

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name PRADEEP POTU	Social security number 647-31-3139
Spouse's name SAI SATHVIKA PANCHUMARTI	Spouse's social security number 494-35-9317

## 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	187,138.
2	Total tax . . . . .	2	26,706.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	37,187.
4	Amount you want refunded to you . . . . .	4	10,481.
5	Amount you owe . . . . .	5	

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

### Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

1	3	1	3	9
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 as my 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 ▶ Pradeep Potu Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

5	9	3	1	7
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 as my 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.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue 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 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**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

Filing Status [ ] Single [X] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Personal information section including name, social security numbers, and home address.

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [ ] Yes [X] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent [ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1958 [ ] Are blind Spouse: [ ] Was born before January 2, 1958 [ ] Is blind

Table for Dependents with columns for name, social security number, relationship, and tax credits.

Main income table with rows 1a through 15, including taxable income and standard deduction.

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 26,706.

Table for Payments (lines 25-33). Includes federal income tax withheld (37,187) and total payments (37,187).

Table for Refund (lines 34-36). Shows overpaid amount of 10,481 and amount applied to 2023 estimated tax.

Table for Amount You Owe (lines 37-38). Shows amount owed and estimated tax penalty.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with signature lines for preparer and spouse, including occupation and ID Protection PIN fields.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, firm name, address, and phone number.

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
PRADEEP POTU & SAI SATHVIKA PANCHUMARTI

Your social security number  
647-31-3139

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .		<b>1</b>	
<b>2a</b>	Alimony received . . . . .		<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions): _____			
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .		<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .		<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .		<b>5</b>	-19,022.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .		<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .		<b>7</b>	
<b>8</b>	Other income:			
<b>a</b>	Net operating loss . . . . .	<b>8a</b> ( )		
<b>b</b>	Gambling . . . . .	<b>8b</b>		
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>		
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b> ( )		
<b>e</b>	Income from Form 8853 . . . . .	<b>8e</b>		
<b>f</b>	Income from Form 8889 . . . . .	<b>8f</b>		
<b>g</b>	Alaska Permanent Fund dividends . . . . .	<b>8g</b>		
<b>h</b>	Jury duty pay . . . . .	<b>8h</b>		
<b>i</b>	Prizes and awards . . . . .	<b>8i</b>		
<b>j</b>	Activity not engaged in for profit income . . . . .	<b>8j</b>		
<b>k</b>	Stock options . . . . .	<b>8k</b>		
<b>l</b>	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 . . . . .	<b>8l</b>		
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8m</b>		
<b>n</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8n</b>		
<b>o</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8o</b>		
<b>p</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8p</b>		
<b>q</b>	Taxable distributions from an ABL account (see instructions) . . . . .	<b>8q</b>		
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 . . . . .	<b>8r</b>		
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .	<b>8s</b> ( )		
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .	<b>8t</b>		
<b>u</b>	Wages earned while incarcerated . . . . .	<b>8u</b>		
<b>z</b>	Other income. List type and amount: _____	<b>8z</b>		
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .		<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		<b>10</b>	-19,022.

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

Schedule 1 (Form 1040) 2022

**Part II Adjustments to Income**

<b>11</b>	Educator expenses . . . . .		<b>11</b>	
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .		<b>12</b>	
<b>13</b>	Health savings account deduction. Attach Form 8889 . . . . .		<b>13</b>	
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .		<b>14</b>	
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .		<b>15</b>	
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .		<b>16</b>	
<b>17</b>	Self-employed health insurance deduction . . . . .		<b>17</b>	
<b>18</b>	Penalty on early withdrawal of savings . . . . .		<b>18</b>	
<b>19a</b>	Alimony paid . . . . .		<b>19a</b>	
<b>b</b>	Recipient's SSN . . . . .			
<b>c</b>	Date of original divorce or separation agreement (see instructions): _____			
<b>20</b>	IRA deduction . . . . .		<b>20</b>	
<b>21</b>	Student loan interest deduction . . . . .		<b>21</b>	
<b>22</b>	Reserved for future use . . . . .		<b>22</b>	
<b>23</b>	Archer MSA deduction . . . . .		<b>23</b>	
<b>24</b>	Other adjustments:			
<b>a</b>	Jury duty pay (see instructions) . . . . .	<b>24a</b>		
<b>b</b>	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .	<b>24b</b>		
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .	<b>24c</b>		
<b>d</b>	Reforestation amortization and expenses . . . . .	<b>24d</b>		
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	<b>24e</b>		
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans . . . . .	<b>24f</b>		
<b>g</b>	Contributions by certain chaplains to section 403(b) plans . . . . .	<b>24g</b>		
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	<b>24h</b>		
<b>i</b>	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 . . . . .	<b>24i</b>		
<b>j</b>	Housing deduction from Form 2555 . . . . .	<b>24j</b>		
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	<b>24k</b>		
<b>z</b>	Other adjustments. List type and amount: _____	<b>24z</b>		
<b>25</b>	Total other adjustments. Add lines 24a through 24z . . . . .		<b>25</b>	
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .		<b>26</b>	

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

**2022**  
Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

PRADEEP POTU & SAI SATHVIKA PANCHUMARTI

Your social security number

647-31-3139

**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.

- A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

**1a** Physical address of each property (street, city, state, ZIP code)

**A** H.NO:5-107/B WYRA, KHAMMAM TELANGANA IN 507165

**B** 9225 W WILLOW BEND LN PHOENIX AZ 85037

**C**

1b	Type of Property (from list below)	2	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.		Fair Rental Days	Personal Use Days	QJV
			A	B			
<b>A</b>	3		<b>A</b>		365	0	<input type="checkbox"/>
<b>B</b>	3		<b>B</b>		365	0	<input type="checkbox"/>
<b>C</b>			<b>C</b>				<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental  
 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe) \_\_\_\_\_

Income:		Properties:		
		A	B	C
<b>3</b>	Rents received . . . . .	<b>3</b>	2,647.	18,392.
<b>4</b>	Royalties received . . . . .	<b>4</b>		
<b>Expenses:</b>				
<b>5</b>	Advertising . . . . .	<b>5</b>		
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>		
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>	2,957.	1,954.
<b>8</b>	Commissions . . . . .	<b>8</b>		
<b>9</b>	Insurance . . . . .	<b>9</b>		2,655.
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>		
<b>11</b>	Management fees . . . . .	<b>11</b>	2,634.	
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>		8,831.
<b>13</b>	Other interest . . . . .	<b>13</b>		
<b>14</b>	Repairs . . . . .	<b>14</b>	2,735.	2,347.
<b>15</b>	Supplies . . . . .	<b>15</b>	2,883.	
<b>16</b>	Taxes . . . . .	<b>16</b>		2,627.
<b>17</b>	Utilities . . . . .	<b>17</b>	2,770.	2,674.
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>		
<b>19</b>	Other (list) See Line 19 Other Expenses	<b>19</b>		4,994.
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>	13,979.	26,082.
<b>21</b>	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 <b>Form 6198</b> . . . . .	<b>21</b>	-11,332.	-7,690.
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>	( 11,332. )	( 7,690. )
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		21,039.
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>		
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>		8,831.
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>		
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		40,061.
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>		
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	<b>25</b>	( 19,022. )	
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result 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 .	<b>26</b>		-19,022.

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-19,022.

Schedule E (Form 1040) 2022



**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](http://www.irs.gov/Form8889) for instructions and the latest information.

**2022**  
Attachment  
Sequence No. **52**

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

Social security number of HSA beneficiary.  
If both spouses have HSAs, see instructions.  
494-35-9317

SAI SATHVIKA PANCHUMARTI

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

<b>1</b>	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions . . . . .	<input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
<b>2</b>	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. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .	0.
<b>3</b>	If you were under age 55 at the end of 2022 and, on the first day of <b>every</b> month during 2022, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,650 (\$7,300 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	7,300.
<b>4</b>	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 . . . . .	0.
<b>5</b>	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	7,300.
<b>6</b>	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 . . . . .	7,300.
<b>7</b>	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 . . . . .	
<b>8</b>	Add lines 6 and 7 . . . . .	7,300.
<b>9</b>	Employer contributions made to your HSAs for 2022 . . . . .	2,714.
<b>10</b>	Qualified HSA funding distributions . . . . .	
<b>11</b>	Add lines 9 and 10 . . . . .	2,714.
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	4,586.
<b>13</b>	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	0.

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

<b>14a</b>	Total distributions you received in 2022 from all HSAs (see instructions) . . . . .	
<b>b</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 . . . . .	
<b>c</b>	Subtract line 14b from line 14a . . . . .	
<b>15</b>	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	
<b>16</b>	<b>Taxable HSA distributions.</b> 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 . . . . .	
<b>17a</b>	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . <input type="checkbox"/>	
<b>b</b>	<b>Additional 20% tax</b> (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 . . . . .	

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

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

## Additional Information From 2022 Federal Tax Return

### Schedule E: Supplemental Income and Loss

#### Line 19 Other Expenses: Property (2)

Continuation Statement

Expense Description	Amount
HOA	1,524.
OTHER EXPENSES	3,470.
<b>Total</b>	4,994.



2022 NJ-1040NR  
New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

For Taxable Year January 1, 2022 – December 31, 2022 or Other Tax Year  
Beginning \_\_\_\_\_, 2022 Ending \_\_\_\_\_, 2023

1555

NJ-1040NR  
2022  
Page 1



Your Social Security Number  
647313139

Last Name, First Name, Initial (Joint filers enter first name and middle initial of each. Enter spouse/CU partner last name only if different.)  
POTU PRADEEP & PANCHUMARTI SAI SATH

Spouse's/CU Partner's Social Security Number  
494359317

State of Residency (outside NJ)  
ARIZONA

Home Address (Number and Street, incl. apt. # or rural route)  
1651 W PIEDMONT RD

Driver's License # (Voluntary)	State	City, Town, Post Office	State	ZIP Code
C44354510	AZ	PHOENIX	AZ	85041

This is an amended return

Federal extension application attached or enter confirmation number \_\_\_\_\_

The address above is a foreign address

Your address has changed

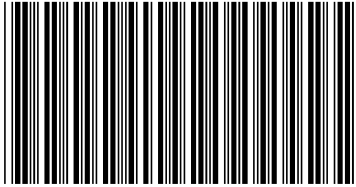
Death certificate for deceased taxpayer is attached (See instructions page 9)

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

**NJ Residency Status** If you were a New Jersey resident for ANY part of the tax year, give the period of New Jersey residency. From: To:

<b>Gubernatorial Elections Fund</b>	Do you want to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner want to designate \$1? Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.	Yes	No
		Yes	No





040NV02220

Name(s) as shown on Form NJ-1040NR  
POTU PRADEEP & PANCHUMARTI SAI SATH

Your Social Security Number  
647313139

1555

**Filing Status**  
(Check only ONE box)

- 1. Single
- 2.  Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return \_\_\_\_\_
- 4. Head of Household Name and SSN of Spouse/CU Partner \_\_\_\_\_
- 5. Qualifying Widow(er)/Surviving CU Partner

**Exemptions**

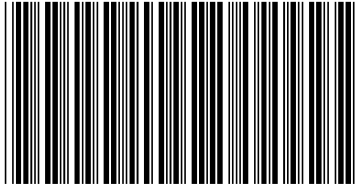
6. Regular	Self	Spouse/CU Partner	Domestic Partner	6.	2		
7. Age 65 or over	Self	Spouse/CU Partner		7.			
8. Blind or Disabled	Self	Spouse/CU Partner		8.			
9. Veteran Exemption	Self	Spouse/CU Partner				9.	
10. Number of your qualified dependent children						10.	
11. Number of other dependents						11.	
12. Dependents attending colleges (See Instructions)				12.			
13. For line 13a – Add lines 6, 7, 8, and 12. For line 13b – Add lines 10 and 11. For line 13c – Enter amount from line 9.				13a.	2	13b.	13c.

**Dependent Information**

14. Dependent's Last Name, First Name, Middle Initial	Dependent's Social Security Number	Birth Year
a. _____		
b. _____		
c. _____		
d. _____		

COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE) COL. B - AMOUNT FROM NEW JERSEY SOURCES

15. Wages, salaries, tips, and other employee compensation Check box if you completed lines 69 through 75	15.	51000 .	15.	51000 .
16. Interest	16.	.	16.	.
17. Dividends	17.	.	17.	.
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4)	18.	.	18.	.
19. Net gains or income from disposition of property (From line 68)	19.	.	19.	.
20. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4)	20.	0 .	20.	0 .
21. Net gambling winnings (See Instructions)	21.	.	21.	.
22. Taxable pensions, annuities, and IRA distributions/withdrawals	22.	.		
23. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)	23.	.	23.	.
24. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)	24.	.	24.	.
25. Alimony and separate maintenance payments received	25.	.		
26. Other – State Nature and Source _____	26.	.	26.	.
27. TOTAL INCOME (Add lines 15 through 26)	27.	51000 .	27.	51000 .



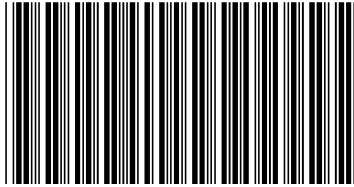
040NV03220

Name(s) as shown on Form NJ-1040NR  
POTU PRADEEP & PANCHUMARTI SAI SATH

Your Social Security Number  
647313139

1555

28a. Pension/Retirement Exclusion (See Instructions)	28a.	.	.
28b. Other Retirement Income Exclusion (See Worksheet and Instructions)	28b.	.	28b. .
28c. Total Exclusion Amount (Add line 28a and line 28b)	28c.	.	28c. .
29. Gross Income (Subtract line 28c from line 27)	29.	51000 .	29. 51000
30. Total Exemption Amount (See Instructions)	30.	2000 .	
31. Medical Expenses (See Worksheet and Instructions)	31.	.	
32. Alimony and separate maintenance payments	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 Education Tuition Deduction	37c.	.	
38. Total Exemptions and Deductions (Add lines 30 through 37c)	38.	2000 .	
39. <b>Taxable Income</b> (Subtract line 38 from line 29, column A)	39.	49000 .	
40. Tax on amount on line 39 (From Tax Table)	40.	788 .	
41. Income Percentage B. (line 29) / A. (line 29) = <u>100.00</u> %			
42. <b>New Jersey Tax</b> (Multiply amount from line 40 by income percentage from line 41)	42.		788 .
43. Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)	43.		.
44. Gold Star Family Counseling Credit (See Instructions)	44.		.
45. Credit for Employer of Organ/Bone Marrow Donor (See instructions)	45.		.
46. Total Credits (Add lines 43, 44, and 45)	46.		.
47. Balance of Tax After Credits (Subtract line 46 from line 42)	47.		788 .
48. Interest on Underpayment of Estimated Tax.	48.		.
Check box if Form NJ-2210NR is enclosed			
49. Total Tax Due (Add line 47 and line 48)	49.		788 .
50. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) (Part-year nonresidents, see instructions)	50.	2545 .	
51. New Jersey Estimated Tax Payments/Credit from 2021 return	51.	.	Also enter on line 51:
52. Tax paid on your behalf by Partnership(s)	52.	.	• Payments made in connection with sale of NJ real property
53. Excess NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	53.	.	• Payments by S corporation for nonresident shareholder
54. Excess NJ Disability Insurance Withheld (Enclose Form NJ-2450)	54.	.	
55. Excess NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	55.	.	
56. Pass-Through Business Alternative Income Tax Credit (See instructions)	56.	.	



040NV04220

Name(s) as shown on Form NJ-1040NR  
POTU PRADEEP & PANCHUMARTI SAI SATH

Your Social Security Number  
647313139 1555

57.	Total Payments/Credits (Add lines 50 through 56)	57.	2545 .
58.	If line 57 is less than line 49, you have tax due. Subtract line 57 from line 49 and enter the amount you owe. If you owe tax, you can still make a donation on line 61A through 61F	58.	.
59.	If line 57 is more than line 49, you have an overpayment. Subtract line 49 from line 57 and enter the overpayment	59.	1757 .
60.	Amount from line 59 you want to credit to your 2023 tax	60.	.
61.	Amount you want to credit to:		
	(A) N.J. Endangered Wildlife Fund	61A.	.
	(B) N.J. Children's Trust Fund	61B.	.
	(C) N.J. Vietnam Veterans' Memorial Fund	61C.	.
	(D) N.J. Breast Cancer Research Fund	61D.	.
	(E) U.S.S. N.J. Educational Museum Fund	61E.	.
	(F) Designated Contribution Code	61F.	.
62.	Total Adjustments to Tax Due/ Overpayment (Add lines 60 through 61F)	62.	.
63.	Balance due (If line 58 is more than zero, add line 58 and 62)	63.	.
64.	Refund amount (If line 59 is more than zero, subtract line 62 from line 59)	64.	1757 .

NOTE:  
An entry on lines 60 through 61F will reduce your tax refund

Under penalties of perjury, I declare that I have examined this 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 taxpayer, this declaration is based on all information of which the preparer has any knowledge.

> \_\_\_\_\_  
Your Signature Date

> \_\_\_\_\_  
Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)

Paid Preparer's Signature

Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM

P02082703

Firm's Federal Employer Identification Number

Firm's Name GLOBAL TAXES LLC

88-2145487

Pay amount on line 63 in full. Write Social Security number(s) on check or money order and make payable to:

State of New Jersey - TGI  
Division of Taxation  
Revenue Processing Center  
PO Box 244  
Trenton, NJ 08646-0244

You can also make a payment on our website:  
[nj.gov/taxation](http://nj.gov/taxation)

Name(s) as shown on Form NJ-1040NR POTU PRADEEP & PANCHUMARTI SAI SATHVIKA	Your Social Security Number 647313139
---	--

<b>Part I</b>	<b>Net Gains or Income From Disposition of Property</b>	List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible as reported on federal Schedule D.
---------------	---	---

(a) Kind of property and description	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price	(e) Cost or other basis as adjusted (see instructions) and expense of sale	(f) Gain or (loss) (d less e)
65.					

66. Capital Gains Distribution .....	66.	
67. Other Net Gains.....	67.	
68. Net Gains (Add lines 65, 66, and 67) (Enter here and on line 19) (If loss, enter zero) .....	68.	

<b>Part II</b>	<b>Allocation of Wage and Salary Income Earned Partly Inside and Outside New Jersey</b>	(See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.)
----------------	---	---

69. Amount reported on line 15 in column A required to be allocated .....	69.	
70. Total days in taxable year .....	70.	
71. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.) .....	71.	
72. Total days worked in taxable year (subtract line 71 from line 70) .....	72.	
73. Deduct days worked outside New Jersey.....	73.	
74. Days worked in New Jersey (subtract line 73 from line 72).....	74.	

75. **Allocation Formula**      \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ (Include this amount on line 15, col. B)

(Enter amount from line 69)      (Salary earned inside N.J.)

<b>Part III</b>	<b>Allocation of Business Income to New Jersey</b>	(See instructions if other than Formula Basis of allocation is used.)
-----------------	--	---

Business Allocation Percentage (From Schedule NJ-NR-A)

Enter below the line number and amount of each item of business income reported in column A that is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.

From Line No. \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_% = \$ \_\_\_\_\_

From Line No. \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_% = \$ \_\_\_\_\_

From Line No. \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_% = \$ \_\_\_\_\_

Name(s) as shown on Form NJ-1040NR POTU PRADEEP & PANCHUMARTI SAI SATHVIKA	Social Security Number 647-31-3139
---	---------------------------------------

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

New Jersey Gross Income Tax  
Business Income Summary Schedule

**2022**

**Part I Net Profits From Business** List the net profit (loss) from business(es). See Instructions.

	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.			
2.			
3.			
4.	Net Profit or (Loss). (Add lines 1, 2, and 3) (Enter here and on line 18, column A. If loss, enter zero on line 18, column A.)		4.

**Part II Net Gains or Income From Rents, Royalties, Patents, and Copyrights** List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions.  
Type of Property:  
1-Rental real estate 2-Royalties 3-Patents 4-Copyrights

	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type - Enter number from list above	Income or (Loss)
1.	H.NO:5-107/B	647313139	1	-11,332.
2.	9225 W WILLOW BEND LN	647313139	1	-7,690.
3.				
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 20, column A. If loss, enter zero on line 20, column A.)		4.	-19,022.

**Part III Distributive Share of Partnership Income** List the distributive share of income (loss) from partnership(s). See instructions.

	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)	Share of tax paid on your behalf by Partnerships	Share of Pass-Through Business Alternative Income Tax
1.					
2.					
3.					
4.	Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, column A. If loss, enter zero on line 23, column A.)				
5.	Total Share of tax paid on your behalf by Partnerships (Add lines 1, 2, and 3.) Enter total here and include on line 52.				
6.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 56.)				

**Part IV Net Pro Rata Share of S Corporation Income** List the pro rata share of income (usable loss) from S corporation(s). See instructions.

	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)	Share of Pass-Through Business Alternative Income Tax
1.				
2.				
3.				
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 24, column A. If loss, enter zero on line 24, column A.)		4.	
5.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 56.)		5.	

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

New Jersey Gross Income Tax  
Alternative Business Calculation Adjustment

**2022**

Part I Income (Loss)		Column A		Column B	
		Reportable Regular Business Income		Alternative Business Income (Loss)	
1.	Net Profits From Business	1a.	0.	1b.	0.
2.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	2a.	0.	2b.	-19,022.
3.	Distributive Share of Partnership Income	3a.	0.	3b.	0.
4.	Net Pro Rata Share of S Corporation Income	4a.	0.	4b.	0.
5.	Loss Carryforward From Tax Year 2021			5b.	( 18,305. )
6.	Totals	6a.	0.	6b.	-37,327.
<b>Part II Adjustment Calculation</b>					
7.	Total Regular Business Income	7.	0.		
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.		
9.	Business Increment (Subtract line 8 from line 7)	9.	0.		
10.	Adjustment Percentage	10.	0.50		
11.	Alternative Business Calculation Adjustment (line 9 x 0.50)	11.	0.		
<b>Part III Loss Carryforward to Tax Year 2023</b>					
12.	Loss Carryforward to Tax Year 2023	12.			( 37,327. )

**Instructions**

- Line 1a. Enter the amount from line 18, column A, Form NJ-1040NR.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 2a. Enter the amount from line 20, column A, Form NJ-1040NR.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 3a. Enter the amount from line 23, column A, Form NJ-1040NR.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 4a. Enter the amount from line 24, column A, Form NJ-1040NR.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 5b. Enter the amount from line 12 of your 2021 Schedule NJ-BUS-2 (Form NJ-1040NR).
- 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 on line 35 of Form NJ-1040NR, and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2022 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040NR.
- Line 12. If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

**Keep a copy of this schedule for your records**



DO NOT STAPLE ANY ITEMS TO THE RETURN.

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING 2022 AND ENDING 66F

Your First Name and Middle Initial 1 PRADEEP Last Name POTU Your Social Security Number 647 31 3139

Spouse's First Name and Middle Initial (if box 4 or 6 checked) 1 SAI SATHVIKA Last Name PANCHUMARTI Spouse's Social Security No. 494 35 9317

Current Home Address - number and street, rural route 2 1651 W PIEDMONT RD Apt. No. Daytime Phone (with area code) 94 (720) 499-9196

City, Town or Post Office 3 PHOENIX State AZ ZIP Code 85041 Last Names Used in Last Four Prior Year(s) (if different) 97

FILING STATUS 4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment 5 Head of household. Enter name of qualifying child or dependent on next line: 6 Married filing separate return. Enter spouse's name and Social Security Number above. 7 Single

Enter the number claimed. Do not put a check mark. 8 Age 65 or over (you and/or spouse) 9 Blind (you and/or spouse) 10a Dependents: Under age of 17. 10b Dependents: Age 17 and over. 11a Qualifying parents and grandparents

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2022, (e) Dependent Age included in: 1 (Box 10a), 2 (Box 10b), (f) if you did not claim this person on your federal return due to educational credits. Rows 10c, 10d, 10e.

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2022, (e) IF AGE 65 OR OVER, (f) IF DIED IN 2022. Rows 11b, 11c.

Table with 3 columns: Line number, Description, Amount. Rows 12-24 including Federal adjusted gross income, Small Business Income, Modified federal adjusted gross income, Non-Arizona municipal interest, Partnership Income adjustment, Total federal depreciation, Other Additions to Income, Subtotal, Total net capital gain or (loss).

Table with 3 columns: Line number, Description, Amount. Rows 25-34 including Net capital gain - qualified small business, Recalculated Arizona depreciation, Partnership Income adjustment, Interest on U.S. obligations, Exclusion for fed., AZ state or local govt. pensions, U.S. Social Security or Railroad Retirement Act, Certain wages of American Indians, Pay received for being an active service member, Net operating loss adjustment, Contributions: 34a 529 plans.

Place any required federal and AZ schedules or other documents after Form 140.

Exemptions 8, 9, and 11a - Dependents 10a and 10b

Additions

Subtractions

Your Name (as shown on page 1) **PRADEEP POTU & SAI SATHVIKA PANCHUMARTI** Your Social Security Number **647-31-3139**

Exemptions	35 Subtract lines 24 through 34c from line 19.....	35	187,138	00
	36 Other Subtractions from Income. Complete <i>Other Subtraction from Arizona Gross Income</i> schedule on page 6.....	36		00
	37 Subtract line 36 from line 35. Enter the difference .....	37	187,138	00
	38 Age 65 or over: Multiply the number in box 8 by \$2,100.....	38		00
	39 Blind: Multiply the number in box 9 by \$1,500 .....	39		00
Balance of Tax	40 Other Exemptions. See instructions.....40E <input type="checkbox"/> Multiply the number in box 40E by \$2,300.....	40		00
	41 Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000.....	41		00
	42 <b>Arizona adjusted gross income:</b> Subtract lines 38 through 41 from line 37. If less than zero, enter "0".....	42	187,138	00
	43 <b>Deductions: Check box and enter amount.</b> See instructions.....43I <input type="checkbox"/> ITEMIZED...43S <input checked="" type="checkbox"/> STANDARD	43	25,900	00
	44 If you checked box 43S and claim charitable contributions, check 44C <input type="checkbox"/> Complete page 3. See instructions.....	44		00
	45 Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0".....	45	161,238	00
	46 Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables.....	46	4,558	00
	47 Tax from recapture of credits from Arizona Form 301, Part 2, line 32 .....	47		00
	48 Subtotal of tax: Add lines 46 and 47. Enter the total .....	48	4,558	00
	49 Dependent Tax Credit. See instructions .....	49		00
Total Payments and Refundable Credits	50 Family income tax credit (from the worksheet - see instructions) .....	50		00
	51 Nonrefundable Credits from Arizona Form 301, Part 2, line 64.....	51	788	00
	52 <b>Balance of tax:</b> Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than line 48, enter "0" .....	52	3,770	00
	53 2022 AZ income tax withheld.....	53	4,235	00
	54 2022 AZ estimated tax payments..54a <input type="text" value="00"/> Claim of Right 54b <input type="text" value="00"/> Add 54a and 54b..54c	54c		00
	55 2022 AZ extension payment (Form 204) .....	55		00
	56 Increased Excise Tax Credit (from the worksheet - see instructions) .....	56		00
	57 Property Tax Credit from Arizona Form 140PTC .....	57		00
	58 Other refundable credits: Check the box(es) and enter the total amount.....581 <input type="checkbox"/> 308-I 582 <input type="checkbox"/> 349	58		00
	59 <b>Total payments and refundable credits:</b> Add lines 53 through 58. Enter the total.....	59	4,235	00
Tax Due or Overpayment	60 <b>TAX DUE:</b> If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines 61, 62 and 63.....	60		00
	61 <b>OVERPAYMENT:</b> If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment.....	61	465	00
	62 Amount of line 61 to be applied to 2023 estimated tax.....	62	0	00
Voluntary Gifts	63 Balance of overpayment: Subtract line 62 from line 61. Enter the difference .....	63	465	00
	64 - 74 <b>Voluntary Gifts to:</b>			
	Solutions Teams Assigned to Schools..... 64	00	Arizona Wildlife..... 65	00
	Child Abuse Prevention..... 66	00	Domestic Violence Services..... 67	00
	Neighbors Helping Neighbors..... 69	00	Special Olympics..... 70	00
	I Didn't Pay Enough Fund..... 72	00	Sustainable State Parks and Road Fund..... 73	00
			Veterans' Donations Fund..... 71	00
			Spay/Neuter of Animals.. 74	00
	75 Political Party (if amount is entered on line 68 - check only one): 751 <input type="checkbox"/> Democratic 752 <input type="checkbox"/> Libertarian 753 <input type="checkbox"/> Republican			
	76 Estimated payment penalty .....	76		00
Refund or Amount Owed	77 771 <input type="checkbox"/> Annualized/Other 772 <input type="checkbox"/> Farmer or Fisherman 773 <input type="checkbox"/> Form 221 included			
	78 Add lines 64 through 74 and 76; enter the total.....	78		00
	79 <b>REFUND:</b> Subtract line 78 from line 63. If less than zero, enter amount owed on line 80 .....	79	465	00
Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see instructions. 79A <input type="checkbox"/>				
<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> Checking or <input type="checkbox"/> S <input type="checkbox"/> Savings ROUTING NUMBER: 1 0 2 0 0 0 0 7 6 ACCOUNT NUMBER: 3 1 8 7 7 7 0 6 7 6				
80 <b>AMOUNT OWED:</b> Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write your SSN on payment; and include with your return .....	80			00

Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**PLEASE SIGN HERE**

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ OCCUPATION IT ANALYST

SPOUSE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ SPOUSE'S OCCUPATION ASSOCIATE

PAID PREPARER'S SIGNATURE SYAM PRIYA RAM SAGAR GUPTA TALLAM DATE 02012023 FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) GLOBAL TAXES LLC

PAID PREPARER'S STREET ADDRESS 245 ROONEY CT PAID PREPARER'S TIN 88-2145487

PAID PREPARER'S CITY E BRUNSWICK NJ 08816 STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PAID PREPARER'S PHONE NUMBER (678) 965-9522

**Include with your return.**

For the calendar year 2022 or fiscal year beginning | | | | | 2 0 2 2 and ending | | | | | .

Your Name as shown on Form 140, 140PY, 140NR or 140X PRADEEP POTU	Your Social Security Number 647   31   3139
Spouse's Name as shown on Form 140, 140PY, 140NR or 140X (if a joint return) SAI SATHVIKA PANCHUMARTI	Spouse's Social Security Number 494   35   9317

**Part 1 Nonrefundable Individual Tax Credits Available:** Enter total available tax credits.

		(a) Current Year Credit	(b) Available Carryover	(c) Total Available Credit (a) + (b)	
<b>1</b>	Military Reuse Zone Credit..... Form 306 ►				00
<b>2</b>	Credit for Increased Research Activities – Individuals..... Form 308-I ►				00
<b>3</b>	Credit for Taxes Paid to Another State or Country..... Form 309 ►	788		788	00
<b>4</b>	Credit for Solar Energy Devices ..... Form 310 ►				00
<b>5</b>	Agricultural Water Conservation System Credit ..... Form 312 ►				00
<b>6</b>	Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets ..... Form 319 ►				00
<b>7</b>	Credit for Contributions to Qualifying Charitable Organizations.. Form 321 ►				00
<b>8</b>	Credit for Contributions Made or Fees Paid to Public Schools.... Form 322 ►				00
<b>9</b>	Credit for Contributions to Private School Tuition Organizations Form 323 ►				00
<b>10</b>	Agricultural Pollution Control Equipment Credit ..... Form 325 ►				00
<b>11</b>	Credit for Donation of School Site ..... Form 331 ►				00
<b>12</b>	Credit for Employing National Guard Members..... Form 333 ►				00
<b>13</b>	Credit for Business Contributions by an S Corporation to School Tuition Organizations - Individual ..... Form 335-I ►				00
<b>14</b>	Credit for Solar Energy Devices – Commercial and Industrial Applications..... Form 336 ►				00
<b>15</b>	Credit for Investment in Qualified Small Businesses..... Form 338 ►				00
<b>16</b>	Credit for Donations to the Military Family Relief Fund ..... Form 340 ►				00
<b>17</b>	Credit for Business Contributions by an S Corporation to School Tuition Organizations for Displaced Students or Students with Disabilities - Individual ..... Form 341-I ►				00
<b>18</b>	Renewable Energy Production Tax Credit..... Form 343 ►				00
<b>19</b>	Credit for New Employment..... Form 345 ►				00
<b>20</b>	Additional Credit for Increased Research Activities for Basic Research Payments ..... Form 346 ►				00
<b>21</b>	Credit for Contributions to Certified School Tuition Organizations (for contributions that exceed the allowable credit on Arizona Form 323). Form 348 ►				00
<b>22</b>	Credit for Contributions to Qualifying Foster Care Charitable Organizations ..... Form 352 ►				00
<b>23</b>	Healthy Forest Production Tax Credit..... Form 353 ►				00
<b>24</b>	Affordable Housing Tax Credit..... Form 354 ►				00
<b>25</b>	Credit for Entity-Level Income Tax..... Form 355 ►				00
<b>26</b>	Reserved.....				
<b>27</b>	<b>Total available nonrefundable tax credits:</b> Add lines 1 through 25 .....			788	<b>00</b>

Continued on page 2 ➔



**You must include Form 301 and the corresponding credit form(s) for  
which you computed your credit(s) with your individual income tax return.**

Your Name (as shown on page 1) PRADEEP POTU & SAI SATHVIKA PANCHUMARTI	Your Social Security Number 647-31-3139
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**Part 2 Application of Tax Credits and Recapture:** Enter tax, recapture tax, and tax credits used this taxable year.

28 Tax from Form 140, line 46; or Form 140PY, line 56; or Form 140NR, line 56; or Form 140X, line 37.....	28	4,558	00
29 Tax from Recapture of Credit for Qualified Facilities from Form 349, Part 7, line 19.....	29		00
30 Tax from Recapture of Credit for Affordable Housing from Form 354, Part 2, line 12.....	30		00
31 Reserved. Do not enter an amount on this line.....	31		
32 Recapture Total: Add lines 29 and 30. Enter here and on Form 140, line 47; or Form 140PY, line 57; or Form 140NR, line 57; or Form 140X, line 38.....	32		00
33 Subtotal: Add lines 28 and 32.....	33	4,558	00
34 Family Income Tax Credit from Form 140, line 50; or Form 140PY, line 60; or Form 140X, box 40a; <b>plus</b> Dependent Tax Credit from Form 140, line 49; or Form 140PY, line 59; or Form 140NR, line 59; or Form 140X, box 40b.....	34		00
35 Subtract line 34 from line 33. Enter the difference. If less than zero, enter "0".....	35	4,558	00

**Nonrefundable Tax Credits Used This Taxable Year:** Enter amounts actually used from Part 1.

36 Military Reuse Zone Credit.....Form 306 ▶	36		00
37 Credit for Increased Research Activities – Individuals..... Form 308-I ▶	37		00
38 Credit for Taxes Paid to Another State or Country.....Form 309 ▶	38	788	00
39 Credit for Solar Energy Devices ..... Form 310 ▶	39		00
40 Agricultural Water Conservation System Credit ..... Form 312 ▶	40		00
41 Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets .....Form 319 ▶	41		00
42 Credit for Contributions to Qualifying Charitable Organizations.....Form 321 ▶	42		00
43 Credit for Contributions Made or Fees Paid to Public Schools.....Form 322 ▶	43		00
44 Credit for Contributions to Private School Tuition Organizations.....Form 323 ▶	44		00
45 Agricultural Pollution Control Equipment Credit .....Form 325 ▶	45		00
46 Credit for Donation of School Site .....Form 331 ▶	46		00
47 Credit for Employing National Guard Members.....Form 333 ▶	47		00
48 Credit for Business Contribution by an S Corporation to School Tuition Organizations - Individual ..... Form 335-I ▶	48		00
49 Credit for Solar Energy Devices – Commercial and Industrial Applications ..... Form 336 ▶	49		00
50 Credit for Investment in Qualified Small Businesses.....Form 338 ▶	50		00
51 Credit for Donations to the Military Family Relief Fund: Enter the smaller of Form 301, Part 1, line 16 or Part 2, line 33.....Form 340 ▶	51	0	00
52 Credit for Business Contributions by an S Corporation to School Tuition Organizations for Displaced Students or Students with Disabilities - Individual.. Form 341-I ▶	52		00
53 Renewable Energy Production Tax Credit..... Form 343 ▶	53		00
54 Credit for New Employment.....Form 345 ▶	54		00
55 Additional Credit for Increased Research Activities for Basic Research Payments..Form 346 ▶	55		00
56 Credit for Contributions to Certified School Tuition Organizations (for contributions that exceed the maximum allowable credit on Arizona Form 323) ..Form 348 ▶	56		00
57 Credit for Contributions to Qualifying Foster Care Charitable Organizations.....Form 352 ▶	57		00
58 Healthy Forest Production Tax Credit.....Form 353 ▶	58		00
59 Affordable Housing Tax Credit.....Form 354 ▶	59		00
60 Credit for Entity-Level Income Tax..... Form 355 ▶	60		00
61 Reserved.....	61		
62 Tax credits used from Form 301: Add lines 36 through 60.....	62	788	00
63 Tax credits used from Form 301-SBI, line 69.....	63		00
64 Total Tax Credits Used: add lines 62 and 63. Enter this amount on Form 140, line 51; or Form 140PY, line 61; or Form 140NR, line 60, or Form 140X, line 41. Total credits used cannot be more than line 35.....	64	788	00



### Schedule of Income Allocation

Complete this schedule only if you are an Arizona resident who is also considered to be a resident of another state under the laws of that other state (dual resident); otherwise, skip this schedule. See pages 2 and 5 of the instructions.

	(a) Amount reported on your 202 federal income tax return	(b) Amount entered in column (a) reported on your 2022 Arizona income tax return	(c) Amount entered in column (a) reported on your 2022 return filed to your statutory state of residence	(d) Amount entered in column (c) that would be sourced to your statutory state of residence as income of a nonresident of that state
<b>1</b> Wages, salaries, tips, etc.....	\$ 00	\$ 00	\$ 00	\$ 00
<b>2</b> Interest.....	\$ 00	\$ 00	\$ 00	\$ 00
<b>3</b> Dividends.....	\$ 00	\$ 00	\$ 00	\$ 0
<b>4</b> Business income or (loss) from federal Schedule C.....	\$ 00	\$ 00	\$ 00	\$ 00
<b>5</b> Gains or (losses) from federal Schedule D.....	\$ 00	\$ 00	\$ 00	\$ 0
<b>6</b> Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E	\$ 00	\$ 00	\$ 00	\$ 00
<b>7</b> Other income reported on your federal return .....	\$ 00	\$ 00	\$ 00	\$ 00
<b>8</b> Total Income: Add lines 1 through 7	\$ 00	\$ 00	\$ 00	\$ 00
<b>9</b> Other federal adjustments: List on lines 9a through 9c:				
<b>9a</b>	\$ 00	\$ 00	\$ 00	\$ 00
<b>9b</b>	\$ 00	\$ 00	\$ 00	\$ 00
<b>9c</b>	\$ 00	\$ 00	\$ 00	\$ 00
<b>9d</b> Total adjustments: Add lines 9a through 9c for each column.....	\$ 00	\$ 00	\$ 00	\$ 00
<b>10</b> Adjusted Gross Income: Subtract line 9d from line 8 for each column....	\$ 00	\$ 00	\$ 00	\$ 00