Department of the Treasury Calendar Year — Internal Revenue Service

Due 04/18/2023

2023 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

2,258.

REV 03/02/23 PRO

1555

159-04-7434 SAITEJA RAVURI

7905 ROSWELL ROAD APT G SANDY SPRINGS GA 30350

Department of the Treasury Calendar Year — Internal Revenue Service

Due 06/15/2023

2023 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

2,258.

REV 03/02/23 PRO

1555

159-04-7434 SAITEJA RAVURI

7905 ROSWELL ROAD APT G SANDY SPRINGS GA 30350

Department of the Treasury Calendar Year — Internal Revenue Service

Due 09/15/2023

2023 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

2,258.

REV 03/02/23 PRO

1555

159-04-7434 SAITEJA RAVURI

7905 ROSWELL ROAD APT G SANDY SPRINGS GA 30350

Department of the Treasury Calendar Year — Internal Revenue Service

Due 01/16/2024

2023 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2023 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

2,258.

REV 03/02/23 PRO

1555

159-04-7434 SAITEJA RAVURI

7905 ROSWELL ROAD APT G SANDY SPRINGS GA 30350

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

Spouse's name Spouse's name Spouse's name Spouse's scale scourty number Spouse's scale scourty	Submi	ssion Identification Number (SID)			-			
Spouse's social security number	Taxpaye	or's name	Se	ocial secu	rity numb	er		
Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax 2 35, 411. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 2 3, 41. 4 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 8 Amount you want refunded to you 9 Amount	SAIT	TEJA RAVURI		159-04	1-743	4		
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2 35,411. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3 29,920. 4 Amount you want refunded to you . 4 5 Amount you want refunded to you . 5 1,641. Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjun; 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 which you 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 burds without the IRS (a) an acknowledgement of receipt or reason for rejection to reside the resonance of reging and the latest of the sets of 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 burds without the IRS (a) an acknowledgement of receipt or reason for rejection the tax preparation software for Agent to initiate an ACH electronic burds without 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 burds without and contact the U.S. Treasury Financial Agent at 1-88-835-4351. Payment cancellation requests in the tax preparation software for 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) 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 surface or or offential information necessary to answer inquiries and resonation 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. Taxpayer's PIN: check one box only I authorize GLOBAL TAXES	Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
Amount you want refunded to you Index penalties of perjury, I cleader 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 original or any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debt) entry to the financial institution account indicated in the tax preparation software for any default in initiate an ACH electronic funds withdrawal (direct debt) entry to the financial institution account indicated in the tax preparation software for payment of in electronic funds withdrawal (direct debt) entry to the financial institution account indicated in the tax preparation software for payment of interest tax and the financial institutions involved the entry to this secount. This payment, I must contact the U.S. Treasury Financial Agent to 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 (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 (by blow is my signature for the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on	1	Adjusted gross income			1		185,	131.
Amount you want refunded to you 5 Amount you want refunded to you 5 1_641. Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjun; 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 year with the penalties of perjun; 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 the 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 neturn to the IRS and to receive from the IRS (a) an acknowledgement of necepit or reseason for rejection of the transmission, (b) the reason for an acknowledgement of necepit or reason for rejection of the transmission (b) the reason for an acknowledgement of receipt or reason for rejection of the transmission (b) the reason for an acknowledgement of receipt or the provider that the original or amended to the companient of my declared that the provider of the transmission (b) the reason for an acknowledgement of the received in the provider of the provider of the provider of the provider of the transmission (b) the reason for rejection of the transmission (b) the reason for the provider of the provider of the provider of the provider of	2				2		35,	411.
Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 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, 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 IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for received. Transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. I applicable, I authorize the U.S. Treasury and its designated Financial apparent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutions induction 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 at 1-888-4583-4587. 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 prevoke (cancel a payment, I must contact the U.S. Treasury Financial Agent at 1-888-4583-4587. 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 prevoke (cancel a payment, I must contact the U.S. Treasury Financial Agent at 1-888-4584. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also the payment (and the payment is the payment of the payment (and the payment is the payment (and the payment is the	3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3		29,	920.
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ERO Must Retain This Form — See Instructions	authoriz	zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am	n submittir	ng this re	turn in a	accord	ance v	
	ERO's	signature ▶ Dat	e 🕨					
				C.				

Form 1040-V (2022) 2022 Page **2**

IF you live in	THEN use this address to send in your payment
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form **1040-V** 2022

1,641.

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service 2022

Form 1040-V Payment Voucher

► Use this voucher when making a payment with Form 1040.

► Do not staple this voucher or your payment to Form 1040.

► Make your check or money order payable to the 'United States Treasury.'

► Write your social security number (SSN) on your check or money order.

Enter the amount of your payment ►

REV 03/02/23 PRO 1555

SAITEJA RAVURI

7905 ROSWELL ROAD G SANDY SPRINGS GA 30350

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

2022
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OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	u checked the MFS box, enter the n	ame of y	ed filing separately (Nour spouse. If you co					spou	se (QSS)	
Your first name		on is a child but not your dependent	Last na	mo				V		ial security	
	and mi	udie Ilittiai								14-7434	
SAITEJA	nouso's	first name and middle initial	RAVU Last na					_			urity number
ii joint return, s	pouse s	illist name and middle illitial	Lastria	me				٦	ouse s	social sec	unity number
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	Pr	esider	tial Electio	n Campaign
7905 ROS	SWELI	L ROAD					G			ere if you,	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	Stat	е	ZIP code			0,	tly, want \$3
SANDY SI	PRINC	G S			GA		30350	- 1	_	w will not	Checking a change
Foreign countr	y name		F	oreign province/state/	county	/	Foreign postal c			or refund.	J
										You	Spouse
Digital Assets		y time during 2022, did you: (a) reca								Yes	⊠ No
Standard		eone can claim: You as a de					, ,				
Deduction		— Spouse itemizes on a separate retur				•					
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spc	use:	☐ Was bor	n before Janua	ary 2, 1	958	Is bli	nd
Dependent	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check t	ne box it	qualifi	es for (see i	instructions):
If more	(1) Fi	rst name Last name		number		to you	Child t	ax credi	t (Credit for oth	er dependents
than four											
dependents, see instruction	s ——						[<u> </u>
and check							[<u> </u>
here											
Income	1a	Total amount from Form(s) W-2, b	,	,					1a	20	0,531.
	b	Household employee wages not re	eported	on Form(s) W-2 .					1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	structions)					1c		
attach Forms	d	Medicaid waiver payments not rep		` ,	nstru	ctions)			1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f		•					1e		
was withheld.	f	Employer-provided adoption bene	fits from	n Form 8839, line 29					1f		
If you did not	g	Wages from Form 8919, line 6.							1g		
get a Form W-2, see	h	Other earned income (see instruct	,				· · · ·		1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1i</u>					0 521
	<u>z</u>	Add lines 1a through 1h							1z	20	0,531.
Attach Sch. B if required.	2a	·	2a			axable interes			2b		
ii required.	3a		3a			rdinary divide			3b		
	4a		4a				t		4b		
Standard Deduction for—	5a		5a 6a				t t		5b 6b		
Single or	6a	If you elect to use the lump-sum e		mathad abaak bara					OD		
Married filing separately,	С 7	Capital gain or (loss). Attach Schei		·	•	,			7		
\$12,950 Married filing	8	Other income from Schedule 1, lin						. ⊔	8	_1	5,400.
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							9		35,400. 35,131.
Qualifying surviving spouse,	10	Adjustments to income from Sche		•					10	1 10	<u></u>
\$25,900 Head of	11	Subtract line 10 from line 9. This is	,						11	1 Ω	
household,	12	Standard deduction or itemized	-	-					12		2,950.
\$19,400 If you checked	13	Qualified business income deduct				5-A .			13	1 -	<u> </u>
any box under Standard	14	Add lines 12 and 13							14	1	2,950.
Deduction,	15	Subtract line 14 from line 11. If zer							15		2,181.
see instructions.				,							

Form 1040 (2022	2)									Pag	ge 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16	35,329	۶.
Credits	17	Amount from Schedule 2, lin	e3					[17		
	18	Add lines 16 and 17						[18	35,329	℈.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			[19	<u> </u>	
	20	Amount from Schedule 3, lin	ie 8					[20		
	21	Add lines 19 and 20						[21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				[22	35,329	
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21 .			[23	82	2.
	24	Add lines 22 and 23. This is	your total tax					[24	35,411	<u>. </u>
Payments	25	Federal income tax withheld									
•	а	Form(s) W-2				25a	29,	920.		1	
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	s)			25c		0.		1	
	d	Add lines 25a through 25c							25d	29,920	Ͻ.
K	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			[26		
If you have a qualifying child,	27	Earned income credit (EIC)			No .	27		Ī			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28				1	
	29	American opportunity credit	from Form 8863	3, line 8		29				1	
	30	Reserved for future use .				30				1	
	31	Amount from Schedule 3, lin	ie 15			31	3,	850.		1	
	32	Add lines 27, 28, 29, and 31,				fundable			32	3,850).
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				[33	33,770	J.
Refund	34	If line 33 is more than line 24							34		
neiuliu	35a	Amount of line 34 you want i	refunded to you	ı. If Form 8888	s is attached, che	eck here		. 🗆 [35a		
Direct deposit?	b	Routing number X X X	X X X X	XX	c Type:	Checki	ng 🗌 Sa	vings			
See instructions.	d	Account number X X X	X X X X	X X X Z	(_ X	Ĭ			1	
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36	_			1	
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, go							37	1,641	 1.
	38	Estimated tax penalty (see in	nstructions) .			38		İ			
Third Party Designee		you want to allow another	person to disc	cuss this retu	n with the IRS	? See _	Yes. Com	nplete be	elow.	X No	
		signee's		Phone				al identific	ation		$\overline{}$
	nar	ne		no.			number	(PIN)			Ш
Sign Here		der penalties of perjury, I declare t ief, they are true, correct, and com									
TICIC	Yo	ur signature		Date	Your occupation			Protec	ction Pl	nt you an Identity IN, enter it here	
Joint return?					SOFTWARE		EER	(see in			Ш
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupa	ation			y Prote	nt your spouse an ection PIN, enter it	here
	———Ph	one no. (516)567-718	2	Email address	SAITEJARAV	TIR T@C™	TATI, COM				
		eparer's name	Preparer's signat	l	SATIBUAKAV	Date		PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM			מווסדם דמו.ו.מו			02082	703	Self-employe	ed
Preparer		m's name GLOBAL TAX		TOTAL DEPORT	COLITY TABLIA	1 00/10	0, 2023 F	Phone		678)965-95	
Use Only			Y CT E BRU	NSWICK N.	J 08816			Firm's		84-31719	
Co to warm inc =				1,0,1,1010 110		DELLECT	00/00 BE 0	1 1 11111 5	v	Form 1040 (
GO TO WWW.IIS.go	JVIFOIN	n1040 for instructions and the late	ət iffilorifiation.		BAA	KEV 03/0	02/23 PRO			Form 1040 (ZUZZ)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

SAITEJA RAVURI

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. 01
Your soc	ial security number
150_04	_7434

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	-15,400.
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			
	'	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form	0 (
	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or	0.		
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	0-		
0	Total other income. Add lines 8a through 8z	8z	0	
9 10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR,		9	-15,400.
10	Combine lines i dillough / and 3. Line here and on i offit 1040, 1040-30,	or rogoriars, line o	וטו	-13, 1 00.

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

Educator expenses 11	Par	Adjustments to Income			
officials. Attach Form 2106 1 Health savings account deduction. Attach Form 8889 1 Health savings account deduction. Attach Form 8889 1 Deductible part of self-employment tax. Attach Schedule SE 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed health insurance deduction 1 The Penalty on early withdrawal of savings 1 Ba Alimony paid 1 Ba Pecipient's SSN 1 C Date of original divorce or separation agreement (see instructions): 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA desclustion 3 IFA desclustion 3 IFA desclustion 4 IFA descl	11			11	
officials. Attach Form 2106 1 Health savings account deduction. Attach Form 8889 1 Health savings account deduction. Attach Form 8889 1 Deductible part of self-employment tax. Attach Schedule SE 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed health insurance deduction 1 The Penalty on early withdrawal of savings 1 Ba Alimony paid 1 Ba Pecipient's SSN 1 C Date of original divorce or separation agreement (see instructions): 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA desclustion 3 IFA desclustion 3 IFA desclustion 4 IFA descl	12	Certain business expenses of reservists, performing artists, and fee-	basis government		
13 Health savings account deduction. Attach Form 8889		officials. Attach Form 2106		12	
15 Deductible part of self-employment tax. Attach Schedule SE 16 Self-employed SEP, SIMPLE, and qualified plans 17 Self-employed death insurance deduction 17 Penalty on early withdrawal of savings 18 Penalty on early withdrawal of savings 19a Alimony paid 19a Alimony paid 19a Recipient's SSN 19a Becipient's SSN 19a Person or separation agreement (see instructions): 20 IRA deduction 21 Student loan interest deduction 22 Reserved for future use 23 Archer MSA deduction 24 Other adjustments: 25 Jury duty pay (see instructions) 26 Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit 26 Reforestation amortization and expenses 27 Repayment of supplemental unemployment benefits under the Trade Act of 1974 28 Contributions to section 501(c)(18)(D) pension plans 29 Contributions to section 501(c)(18)(D) pension plans 20 Contributions by certain chaplains to section 403(b) plans 21 Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 29 Contributions by certain chaplains to section 403(b) plans 20 Contributions by certain chaplains to section with an award from the IRS for information you provided that helped the IRS detect tax law violations 20 IRS deduction from Form 2555 21 Housing deduction from Form 2555 22 Cher adjustments. List type and amount: 22 Total other adjustments. Add lines 24a through 24z 24 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	13	Health savings account deduction. Attach Form 8889		13	
16 Self-employed SEP, SIMPLE, and qualified plans	14			14	
17 Self-employed health insurance deduction 18 Penalty on early withdrawal of savings 18 18 19 Alimony paid 19 Recipient's SSN 10 Date of original divorce or separation agreement (see instructions): 20 IRA deduction 21 Student loan interest deduction 22 Archer MSA deduction 23 Archer MSA deduction 24 Other adjustments: 25 Jury duty pay (see instructions) 26 Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24 Contributions of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24 Reforestation amortization and expenses 24 Repayment of supplemental unemployment benefits under the Trade Act of 1974 24 Contributions to section 501(c)(18)(D) pension plans 24 Contributions by certain chaplains to section 403(b) plans 24 Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24 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 24 Jeli 25 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	15			_	
18	16			-	
19a Alimony paid b Recipient's SSN c Date of original divorce or separation agreement (see instructions): 20 IRA deduction		Self-employed health insurance deduction		-	
b Recipient's SSN c Date of original divorce or separation agreement (see instructions): 20 1RA deduction	18			-	
c Date of original divorce or separation agreement (see instructions): IRA deduction	19a			19a	
20 Student loan interest deduction 21 22 23 24 22 24 24 24 24	b	Recipient's SSN			
Student loan interest deduction Reserved for future use Archer MSA deduction Other adjustments: Jury duty pay (see instructions) Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m. Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974. Contributions to section 501(c)(18)(D) pension plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions). 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 Housing deduction from Form 2555. Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041). Total other adjustments. List type and amount: 25 Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	С	Date of original divorce or separation agreement (see instructions):			
22 Archer MSA deduction				-	
Archer MSA deduction Other adjustments: Jury duty pay (see instructions) Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974 Contributions to section 501(c)(18)(D) pension plans Contributions by certain chaplains to section 403(b) plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 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 Jeuseph Housing deduction from Form 2555 Let Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) Cother adjustments. List type and amount: Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on				$\overline{}$	
24 Other adjustments: a Jury duty pay (see instructions) b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit				-	
a Jury duty pay (see instructions) b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m				23	
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24				
rental of personal property engaged in for profit			24a		
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	b				
and USOC prize money reported on line 8m			24b	-	
d Reforestation amortization and expenses	С				
e Repayment of supplemental unemployment benefits under the Trade Act of 1974					
Act of 1974			24d		
f Contributions to section 501(c)(18)(D) pension plans	е		040		
g Contributions by certain chaplains to section 403(b) plans					
h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions). 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 tax law violations j Housing deduction from Form 2555. k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041). z Other adjustments. List type and amount: 24i 24j 24k 25 Total other adjustments. Add lines 24a through 24z. Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on				-	
discrimination claims (see instructions)	_		249		
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 tax law violations	"		24h		
from the IRS for information you provided that helped the IRS detect tax law violations	i	` <i>'</i>	2-711		
tax law violations	٠				
j Housing deduction from Form 2555			24i		
k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	i				
1041)	k		,		
z Other adjustments. List type and amount:	•••		24k		
Total other adjustments. Add lines 24a through 24z	z				
Total other adjustments. Add lines 24a through 24z	_		24z		
26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	25			25	
	26	•			
				26	

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

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

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

OMB No. 1545-0074

2022

Attachment
Sequence No. 02

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

Your social security number 159-04-7434

Pa	t I Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	82.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	location of the state of the st	ontini	ied on page 2)

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

Part II Other Taxes (continued)

					_
7	Other additional taxes:				
а	Recapture of other credits. List type, form number, and amount:				
		17a			
b	Recapture of federal mortgage subsidy, if you sold your home				
	see instructions	17b	-		
С	Additional tax on HSA distributions. Attach Form 8889	17c			
d	Additional tax on an HSA because you didn't remain an eligible	47.1			
	individual. Attach Form 8889	17d	-		
	Additional tax on Archer MSA distributions. Attach Form 8853.	17e	-		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
а	Recapture of a charitable contribution deduction related to a				
Э	fractional interest in tangible personal property	17g			
h	Income you received from a nonqualified deferred compensation				
	plan that fails to meet the requirements of section 409A	17h	-		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	47:			
		17i			
J	Section 72(m)(5) excess benefits tax	17j	-		
K	Golden parachute payments	17k	-		
I	Tax on accumulation distribution of trusts	171	-		
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form				
	8697 or 8866	17n			
0	Tax on non-effectively connected income for any part of the				
	year you were a nonresident alien from Form 1040-NR	170	-		
р	Any interest from Form 8621, line 16f, relating to distributions	170			
	from, and dispositions of, stock of a section 1291 fund	17p	-		
q	Any interest from Form 8621, line 24	17q	-		
Z	Any other taxes. List type and amount:	4-			
_		17z			
8	Total additional taxes. Add lines 17a through 17z		18		
9	Reserved for future use		19		
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, and 18. These are your total other taxe on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.	es. Enter here and	21	82.	
				<u> </u>	_

SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Credits and Payments

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

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

OMB No. 1545-0074

2022

Attachment
Sequence No. 03

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

Your social security number 159-04-7434

Par	Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441	, line 11. Attach	2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5	Residential energy credits. Attach Form 5695		5	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Alternative motor vehicle credit. Attach Form 8910	6e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
1	Amount on Form 8978, line 14. See instructions	6I		
Z	Other nonrefundable credits. List type and amount:			
		6z		
7	Total other nonrefundable credits. Add lines 6a through 6z $$. $$.		7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-	-SR, or 1040-NR,		
	line 20		8	ued on page 2

Schedule 3 (Form 1040) 2022 Page **2**

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	3,850.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
С	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Reserved for future use	13g		
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h		
Z	Other payments or refundable credits. List type and amount:	40		
		13z		
14	Total other payments or refundable credits. Add lines 13a through		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	3,850.

REV 03/02/23 PRO

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

Attachment

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

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

2022 Attachment Sequence No. 13

Your social security number

OMB No. 1545-0074

SAI	TEJA RAVURI					1	.59-0	4-7434	Ė
Par									
	Note: If you are in the business of renting personal proper	ty, use	Schedule	C . See	e instru	ctions. If you are	an indi	vidual, rep	ort farm
Α	rental income or loss from Form 4835 on page 2, line 40.	An Ella I		0000	2 !				V N-
	Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions If "Yes," did you or will you file required Form(s) 1099?								
								. 🗆 10	25 NO
1a	Physical address of each property (street, city, state, ZIF	ode.)						
Α	PRAKASH NAGAR NARASARAOPET ANDHRA PRAD	DESH	IN 522	601					
В									
С									
1b	Type of Property 2 For each rental real estate property listed Fair Rental					nal Use	QJV		
	(from list below) above, report the number of fair					Days	Da	ıys	
Α	personal use days. Check the Quif you meet the requirements to f			Α		365		0	\perp
В	qualified joint venture. See instru			В					\perp
С				С					
	of Property:								
	Single Family Residence 3 Vacation/Short-Term Rent	tal	5 Land			Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	ılties	8	Other (describ	e)		
						Properties	;;		
Incor	ne:			Α		В			С
3	Rents received	3		8	300.				
4	Royalties received	4							
Expe	nses:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance		1,5	500.					
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,0	00.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		3,8	300.				
15	Supplies	15		3,6	500.				
16	Taxes	16							
17	Utilities	17		6,3	300.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		16,2	200.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If								
	result is a (loss), see instructions to find out if you must								
	file Form 6198	21	-	-15,4	100.				
22	Deductible rental real estate loss after limitation, if any,								
	on Form 8582 (see instructions)	22		15,40		•)	(
23a	Total of all amounts reported on line 3 for all rental prope				23a		800.		
b	Total of all amounts reported on line 4 for all royalty properties.				23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
е	Total of all amounts reported on line 20 for all properties				23e	16,2			
24	Income. Add positive amounts shown on line 21. Do no		-				24	,	
25	Losses. Add royalty losses from line 21 and rental real estat						25	(15,400.
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, IV, and line 40 on page 2 do not a								_15 /00
	SCHEANIE I LEARTH HIVIN LINE & LITHERWISE INCLINE THE OF	DOLIDE	un tna t∩t	ai on i	ma /11	on nage 2	0.6		- I b /////

Form **8889**

Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

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

2022
Attachment
Sequence No. 52

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

SAITEJA RAVURI

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 159-04-7434

Befo	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	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	lf-only
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		3,0001
	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	1,083.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	2,567.
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.	rate 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	•	ons b	
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	

REV 03/02/23 PRO

BAA

8959 Form

Department of the Treasury Internal Revenue Service

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions.

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

Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment Sequence No. 71

Name(s) shown on return

SAITEJA RAVURI

Your social security number

159-04-7434

Part	Additional Medicare Tax on Medicare Wages		
1	Medicare wages and tips from Form W-2, box 5. If you have more than one		
	Form W-2, enter the total of the amounts from box 5		
2	Unreported tips from Form 4137, line 6		
3	Wages from Form 8919, line 6		
4	Add lines 1 through 3		
5	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
	Single, Head of household, or Qualifying surviving spouse \$200,000 5 200,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0	6	9,107.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to		
	Part II	7	82.
Part			
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you		
	had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.) 8		
9	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
	Single, Head of household, or Qualifying surviving spouse \$200,000 9		
10	Enter the amount from line 4		
11	Subtract line 10 from line 9. If zero or less, enter -0		
12	Subtract line 11 from line 8. If zero or less, enter -0	12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and		
	go to Part III	13	
Part	III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation		
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14		
	(see instructions)		
15	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
	Single, Head of household, or Qualifying surviving spouse \$200,000		
16	Subtract line 15 from line 14. If zero or less, enter -0	16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009).		
	Enter here and go to Part IV	17	
Part	V Total Additional Medicare Tax		
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR		
	or 1040-SS filers, see instructions), and go to Part V	18	82.
Part			
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form		
	W-2, enter the total of the amounts from box 6		
20	Enter the amount from line 1		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax		
	withholding on Medicare wages		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medicare Tax	00	_
	withholding on Medicare wages	22	0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box	00	
	14 (see instructions)	23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with		
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or	0.4	_
	1040-SS filers, see instructions)	24	0.

BAA



Did you know? You can pay your estimated tax electronically on our website with a debit from your checking or savings account. Visit us on the Web at www.tax.ny.gov to pay your estimated tax electronically.

For assistance, see Form IT-2105-I, Instructions for Form IT-2105, Estimated Tax Payment Voucher for Individuals.

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- Name Make sure that your name is spelled correctly. You should enter your first name, middle initial, then last name in the spaces

provided (for example, *John O. Smith*). Your name **must** agree with the name on your New York State income tax return.

- Foreign addresses Enter the information in the following order:
 city, province or state, and then country (all in the City, village, or post
 office box). Follow the country's practice for entering the postal code.
 Do not abbreviate the country name.
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Note: If there is no amount to be entered for one or more lines, leave them blank

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Need help?



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Telephone assistance

Automated income tax refund status: 518-457-5149
Personal Income Tax Information Center: 518-457-5181
To order forms and publications: 518-457-5431
Text Telephone (TTY) or TDD Dial 7-1-1 for the equipment users New York Relay Service

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New York State • New York City • Yonkers • MCTMT

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Full SSN or taxpayer ID number	Enter your 2-character special			
159047434	condition code if applicable (see		e if applicable (see in	
Taxpayer's first name and middle initial	Taxpayer's la	st name		
SAITEJA	RAVURI	Ι		
Mailing address (number and street or PO Box; see instructions)			Apartment number	
7905 ROSWELL ROAD			G	
City, village, or post office		State	ZIP code	
SANDY SPRINGS		GA	30350	
Taxpayer's email address				
SAITEJARAVURI@GMAIL.COM				

Estimated tax amounts

Dollars

S income	Dollars	Cents
York State	497	. 00
w York City		. 00
Yonkers		. 00
MCTMT		. 00
payment	497	. 00

STOP: Pay this electronically on our website

Total



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Full SSN or taxpayer ID number	Enter your 2-character special			
159047434	condition code if applicable (s		e it applicable (see in	
Taxpayer's first name and middle initial	Taxpayer's las	st name		
SAITEJA	RAVURI	-		
Mailing address (number and street or PO Box; see instructions)			Apartment number	
7905 ROSWELL ROAD			G	
City, village, or post office		State	ZIP code	
SANDY SPRINGS		GA	30350	
Taxpayer's email address				
SAITEJARAVURI@GMAIL.COM				

Estimated	tax	amounts

IYS Income	Dollars	Cents
ew York State	496	00
New York City		00
Yonkers		00
MCTMT		00
al payment	496	00

STOP: Pay this electronically on our website

Tota



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Taxpayer's first name and middle initial	Taxpayer's las	st name		
SAITEJA	RAVURI	-		
Mailing address (number and street or PO Box; see instructions)			Apartment number	
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SAITEJARAVURI@GMAIL.COM				

Estimated	tax	amounts

IYS Income	Dollars	Cents
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New York City		00
Yonkers		00
MCTMT		00
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Department of Taxation and Finance

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New York State • New York City • Yonkers • MCTMT

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Full SSN or taxpayer ID number	Enter your 2-character special			
159047434	condition code if applicable (s		e it applicable (see in	
Taxpayer's first name and middle initial	Taxpayer's las	st name		
SAITEJA	RAVURI	-		
Mailing address (number and street or PO Box; see instructions)			Apartment number	
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City, village, or post office		State	ZIP code	
SANDY SPRINGS		GA	30350	
Taxpayer's email address				
SAITEJARAVURI@GMAIL.COM				

Estimated	tax	amounts

IYS Income	Dollars	Cents
ew York State	496	00
New York City		00
Yonkers		00
MCTMT		00
al payment	496	00

STOP: Pay this electronically on our website

Tota

(12/22)



Instructions for Form IT-201-V Payment Voucher for Income Tax Returns

Did you know? You can pay your income tax return payment directly on our website from your bank account or by credit card through your individual Online Services account. Visit www.tax.ny.gov.

How to use this form

If you are paying New York State income tax by check or money order, you must include Form IT-201-V with your payment.

Check or money order

- Make your check or money order payable in U.S. funds to New York State Income Tax.
- Be sure to write the last four digits of your Social Security number (SSN), the tax year, and *Income Tax* on it.

Completing the voucher

Be sure to complete all information on the voucher.

- Enter the tax year from the income tax return you are filing and your entire SSN. Failure to do so may result in monies not being properly credited to your account.
- If filing a joint return, include information for both spouses.
- Foreign address Enter the city, province, or state all in the City box, and the full country name in the Country box. Enter the postal code, if any, in the ZIP code box.
- Do not staple or clip your payment to Form IT-201-V. Instead, just put them loose in the envelope.

You **cannot** use this form to pay a bill or other notice from the Tax Department that indicates you owe tax; you must use the payment document included with that bill or notice.

You **cannot** use this form to request an installment payment agreement (IPA); see our website for information about requesting an IPA.

Mailing address

E-filed and previously filed returns

If you e-filed your income tax return, or if you are making a payment for a previously filed return, mail the voucher and payment to:

NYS PERSONAL INCOME TAX PROCESSING CENTER PO BOX 4124 BINGHAMTON NY 13902-4124

Paper returns

If you are filing a paper income tax return (including amended returns), include the voucher and payment with your return and mail to this address:

STATE PROCESSING CENTER PO BOX 15555 ALBANY NY 12212-5555

If you are not using U.S. Mail, be sure to consult Publication 55, *Designated Private Delivery Services*.

STOP: Pay this election our website.	 etronically					Tax Returns	NEW YORK STATE	REV 01/27/	/23 PRO
Tax year (yyyy) 2022 Make your check or money order payable in U.S. funds to New York State Income Tax . Write on your check or money order the last four digits of your SSN, the tax year, and Income Tax .						7		(12/22)	
Your first name and m	niddle initial	Your	last name (for	a joint return, er	ter spouse's name on line below)	Your full SSN			
SAITEJA		RAY	VURI			159047434			
Spouse's first name and middle initial Spouse's last name			е		Spouse's full SSN (only if filing a joint	return)			
Mailing address					Apartment number	Country			
7905 ROSWELI	ROAD				G				
City, village or post off	ice			State	ZIP code				
SANDY SPRING	GS .			GA	30350			Dollars	Cents
0.40004.000			Email: SA	ITEJARA\	/URI@GMAIL.COM	Payment amount		1120	. 00





New York State E-File Signature Authorization for Tax Year 2022 For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Electronic return originator (ERO): Do **not** mail this form to the Tax Department. Keep it for your records.

Taxpayer's name	Spouse's name (jointly filed return only)
SAITEJA RAVURI	

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, Resident Income Tax Return, IT-201-X, Amended Resident Income Tax Return, IT-203, Nonresident and Part-Year Resident Income Tax Return, IT-203-X. Amended Nonresident and Part-Year Resident Income Tax Return, IT-214, Claim for Real Property Tax Credit, and NYC-210, Claim for New York City School Tax Credit. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, Information for Income Tax Return Preparers, available on our website.

This form is not required for electronically filed Form IT-370, Application for Automatic Six-Month Extension of Time to File for Individuals. See Form TR-579.1-IT, New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2022 Form IT-370 and Tax Year 2023 Form IT-2105.

Part A – Tax return information

1	Federal adjusted gross income (from applicable line)	1.	185131.
	Refund	2.	
3	Amount you owe	3.	1120.
	Financial institution routing number	4.	
5	Financial institution account number	5.	
6	Account type: Personal checking Personal savings Business checking Business savir	ngs	

Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2022 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2022 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2022 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature	Date
Spouse's signature (jointly filed return only)	Date

Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2022 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2022 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2022 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2022 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

ERO's signature	Print name GLOBAL TAXES LLC	Date
Paid preparer's signature	Print name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03102023

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Department of Taxation and Finance

Nonresident and Part-Year Resident

IT-203

Income Tax Return New York State • New York City • Yonkers • MCTMT

2022	For the year	ar January 1, 2022, throu	ıgh December	31, 2022, or fiscal	year beginning	ı	2
San halman or 194	4	Amostlani E. IE.	00.1		and ending	ı	
or help completing your re				Variable of high (m.)	dunani Vour C	ocial Scourity	numbor
Your first name and middle initial SAITEJA	, ,	oint return, enter spouse's nam	e on line below)	Your date of birth (mmdd		ocial Security	
	RAVURI			1212199		159047 e's Social Seci	
Spouse's first name and middle initial	Spouse's last name			Spouse's date of birth (mi	maayyyy) Spouse	e s Suciai Seci	anty number
Mailing address (see instructions) (nu	ımber and street or PO	Вох)	I	Apartment numb		ork State coun	ity of residence
7905 ROSWELL ROAD	I o			G	NR	-1:-4-:-4	
City, village, or post office		tate ZIP code	Country			district name	
SANDY SPRINGS		30350	UNITED		NR		
Taxpayer's permanent home addre	SS (see instructions) (no.	and street or rural route)	Apartment no.	City, village, or po	OST OTTICE	School distri	
State ZIP code C	ountry			Decedent	Taxpayer's date o	code numb	
				information			
A Filing ① X Single				onkers part-year i	-		
status			(1	 Did you receive a credit? (see instru 			□ No [
(mark an ② Married (enter bo	filing joint return oth spouses' Social Sec	urity numbers above)		credit: (See Ilistia	Clions)	103	
X in one			(2	2) Enter the amoun	t		
(enter bo	filing separate return th spouses' Social Secu	rity numbers above)	ΕN	lew York City part	-year residents	s only	_
④ Head o	f household (with qu	alifying person)		1) Number of montl	_	-)22
⑤ Qualifyi	ing surviving spous	е	(2	2) Number of montl in NY City in 202			
B Did you itemize your deduc	tions on your 2022			inter your 2-charac			
federal income tax return?		103 110	<u> </u>	lew York State par			
C Can you be claimed as a de taxpayer's federal return?			<	inter the date you r r out of NYS <i>(mmdd</i>	noved into		
D1 Did you have a financial according foreign country?		Yes No 2	`\	on the last day of th	•		´ .
HAMAKAKAKANSATAKENSASAKA) Lived outside NY NYS sources du	S; received inc	ome from	г
			3) Lived outside NY NYS sources du	'S; received no	income from	n г
III OANKEERKARAKEERAKEERAKEERAKEER				oid you or your spoo ving quarters in NY	use maintain	•	
				f Yes, complete Form			
Dependent information First name and middle initial	Last nam	Doloti	onobin	Social Socue	itu numbar	Data of l	hirth ()
First name and middle miliai	Last name	e Relati	onship	Social Secur	ity number	Date of t	birth (mmddyyy)
						1	
f more than 6 dependents, mark	an X in the box.						
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REV 01/27/23 PRO

159047434

Fed	159047434				
-	leral income and adjustments		Federal amount Whole dollars only		New York State amount Whole dollars only
1	Wages, salaries, tips, etc.	1	200531.00	1	144632.0
	Taxable interest income	2	.00	2	.0
	Ordinary dividends	3	.00	3	.(
	Taxable refunds, credits, or offsets of state and local		.00		• (
•	income taxes (also enter on line 24)	4	.00	4	.(
5	Alimony received	5	.00	5	.(
	Business income or loss (submit a copy of federal Sch. C, Form 1040)	6	.00	6	.(
	Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	7	.00	7	.(
	Other gains or losses (submit a copy of federal Form 4797)	8	.00	8	.(
	Taxable amount of IRA distributions. Beneficiaries: mark X in box	9	.00	9	
0	Taxable amount of pensions/annuities. Beneficiaries: mark X in box	10	.00	10	
	Rental real estate, royalties, partnerships, S corporations,		100		
-	trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	-15400.00	11	.(
2	Rental real estate included				
_	in line 11 (federal amount) 1215400.00]			
3	Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13	.00	13	.(
	Unemployment compensation	14	.00	14	
5	Taxable amount of Social Security benefits (also enter on line 26)	15	.00	15	.(
6	Other income Identify:	16	.00	16	
7	Add lines 1 through 11 and 13 through 16	17	185131.00	17	144632.
8	Total federal adjustments to income				
1	dentify:	18	.00	18	.(
9	Federal adjusted gross income (subtract line 18 from line 17)	19	185131.00	19	144632.
a	$\textbf{Recomputed federal adjusted gross income} \ \textit{(see Line 19a worksheets)}$	19a	185131.00	19a	144632.0
lev	v York additions				
	Interest income on state and local bonds and obligations	<u> </u>			
	Interest income on state and local bonds and obligations (but not those of New York State or its localities)		.00.	20).
20	•	20	.00.	20 21	
20	(but not those of New York State or its localities)	20		-).
20 21 22	(but not those of New York State or its localities)	20	.00	21).).
20 21 22 23	(but not those of New York State or its localities)	20 21 22	.00 .00	21 22	.(.(.(144632.0
20 21 22 23 lev	(but not those of New York State or its localities)	20 21 22	.00 .00	21 22	
20 21 22 23 lev	(but not those of New York State or its localities) Public employee 414(h) retirement contributions Other (Form IT-225, line 9) Add lines 19a through 22 V York subtractions Taxable refunds, credits, or offsets of state and	20 21 22 23	.00 .00 185131.00	21 22). 144632 .
20 21 22 23 lev	(but not those of New York State or its localities)	20 21 22	.00 .00	21 22 23). 144632 .
20 21 22 23 lev	(but not those of New York State or its localities) Public employee 414(h) retirement contributions Other (Form IT-225, line 9) Add lines 19a through 22 V York subtractions Taxable refunds, credits, or offsets of state and local income taxes (from line 4) Pensions of NYS and local governments and the	20 21 22 23	.00 .00 185131.00	21 22 23 24	.(144632.(
20 21 22 23 24 25	(but not those of New York State or its localities) Public employee 414(h) retirement contributions Other (Form IT-225, line 9) Add lines 19a through 22 V York subtractions Taxable refunds, credits, or offsets of state and local income taxes (from line 4) Pensions of NYS and local governments and the federal government	20 21 22 23 24	.00 .00 185131.00	21 22 23 24	.(144632.(.(
20 21 22 23 24 25	(but not those of New York State or its localities) Public employee 414(h) retirement contributions Other (Form IT-225, line 9) Add lines 19a through 22 V York subtractions Taxable refunds, credits, or offsets of state and local income taxes (from line 4) Pensions of NYS and local governments and the federal government Taxable amount of Social Security benefits (from line 15)	20 21 22 23	.00 .00 185131.00	21 22 23 24	.(144632.(.(.(
20 21 22 23 lev 24 25	(but not those of New York State or its localities) Public employee 414(h) retirement contributions Other (Form IT-225, line 9) Add lines 19a through 22 V York subtractions Taxable refunds, credits, or offsets of state and local income taxes (from line 4) Pensions of NYS and local governments and the federal government	20 21 22 23 24 24 25 26	.00 .00 185131.00	21 22 23 24 24 25 26	.(144632.(.(.(
20 21 22 23 lev 24 25 26 27 28	(but not those of New York State or its localities) Public employee 414(h) retirement contributions Other (Form IT-225, line 9) Add lines 19a through 22 V York subtractions Taxable refunds, credits, or offsets of state and local income taxes (from line 4) Pensions of NYS and local governments and the federal government Taxable amount of Social Security benefits (from line 15) Interest income on U.S. government bonds Pension and annuity income exclusion	20 21 22 23 24 25 26 27	.00 .00 185131.00 .00 .00 .00	21 22 23 24 24 25 26 27	.(144632.(.(.(.(
20 21 22 23 New 24 25 26 27 28 29	(but not those of New York State or its localities) Public employee 414(h) retirement contributions Other (Form IT-225, line 9) Add lines 19a through 22 V York subtractions Taxable refunds, credits, or offsets of state and local income taxes (from line 4) Pensions of NYS and local governments and the federal government Taxable amount of Social Security benefits (from line 15) Interest income on U.S. government bonds	20 21 22 23 24 25 26 27 28	.00 .00 185131.00 .00 .00	21 22 23 24 25 26 27 28).).

32 Enter the amount from line 31, Federal amount column



32

8649.00

58

Name(s) as shown on page 1	Enter your Social Security number	IT-203 (2022)	Page 3 of 4
SAITEJA RAVURI	159047434	REV 01/27/23 PRO	

Sta	andard deduction or itemized deduction		
33	Enter your standard deduction or your itemized deduction (from Form IT-196).		
	Mark an X in the appropriate box: X Standard – or – Itemized	33	800.00
34	Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	34	177131.00
	Dependent exemptions (enter the number of dependents listed in Item I; see instructions)	35	000.00
36	New York taxable income (subtract line 35 from line 34)	36	177131.00
Tax	x computation, credits, and other taxes		
37	New York taxable income (from line 36)	37	177131.00
	New York State tax on line 37 amount	38	11071.00
	New York State household credit	39	.00
40	Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	40	11071.00
	New York State child and dependent care credit	41	.00
	Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	42	11071.00
	New York State earned income credit	43	.00
44	Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	44	11071.00
	Income New York State amount from line 31 Federal amount from line 31 percentage 144632 00 ÷ 185131 00 =		Round result to 4 decimal places
	percentage 144632.00 ÷ 185131.00 =	45	0.7812
40	Allegated New York Otata task (1811 18 and 1811 18 and	40	0.5.40,00
	Allocated New York State tax (multiply line 44 by the decimal on line 45)	46	8649.00
	New York State nonrefundable credits (Form IT-203-ATT, line 8)	47	.00
	Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48	8649.00
	Net other New York State taxes (Form IT-203-ATT, line 33)	49	.00
ວບ	Total New York State taxes (add lines 48 and 49)	50	8649.00
Ne	ew York City and Yonkers taxes, credits, and surcharges, and MCTMT		
51	Part-year New York City resident tax (Form IT-360.1) 51 .00]	See instructions to compute
	Part-year resident nonrefundable New York City	,	New York City and Yonkers
	child and dependent care credit]	taxes, credits, and
52a	Subtract line 52 from 51	-	surcharges, and MCTMT.
52b	MCTMT net	J	
	earnings base 52b .00		
52c	MCTMT		
53	Yonkers nonresident earnings tax (Form Y-203)		
	Part-year Yonkers resident income tax surcharge	,	
	(Form IT-360.1)		
55	Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54)	55	.00
56	Sales or use tax (Do not leave blank.)	56	0.00
57	Voluntary contributions (Form IT-227, Part 2, line 1)	57	.00





58 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT,

and voluntary contributions (add lines 50, 55, 56, and 57)

Payments and refundable credits

60 Part-year NYC school tax credit (fixed amount) (also complete E on front)

60a NYC school tax credit (rate reduction amount)

60

60a

59 Enter amount from line 58

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SAITEJARAVURI@GMAIL.COM

See instructions for where to mail your return.

8649.00

61 Other refundable credits (Form IT-203-ATT, line 17) 61 62 Total New York State tax withheld 62 75 Total New York City tax withheld 63 64 64 Total Yonkers tax withheld Total estimated tax payments/amount paid with Form IT-370 65 66 Total payments and refundable credits (add lines 60 through 65) Your refund, amount you owe, and account information 67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66) Amount of line 67 available for refund (subtract line 69 from line 67) **TIP:** Use this amount to check your refund status online. 68a Amount of line 68 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form 68b Total refund after NYS 529 account deposit (subtract line 68a from line 68) direct deposit to checking or Mark one refund choice: savings account (fill in line 73) 69 Amount of line 67 that you want applied to your 2023 estimated tax (see instructions) 70 Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electr funds withdrawal, mark an **X** in the box and fill in lines 73 and 74. If you pay by or money order you must complete Form IT-201-V and mail it with your return..... 71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67) 72 Other penalties and interest 73 Account information for direct deposit or electronic funds withdrawal. If the funds for your payment (or refund) would come from (or go to) an account outside the Personal checking 73a Account type: Personal savings Bus - or -73b Routing number 73c Account number 74 Electronic funds withdrawal Print designee's name Designee's phone nu Third-party designee? (see instr.) Yes ___ No 🗵 NYTPRIN ▼ Paid preparer must complete ▼ Preparer's NYTPRIN excl. code (see instructions) Preparer's signature Preparer's printed name Your signature SYAM PRIYA RAM SAGAR GUP SYAM PRIYA RAM SAGAR GUP Firm's name (or yours, if self-employed) Preparer's PTIN or SSN Your occupation GLOBAL TAXES LLC P02082703 SOFTWARE Address Employer identification number Spouse's signa 843171965 245 ROONEY CT Date Daytime phone number E BRUNSWICK NJ 08816 03102023 (516)567



Email:

Email: SYAM@GTAXFILE.COM



Department of Taxation and Finance

Summary of W-2 Statements New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back

bo not detach of separate the W							
W-2 Record 1		Employer's information yer's name					
	G D III	SDTC-THE CENTER FOR DISC INC					
Box a Employee's Social Security number or this W-2 Record		Employer's address (number and street)					
159047434	1	BOX 840					
Box b Employer identification number (EIN)	City	2011 0 10		State	ZIP code	Country	
141395426	HAR	RTS		NY	12742	,	
Box 1 Wages, tips, other compensation	Box 12a A		Code	1	x 14a Amount		Description
97891.00	DOX 12u 7	48.00	CI		k 14a / tillouit	424.00	NY PFL
30x 8 Allocated tips	Box 12b A		Code	Bo:	x 14b Amount	121.00	Description
.00	DOX 120 7	5568.00	DI		K 146 / tillount	.00	Везоприон
Box 10 Dependent care benefits	Box 12c A		Code	Bo:	x 14c Amount	.00	Description
.00	DOX 120 /	8773.00	DID		k 140 / tilloditt	.00	Везоприон
Box 11 Nonqualified plans	Box 12d A		Code	Bo	x 14d Amount	.00	Description
.00	DOX 120 7	.00			k 14d / tillodilt	.00	Везоприон
.00]		.00				.00	
Retire Retire	ment plan	X Third-party sick pay					Corrected (W-2c)
NY State information: Box 15a		Box 16a NYS wages, tips, e	etc.	Box	17a NYS income tax w	rithheld	
NY State	N Y	97	891.00		5	089.00	
Other state information: Box 15b		Box 16b Other state wages	, tips, etc.	Box	17b Other state income	tax withheld	
other state			.00			.00	
	18 Local wa	ages, tips, etc.	Box	x 19 Loca	al income tax withheld		Box 20 Locality name
nformation (see instr.): Locality a		.00 Loc	cality a).	DO Locality a	
Locality b		.00 Loc	cality b).	DO Locality b	
Locality b		.00 Loc	cality b).	00 Locality b	
Do not detach.		Employer's information	cality b).	DO Locality b	
Do not detach.			cality b).	DO Locality b	
Do not detach. W-2 Record 2 Box a Employee's Social Security number	Employ WAG	Employer's information yer's name GENER EDSTROM W	ORLDW:	IDE I		00 Locality b	
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record	WAG Employ	Employer's information yer's name GENER EDSTROM Wi yer's address (number and street	ORLDW:			DO Locality b	
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record 159047434	WAG Employ	Employer's information yer's name GENER EDSTROM W	ORLDW:	0	NC		
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record 159047434 Box b Employer identification number (EIN)	Employ WAG Employ 112 City	Employer's information yer's name GENER EDSTROM Weger's address (number and street) 5 NW COUCH ST Street	ORLDW:	0 State	NC ZIP code	Country	
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record 159047434 Box b Employer identification number (EIN) 930847156	Employ WAG Employ 112 City POR	Employer's information yer's name GENER EDSTROM We yer's address (number and street 5 NW COUCH ST Street TLAND	ORLDW:	0 State OR	NC ZIP code 97209		
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record 159047434 Box b Employer identification number (EIN) 930847156 Box 1 Wages, tips, other compensation	Employ WAG Employ 112 City	Employer's information yer's name GENER EDSTROM Wi yer's address (number and street 5 NW COUCH ST Street TLAND	ORLDW:	0 State OR	NC ZIP code	Country	Description
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record 159047434 Box b Employer identification number (EIN) 930847156 Box 1 Wages, tips, other compensation 46741.00	Employ WAG Employ 112 City POR Box 12a A	Employer's information yer's name GENER EDSTROM Wi yer's address (number and street 5 NW COUCH ST Street TLAND Amount 21.00	ORLDW. et) TE 500 Code	O State OR Bo	NC ZIP code 97209 x 14a Amount		Description SDI
Do not detach. W-2 Record 2 Sox a Employee's Social Security number or this W-2 Record 159047434 Box b Employer identification number (EIN) 930847156 Box 1 Wages, tips, other compensation 46741.00 Box 8 Allocated tips	Employ WAG Employ 112 City POR	Employer's information yer's name GENER EDSTROM Wi yer's address (number and street 5 NW COUCH ST Street TLAND Amount 21.00	ORLDW: et) TE 500 Code C Code	O State OR Bo	NC ZIP code 97209	Country 18.00	Description SDI Description
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record 159047434 Box b Employer identification number (EIN) 930847156 Box 1 Wages, tips, other compensation 46741.00 Box 8 Allocated tips .00	Employ WAG Employ 112 City POR Box 12a A	Employer's information yer's name GENER EDSTROM Weyer's address (number and street 5 NW COUCH ST Standard Street TLAND Amount 21.00 Amount 3008.00	ORLDW: et) TE 500 Code C Code	O State OR Box	NC ZIP code 97209 x 14a Amount x 14b Amount	Country	Description SDI Description NY PFL
Do not detach. W-2 Record 2 Box a Employee's Social Security number or this W-2 Record 159047434 Box b Employer identification number (EIN) 930847156 Box 1 Wages, tips, other compensation 46741.00 Box 8 Allocated tips .00 Box 10 Dependent care benefits	Employ WAG Employ 112 City POR Box 12a A	Employer's information yer's name GENER EDSTROM Weyer's address (number and street 5 NW COUCH ST Street TLAND Amount 21.00 Amount 3008.00	Code Code Code Code	O State OR Box	NC ZIP code 97209 x 14a Amount	Country 18.00 295.00	Description SDI Description
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Department of Taxation and Finance

Summary of W-2 Statements New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

		imployer's information							
N-2 Record 1		ver's name							
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Box 11 Nonqualified plans	Box 12d Ar		.00	Code	L Bo	v 14d /	Amount	.00	Description
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NY State	NIY			.00				.00	
Other state information: Box 15b		Box 16b Other state wa			Box	17b Ot	her state income to		
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SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

Attachment

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

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

2022 Attachment Sequence No. 13

Your social security number

OMB No. 1545-0074

SAI	TEJA RAVURI					1	.59-0	4-7434	Ė
Par									
	Note: If you are in the business of renting personal proper	ty, use	Schedule	C . See	e instru	ctions. If you are	an indi	vidual, rep	ort farm
Α	rental income or loss from Form 4835 on page 2, line 40.	An Ella I		0000	2 !				V N-
	Did you make any payments in 2022 that would require you								
	f "Yes," did you or will you file required Form(s) 1099?							. 🗆 10	25 NO
1a	Physical address of each property (street, city, state, ZIF	ode.)						
Α	PRAKASH NAGAR NARASARAOPET ANDHRA PRAD	DESH	IN 522	601					
В									
С									
1b	Type of Property 2 For each rental real estate prope				Fa			nal Use	QJV
	(from list below) above, report the number of fair					Days	Da	ıys	
Α	personal use days. Check the Quif you meet the requirements to f			Α		365		0	\perp
В	qualified joint venture. See instru			В					\perp
С				С					
	of Property:								
	Single Family Residence 3 Vacation/Short-Term Rent	tal	5 Land			Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	ılties	8	Other (describ	e)		
						Properties	;;		
Incor	ne:			Α		В			С
3	Rents received	3		8	300.				
4	Royalties received	4							
Expe	nses:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,5	500.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,0	00.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		3,8	300.				
15	Supplies	15		3,6	500.				
16	Taxes	16							
17	Utilities	17		6,3	300.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		16,2	200.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If								
	result is a (loss), see instructions to find out if you must								
	file Form 6198	21	-	-15,4	100.				
22	Deductible rental real estate loss after limitation, if any,								
	on Form 8582 (see instructions)	22		15,40		•)	(
23a	Total of all amounts reported on line 3 for all rental prope				23a		800.		
b	Total of all amounts reported on line 4 for all royalty properties.				23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
е	Total of all amounts reported on line 20 for all properties				23e	16,2			
24	Income. Add positive amounts shown on line 21. Do no		-				24	,	
25	Losses. Add royalty losses from line 21 and rental real estat						25	(15,400.
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, IV, and line 40 on page 2 do not a								_15 /00
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WHO MUST FILE ESTIMATED TAX. Each individual or fiduciary subject to Georgia income tax who reasonably expects to have gross income during the year which exceeds (1) personal exemption, plus (2) credit for dependents, plus (3) estimated deductions, plus (4) \$1,000 of income not subject to withholding.

EXCEPTION. Estimated tax is not required if, under an agreement between the employer and the employee, additional tax is withheld to cover income that normally would require estimated tax to be filed. Individuals whose gross income from farming or fishing is at least two thirds of the total gross income from all sources may: (a) file as other taxpayers or (b) file their return by March 1 and pay the full amount of tax due by that date. Fiduciaries shall not be required to pay estimated tax with respect to any taxable year ending before the date two years after the date of the decedent's death in the case of:

- 1. The estate of such decedent; or
- 2. A testamentary trust as defined in IRC Section 6654(I)(2)(B).

PURPOSE OF ESTIMATED TAX. The purpose is to enable taxpayers having income not subject to withholding to currently pay their income tax. Taxpayers are also required to file an annual return claiming credit thereon for amounts paid or credited to their estimated tax.

PAYMENT OF ESTIMATED TAX. Payment in full of your estimated tax may be made with the first required installment or in equal installments during this year on or before April 15, June 15, September 15, and the following January 15. Fiscal year filers should adjust the dates accordingly. If the due date falls on a weekend or holiday, the tax shall be due on the next day that is not a weekend or holiday.

HOW TO ESTIMATE YOUR TAX. A schedule for computing your estimated tax and the tax rate schedules are listed in the Tax Booklet.

PENALTIES. Failure to comply with the provisions of this law relative to underpayment of installments may result in the assessment of additional charges as a penalty. Willful failure to pay estimated tax will constitute a misdemeanor.

STANDARD DEDUCTION.

Single and head of	f household	\$5,400
Married filing jointly	/	\$7,100
Married filing separ	rately	\$3,550
Additional Deducti	on:	
	Age 65 or older	\$1,300
	Blind	\$1,300

These additional deductions are for you and your spouse only if the standard deduction is used. These amounts are standard regardless of income.

WHEN AND WHERE TO FILE. Estimated tax required from persons not regarded as farmers or fishermen shall be filed on or before April 15 of the taxable year, except if the above requirements are first met on or after April 1 and before June 1, estimated tax must be filed by June 15; on or after June 1 but before September 1, by September 15; and on or after September 1, by January 15 of the following year. Individuals filing on a fiscal year basis ending after December 31 must file on corresponding dates

Make check or money order payable to:

"Georgia Department of Revenue"

Payment should be mailed to: Processing Center Georgia Department of Revenue PO Box 740319 Atlanta, Georgia 30374-0319

You may also pay estimated tax with a credit card. Visit our website at <u>dor.georgia.gov</u> for more information.

HOW TO COMPLETE FORM 500 ES.

Complete the name and address field located on the upper right side of coupon. Calculate your estimated tax using the schedule in the tax booklet. Line 15 is your estimated tax for the year. Divide Line 15 by the number of quarters of liability (see "When and Where to File" above) to compute the amount to be submitted quarterly. Enter this amount on Form 500 ES and submit to the Georgia Department of Revenue.

EXEMPTION AMOUNT FOR TAX YEAR 2023

Personal Exemption for self and spouse if married (each)	\$3,700
Personal Exemption for self if not married	\$2,700
Dependent Exemption	\$3,000
Maximum Retirement Income Exclusion:	
If age 62-64 or less than 62 and permanently disabled	\$35,000
If age 65 or older	\$65,000
Maximum Military Retirement Income Exclusi	ion:
If under the age of 62	\$17,500
If under the age of 62 with earned income of	
more than \$17 500	\$35,000

Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

RAVURI, SAITEJA

APT NO G

7905 ROSWELL ROAD

SANDY SPRING GA 30350

Individual or Fiduciary Name and Address:

PLEASE DO NOT STAPLE. PLEASE REMOVE ALL ATTACHED CHECK STUBS.

Cut along dotted line

500 ES (Rev. 06/21/22) Individual and Fiduciary Estimated Tax Payment Voucher



Calendar Year 2023

or Fiscal Year Ending

_TYPE OF RETURN: X 09-Individual 10-Fiduciary

Taxpayer's SSN or Fiduciary FEIN Spouse's SSN Tax Year Quarter Due Date Vendor Code 159-04-7434 2023 1 04/15/2023 115

PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.

If your name and address is incorrect, mark the change of address box and make

PROCESSING CENTER GEORGIA DEPARTMENT OF REVENUE PO BOX 740319 ATLANTA GA 30374-0319

Amount Paid \$

the change in the box below.

1735.00

Address Change

WHO MUST FILE ESTIMATED TAX. Each individual or fiduciary subject to Georgia income tax who reasonably expects to have gross income during the year which exceeds (1) personal exemption, plus (2) credit for dependents, plus (3) estimated deductions, plus (4) \$1,000 of income not subject to withholding.

EXCEPTION. Estimated tax is not required if, under an agreement between the employer and the employee, additional tax is withheld to cover income that normally would require estimated tax to be filed. Individuals whose gross income from farming or fishing is at least two thirds of the total gross income from all sources may: (a) file as other taxpayers or (b) file their return by March 1 and pay the full amount of tax due by that date. Fiduciaries shall not be required to pay estimated tax with respect to any taxable year ending before the date two years after the date of the decedent's death in the case of:

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HOW TO ESTIMATE YOUR TAX. A schedule for computing your estimated tax and the tax rate schedules are listed in the Tax Booklet.

PENALTIES. Failure to comply with the provisions of this law relative to underpayment of installments may result in the assessment of additional charges as a penalty. Willful failure to pay estimated tax will constitute a misdemeanor.

STANDARD DEDUCTION.

Single and head of	f household	\$5,400
Married filing jointly	/	\$7,100
Married filing separ	rately	\$3,550
Additional Deducti	on:	
	Age 65 or older	\$1,300
	Blind	\$1,300

These additional deductions are for you and your spouse only if the standard deduction is used. These amounts are standard regardless of income.

WHEN AND WHERE TO FILE. Estimated tax required from persons not regarded as farmers or fishermen shall be filed on or before April 15 of the taxable year, except if the above requirements are first met on or after April 1 and before June 1, estimated tax must be filed by June 15; on or after June 1 but before September 1, by September 15; and on or after September 1, by January 15 of the following year. Individuals filing on a fiscal year basis ending after December 31 must file on corresponding

Make check or money order payable to:

"Georgia Department of Revenue"

Payment should be mailed to: **Processing Center** Georgia Department of Revenue PO Box 740319 Atlanta, Georgia 30374-0319

You may also pay estimated tax with a credit card. Visit our website at dor.georgia.gov for more information.

HOW TO COMPLETE FORM 500 ES.

Complete the name and address field located on the upper right side of coupon. Calculate your estimated tax using the schedule in the tax booklet . Line 15 is your estimated tax for the year. Divide Line 15 by the number of quarters of liability (see "When and Where to File" above) to compute the amount to be submitted quarterly. Enter this amount on Form 500 ES and submit to the Georgia Department of Revenue.

EXEMPTION AMOUNT FOR TAX YEAR 2023

Personal Exemption for self and spouse if married (each)	\$3,700
Personal Exemption for self if not married	\$2,700
Dependent Exemption	\$3,000
Maximum Retirement Income Exclusion:	
If age 62-64 or less than 62 and permanently disabled	\$35,000
If age 65 or older	\$65,000
Maximum Military Retirement Income Exclusi	ion:
If under the age of 62	\$17,500
If under the age of 62 with earned income of	
more than \$17 500	\$35,000

Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

PLEASE DO NOT STAPLE. PLEASE REMOVE ALL ATTACHED CHECK STUBS.

Cut along dotted line —

500 ES (Rev. 06/21/22) Individual and Fiduciary Estimated Tax **Payment Voucher**



Calendar Year 2023

or Fiscal Year Ending_

TYPE OF RETURN: X 09-Individual 10-Fiduciary

Individual or Fiduciary Name and Address: RAVURI, SAITEJA

7905 ROSWELL ROAD APT NO G SANDY SPRING GA 30350

				_	
Taxpayer's SSN or Fiduciary FEIN	Spouse's SSN	Tax Year	Quarter	Due Date	Vendor Code
159-04-7434		2023	2	06/15/2023	115
PLEASE DO NOT STAPLE. REMOVE	ALL CHECK STUBS.			If your name and address is in mark the change of address be	,

PROCESSING CENTER GEORGIA DEPARTMENT OF REVENUE PO BOX 740319 ATLANTA GA 30374-0319

the change in the box below. Address Change

Amount Paid \$

1735.00

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If under the age of 62	\$17,500
If under the age of 62 with earned income of	
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Cut along dotted line =

500 ES (Rev. 06/21/22) Individual and Fiduciary Estimated Tax Payment Voucher



2350011511

Individual or Fiduciary Name and Address:

RAVURI, SAITEJA
7905 ROSWELL ROAD
APT NO G

Calendar Year 2023 SANDY SPRING GA 30350 or Fiscal Year Ending TYPE OF RETURN: X 09-Individual 10-Fiduciary Taxpayer's SSN or Fiduciary FEIN Spouse's SSN Tax Year Quarter Due Date Vendor Code 159-04-7434 2023 115 09/15/2023 PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS. If your name and address is incorrect, mark the change of address box and make the change in the box below. Address Change PROCESSING CENTER

PROCESSING CENTER GEORGIA DEPARTMENT OF REVENUE PO BOX 740319 ATLANTA GA 30374-0319

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Married filing jointly\$7,	100
Married filing separately\$3,	550
Additional Deduction:	
Age 65 or older\$1,	300
Blind\$1,	300

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Dependent Exemption	
Maximum Retirement Income Exclusion:	
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If age 65 or older	\$65,000
Maximum Military Retirement Income Exclusion	:
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Cut along dotted line —

500 ES (Rev. 06/21/22) Individual and Fiduciary Estimated Tax Payment Voucher

Calendar Year 2023



50011511

Individual or Fiduciary Name and Address:

RAVURI, SAITEJA
7905 ROSWELL ROAD
APT NO G
SANDY SPRING GA 30350

or Fiscal Year Ending _TYPE OF RETURN: X 09-Individual 10-Fiduciary Taxpayer's SSN or Fiduciary FEIN Spouse's SSN Tax Year Quarter Due Date Vendor Code 159-04-7434 2023 115 01/15/2024 PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS. If your name and address is incorrect, mark the change of address box and make the change in the box below. Address Change

PROCESSING CENTER GEORGIA DEPARTMENT OF REVENUE PO BOX 740319 ATLANTA GA 30374-0319

Amount Paid \$

1735.00







Georgia Form 500 (Rev. 06/22/22) Individual Income Tax Return Georgia Department of Revenue

2022 (Approved software version)

Page 1

Beginning

YOUR DRIVER'S Fiscal Year LICENSE/STATE ID Ending

070354314

YOUR FIRST NAME YOUR SOCIAL SECURITY NUMBER 1. SAITEJA 159-04-7434

STATE

ISSUED

GΑ

LAST NAME (For Name Change See IT-511 Tax Booklet)

SUFFIX

RAVURI

SPOUSE'S FIRST NAME

SPOUSE'S SOCIAL SECURITY NUMBER

DEPARTMENT USE ONLY

LAST NAME SUFFIX

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) **CHECK IF ADDRESS HAS CHANGED** 2. 7905 ROSWELL ROAD

APT NO G

ZIP CODE CITY (Please insert a space if the city has multiple names) STATE 30350 3. SANDY SPRINGS GA

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number 1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT TO 3. NONRESIDENT Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer. 5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Surviving Spouse 6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself X 6b. Spouse 6c. 1 7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse).....

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue



7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

YOUR SOCIAL SECURITY NUMBER 159-04-7434

2022

Page 2

First Name, MI.		Last Name		
Social Security Number		Relationship to	You	
First Name, MI.		Last Name		
Social Security Number		Relationship to You		
First Name, MI.		Last Name		
Social Security N	lumber	Relationship to '	You	
First Name, MI.		Last Name		
Social Security N	lumber	Relationship to \	⁄ou	
INCOME COMPUTATIONS f amount on line 8, 9, 10, 1 8. Federal adjusted gross in	3 or 15 is negative, use	n 1040)	8.	185131 ss income is less than your
W-2s you must include a	a copy of your Federal Fo	rm 1040 Pages 1, 2, and	Schedule 1.	ss income is less than your
9. Adjustments from Form 5	500 Schedule 1 (See IT-5	11 Tax Booklet)	9.	
0. Georgia adjusted gross in	ncome (Net total of Line 8	and Line 9)	10.	185131
Standard Deduction (Do I (See IT-511 Tax Bookle		OARD DEDUCTION)	11a.	5400
b. Self: 65 or over?	Blind? Total	x 1,300=	11b.	
Spouse: 65 or over?	Blind?			- 400
	ction (Line 11a + Line 11b) OR Line 12c (Do not write on		11c.	5400
2. Total Itemized Deductions	used in computing Federal	Taxable Income. If you	use itemized deductions, y	ou must include Federal Schedule A
a. Federal Itemized Dec	luctions (Schedule A- Forn	n 1040)	12a.	
b. Less adjustments: (Se	ee IT-511 Tax Booklet)		12b.	
c. Georgia Total Itemized	Deductions		12c.	
3 Subtract either Line 11c	or Line 12c from Line 10:	enter halance	12	170721

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue



2022

Page 3

YOUR SOCIAL SECURITY NUMBER 159-04-7434

1	4a. Enter the number from Line 6c. 1 Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	2700
1	4b. Enter the number from Line 7a. Multiply by \$3,000	14b.	
1	4c. Add Lines 14a. and 14b. Enter total	14c.	2700
	5a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14)5b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information)	15a. 15b.	177031
4	5- O T	150	177031
1	5c. Georgia Taxable Income (Line 15a less Line 15b)	15c.	1//031
1	6. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet)	16.	10007
1	7. Low Income Credit 17a. 17b	17c.	
1	8. Other State(s) Tax Credit (Include a copy of the other state(s) return)	18.	7780
1	9. Credits used from IND-CR Summary Worksheet	19.	
2	 Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically) 	20.	
2	1. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.	7780
2	2. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.	2227
(NCOME STATEMENT DETAILS Only enter income on which Georgia tax was was was wages/Income. For other income statements complete Line 4 using the incomental or for Form G2-FL enter zero		

4 ine 11, or for Form G2-FL enter zero.

	(INCOME STATEMENT A)		(INCOME STATEMENT B)		(INCOME STATEMENT C)		
1.	WITHHOLDING TYPE: X W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN 132607577	1.	WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	1.	WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN		
3.	EMPLOYER/PAYER STATE WITHHOLDING ID 3509433CV	3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PAYER STATE WITHHOLDING ID		
4.	GA WAGES / INCOME 55899	4.	GA WAGES / INCOME	4.	GA WAGES / INCOME		
5.	GA TAX WITHHELD 3070	5.	GA TAX WITHHELD	5.	GA TAX WITHHELD		

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

This Page (3) is required for processing
01 1555 115 2022 GA

REV 01/03/23 PRO

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue 2022



2300411544

YOUR SOCIAL SECURITY NUMBER 159-04-7434

ID

Page 4

	(INCOME STATE	MENT D)			(INCOME STAT	EMENT E)			(INCOME STATI	EMENT F)	
1.	. WITHHOLDING TYPE:			1.	WITHHOLDING	TYPE:		1.	WITHHOLDING	TYPE:	
	W-2	G2-A	G2-LP		W-2	G2-A	G2-LP		W-2	G2-A	G2-LP
	1099	G2-FL	G2-RP		1099	G2-FL	G2-RP		1099	G2-FL	G2-RP
2.	EMPLOYER/PAY ID NUMBER (FEI			2.	EMPLOYER/PA		AL SN	2.	EMPLOYER/PAY		
3.	EMPLOYER/PAY	YER STATE W	/ITHHOLDING ID	3.	EMPLOYER/PA	YER STATE	: WITHHOLDING IC	3.	EMPLOYER/PA	YER STATE V	VITHHOLDING I
4.	GA WAGES / INC	COME		4.	GA WAGES / IN	ICOME		4.	GA WAGES / IN	COME	
5.	GA TAX WITHHE	ELD		5.	GA TAX WITHH	ELD		5.	GA TAX WITHH	ELD	
23.	Georgia Incor (Enter Tax Wit		nheld on Wage and include W-2s				23.				3070
24.	Other Georgi (Must include		ax Withheld ., G2-LP and/or				24.				
25.	Estimated Ta	x paid for 20	022 and Form I	T-560)		25.				
26.	Schedule 2B F (Cannot be cl		Tax Credits ss filed electror				26.				
27.	Total prepaym	ent credits	(Add Lines 23,	24, 2	5 and 26)		27.				3070
28.	If Line 22 exc		7, subtract Line				····· 28.				
29.	If Line 27 exc overpayment		2, subtract Line				29.				843
30.	Amount to be	e credited t	o 2023 ESTIM	ATED	TAX		30.				0
31.	Georgia Wildl	life Conserv	ation Fund (No	gift	of less than \$1	.00)	31.				
32.	Georgia Fund	d for Childre	en and Elderly (No gi	ft of less than	\$1.00)	32.				
33.	Georgia Can	cer Researd	ch Fund (No gif	t of le	ss than \$1.00)	33.				
34.	Georgia Land	l Conservati	on Program (N	o gift	of less than \$	1.00)	34.				
35.	Georgia Natio	onal Guard F	oundation (No	gift	of less than \$1	.00)	35.				
36.	Dog & Cat Sto	erilization F	und (No gift of	less	than \$1.00)		36.				
37.	Saving the Cu	ure Fund (N	o gift of less t	han \$	1.00)		37.				
38.	Realizing Educ		evement Can Ha	ppen (REACH) Progra	am	38.				

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue



YOUR SOCIAL SECURITY NUMBER 159-04-7434

2022

Page 5

4 0	Tubile early Memerial ere	int (No gift of less than \$1.0	00) 39.		
40.	Form 500 UET (Estimated	tax penalty) 500 UET e	xception attached 40.		
41.	Penalty: Late Payment and	l/or Late Filing	41.		
42.	Interest		42.		
43.		TO GEORGIA DEPARTMENT RTMENT OF REVENUE PRO	OF REVENUE,		
44.	(If you are due a refund) Su	ubtract the sum of Lines 30 thr	u 42 from Line 29		
	THIS IS YOUR REFUND		44.		843
	Refund Due Mail To: GEORG PO BOX 740380 ATLANTA,		NUE PROCESSING CENT	ER,	
	If you do not enter Direct	Deposit information or if	you are a first time filer	you will be issued a paper ch	ieck.
44a	. Direct Deposit (U.S. Accounts Only)	Type: Checking X San	vings		
	Routing Number 021000322		Account Number 48	3049693008	
T	axpayer's Signature	(Check box if deceased)	Spouse's Signa	cure (Check box if dece	
					aseu)
T	axpayer's Date of Death		Spouse's Date of	of Death	aseu)
	axpayer's Date of Death axpayer's Signature Date		Spouse's Date of Phone Number 7 – 7182	of Death Spouse's Signature	,
T	axpayer's Signature Date	516-56	Phone Number 7-7182		e Date
T	axpayer's Signature Date By providing my e-mail address I al	516-56	Phone Number 7-7182	Spouse's Signature notify me at the below e-mail address r	e Date
T.	axpayer's Signature Date By providing my e-mail address I ainly account(s). Taxpayer's E-mail Address SYAM PRIYA RAM SAG	516-56m authorizing the Georgia Departn	Phone Number 7-7182 nent of Revenue to electronically	Spouse's Signature notify me at the below e-mail address r	e Date egarding any updates to DOR to discuss this return
T.	axpayer's Signature Date By providing my e-mail address I among account(s). Taxpayer's E-mail Address SYAM PRIYA RAM SAG Signature of Preparer	516-56 m authorizing the Georgia Departn AR GUPTA TALLAM	Phone Number 7–7182 nent of Revenue to electronically	Spouse's Signature notify me at the below e-mail address r I authorize with the na Preparer's Phone Number 678-965-9522	e Date egarding any updates to DOR to discuss this return
Ti	axpayer's Signature Date By providing my e-mail address I ainly account(s). Taxpayer's E-mail Address SYAM PRIYA RAM SAG	516-56 m authorizing the Georgia Departn AR GUPTA TALLAM an Taxpayer	Phone Number 7–7182 nent of Revenue to electronically	Spouse's Signature notify me at the below e-mail address r I authorize with the na	e Date egarding any updates to DOR to discuss this return

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

2022
_

OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	u checked the MFS box, enter the n	ame of y	ed filing separately (Nour spouse. If you co					spou	se (QSS)	
Your first name		on is a child but not your dependent	Last na	mo				V		ial security	
	and mi	udie Ilittiai								14-7434	
SAITEJA	nouso's	first name and middle initial	RAVU Last na					_			urity number
ii joint return, s	pouse s	illist name and middle illitial	Lastria	me				٦	ouse s	social sec	unity number
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	Pr	esider	tial Electio	n Campaign
7905 ROS	SWELI	L ROAD					G			ere if you,	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	Stat	е	ZIP code			0,	tly, want \$3
SANDY SI	PRINC	G S			GA		30350	- 1	_	w will not	Checking a change
Foreign countr	y name		F	oreign province/state/	county	/	Foreign postal c			or refund.	J
										You	Spouse
Digital Assets		y time during 2022, did you: (a) reca								Yes	⊠ No
Standard		eone can claim: You as a de					, ,				
Deduction		— Spouse itemizes on a separate retur				•					
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spc	use:	☐ Was bor	n before Janua	ary 2, 1	958	Is bli	nd
Dependent	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check t	ne box it	qualifi	es for (see i	instructions):
If more	(1) Fi	rst name Last name		number		to you	Child t	ax credi	t (Credit for oth	er dependents
than four											
dependents, see instruction	s ——						[<u> </u>
and check							[<u> </u>
here											
Income	1a	Total amount from Form(s) W-2, b	,	,					1a	20	0,531.
	b	Household employee wages not re	eported	on Form(s) W-2 .					1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	structions)					1c		
attach Forms	d	Medicaid waiver payments not rep		` , ` `	nstru	ctions)			1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f		•					1e		
was withheld.	f	Employer-provided adoption bene	fits from	n Form 8839, line 29					1f		
If you did not	g	Wages from Form 8919, line 6.							1g		
get a Form W-2, see	h	Other earned income (see instruct	,				· · · ·		1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1i</u>					0 521
	<u>z</u>	Add lines 1a through 1h							1z	20	0,531.
Attach Sch. B if required.	2a	·	2a			axable interes			2b		
ii required.	3a		3a			rdinary divide			3b		
	4a		4a				t		4b		
Standard Deduction for—	5a		5a 6a				t t		5b 6b		
Single or	6a	If you elect to use the lump-sum e		mathad abaak bara					OD		
Married filing separately,	С 7	Capital gain or (loss). Attach Schei		·	•	,			7		
\$12,950 Married filing	8	Other income from Schedule 1, lin						. ⊔	8	_1	5,400.
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							9		35,400. 35,131.
Qualifying surviving spouse,	10	Adjustments to income from Sche		•					10	1 10	<u></u>
\$25,900 Head of	11	Subtract line 10 from line 9. This is	,						11	1 Ω	
household,	12	Standard deduction or itemized	-	-					12		2,950.
\$19,400 If you checked	13	Qualified business income deduct				5-A .			13	1 -	<u> </u>
any box under Standard	14	Add lines 12 and 13							14	1	2,950.
Deduction,	15	Subtract line 14 from line 11. If zer							15		2,181.
see instructions.				,							

Form 1040 (2022	2)									Pag	ge 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16	35,329	۶.
Credits	17	Amount from Schedule 2, lin	e3					[17		
	18	Add lines 16 and 17						[18	35,329	℈.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			[19	<u> </u>	
	20	Amount from Schedule 3, lin	ie 8					[20		
	21	Add lines 19 and 20						[21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				[22	35,329	
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21 .			[23	82	2.
	24	Add lines 22 and 23. This is	your total tax					[24	35,411	<u>. </u>
Payments	25	Federal income tax withheld									
•	а	Form(s) W-2				25a	29,	920.		1	
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	s)			25c		0.		1	
	d	Add lines 25a through 25c							25d	29,920	Ο.
K	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			[26		
If you have a qualifying child,	27	Earned income credit (EIC)			No .	27		Ī			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28				1	
	29	American opportunity credit	from Form 8863	3, line 8		29				1	
	30	Reserved for future use .				30				1	
	31	Amount from Schedule 3, lin	ie 15			31	3,	850.		1	
	32	Add lines 27, 28, 29, and 31,				fundable			32	3,850).
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				[33	33,770	J.
Refund	34	If line 33 is more than line 24							34		
neiuliu	35a	Amount of line 34 you want i	refunded to you	ı. If Form 8888	s is attached, che	eck here		. 🗆 [35a		
Direct deposit?	b	Routing number X X X	X X X X	XX	c Type:	Checki	ng 🗌 Sa	vings			
See instructions.	d	Account number X X X	X X X X	X X X Z	(_ X	Ĭ			1	
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36	_			1	
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, go							37	1,641	 1.
	38	Estimated tax penalty (see in	nstructions) .			38		İ			
Third Party Designee		you want to allow another	person to disc	cuss this retu	n with the IRS	? See _	Yes. Com	nplete be	elow.	X No	
		signee's		Phone				al identific	ation		$\overline{}$
	nar	ne		no.			number	(PIN)			Ш
Sign Here		der penalties of perjury, I declare t ief, they are true, correct, and com									
TICIC	Yo	ur signature		Date	Your occupation			Protec	ction Pl	nt you an Identity IN, enter it here	
Joint return?					SOFTWARE		EER	(see in			Ш
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupa	ation			y Prote	nt your spouse an ection PIN, enter it	here
	———Ph	one no. (516)567-718	2	Email address	SAITEJARAV	TIR T@C™	TATI, COM				
		eparer's name	Preparer's signat	l	SATIBUAKAV	Date		PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM			מווסדם דמו.ו.מו			02082	703	Self-employe	ed
Preparer		m's name GLOBAL TAX		TOTAL DEPORT	COLITY TABLIA	1 00/10	0, 2023 F	Phone		678)965-95	
Use Only			Y CT E BRU	NSWICK N.	J 08816			Firm's		84-31719	
Co to warm inc =				1,0,1,1010 110		DELLECT	00/00 BE 0	1 1 11111 5	v	Form 1040 (
GO TO WWW.IIS.go	JVIFOIN	n1040 for instructions and the late	ət iffilorifiation.		BAA	KEV 03/0	02/23 PRO			Form 1040 (ZUZZ)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

SAITEJA RAVURI

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. 01
Your soc	ial security number
150_04	_7434

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	-15,400.
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			
	'	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form	0 (
	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or	0.		
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	0-		
0	Total other income. Add lines 8a through 8z	8z	0	
9 10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR,		9	-15,400.
10	Combine lines i dillough / and 3. Liner here and on i offit 1040, 1040-30,	or rogoriars, line o	וטו	-13, 1 00.

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

Educator expenses 11	Par	Adjustments to Income			
officials. Attach Form 2106 1 Health savings account deduction. Attach Form 8889 1 Health savings account deduction. Attach Form 8889 1 Deductible part of self-employment tax. Attach Schedule SE 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed health insurance deduction 1 The Penalty on early withdrawal of savings 1 Ba Alimony paid 1 Ba Pecipient's SSN 1 C Date of original divorce or separation agreement (see instructions): 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA desclustion 3 IFA desclustion 3 IFA desclustion 3 IFA desclustion 4 IFA descl	11			11	
officials. Attach Form 2106 1 Health savings account deduction. Attach Form 8889 1 Health savings account deduction. Attach Form 8889 1 Deductible part of self-employment tax. Attach Schedule SE 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed health insurance deduction 1 The Penalty on early withdrawal of savings 1 Ba Alimony paid 1 Ba Pecipient's SSN 1 C Date of original divorce or separation agreement (see instructions): 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA desclustion 3 IFA desclustion 3 IFA desclustion 3 IFA desclustion 4 IFA descl	12	Certain business expenses of reservists, performing artists, and fee-	basis government		
13 Health savings account deduction. Attach Form 8889		officials. Attach Form 2106		12	
15 Deductible part of self-employment tax. Attach Schedule SE 16 Self-employed SEP, SIMPLE, and qualified plans 17 Self-employed death insurance deduction 17 Penalty on early withdrawal of savings 18 Penalty on early withdrawal of savings 19a Alimony paid 19a Alimony paid 19a Recipient's SSN 19a Becipient's SSN 19a Becipient	13	Health savings account deduction. Attach Form 8889		13	
16 Self-employed SEP, SIMPLE, and qualified plans	14			14	
17 Self-employed health insurance deduction 18 Penalty on early withdrawal of savings 18 18 19 Alimony paid 19 Recipient's SSN 10 Date of original divorce or separation agreement (see instructions): 20 IRA deduction 21 Student loan interest deduction 22 Archer MSA deduction 23 Archer MSA deduction 24 Other adjustments: 25 Jury duty pay (see instructions) 26 Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24 Contributions of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24 Reforestation amortization and expenses 24 Repayment of supplemental unemployment benefits under the Trade Act of 1974 24 Contributions to section 501(c)(18)(D) pension plans 24 Contributions by certain chaplains to section 403(b) plans 24 Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24 Indicate the property of the provided of the lRS detect tax law violations 25 Industry and amount: 26 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	15			_	
18	16			-	
19a Alimony paid b Recipient's SSN c Date of original divorce or separation agreement (see instructions): 20 IRA deduction		Self-employed health insurance deduction		-	
b Recipient's SSN c Date of original divorce or separation agreement (see instructions): 20 1RA deduction	18			-	
c Date of original divorce or separation agreement (see instructions): IRA deduction	19a			19a	
20 Student loan interest deduction 21 22 23 24 22 24 24 24 24	b	Recipient's SSN			
Student loan interest deduction Reserved for future use Archer MSA deduction Other adjustments: Jury duty pay (see instructions) Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m. Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974. Contributions to section 501(c)(18)(D) pension plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions). 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 Housing deduction from Form 2555. Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041). Total other adjustments. List type and amount: 25 Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	С	Date of original divorce or separation agreement (see instructions):			
22 Archer MSA deduction				-	
Archer MSA deduction Other adjustments: Jury duty pay (see instructions) Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974 Contributions to section 501(c)(18)(D) pension plans Contributions by certain chaplains to section 403(b) plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 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 Jeuseph Housing deduction from Form 2555 Let Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) Cother adjustments. List type and amount: Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on				$\overline{}$	
24 Other adjustments: a Jury duty pay (see instructions) b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit				-	
a Jury duty pay (see instructions) b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m				23	
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24				
rental of personal property engaged in for profit			24a		
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	b				
and USOC prize money reported on line 8m			24b	-	
d Reforestation amortization and expenses	С				
e Repayment of supplemental unemployment benefits under the Trade Act of 1974					
Act of 1974			24d		
f Contributions to section 501(c)(18)(D) pension plans	е		040		
g Contributions by certain chaplains to section 403(b) plans					
h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)				-	
discrimination claims (see instructions)	_		249		
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 tax law violations	"		24h		
from the IRS for information you provided that helped the IRS detect tax law violations	i	` <i>'</i>	2-711		
tax law violations	٠				
j Housing deduction from Form 2555			24i		
k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	i				
1041)	k		,		
z Other adjustments. List type and amount:	•••		24k		
Total other adjustments. Add lines 24a through 24z	z				
Total other adjustments. Add lines 24a through 24z	_		24z		
26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	25			25	
	26	•			
				26	

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

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

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

OMB No. 1545-0074

2022

Attachment
Sequence No. 02

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

Your social security number 159-04-7434

Pa	t I Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	82.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	location of the state of the st	ontini	ied on page 2)

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

Part II Other Taxes (continued)

					_
7	Other additional taxes:				
а	Recapture of other credits. List type, form number, and amount:				
		17a			
b	Recapture of federal mortgage subsidy, if you sold your home				
	see instructions	17b	-		
С	Additional tax on HSA distributions. Attach Form 8889	17c			
d	Additional tax on an HSA because you didn't remain an eligible	47.1			
	individual. Attach Form 8889	17d	-		
	Additional tax on Archer MSA distributions. Attach Form 8853.	17e	-		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
а	Recapture of a charitable contribution deduction related to a				
Э	fractional interest in tangible personal property	17g			
h	Income you received from a nonqualified deferred compensation				
	plan that fails to meet the requirements of section 409A	17h	-		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	47:			
		17i			
J	Section 72(m)(5) excess benefits tax	17j	-		
K	Golden parachute payments	17k	-		
I	Tax on accumulation distribution of trusts	171	-		
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form				
	8697 or 8866	17n			
0	Tax on non-effectively connected income for any part of the				
	year you were a nonresident alien from Form 1040-NR	170	-		
р	Any interest from Form 8621, line 16f, relating to distributions	170			
	from, and dispositions of, stock of a section 1291 fund	17p	-		
q	Any interest from Form 8621, line 24	17q	-		
Z	Any other taxes. List type and amount:	4-			
_		17z			
8	Total additional taxes. Add lines 17a through 17z		18		
9	Reserved for future use		19		
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, and 18. These are your total other taxe on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.	es. Enter here and	21	82.	
				<u> </u>	_

SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Credits and Payments

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

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

OMB No. 1545-0074

2022

Attachment
Sequence No. 03

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

Your social security number 159-04-7434

Par	Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441	, line 11. Attach	2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5	Residential energy credits. Attach Form 5695		5	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Alternative motor vehicle credit. Attach Form 8910	6e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
I	Amount on Form 8978, line 14. See instructions	61		
Z	Other nonrefundable credits. List type and amount:			
		6z		
7	Total other nonrefundable credits. Add lines 6a through 6z $$. $$.		7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-	-SR, or 1040-NR,		
	line 20		8	

Schedule 3 (Form 1040) 2022 Page **2**

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	3,850.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
С	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Reserved for future use	13g		
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h		
Z	Other payments or refundable credits. List type and amount:	40-		
		13z	4.4	
14	Total other payments or refundable credits. Add lines 13a through		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	3,850.

REV 03/02/23 PRO

(12/22)



Instructions for Form IT-201-V Payment Voucher for Income Tax Returns

Did you know? You can pay your income tax return payment directly on our website from your bank account or by credit card through your individual Online Services account. Visit www.tax.ny.gov.

How to use this form

If you are paying New York State income tax by check or money order, you must include Form IT-201-V with your payment.

Check or money order

- Make your check or money order payable in U.S. funds to New York State Income Tax.
- Be sure to write the last four digits of your Social Security number (SSN), the tax year, and *Income Tax* on it.

Completing the voucher

Be sure to complete all information on the voucher.

- Enter the tax year from the income tax return you are filing and your entire SSN. Failure to do so may result in monies not being properly credited to your account.
- If filing a joint return, include information for both spouses.
- Foreign address Enter the city, province, or state all in the City box, and the full country name in the Country box. Enter the postal code, if any, in the ZIP code box.
- Do not staple or clip your payment to Form IT-201-V. Instead, just put them loose in the envelope.

You **cannot** use this form to pay a bill or other notice from the Tax Department that indicates you owe tax; you must use the payment document included with that bill or notice.

You **cannot** use this form to request an installment payment agreement (IPA); see our website for information about requesting an IPA.

Mailing address

E-filed and previously filed returns

If you e-filed your income tax return, or if you are making a payment for a previously filed return, mail the voucher and payment to:

NYS PERSONAL INCOME TAX PROCESSING CENTER PO BOX 4124 BINGHAMTON NY 13902-4124

Paper returns

If you are filing a paper income tax return (including amended returns), include the voucher and payment with your return and mail to this address:

STATE PROCESSING CENTER PO BOX 15555 ALBANY NY 12212-5555

If you are not using U.S. Mail, be sure to consult Publication 55, *Designated Private Delivery Services*.

STOP: Pay this election our website.	 ctronically					Tax Returns	NEW YORK STATE	REV 01/27/	/23 PRO
Tax year (yyyy) 2022 Make your check or money order payable in U.S. funds to New York State Income Tax . Write on your check or money order the last four digits of your SSN, the tax year, and Income Tax .							7		(12/22)
Your first name and m	niddle initial	Your	last name (for	a joint return, er	ter spouse's name on line below)	Your full SSN			
SAITEJA		RAY	VURI	159047434					
Spouse's first name a	nd middle initial	Spou	ıse's last nam	е		Spouse's full SSN (only if filing a joint	return)		
Mailing address					Apartment number	Country			
7905 ROSWELI	ROAD				G				
City, village or post off	ice			State	ZIP code				
SANDY SPRING	GS .			GA	30350			Dollars	Cents
0.40004.000			Email: SA	ITEJARA\	/URI@GMAIL.COM	Payment amount		1120	. 00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Department of Taxation and Finance

Nonresident and Part-Year Resident

IT-203

Income Tax Return New York State • New York City • Yonkers • MCTMT

2022	For the yea	r January 1, 2022, thi	ough Decembe	er 31, 2	2022, or fiscal	year be	ginning				22
						and	ending				
or help completing your re				T., .			Vous Co	sial Can			
Your first name and middle initial	, ,	pint return , enter spouse's r	ame on line below)	Your d	late of birth (mmd		1001 50		urity nun		
SAITEJA	RAVURI			Chaus	1212199		Spouso'		0474		r
Spouse's first name and middle initial	Spouse's last flame			Spouse	e's date of birth (m	imaayyyy)	Spouse	S SUCIAI	Security	numbe	1
Mailing address (see instructions) (nu	umber and street or PO	Вох)			partment numb	per		rk State	county o	f resider	nce
7905 ROSWELL ROAD	I a			G	3		NR	P 4 2 4			
City, village, or post office		tate ZIP code	Country	~			School	aistrict n	ame		
SANDY SPRINGS		A 30350	UNITED			ant office	NR				
Taxpayer's permanent home addre	(no.	and street or rural route)	Apartment no.	(City, village, or p	ost office		School			_
State ZIP code C	Country				Decedent	Taxpayer	's date of		number Spouse's	s date of	dea
					information						
A Filing ① X Single					rs part-year		-				
status			(` '	l you receive : dit? <i>(see instru</i>					\bigcup_{Nc}	, Г
(mark an ② Married	l filing joint return oth spouses' Social Sec	urity numbers above)		CIE	uit: (see iiisiit	10110113)					
X in one			((2) Ent	ter the amour	nt					.0
(enter bo	filing separate return th spouses' Social Secu	rity numbers above)	ΕN	New Y	ork City par	t-year re	sidents	only		_	
④ Head o	f household (with qu	alifying person)			mber of mont	_		-	in 2022	·	
(S) Oualify	ing surviving spous	<u> </u>	(mber of mont NY City in 202					Г	
B Did you itemize your deduc		_		Enter y	your 2-chara (s) if applicab	cter spe	cial con	dition		٦Ē	
federal income tax return?					ork State pa						
C can you be claimed as a do taxpayer's federal return?			×	Enter t	the date you of NYS (mmd	moved ir	nto				
D1 Did you have a financial according country?		Yes No	×	On the	e last day of the	he tax ye	ar (mark	an X in	one box,		Г
III II BANA IWA WANSANSANSINSINSINSINSINSI				2) Live	ed outside N`	YS; rece	ived inco	ome fro	m		<u>-</u>
			3	3) Live	'S sources du ed outside N'	YS; rece	ived no i	income	from		L
			нг		'S sources du u or your spo	Ü		period		_	L
			li	living c	quarters in N\ complete Form	/S in 202	22?	,	Yes	No	, [
Dependent information											
First name and middle initial	Last name	e Re	ationship		Social Secu	rity numb	per	Date	e of birtl	ገ (mmdd	уууу,
								1			
f more than 6 dependents, mark	an X in the box.										
203001223555		For office us	e only								
			•								

REV 01/27/23 PRO

159047434

1	leral income and adjustments		Federal amount Whole dollars only		New York State amount Whole dollars only
	Wages, salaries, tips, etc.	1	200531.00	1	144632.0
	Taxable interest income	2	.00	2	.0
	Ordinary dividends	3	.00	3	.(
	Taxable refunds, credits, or offsets of state and local		:00		• (
•	income taxes (also enter on line 24)	4	.00	4	.(
5	Alimony received	5	.00	5	.(
	Business income or loss (submit a copy of federal Sch. C, Form 1040)	6	.00	6	.(
	Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	7	.00	7	.(
	Other gains or losses (submit a copy of federal Form 4797)	8	.00	8	.(
	Taxable amount of IRA distributions. Beneficiaries: mark X in box	9	.00	9	
	Taxable amount of pensions/annuities. Beneficiaries: mark X in box	10	.00	10	
	Rental real estate, royalties, partnerships, S corporations,		100		
-	trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	-15400.00	11	.(
2	Rental real estate included				
_	in line 11 (federal amount) 1215400.00				
3	Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13	.00	13	.(
	Unemployment compensation	14	.00	14	
5	Taxable amount of Social Security benefits (also enter on line 26)	15	.00	15	.(
6	Other income Identify:	16	.00	16	
7	Add lines 1 through 11 and 13 through 16	17	185131.00	17	144632.
8_	Total federal adjustments to income				
I	dentify:	18	.00	18	.(
9	Federal adjusted gross income (subtract line 18 from line 17)	19	185131.00	19	144632.
a	$\textbf{Recomputed federal adjusted gross income} \ \textit{(see Line 19a worksheets)}$	19a	185131.00	19a	144632.0
lev	v York additions				
20	Interest income on state and local bonds and obligations	i			
	(but not those of New York State or its localities)	20	.00	20	_(
<u> 1</u>	Public employee 414(h) retirement contributions	21	.00	21	.0
22	Other (Form IT-225, line 9)	22	.00	22	.0
	Add lines 19a through 22	23	185131.00	23	144632.0
23			,		
	v York subtractions				
lew	v York subtractions Taxable refunds, credits, or offsets of state and				
lew	Taxable refunds, credits, or offsets of state and	24	.00	24	
lew 24	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	24	.00		
lew 24	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)			24),
lew 24	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25	.00	24).).
lew 24 25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)		.00 .00	24).).
lew 24 25 26 27	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25 26 27	.00 .00	24 25 26 27).).).
lew 24 25 26 27	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25 26 27 28	.00 .00 .00	24 25 26).).).).
lew 24 25 26 27 28	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25 26 27	.00 .00	24 25 26 27 28).).).

32 Enter the amount from line 31, Federal amount column



32

8649.00

58

Name(s) as shown on page 1	Enter your Social Security number	IT-203 (2022)	Page 3 of 4
SAITEJA RAVURI	159047434	REV 01/27/23 PRO	

St	andard deduction or itemized deduction		
33	Enter your standard deduction or your itemized deduction (from Form IT-196).		
	Mark an X in the appropriate box: X Standard – or – Itemized	33	00.0008
34	Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	34	177131.00
35	Dependent exemptions (enter the number of dependents listed in Item I; see instructions)	35	000.00
36	New York taxable income (subtract line 35 from line 34)	36	177131.00
Ta	x computation, credits, and other taxes		
37	New York taxable income (from line 36)	37	177131.00
	New York State tax on line 37 amount	38	11071.00
39	New York State household credit	39	.00.
40	Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	40	11071.00
41	New York State child and dependent care credit	41	.00
42	Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	42	11071.00
43	New York State earned income credit	43	.00
44	Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	44	11071.00
	Income New York State amount from line 31 Federal amount from line 31		Round result to 4 decimal places
	percentage 144632.00 ÷ 185131.00 =	45	0.7812
	Allocated New York State tax (multiply line 44 by the decimal on line 45)	46	8649.00
	New York State nonrefundable credits (Form IT-203-ATT, line 8)	47	.00
	Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48	8649.00
	Net other New York State taxes (Form IT-203-ATT, line 33)	49	.00
50	Total New York State taxes (add lines 48 and 49)	50	8649.00
Ne	ew York City and Yonkers taxes, credits, and surcharges, and MCTMT		
51	Part-year New York City resident tax (Form IT-360.1) 51 .00]	See instructions to compute
52	Part-year resident nonrefundable New York City		New York City and Yonkers
	child and dependent care credit		taxes, credits, and
52a	Subtract line 52 from 51]	surcharges, and MCTMT.
52 b	MCTMT net		
	earnings base 52b .00	_	
52c	: MCTMT		
53	Yonkers nonresident earnings tax (Form Y-203)]	
54	Part-year Yonkers resident income tax surcharge	_	
	(Form IT-360.1)		
55	Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54)	55	.00
56	Sales or use tax (Do not leave blank.)	56	0.00
57	Voluntary contributions (Form IT-227, Part 2, line 1)	57	.00





58 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT,

and voluntary contributions (add lines 50, 55, 56, and 57)

REV 01/27/23 PRO

159047434

59 E	Enter amount from line 58					59		8649.00
Pay	ments and refundable credits							
60 60a 61 62 63 64 65	Part-year NYC school tax credit (fixed amount) (also complete E on front)	60a 61 62 63 64 65	5)		.00 .00 .00 7529.00 .00		Form(s) I' and subm return. Do not se	ole, complete T-2 and/or IT-1099-R it them with your and federal with your return.
_	ur refund, amount you owe, and account information	" 3	<i>,</i>	•••••		*		
68 68a	Amount overpaid (if line 66 is more than line 59, subtract line Amount of line 67 available for refund (subtract line 69 from TIP: Use this amount to check your refund status online. Amount of line 68 that you want to deposit into a NYS 529 account	n line 6 (Form l	67)IT-195, line 4)	(also subn	it Form IT-195)			.00.
68b	Total refund after NYS 529 account deposit (subtract line 68 direct deposit to		,			68b		.00
	Amount of line 67 that you want applied to your 2023 estimated tax (see instructions) Amount you owe (if line 66 is less than line 59, subtract line 66 funds withdrawal, mark an X in the box and fill in line 10.	(fill in land) 69 6 from	line 73) - 6	pay by			easiest, fa refund.	Direct deposit is the stest way to get your uctions for payment
71	or money order you must complete Form IT-201-V and Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67)		t with your	return	.00	1		1120 .00
	Other penalties and interest	72 withdra		ount outs	.00	J	return.	is box
	73a Account type: Personal checking - or - Personal checking	sonal s	savings - c	or -	Business ch	neckir	ng - or -	Business savings
	73b Routing number 73c	: Acco	ount number					
74	Electronic funds withdrawal	Date			Amour	nt		.00
	Third-party ignee? (see instr.) Print designee's name Email:		Desi	ignee's ph	one number			Personal identification number (PIN)
▼ P	Preparer must complete ▼ Preparer's NYTPRIN NY	/TPRIN			▼ Taxpa	ver(s) must si	gn here ▼
Prepa	arer's signature Preparer's printed name	cl. code	1 - 1 -	Your sig	•	J (,	9
Firm's	AM PRIYA RAM SAGAR GUP SYAM PRIYA RAM (s name (or yours, if self-employed) DBAL TAXES LLC P020		SN	Your occ	cupation WARE ENG	TNE	ED	
Addre	ess Employer iden	ntificatio	on number		s signature and			return)
1	Da ROONEY CT			Date			Daytime p	hone number
	BRUNSWICK NJ 08816	USIL	02023	Email:	SAITEJAR	AVU!		567 7182 L.COM

See instructions for where to mail your return.



