Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayer's name		Social security numb	er
SAI KRISHNA THADURI		072-89-7964	1
Spouse's name		Spouse's social secu	rity number
PADMA PRIYA KESANAKURTHI		774-89-0363	1
Part I Tax Return Information – Tax Year Ending December 31,	2022 (Ente	r year you are aut	horizing.)
Enter whole dollars only on lines 1 through 5.			
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1 Adjusted gross income		1	219,144.
2 Total tax		2	24,609.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	30,174.
4 Amount you want refunded to you		4	5,565.
5 Amount you owe		5	

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

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

Taxpayer's PIN: check one box only

				EBO firm name		Er
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	9

9	7	9	6	4					
Enter five digits, but don't enter all zeros									

6 1

Enter five digits, but don't enter all zeros

9 0 3 my

as mv

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

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

Date

to enter or generate my PIN

Your signature

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC ERO firm name

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

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

Spouse's signature 🕨 🛛	Date					 			
Practitioner PIN Method Returns Only—continu	e bel	ow							
Part III Certification and Authentication – Practitioner PIN Method Only									
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	1	8		2		9	89	

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

ERO's signature >	Date 🕨							
ERO Must Re Don't Submit This Fo	tain This Form — See rm to the IRS Unless							
For Paperwork Reduction Act Notice, see your tax return i		REV 03/22/23 PRO	Form 8879 (Rev. 01-2021)					

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

Deduction for- 6a Social security benefits 6a b Taxable amount 6b • Single or Married filing separately, \$12,950 c If you elect to use the lump-sum election method, check here (see instructions) . . 6b • Married filing jointly or Qualifying surviving spouse, \$25,900 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here . . 7 • Married filing jointly or Qualifying surviving spouse, \$25,900 8 Other income from Schedule 1, line 10 . . . 8 -37, 416. • Married filing jointly or Qualifying surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . . 9 219, 144. • Maried of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income . . 11 219, 144. 12 25,900. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13	1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn	202	2	OMB No. 1545	-0074	IRS Use Only	—Do not w	vrite or staple	in this space.
SAI KRISHNA THADURI 072-89-7964 Hjört Hun, spose's first name and middle initial Last name Spose's social security number PADMA PRYA KRSANARUKTHI 774-89-0361 Home address (number and street), Hyou have a foreign address, also complete sposes below. Apt. no. Presidential Election Campaign Checking a spose filling jointly, want 35 SURVANEE Check hore if you, or your spose affiling jointly, want 35 State 20 oddr Top oder SURVANEE Foreign country name Foreign province/state/county Foreign province/state/county Foreign province/state/county You	Check only	lf yo	u checked the MFS box, enter the n	ame of y	-						spo	use (QSS)	-
If joint etum, spouse's first name and middle initial Last name Spouse's social security number PADMA_PRIYA Residual Statel, If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 32.45 SNRTEE WALK Check here if you, or your Check here if you, or your or your 67.05 SUWANEE Foreign country name Foreign province/state/country Foreign province/state/state/country Foreign province/state/country Foreign province/state/country Foreign province/state/state/state Foreign province/state/state/state Foreign province/state/state/state Foreign province/state/stastate/stastate/state/state/state/state/state/state/stat	Your first name	and mi	ddle initial	Last na	me						Your so	cial securi	ty number
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Internet address (number and street). If you have a P.O. box, see instructions. Apt. no. Previdential Election Campaign of You your your your your source at the You have a foreign address, also complete spaces below. State ZIP code Previdential Election Campaign of Your your your a goto this fund, or your your a goto this fund. Previdential Election Campaign of Your your a goto this fund. Previdential Election Campaign of Your your a goto this fund. Previdential Election Campaign of Your your a goto this fund. Previdential Election Campaign of Your your a goto this fund. Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services), or (b) sell. You Spouse Deduction Spouse itemizes on a separate return or you were a dual-status allen App. Spouse Was born before January 2, 1958 Is blind Dependents. (see instructions): (1) First name (2) Social socurity (2) Rest structions) (4) Check the box if qualifies for (see instructions) If more there were there w	If joint return, sp	ouse's	first name and middle initial	Last na	me						Spouse	's social se	curity number
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 Single or Married filing separately, \$12,950 Married filing jointy or Qualifying surviving spouse. \$25,900 Head of household, \$19,400 Head of household, \$19,400 Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Head of household, \$10 Subtract line 12 and 13 Head of household, \$14 Add lines 12 and 13 Head 14 If you checked any box under Standard Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 	Standard	5a	Pensions and annuities	5a			bΤ	axable amoun	t		. 5b)	
Married filing separately, \$12,950 c If you elect to use the lump-sum election method, check here (see instructions) .		6a	Social security benefits	6a			bΤ	axable amoun	t		. 6b	•	
\$12,950 7 Capital gain of (loss). Attach Schedule D in required, in hot required, check here 1 • Married filing jointly or Qualifying surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 219, 144. • Married filing jointly or Qualifying surviving spouse, \$25,900 10 8 -37, 416. 9 219, 144. • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 10 11 219, 144. • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 • Add lines 12 and 13 • • • • • • • • • • • • • • • • • • •	Married filing	С	If you elect to use the lump-sum e	lection r	nethod,	check here (see	instructions)		[
jointly or Qualifying surviving spouse, \$25,9009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9219, 144.10Adjustments to income from Schedule 1, line 2610Head of household, \$19,40011Subtract line 10 from line 9. This is your adjusted gross income11219, 144.12Standard deduction or itemized deductions (from Schedule A)1225, 900.If you checked any box under Standard13Qualified business income deduction from Form 8995 or Form 8995-A131425, 900.1425, 900.15Subtract line 14 from line 11. If zero or less enter -0-This is your taxable income15		7	Capital gain or (loss). Attach Sche	dule D if	required	d. If not requ	ired	, check here		[7		
Qualifying surviving spouse, \$25,900 9 219,144. 10 Adjustments to income from Schedule 1, line 26 10 Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 219,144. 12 Subtract line 10 from line 9. This is your adjusted gross income 11 219,144. 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 25,900. 14 25,900. 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 193.244	 Married filing 	8	Other income from Schedule 1, lin	e10.							. 8		37,416.
\$25,900 10 Adjustments to income nom obligation of the due 1, inte 20 11 10 • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 11 219,144. • If you checked any box under standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 12 25,900. • If you checked any box under standard 14 25,900. 13 14 25,900. • If you checked any box under standard 14 25,900. 13 14 25,900. • If you checked any box under standard 14 25,900. 13 14 25,900. • If you checked any box under standard 15 Subtract line 14 from line 11. 14 25,900.	Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. ⁻	This is y	our total inc	om	e			. 9	21	19,144.
• Head of household, \$19,400 12 Subtract line 10 from line 9. This is your adjusted gross income 11 219,144. 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 Add lines 12 and 13 14 25,900. 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 193.244		10	Adjustments to income from Sche	dule 1, l	ine 26						. 10)	
\$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 • If you checked any box under Standard 14 Add lines 12 and 13 14 25,900. • Deduction, Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 1.93, 2.44		11	Subtract line 10 from line 9. This is	s your ac	djusted	gross incon	ne				. 11	21	19,144.
any box under Standard 14 Add lines 12 and 13 14 25,900 Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 193,244		12									. 12	2 2	<u>25,900.</u>
Standard 14 Add lines 12 and 13 14 25,900. Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 193.244		13	Qualified business income deduct	ion from	Form 8	995 or Form	899	5-A			. 13	-	
	Standard	14									. 14		
		15	Subtract line 14 from line 11. If zer	ro or less	s, enter -	-0 This is y	our	taxable incom	е.		. 15	5 1 <u>9</u>	93,244.

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

Form **1040** (2022)

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	34,050.
Credits	17	Amount from Schedule 2, lir	ne3					17	
	18	Add lines 16 and 17						18	34,050.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	2,000.
	20	Amount from Schedule 3, lir	ne8					20	7 , 500.
	21	Add lines 19 and 20						21	9,500.
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	24,550.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	59.
	24	Add lines 22 and 23. This is	your total tax					24	24,609.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 3	0,174.		
	b	Form(s) 1099				25b			
	с	Other forms (see instruction				25c	0.		
	d	Add lines 25a through 25c	· · · · ·					25d	30,174.
15	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return			26	
If you have a qualifying child,	27	Earned income credit (EIC)			No	27			
attach Sch. EIC.	28	Additional child tax credit fro				28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .		·		30			
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27, 28, 29, and 31						32	
	33	Add lines 25d, 26, and 32. T			-			33	30,174.
Refund	34	If line 33 is more than line 24						34	5,565.
Refutio	35a	Amount of line 34 you want				•	_	35a	5,565.
Direct deposit?	b	Routing number 0 2 1					Savings		
See instructions.	d	Account number 4 8 3							
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the am	ount vou owe					
You Owe		For details on how to pay, g						37	
	38	Estimated tax penalty (see i	nstructions) .			38			
Third Party	Do	you want to allow another	r person to disc	cuss this retu	rn with the IRS?	See			
Designee		tructions	· · · · ·			. Yes.	Complete	below.	X No
		signee's		Phone			sonal iden	tification	
	nai			no.			mber (PIN)		
Sign		der penalties of perjury, I declare tief, they are true, correct, and corr							
Here		ur signature		Date	Your occupation		1		nt you an Identity
	10	u signature		Date					IN, enter it here
Joint return?					SOFTWARE E	INGINEER	(se	e inst.)	
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupati	on			nt your spouse an
Keep a copy for your records.								ntity Prote e inst.)	ection PIN, enter it here
,		(54.0) 44.0 004			SOFTWARE E		,	5 1131.)	
		one no. (518) 416-804		Email address	TADURISAIKRISH				Chook if:
Paid		parer's name	Preparer's signat			Date	PTIN	0700	Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	04/02/2023			Self-employed
Use Only		n's name GLOBAL TA			T 0001 C				(678) 965-9522
			Y CT E BRU	NSWICK N			Firr	n's EIN	84-3171965
Go to www.ire a	ov/Form	1040 for instructions and the late	et information			DEV 02/22/22 DDC			Earm 1040 (2022)

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

BAA REV 03/22/23 PRO

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

 Department of the Treasury Internal Revenue Service
 Go to www.irs.gov/Form1040 for instructions and the latest information.
 Attachment Sequence No. 01

 Name(s) shown on Form 1040, 1040-SR, or 1040-NR
 Your social security number 072-89-7964

 Part I
 Additional Income

4			4	
1	Taxable refunds, credits, or offsets of state and local income taxes			
			. 2a	
b	Date of original divorce or separation agreement (see instructions):		_	
3	Business income or (loss). Attach Schedule C			-24,595.
4	Other gains or (losses). Attach Form 4797			
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att			-12,821.
6	Farm income or (loss). Attach Schedule F			
7	Unemployment compensation		. 7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
1	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
ο	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u		8u		
z	Other income. List type and amount:			
-		8z		
9	Total other income. Add lines 8a through 8z		. 9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF			-37,416.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	e-basi	s gov	ernment		
	officials. Attach Form 2106				12	
13	Health savings account deduction. Attach Form 8889				13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
15	Deductible part of self-employment tax. Attach Schedule SE				15	
16	Self-employed SEP, SIMPLE, and qualified plans				16	
17	Self-employed health insurance deduction				17	
18	Penalty on early withdrawal of savings				18	
19a	Alimony paid				19a	
b	Recipient's SSN	· _				
С	Date of original divorce or separation agreement (see instructions):					
20	IRA deduction				20	
21	Student loan interest deduction				21	
22	Reserved for future use				22	
23	Archer MSA deduction				23	
24	Other adjustments:					
а	Jury duty pay (see instructions)	24a				
b	Deductible expenses related to income reported on line 8I from the					
	rental of personal property engaged in for profit	24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
g	Contributions by certain chaplains to section 403(b) plans	24g				
h	Attorney fees and court costs for actions involving certain unlawful					
	discrimination claims (see instructions)	24h				
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	24i				
j	Housing deduction from Form 2555	24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
	1041)	24k				
z	Other adjustments. List type and amount:					
		24z				
25	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your adjustments to income	e. Ente	er here	and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA	REV	03/22/23 P	RO	Schedu	ile 1 (Form 1040) 2022

SCHEDULE	2
(Form 1040)	

Department of the Treasury

Internal Revenue Service

Additional Taxes

OMB No. 1545-0074

20

Attachment

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

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

Sequence No. 02 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number SAI KRISHNA THADURI & PADMA PRIYA KESANAKURTHI 072-89-7964 Part I Tax 1 Alternative minimum tax. Attach Form 6251 1 2 2 Excess advance premium tax credit repayment. Attach Form 8962 3 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . 3 Part II **Other Taxes** 4 4 5 Social security and Medicare tax on unreported tip income. Attach Form 4137 5 Uncollected social security and Medicare tax on wages. Attach 6 6 Form 8919 7 Total additional social security and Medicare tax. Add lines 5 and 6 7 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. 8 8 9 9 Repayment of first-time homebuyer credit. Attach Form 5405 if required 10 10 Additional Medicare Tax, Attach Form 8959 11 11 59. 12 12 13 Uncollected social security and Medicare or RRTA tax on tips or group-term life 13 Interest on tax due on installment income from the sale of certain residential lots 14 14 Interest on the deferred tax on gain from certain installment sales with a sales price 15 15 Recapture of low-income housing credit. Attach Form 8611 16 16 (continued on page 2)

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

Schedule 2 (Form 1040) 2022

Par	t II Other Taxes (continued)				
17	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 individual. Attach Form 8889	17d			
е	Additional tax on Archer MSA distributions. Attach Form 8853 .	17e			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
g	Recapture of a charitable contribution deduction related to a 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	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 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:				
		17z			
18	Total additional taxes. Add lines 17a through 17z		18		_
19	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.		21	59	
	BAA	REV 03/22/23 PRO	Schedu	ule 2 (Form 1040) 202	22

Department of the Treasury

Additional Credits and Payments

OMB No. 1545-0074 2022

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

	Department of the Treasury nternal Revenue Service Go to www.irs.gov/Form1040 for instructions and the latest information.					
	()	orm 1040, 1040-SR, or 1040-NR HADURI & PADMA PRIYA KESANAKURTHI		Your so	cial	Sequence No. 03 security number 7964
Par	t I Nonre	fundable Credits				
1	Foreign tax	credit. Attach Form 1116 if required			1	
2	Credit for o Form 2441	Attach	2			
3	Education c	redits 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 nonre	fundable credits:				
а	General bus	siness credit. Attach Form 3800	a			
b	Credit for p	rior year minimum tax. Attach Form 8801	b			
С	Adoption cr	edit. Attach Form 8839..............	ic			
d	Credit for th	e elderly or disabled. Attach Schedule R	d			
е	Alternative r	motor vehicle credit. Attach Form 8910	ie			
f	Qualified plu	ug-in motor vehicle credit. Attach Form 8936	ôf	7,500.		
g	Mortgage ir	iterest credit. Attach Form 8396	g			
h	District of C	olumbia first-time homebuyer credit. Attach Form 8859	h			
i	Qualified ele	ectric vehicle credit. Attach Form 8834	3i			
j	Alternative f	uel vehicle refueling property credit. Attach Form 8911	3j			
k	Credit to ho	Iders of tax credit bonds. Attach Form 8912	ik			
Т	Amount on	Form 8978, line 14. See instructions	61			
z	Other nonre	fundable credits. List type and amount:				
			z			
7	Total other	nonrefundable credits. Add lines 6a through 6z			7	7,500.
8		through 5 and 7. Enter here and on Form 1040, 1040-5				
	line 20				8	7,500.
						ued on page 2)
For Pa	perwork Reduct	ion Act Notice, see your tax return instructions. BAA	REV 03/22/2	3 PRO	Sched	lule 3 (Form 1040) 2022

Schedule 3 (Form 1040) 2022

Par	t II 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	
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 h	Reserved for future use	13g 13h		
z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31	-SR, or 1040-NR,	15	
	BAA REV	03/22/23 PRO	Schedule 3	(Form 1040) 202

SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074 6

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

Department of the Treasury Attachment Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065. Internal Revenue Service Sequence No. 09 Name of proprietor Social security number (SSN) 774-89-0361 PADMA PRIYA KESANAKURTHI Α Principal business or profession, including product or service (see instructions) B Enter code from instructions SOFTWARE ENGINEER 1 8 2 1 С Business name. If no separate business name, leave blank. D Employer ID number (EIN) (see instr.) S2S CONNECTS LLC Business address (including suite or room no.) 3245 BARTEE WALK Е City, town or post office, state, and ZIP code SUWANEE, GA 30024 E Accounting method: (1) Cash (2) X Accrual (3) Other (specify) G Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses . X Yes No н If you started or acquired this business during 2022, check here Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions Yes X No L. If "Yes," did you or will you file required Form(s) 1099? . Yes No Part I Income 1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked 1 2 2 3 Subtract line 2 from line 1 3 4 Cost of goods sold (from line 42) 4 5 5 6 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . 7 7 Gross income. Add lines 5 and 6 Part II **Expenses.** Enter expenses for business use of your home **only** on line 30. 8 Advertising 8 18 Office expense (see instructions) . 18 19 19 Pension and profit-sharing plans . 9 Car and truck expenses 9 7,572. 20 (see instructions) . . . Rent or lease (see instructions): 10 10 Vehicles, machinery, and equipment Commissions and fees . а 20a 11 Contract labor (see instructions) 11 b Other business property . . . 20b 1,242. 12 Depletion 12 21 Repairs and maintenance . . . 21 Depreciation and section 179 13 22 Supplies (not included in Part III) . 22 expense deduction (not 23 Taxes and licenses 23 included in Part III) (see 24 13 Travel and meals: instructions) 2,240. а Travel. . . 24a Employee benefit programs 14 (other than on line 19) 14 h Deductible meals (see 15 Insurance (other than health) 15 instructions) 24b 2,400. 25 1,980. 25 Interest (see instructions): Utilities 16 9,161. Mortgage (paid to banks, etc.) 16a 26 Wages (less employment credits) 26 а 16b b Other 27a Other expenses (from line 48) . . 27a 17 Legal and professional services 17 b Reserved for future use . 27b 24,595. 28 **Total expenses** before expenses for business use of home. Add lines 8 through 27a 28 29 29 -24,595. Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 30 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: . Use the Simplified and (b) the part of your home used for business: Method Worksheet in the instructions to figure the amount to enter on line 30 30 31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you 31 -24,595. checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32. 32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule 32a X All investment is at risk. SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. **32b** Some investment is not at risk. If you checked 32b, you must attach Form 6198. Your loss may be limited.

For Paperwork Reduction Act Notice, see the separate instructions.

REV 03/22/23 PRO

Schedu	e C (Form 1040) 2022	Page 2
Part	II Cost of Goods Sold (see instructions)	
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (at	tach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing invent If "Yes," attach explanation	ory?
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42
Part	Information on Your Vehicle. Complete this part only if you are claiming car o are not required to file Form 4562 for this business. See the instructions for line Form 4562.	
43 44	When did you place your vehicle in service for business purposes? (month/day/year) $01/22/2018$ Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your	
а	Business <u>12,580</u> b Commuting (see instructions) c	Other630
45	Was your vehicle available for personal use during off-duty hours?	🗙 Yes 🗌 No
46	Do you (or your spouse) have another vehicle available for personal use?	🗌 Yes 🛛 🗙 No
47a	Do you have evidence to support your deduction?	🗌 Yes 🛛 No
b	If "Yes," is the evidence written?	🗌 Yes 🗌 No
Part	V Other Expenses. List below business expenses not included on lines 8–26 or li	ine 30.
48	Total other expenses. Enter here and on line 27a	48

SCHEDULE E				Supplementa	al Inc	ome ai	nd Lo	SS			OMB No	0. 1545-0074
(Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)						20	22					
	ent of the Treasury Revenue Service			Attach to Form 1040 Go to www.irs.gov/ScheduleE fo					formation.		Attachm Sequen	nent ce No. 13
Name(s)	shown on return			-					Ye	our socia	al security	
SAI KRISHNA THADURI & PADMA PRIYA KESANAKURTHI 072-89-7964												
Part				From Rental Real Estate ar					·			
	Note: If yo	ou are	e in th	e business of renting personal prope from Form 4835 on page 2, line 40.	erty, use	Schedul	e C . See	e instru	ctions. If you are	an indiv	vidual, rep	ort farm
Α				nts in 2022 that would require you		Form(s)	10002 9	Soo ing	structions			
				u file required Form(s) 1099?								
1a				ch property (street, city, state, ZI		,						
Α	HNO 6-146	/4 H	PLO	r no 10 jillelguda ,hy:	DERAE	BAD TE	LANGA	NA I	N 500079			
В												
C												
1b	Type of Prope (from list below		2	For each rental real estate prope above, report the number of fair				Fa	ir Rental F Days	Person Da	al Use ys	QJV
Α	3	,		personal use days. Check the Q	JV bo	c only	Α		365		0	
В				if you meet the requirements to			В					
С				qualified joint venture. See instru	uctions	ō.	С					
Туре	of Property:								·		•	
1 :	Single Family R	eside	ence	3 Vacation/Short-Term Rer	ntal	5 Land	b		Self-Rental			
2	Multi-Family Re	sider	nce	4 Commercial		6 Roya	alties	8	Other (describe	e)		
									Properties			
Incom	ie:						Α		В			С
3	Rents received	. k			3		6	58.				
4	Royalties rece	ived			4							
Expen												
5	Advertising .				5							
6				tructions)								
7	Cleaning and r	maint	tena	псе	7		2,9	74.				
8	Commissions				8							
9	Insurance				9							
10	•			ional fees								
11							2,0	73.				
12				to banks, etc. (see instructions)	12							
13	Other interest				13							
14	Repairs				14			66.				
15					15		2,9	87.				
16					16							
17					17		2,8	79.				
18				r depletion	18							
19	Other (list)				19							
20	I otal expense	s. Ad	ad lin	es 5 through 19	20		13,4	79.				
21				ne 3 (rents) and/or 4 (royalties). If								
				structions to find out if you must			-12,8	21				
00							-12,0	21.				
22				state loss after limitation, if any, ructions)		(12,82	>1	()	()
23a				orted on line 3 for all rental prope		N	14,02	21.) 23a) 658.	()
b			-	orted on line 4 for all royalty prop			• •	23b	,			
c				orted on line 12 for all properties			•••	23c				
d				orted on line 18 for all properties				23d				
e			-	orted on line 20 for all properties				23e	13,4	179.		
24			-	amounts shown on line 21. Do no						24		
25				ses from line 21 and rental real esta						25	(12,821.)
26			-	e and royalty income or (loss).							· · · ·	, •)
				and line 40 on page 2 do not								
				, line 5. Otherwise, include this a						26	-	-12,821.
For Pa	perwork Reduct	ion A	ct No	otice, see the separate instructions	5.	NI	PA		-12,821.			orm 1040) 2022

SCHEDULE 8812 (Form 1040)

Department of the Treasury

Internal Revenue Service

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

Attach to	Form 104	40. 1040-SR.	or 1040-NR.
/	1 01111 10	,	01 10 10 1111

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

2022 Attachment Sequence No. 47

Name(s) shown on return		Your	social se	curity number	
SAI	KRISHNA THADURI & PADMA PRIYA KESANAKURTHI		072-	-89-7	964	
Pa	t I Child Tax Credit and Credit for Other Dependents					
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR			1	219,144.	
2a	Enter income from Puerto Rico that you excluded					
b	Enter the amounts from lines 45 and 50 of your Form 2555		0.			
c	Enter the amount from line 15 of your Form 4563 . . <th .<="" th=""><th></th><th></th><th></th><th></th></th>	<th></th> <th></th> <th></th> <th></th>				
d	Add lines 2a through 2c			2d	0.	
3	Add lines 1 and 2d			3	219,144.	
4	Number of qualifying children under age 17 with the required social security number		1			
5	Multiply line 4 by \$2,000			5	2,000.	
6	Number of other dependents, including any qualifying children who are not under age17 or who do not have the required social security number6		0			
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. nation alien. Also, do not include anyone you included on line 4.	al, or U.S. resid	lent			
7	Multiply line 6 by \$500			7		
8	Add lines 5 and 7			8	2,000.	
9	Enter the amount shown below for your filing status.					
	• Married filing jointly—\$400,000					
	• All other filing statuses— $$200,000 \int \dots $			9	400,000.	
10	Subtract line 9 from line 3.					
	• If zero or less, enter -0					
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For					
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.			10	0.	
11	Multiply line 10 by 5% (0.05)			11	0.	
12	Is the amount on line 8 more than the amount on line 11?			12	2,000.	
	○ No. STOP. You cannot take the child tax credit, credit for other dependents, or addition Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.	al child tax cr	edit.			
	Yes. Subtract line 11 from line 8. Enter the result.					
13	Enter the amount from the Credit Limit Worksheet A		1	13	26,550.	
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other depende	nts	. [14	2,000.	
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.					
	If the amount on line 12 is more than the amount on line 14, you may be able to tak	e the additio	nal ch	ild tax	credit	
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-S	R. or 1040-N	R thro	ough li	ne 27	

(also complete Schedule 3, line 11) before completing Part II-A.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/22/23 PRO Schedule 8812 (Form 1040) 2022

Schedu	le 8812 (Form 1040) 2022		Page 2
Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lin	e 27	🔲
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a	0.
b 17 18a b 19	Number of qualifying children under 17 with the required social security number: x \$1,500. Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 Enter -0- on line 27 . . TIP: The number of children you use for this line is the same as the number of children you used for line 4. Enter the smaller of line 16a or line 16b . Earned income (see instructions) . Is the amount on line 18a more than \$2,500? No. No. Leave line 19 blank and enter -0- on line 20.	16b 17	
20	 ❑ Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	20	Puerto Pico
Part		S OT I	vuerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions. 21		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 .		
23	Add lines 21 and 22		
24	1040 and1040-SR filers:Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11.1040-NR filers:Enter the amount from Schedule 3 (Form 1040), line 11.24		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the larger of line 20 or line 25	26	
Part	II-C Additional Child Tax Credit		
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	
	BAA REV 03/22/23 PRO Sct	edule 8	812 (Form 1040) 2022

Form 8936
(Rev. January 2023)

Department of the Treasury

Qualified Plug-in Electric Drive Motor Vehicle Credit

(Including Qualified Two-Wheeled Plug-in Electric Vehicles and New Clean Vehicles)

Attach to your tax return.

OMB No. 1545-2137

Attachment Sequence No. 69

Identifying number

072-89-7964

Go to www.irs.gov/Form8936 for instructions and the latest information. Internal Revenue Service Name(s) shown on return

SAI KRISHNA THADURI & PADMA PRIYA KESANAKURTHI

Note: This credit is for qualified plug-in electric drive motor vehicles placed in service before 2023, qualified two-wheeled plug-in electric vehicles acquired before but placed in service in 2022, and new clean vehicles placed in service after 2022. See separate instructions for vehicle definitions and other requirements.

Part	Tentative Credit			
	separate column for each vehicle. If you need more colum ditional Forms 8936 and include the totals on lines 12 and	(a) Vehicle 1	(b) Vehicle 2	
1	Year, make, and model of vehicle	1	TESLA 3	
2	Vehicle identification number (see instructions) .	2	5YJ3E1EA5NF376370	
3	Enter date vehicle was placed in service (MM/DD/YYYY)	3	10/30/2022	
4a	If the vehicle is a two-wheeled vehicle, enter the cost of the vehicle. If the vehicle has at least four wheels, see instructions	4a	7,500.	
b	Phase-out percentage (see instructions)	4b	100.00 %	%
с	Tentative credit. Multiply line 4a by line 4b	4c	7,500.	

Next: If you did NOT use your vehicle for business or investment purposes and did not have a credit from a partnership or S corporation, skip Part II and go to Part III. All others, go to Part II.

Part	Part II Credit for Business/Investment Use Part of Vehicle						
5	Business/investment use percentage (see instructions)	5	9	6 %			
6	Multiply line 4c by line 5. If the vehicle has at least four wheels, leave lines 7 through 10 blank and go to line 11	6					
7	Section 179 expense deduction (see instructions) .	7					
8	Subtract line 7 from line 6	8					
9	Multiply line 8 by 10% (0.10)	9					
10	Maximum credit per vehicle	10	2,50	2,500			
11	For vehicles with four or more wheels, enter the amount from line 6. If the vehicle is a two-wheeled vehicle, enter the smaller of line 9 or line 10	11					
12	Add columns (a) and (b) on line 11						
13	Qualified plug-in electric drive motor vehicle credit from p (see instructions)						
14	Business/investment use part of credit. Add lines S corporations, stop here and report this amount on Sch amount on Form 3800, Part III, line 1y	nedule	e K. All others, report this				

Note: Complete Part III to figure any credit for the personal use part of the vehicle.

Part III Credit for Personal Use Part of Vehicle

			(a) Vehicle 1		(b) Vehicle 2
15	If you skipped Part II, enter the amount from line 4c. If you completed Part II, subtract line 6 from line 4c. If the vehicle has at least four wheels, leave lines 16 and 17 blank and go to line 18	15	7,5	00.	
16	Multiply line 15 by 10% (0.10)	16			
17	Maximum credit per vehicle. If you skipped Part II, enter \$2,500. If you completed Part II, subtract line 11 from line 10	17			
18	For vehicles with four or more wheels placed in service before 2023, enter the amount from line 15. If the vehicle is a two-wheeled vehicle, enter the smaller of line 16 or line 17. For vehicles placed in service after 2022, see instructions	18	7,5	00.	
19	Add columns (a) and (b) on line 18			19	7,500.
20	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18				34,050.
21	Personal credits from Form 1040, 1040-SR, or 1040-NR (21			
22	Subtract line 21 from line 20. If zero or less, enter -0- an the personal use part of the credit .	22	34,050.		
23	Personal use part of credit. Enter the smaller of lin Schedule 3 (Form 1040), line 6f. If line 22 is smaller than li	23	7,500.		

REV 03/22/23 PRO Form **8936** (Rev. 1-2023)

	B867 Paid Preparer's Due Diligence Check Extract laceme Credit (EIC) American Opportunity Tax Credit	klist	ОМВ	No. 1545	5-0074
	vember 2022) Earned Income Credit (EIC), American Opportunity Tax Credit Child Tax Credit (CTC) (including the Additional Child Tax Credit Credit for Other Dependents (ODC)), and Head of Household (HOP			For tax y 20	/ear
	ent of the Treasury Revenue Service To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR Go to www.irs.gov/Form8867 for instructions and the latest i	, 1040-PR, or 1040-SS		hment ence No.	70
Taxpaye	r name(s) shown on return	Taxpayer identifica	ation number	;	
SAI	KRISHNA THADURI & PADMA PRIYA KESANAKURTHI	072-89-79	964		
Prepare	's name	Preparer tax identi	fication num	ber	
SYAI	1 PRIYA RAM SAGAR GUPTA TALLAM	P02082703	}		
Part	I Due Diligence Requirements				
	check the appropriate box for the credit(s) and/or HOH filing status claimed on the benefit(s) claimed (check all that apply). \Box EIC \mathbf{X} CT		ete the rel		arts I–V HOH
1	Did you complete the return based on information for the applicable tax year provi or reasonably obtained by you? (See instructions if relying on prior year earned inco		er Yes	No	N/A
2	If credits are claimed on the return, did you complete the applicable EIC and, worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or S 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions worksheet(s) that provides the same information, and all related forms and scheme scheme information.	or CTC/ACTC/ODC chedule 8812 (Forn ctions, or your own	C n n it		
	claimed?		×		
3	 Did you satisfy the knowledge requirement? To meet the knowledge requirement, the following. Interview the taxpayer, ask questions, and contemporaneously document the taxp determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing statuse. Review information to determine that the taxpayer is eligible to claim the credit 	oayer's responses to us. s) and/or HOH filing	o		
	status and to figure the amount(s) of any credit(s)		×		
4	Did any information provided by the taxpayer or a third party for use in preprinformation reasonably known to you, appear to be incorrect, incomplete, or incomplete, answer questions 4a and 4b. If " No ," go to question 5.) \ldots	onsistent? (If "Yes,		X	
а	Did you make reasonable inquiries to determine the correct, complete, and consiste	ent information? .			
b	Did you contemporaneously document your inquiries? (Documentation should in you asked, whom you asked, when you asked, the information that was provided information had on your preparation of the return.)	, and the impact the			
5	Did you satisfy the record retention requirement? To meet the record retention receives a copy of your documentation referenced in question 4b, a copy of this Form applicable worksheet(s), a record of how, when, and from whom the information us 8867 and any applicable worksheet(s) was obtained, and a copy of any document taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing the arradit(c).	8867, a copy of an sed to prepare Forn at(s) provided by the og status or to figure	y n e e		
	the amount(s) of the credit(s)		×		
	List those documents provided by the taxpayer, if any, that you relied on:				
			-		
			-		
6	Did you ask the taxpayer whether he/she could provide documentation to substant credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on return is selected for audit?	the return if his/he			
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a pre				
	(If credits were disallowed or reduced, go to question 7a; if not, go to question	•			
а	Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prep correct Schedule C (Form 1040)?		d 🛛		

For Paperwork Reduction Act Notice, see separate instructions.

REV 03/22/23 PRO

Form 8867 (Rev. 11-2022)

Form 88	367 (Rev. 11-2022)			Page 2
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part		claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	X		
Part		, go tc	Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu tuition and related expenses for the claimed AOTC?	alified	Yes	No
Part	V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	s, go te	o Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the ta and provided more than half of the cost of keeping up a home for the year for a qualifying person?	x year	Yes	No
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	/or HO	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responsion your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);	nses or s) and/c	n the ret or HOH	urn or filing
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed;	list for a	any app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			

2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.

-

- 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
- 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
- 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

15	Do you certify	/ that	all	of t	he	ansv	wers	or	n this	s Fo	rm	886	67 a	re, t	o th	e b	est	of y	/our	knc	owle	edge	e, tru	le,	cori	rect	, and	Yes	No
	complete?																											X	

REV 03/22/23 PRO

Form 8867 (Rev. 11-2022)

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 20 Attachment Sequence No. 71

Name(s)	shown on return	Your socia	al secu	rity number
SAI	KRISHNA THADURI & PADMA PRIYA KESANAKURTHI	072-8	9-79	64
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	,560.		
2	Unreported tips from Form 4137, line 6			
3	Wages from Form 8919, line 6			
4	Add lines 1 through 3	,560.		
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 5 250	,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0		6	6,560.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and			
	Part II		7	59.
Part	II Additional Medicare Tax on Self-Employment Income			
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 10			
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 he			
	go to Part III		13	
Part		ion		
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14			
45	(see instructions)			
15	Enter the following amount for your filing status:			
	Married filing jointly			
	Married filing separately			
16	Single, Head of household, or Qualifying surviving spouse \$200,000 15		16	
16	Subtract line 15 from line 14. If zero or less, enter -0	+	16	
17			17	
Part	Enter here and go to Part IV	• •	17	
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 10			
10	or 1040-SS filers, see instructions), and go to Part V.		18	50
Part			10	59.
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form			
10		,720.		
20		5,560.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax	,		
		,720.		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medica			
	withholding on Medicare wages	1	22	0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W	+		~ • •
	14 (see instructions)		23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amou	1		
-	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040			
	1040-SS filers, see instructions)		24	0.

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

Schedule C (SOFTWARE ENGINEER): Profit or Loss from Business Ln 24b: 50% limit

Ln 24b: 50% limit	Itemization Statement
Description	Amount
M&E (240D*\$20P.D) AS PER IRS PUB 1542	4,800.
Total	4,800.

Schedule C (SOFTWARE ENGINEER): Profit or Loss from Business Line 25

Description	Amount
PHONE BILL (12M*100)	1,200.
INTERNET BILLS (12M*65)	780.
Total	1,980.

1

Itemization Statement

072-89-7964





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

Individual Income Tax Return Georgia Department of Revenue

2022 (Approved software version)

Page 1

Fiscal Year Beginning	STATE GA ISSUED			
Fiscal Year Ending	YOUR DRIVER'S LICENSE/STATE ID		060264296	
YOUR FIRST NAME 1. SAI KRISHNA		МІ	YOUR SOCIAL SECURITY NUMBER 072-89-7964	
LAST NAME (For Name Change See IT- THADURI	511 Tax Booklet)		SUFFIX	
SPOUSE'S FIRST NAME PADMA PRIYA		MI	SPOUSE'S SOCIAL SECURITY NUMBER 774-89-0361	DEPARTMENT USE ONLY
last name KESANAKURTHI			SUFFIX	
ADDRESS (NUMBER AND STREET or P.O. B 2. 3245 BARTEE WALK CITY (Please insert a space if the city has m 3. SUWANEE		e for Ap	t, Suite or Building Number) CHECK IF ADDRESS HAS CHAN STATE ZIP CODE GA 30024	GED
(COUNTRY IF FOREIGN)				
4. Enter your Residency Status with the a	appropriate number			Residency Status 4. 1
1. FULL- YEAR RESIDENT 2. PART- YEAR RE	SIDENT		то	3. NONRESIDENT
Omit Lines 9 thru 14 and use F	Form 500 Schedul	le 3 if	you are a part-year or nonresident file	er. Filing Status
5. Enter Filing Status with appropriate	letter (See IT-511 T	ax Bo	oklet)	0
A. Single B. Married filing joint C. Married filing	g separate (Spouse's socia	I securit	y number must be entered above) D. Head of Household	or Qualifying Surviving Spouse
6. Number of exemptions (Check app	ropriate box(es) and	enter	total in 6c.) 6a. Yourself × 6b. Spous	e × 6c. 2
7a. Number of Dependents (Enter details	on Line 7b., and DO N	IOT inc	clude yourself or your spouse)	7a. 1

This Page (1) is required for processing

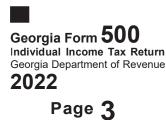
Georgia Form 500
Individual Income Tax Return
Georgia Department of Revenue
2022
Page 2



YOUR SOCIAL SECURITY NUMBER 072-89-7964

7b. Dependents (If you have more than 4 dependents, a	, ,	
First Name, MI. DHITYAA SHREE	Last Name THADURI	
Social Security Number	Relationship to You	
104-39-4494	DAUGHTER	
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 Number	Relationship to You	
INCOME COMPUTATIONS If amount on line 8, 9, 10, 13 or 15 is negative, use the n	ninus sign (-). Example -3456.	
 Federal adjusted gross income (From Federal Form 104 (Do not use FEDERAL TAXABLE INCOME) If the amoun W-2s you must include a copy of your Federal Form 10 	nt on Line 8 is \$40,000 or more, or your gr	219144 oss income is less than your
9. Adjustments from Form 500 Schedule 1 (See IT-511 Ta	x Booklet)	
10. Georgia adjusted gross income (Net total of Line 8 and	Line 9) 10.	219144
11. Standard Deduction (Do not use FEDERAL STANDARD (See IT-511 Tax Booklet)	DEDUCTION) 11a.	7100
b. Self: 65 or over? Blind? Total	x 1,300= 11b.	
Spouse: 65 or over? Blind? c. Total Standard Deduction (Line 11a + Line 11b) Use EITHER Line 11c OR Line 12c (Do not write on both		7100
12. Total Itemized Deductions used in computing Federal Taxa	ble Income. If you use itemized deductions,	you must include Federal Schedule A.
a. Federal Itemized Deductions (Schedule A- Form 104	l0) 12a.	
b. Less adjustments: (See IT-511 Tax Booklet)	12b.	
c. Georgia Total Itemized Deductions	12с.	

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YOUR SOCIAL SECURITY NUMBER

072-89-7964

14a. Enter the number from Line 6c. 2 Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	7400
14b. Enter the number from Line 7a. 1 Multiply by \$3,000	14b.	3000
14c. Add Lines 14a. and 14b. Enter total	14c.	10400
 15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14) 15b. 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.	201644
15c. Georgia Taxable Income (Line 15a less Line 15b)	15c.	201644
16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet)	16.	11360
17. Low Income Credit 17a. 17b.	17c.	
18. Other State(s) Tax Credit (Include a copy of the other state(s) return)	18.	
19. Credits used from IND-CR Summary Worksheet	19.	
20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be file electronically)	d 20.	
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.	0
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.	11360

INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from Form G2-RP Line 12 or 13; Form G2-LP Line 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	1.	WITHHOLDING TYPE: XW-2 G2-A G2-LP 1099 G2-FL G2-RP	1.	WITHHOLDING TYPE: X W-2 G2-A G2-LP 1099 G2-FL G2-RP
2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) ★ SSN 474638869	2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN 474638869	2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN 464247594
3.	EMPLOYER/PAYER STATE WITHHOLDING ID 3460008 HV	3.	EMPLOYER/PAYER STATE WITHHOLDING ID $3460008\mathrm{HV}$	3.	EMPLOYER/PAYER STATE WITHHOLDING ID 3320931SD
4.	GA WAGES / INCOME 128880	4.	GA WAGES / INCOME 123200	4.	GA WAGES / INCOME 4480
5.	GA TAX WITHHELD 7102	5.	ga tax withheld 6762	5.	ga tax withheld 216

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

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YOUR SOCIAL SECURITY NUMBER 072 - 89 - 7964

Page 4

2. EMPLOYER/PAYER STATE WITHHOLDING ID 3. EMPLOYER/PAYER STATE WITHHOLDING ID 3. EMPLOYER/PAYER STATE WITHHOLDING ID 4. GA WAGES / INCOME 5. GA TAX WITHHELD 5. GA TAX WITHHELD 5. GA TAX WITHHELD 5. GA TAX WITHHELD 23. Georgia Income Tax Withheld Only and Include W-2s and/or 1099s) 23. (Enter Tax Withheld Only and Include W-2s and/or 1099s) 24. (Must Include 3C 2-A, C2-LP, and/or C2-RP) 24. (Must Include 3C 2-A, C2-LP, and/or C2-RP) 24. (Must Include 2C 2-A, C2-LP, and/or C2-RP) 24. (Must Include 2C 2-A, C2-LP, and/or C2-RP) 25. Estimated Tax paid for 2022 and Form IT-560 25. (Cannot be claimed unless filed electronically) 26. (Cannot be claimed unless filed electronically) 27. 14080 28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due. 28. 29. 27200 30. 0 30. Amount to be credited to 2023 ESTIMATED TAX. 30. 0 31. 31. 32. 32. Georgia Fund for Children and Elderly (No gift of less than \$1.00)	1. 2.	(INCOME STATEMENT D) WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	1. 2.	(INCOME STATEMENT E) WITHHOLDING TYPE: W-2 G2-A 1099 G2-FL EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	G2-LP G2-RP	1. 2.	(INCOME STATEMENT F) WITHHOLDING TYPE: W-2 G2-A 1099 G2-FL EMPLOYER/PAYER FEDERA ID NUMBER (FEIN) SSI	_
5. GA TAX WITHHELD 5. GA TAX WITHHELD 5. GA TAX WITHHELD 23. Georgia Income Tax Withheld on Wages and 1099s. (Enter Tax Withheld Only and include W-2s and/or 1099s) 23. 14080 24. Other Georgia Income Tax Withheld. (Must include G2A, G2-FL, G2-LP and/or G2-RP) 24. 24. 25. Estimated Tax paid for 2022 and Form IT-560 25. 25. 26. Schedule 2B Refundable Tax Credits. (Cannot be claimed unless filed electronically) 27. 14080 27. Total prepayment credits (Add Lines 23, 24, 25 and 26). 27. 14080 28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter belance due. 28. 29. If Line 27 exceeds Line 27, subtract Line 22 from Line 27 and enter overpayment. 29. 27220 30. Amount to be credited to 2023 ESTIMATED TAX	3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PAYER STATE W	ITHHOLDING ID	3.	EMPLOYER/PAYER STATE	WITHHOLDING ID
23. Georgia Income Tax Withheld on Wages and 1099s 23. 14080 14080 [Enter Tax Withheld Only and include W-2s and/or 1099s] 24. (Must include G2-A, G2-FL, G2-LP and/or G2-RP) 24. 25. Estimated Tax paid for 2022 and Form IT-560 25. 26. (Cannot be claimed unless filed electronically) 27. 27. Total prepayment credits (Add Lines 23, 24, 25 and 26)	4.	GA WAGES / INCOME	4.	GA WAGES / INCOME		4.	GA WAGES / INCOME	
(Enter Tax Withheld Only and include W-2s and/or 1099s) 24. (Must include G2-A, G2-FL, G2-LP and/or G2-RP) 25. 25. Estimated Tax paid for 2022 and Form IT-560 25. 26. Schedule 2B Refundable Tax Credits	5.	GA TAX WITHHELD	5.	GA TAX WITHHELD		5.	GA TAX WITHHELD	
(Must include G2-A, G2-FL, G2-LP and/or G2-RP) 25. 26. 27. 28. 29. 29. 29. 29. 29. 29. 29. 29. 29. 20. 20. 21. 22. 23. 24. 25. 26. (Cannot be claimed unless filed electronically) 27. 27. 28. 29. 21. 22. 23. 24. 25. 26. 27. 28. 29. 272.0 30. 31. 32. 33. 34. 35. 36. 36. 37. 38. 38.	23.				23.			14080
25. Estimated Tax paid for 2022 and Form IT-560 25. 26. Schedule 2B Refundable Tax Credits	24.				24.			
(Cannot be claimed unless filed electronically) 27. 14080 27. Total prepayment credits (Add Lines 23, 24, 25 and 26)	25.	·		,	25.			
28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due	26.				26.			
balance due	27.	Total prepayment credits (Add Lines 23, 2	24, 2	5 and 26)	27.			14080
overpayment29.272030.Amount to be credited to 2023 ESTIMATED TAX30.031.Georgia Wildlife Conservation Fund (No gift of less than \$1.00)31.32.Georgia Fund for Children and Elderly (No gift of less than \$1.00)32.33.Georgia Cancer Research Fund (No gift of less than \$1.00)33.34.Georgia Land Conservation Program (No gift of less than \$1.00)34.35.Georgia National Guard Foundation (No gift of less than \$1.00)35.36.Dog & Cat Sterilization Fund (No gift of less than \$1.00)36.37.Saving the Cure Fund (No gift of less than \$1.00)37.38.Realizing Educational Achievement Can Happen (REACH) Program38.	28.				28.			
31.Georgia Wildlife Conservation Fund (No gift of less than \$1.00)	29.	-			29.			2720
 Georgia Fund for Children and Elderly (No gift of less than \$1.00)	30.	Amount to be credited to 2023 ESTIMA	TED) TAX	30.			0
 33. Georgia Cancer Research Fund (No gift of less than \$1.00)	31.	Georgia Wildlife Conservation Fund (No	gift o	of less than \$1.00)	31.			
 34. Georgia Land Conservation Program (No gift of less than \$1.00)	32.	Georgia Fund for Children and Elderly (N	lo gi	ift of less than \$1.00)	32.			
 35. Georgia National Guard Foundation (No gift of less than \$1.00)	33.	Georgia Cancer Research Fund (No gift	of le	ess than \$1.00)	33.			
 36. Dog & Cat Sterilization Fund (No gift of less than \$1.00)	34.	Georgia Land Conservation Program (No	o gift	of less than \$1.00)	34.			
 37. Saving the Cure Fund (No gift of less than \$1.00)	35.	Georgia National Guard Foundation (No (gift o	of less than \$1.00)	35.			
38. Realizing Educational Achievement Can Happen (REACH) Program	36.	Dog & Cat Sterilization Fund (No gift of le	essi	than \$1.00)	36.			
	37.	Saving the Cure Fund (No gift of less th	an \$	1.00)	37.			
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Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue 2022	2	300411554		YOUR SOCIAL SECU 072-89-7964	RITYNUMBER	
Page 5						
39. Public Safety Memorial Grant (No gi	ft of less than \$1.00).					
40. Form 500 UET (Estimated tax pena	lty) 500 UET excep	tion attached 40.				
41. Penalty: Late Payment and/or Late F	iling	41.				
42. Interest						
43. (If you owe) Add Lines 28, 31 thr MAKE CHECK PAYABLE TO GEOR Mail To: GEORGIA DEPARTMENT O PO BOX 740399 ATLANTA, GA 3037	GIA DEPARTMENT OF OF REVENUE PROCES	REVENUE,				
44. (If you are due a refund) Subtract the THIS IS YOUR REFUND Refund Due Mail To: GEORGIA DEPA PO BOX 740380 ATLANTA, GA 30374	RTMENT OF REVENU		TER,		2720	
If you do not enter Direct Deposit	information or if you	are a first time file	r you will be is	sued a paper check.		
44a. Direct Deposit (U.S. Accounts Only) Type: Routing Number 021000322	Checking X Savings	Account Number Д	830576863	82		
Mail pages 1-5 and any I/We declare under the penalties of perjury that I/w and belief, it is true, correct, and complete. If prep	e have examined this return	(including accompanying	schedules and state	ements) and to the best of n	ny/our knowledge	
Taxpayer's Signature (Check b	oox if deceased)	Spouse's Sign	ature	(Check box if deceased)		
Taxpayer's Date of Death		Spouse's Date	Spouse's Date of Death			
Taxpayer's Signature Date	Taxpayer's Phone Number 518-416-8044		S	Spouse's Signature Date		
By providing my e-mail address I am authorizin my account(s). Taxpayer's E-mail Address	g the Georgia Department	of Revenue to electronical	ly notify me at the b	elow e-mail address regardii	ng any updates to	
				I authorize DOR t with the named p	o discuss this return reparer.	
			Preparer's Pho			
SYAM PRIYA RAM SAGAR GUP	TA TALLAM		678-965	-9522		
Signature of Preparer Name of Preparer Other Than Taxpay	ver		Preparer's FE	IN		
SYAM PRIYA RAM SAGAR			84-3171			
Preparer's Firm Name GLOBAL TAXES LLC			Preparer's SS P020827	N/PTIN/SIDN		

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