
31.	Medical Expenses (See Worksheet F and instructions)	31.	•
32.	Alimony and separate maintenance payments (See instructions)	32.	•
33.	Qualified Conservation Contribution	33.	•
34.	Health Enterprise Zone Deduction	34.	•
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0 .
36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.	•
37a.	NJBEST Deduction	37a.	•
37b.	NJCLASS Deduction	37b.	•
37c.	NJ Higher Ed. Tuition Deduction	37c.	
38.	Total Exemptions and Deductions (Add lines 30 through 37c)	38.	1000 .
39.	Taxable Income (Subtract line 38 from line 29)	39.	114517 .
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	1620 .
40b.	Indicate your residency status during 2022 (fill in only one) Homeowner Tenant	Both	
41.	Property Tax Deduction (From Worksheet H) (See instructions)	41.	1620 .
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.	112897 .
43.	Tax on amount on line 42 (Tax Table page 52)	43.	5065 .
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.	5065 .
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.	5065 .
51.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51.	0 .
52.	Interest on Underpayment of Estimated Tax	52.	•
	Fill in if Form NJ-2210 is enclosed		
53.	Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill in	53.	0 .



Name(s) as shown on Form NJ-1040 BORRA SRI DIVYA

Your Social Security Number 827095976

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NJ-1040 2022 Page 4

54.	Total Tax Due (Add lines 50 through 53)		54.	5065	
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)		55.	5755	
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.	5755	
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	er the overpayment	68.	690	
69.	Amount from line 68 you want to credit to your 2023 tax		69.		
70.	Contribution to N.J. Endangered Wildlife Fund		70.		
71.	Contribution to N.J. Children's Trust Fund to Prevent Child Abuse		71.		
72.	Contribution to N.J. Vietnam Veterans' Memorial Fund		72.		
73.	Contribution to N.J. Breast Cancer Research Fund		73.		
74.	Contribution to U.S.S. New Jersey Educational Museum Fund		74.		
75.	Other Designated Contribution (See instructions)	Enter Code	75.		
76.	Other Designated Contribution (See instructions)	Enter Code	76.		
77.	Other Designated Contribution (See instructions)	Enter Code	77.		
78.	Total Adjustments to Tax Due/Overpayment amount (Add lines 69 through 77)		78.		
79.	Balance due (If line 67 is more than zero, add line 67 and line 78)		79.		
80.	Refund amount (If line 68 is more than zero, subtract line 78 from line 68)		80.	690	

Under penalties of perjury, I declare that I have examined the best of my knowledge and belief, it is true, correct, and based on all information of which the preparer has any knowledge.	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		
Your Signature Date	Revenue Processing Center - Payments PO Box 111		
Paid Preparer's Signature		Federal Identification Number	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:
SYAM PRIYA RAM SAGAR GU	PTA TALLAM	P02082703	nj.gov/taxation Refund or No Tax Due Address
Firm's Name		Firm's Federal Employer Identification Number	Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Revenue Processing Center - Refunds PO Box 555
GLOBAL TAXES LLC		84-3171965	Trenton, NJ 08647-0555

Name(s) as shown on Form NJ-1040	Social Security Number
BORRA SRI DIVYA	827-09-5976

Schedule NJ-BUS-1

New Jersey Gross Income Tax

2022 (Form NJ-1040) Business Income Summary Schedule Part I **Net Profits From Business** List the net profit (loss) from business(es). See Instructions. Social Security Number/ **Business Name** Profit or (Loss) Federal EIN 1. 2. 3. Net Profit or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 18, NJ-1040. If loss, make no entry on line 18.) List the distributive share of income (loss) Part II Distributive Share of Partnership Income from partnership(s). See instructions. Share of Pass-Through Share of Partnership **Business Alternative** Federal EIN Partnership Name Income or (Loss) Income Tax 1. 3. Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 21, NJ-1040. If loss, make no entry on line 21.) 4. Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.)(Enter here and include on line 63, NJ-1040.) List the pro rata share of income (usable Part III Net Pro Rata Share of S Corporation Income loss) from S corporation(s). See instructions. Pro Rata Share of S Corporation Share of Pass-Through Business Federal EIN S Corporation Name Income or (Usable Loss) Alternative Income Tax 1. 2. 3. Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 22, NJ-1040. If loss, make no entry on line 22.) 4. Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.)(Enter here and include on line 63, NJ-1040) List the net gains or net income, less net loss, derived from or in the Net Gains or Income form of rents, royalties, patents, and copyrights. See instructions. Type Part IV From Rents, Royalties, of Property: Patents, and Copyrights 1 - Rental real estate 2 - Royalties 3 - Patents 4 - Copyrights Type – Enter Source of Income or Loss. If rental real estate, Social Security Number/ number from Income or (Loss) Federal FIN enter physical address of property. list above 48-519, GANESH NAGAR, 827095976 -11,000 2. 3.

-11,000.

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.)

Name(s) as shown on Form NJ-1040	Social Security Number
BORRA SRI DIVYA	827-09-5976

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

2022

Column A						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.	-11,000.			
5.	Loss Carryforward From Tax Year 2021				5b.	(10,350.)		
6.	Totals	6a.	0.		6b.	-21,350.			
Part	II Adjustment Calculation	•							
7.	Total Regular Business Income	7.	0.						
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.						
9. Business Increment (Subtract line 8 from line 7)		9.	0.						
10.	Adjustment Percentage	10.	10. 0.50						
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.						
Part III Loss Carryforward to Tax Year 2023									
12.	Loss Carryforward to Tax Year 2023				12.	(21,350.)		

Instructions

Line 1a.	Enter the amount from line 18, Form NJ-1040.
Line 1b.	Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
Line 2a.	Enter the amount from line 21, Form NJ-1040.
Line 2b.	Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
Line 3a.	Enter the amount from line 22, Form NJ-1040.
Line 3b.	Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
Line 4a.	Enter the amount from line 23, Form NJ-1040.
Line 4b.	Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
Line 5b.	Enter the amount from line 12 of your 2021 Schedule NJ-BUS-2 (Form NJ-1040).
Line 6a.	Enter the total of lines 1a through 4a.
Line 6b.	Enter the total of lines 1b through 5b, netting gains with losses.
Line 7.	Enter the amount from line 6a of this schedule.
Line 8.	Enter the amount from line 6b of this schedule. If loss, enter zero here.
Line 9.	Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and continue with line 12.

The adjustment percentage for Tax Year 2022 is 50% (0.50).

Line 10.

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.

Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040.

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

New Jersey **Health Care Coverage**If your income on line 29 is at or below the filing threshold,

2022

do not complete this schedule.

Name as Shown on Return BORRA SRI DIVYA	Social Security No.
Part I	
Did you and, if applicable, all members of your tax household, have min coverage for every month in 2022 (See instructions for line 53, NJ-1040 include only months as a New Jersey resident. X Yes. You do not owe a shared responsibility payment. Fill in the of enclose this schedule with your return. No. Continue to Part II.).) Part-year residents
Part II	
Enter the name and Social Security number for each member of your ta every month each person had minimum essential health coverage or qu (part-year residents include only months as a New Jersey resident). If a exemption, enter the exemption number. (See instructions for line 53, N more than one exemption number, check the box. If you need more spa any additional individuals. QuickZoom to Shared Responsibility Payment Calculation Worksheet	ualified for an exemption in individual qualified for an IJ-1040.) If an individual has ace, 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	
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Exemption Code		_	Check							•	on nun	nber	
			Check	box if t	his indi I	vidual i I	s unde	r 18	· · · · ·		· · · ·	i	
Everntian Code			[]	L	 -::								
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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	<u>his ind</u> i	vidual i	s unde	r 18 .	<u></u> .	<u></u>	<u></u>		
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Exemption Code			Check	box if t	ı∟ his indi	ı∟∟∟ı vidual l	has mo	re than	one e	xempti	on nun	nber .	
		_	Check							•			
Exemption Code			Check	box if t	his indi	vidual l	nas mo	re thar	n one e	xempti	on nun	nber	
		_	Check	box if t	his indi	vidual i	s unde	r 18 .					