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

IIILEIIIAI N	leveliue del vice						
Submis	ssion Identification Number (SID)						
Taxpayer	r's name		Social se	curity nu	mber		
VIKR	RAM REDDY ADELLI		677-	80-05	07		
Spouse's	s name		Spouse's	social s	ecurity	number	
Part		(Enter	year yo	u are a	autho	izing.))
	whole dollars only on lines 1 through 5.						
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			1.4	1	~ ~	0.51
	Adjusted gross income						<u>,951.</u> ,503.
	Total tax						
				. 4			,086.
	Amount you want refunded to you			. —			,583.
Part	,					retur	rn)
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or a						
to send for any of Agent to paymen authoriz paymen business taxes to persona	original or amended) I am now authorizing. I consent to allow my intermediate service provider my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reaso delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account of my federal taxes owed on this return and/or a payment of estimated tax, and the financial ration is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the tit, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellar is days prior to the payment (settlement) date. I also authorize the financial institutions involved to receive confidential information necessary to answer inquiries and resolve issues related all identification number (PIN) below is my signature for the income tax return (original or amentics Funda Withdray (Consert).	on for reject ze the U.S count indict institution terminate attion requested in the part of the part o	ction of the street of the str	he trans iny and it he tax p t the ent orization at be rea ig of the further	mission as designered by to the as To re ceived acknow acknow acknow a	n, (b) the gnated I gnated I ion soft is according to the control of the contro	e reason Financial tware for unt. This cancel) a r than 2 yment of that the
	nic Funds Withdrawal Consent.						
	yer's PIN: check one box only			0 0	5 0	7	
×	I authorize GLOBAL TAXES LLC to enter or ge	enerate m	ny PIN	Enter fi	ve digit	s, but	as my
	signature on the income tax return (original or amended) I am now authorizing.			don't e	nter all	zeros	
	I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN and your return is filed using the Practitioner PI below.						
Your si	ignature ▶ Da	ate▶					
Spous	e's PIN: check one box only						
Ороцо	I authorize to enter or ge	nerate m	ny PINI				as my
Ш	ERO firm name	onorate n	1y 1 114	Enter fi	ve digit	s, but	asiny
	signature on the income tax return (original or amended) I am now authorizing.			don't e			
	I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PI below.	,		_			_
Spouse	e's signature ► Da	ate ►					
	Practitioner PIN Method Returns Only—continue	below					
Part I	II Certification and Authentication — Practitioner PIN Method Only						
FRO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2	2 4	9 6	6 1	9 8	9
21100	ET 1147 I 1141 Enter your onk digit En 114 followed by your 1140 digit oon oblocted i 114.			t enter al			
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual ir ted to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I aments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providence.	am submit	tting this	return i	n acco	rdanće	
ERO's	signature ▶ Da	ate ►					
	ERO Must Retain This Form — See Instructi						
	Don't Submit This Form to the IRS Unless Requeste		o So				

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.

person is a child but not your dependent: VIRRAM REDDY ADEILIT Spouse's first name and middle initial Last name ADEILIT S77-80-0507 Spouse's social security number 577-80-0507 Spouse's social security number S77-80-0507 Spouse's social security number ADEILIT S77-80-0507 Apt. no.	Filing Status	X S	Single Married filing jointly	Marri	ed filing separatel	y (MFS)	Head of	hous	sehold (HOF	l) [ifying surv	iving	
person is a child but not your dependent: VIKRAM_REDDY ADELLI ADELL	one box.	If yo	u checked the MFS box, enter the	name of	your spouse. If yo	u check	ed the HOH or	r QS	S box, ente	r the c			e qualifying	
## ADELLI Last rame Spouse's social security number State Spouse's social security number State					,				,				, , , ,	
If joint return, spouse's first name and middle initial Last name Apt. no. 375 CHERRY TREE DR	Your first name	and mi	ddle initial	Last na	ame					Y	our so	cial security	y number	
Presidential Election Campaign State Providential Election Campaign State Presidential Election Campaign Pr	VIKRAM H	REDD'	7	ADEI	LLI	_{T.T}					677-80-0507			
City, Iron, or post office. If you have foreign address, also complete spaces below. State ZIP code OH 44136 OH A4136 OH A4136 OH OH A4136 OH OH A4136 OH OH OH OH OH OH OH O	If joint return, s	pouse's	first name and middle initial							-				
City, Iron, or post office. If you have foreign address, also complete spaces below. State ZIP code OH 44136 OH A4136 OH A4136 OH OH A4136 OH OH A4136 OH OH OH OH OH OH OH O														
State City Town, or post office. If you have a foreign address, also complete spaces below. State City Storm, or post office. If you have a foreign address, also complete spaces below. Oiff 44.13.6 STRONGSVILLE Foreign country name Foreign province/state/country Foreign postal code Poreign postal code Standard City C	Home address	(numbe	r and street). If you have a P.O. box, se	e instruct	ions.				Apt. no.	Pı	resider	ntial Election	n Campaign	
STRONGSVILLE Solution Stroke Substitution Stroke Substitution Stroke Substitution	9365 CH	ERRY	TREE DR						311			, ,	,	
STRONGSYLLLE	City, town, or p	ost offic	ce. If you have a foreign address, also o	complete s	spaces below.	Sta	te	ZIP	code					
Spouse Income Attach Form(s) W-2 pero Also and Earth Form(s) W-2 pero Also and Earth Form(s) W-2 pero Also and Earth Form (spendents, see instructions) Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1 to 90 and 1 to 9	STRONGS	/ILLE	C			OF	I	44	136					
Digital Assets	Foreign country	y name			Foreign province/sta	ate/coun	ty	Fore	eign postal co	de yo	our tax	or refund.	· ·	
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Was born before Januar												You	Spouse	
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Was born before Januar	Digital	At ar	y time during 2022, did you: (a) re	ceive (as	a reward, award,	or payr	ment for prope	erty c	r services);	or (b)	sell,			
Spouse itemizes on a separate return or you were a dual-status alien	Assets	exch	ange, gift, or otherwise dispose of	a digital	asset (or a finance	ial inter	est in a digital	asse	et)? (See ins	structi	ons.)	☐ Yes	X No	
Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Dependents (see instructions): (2) Social security (3) Relationship to you Child tax credit Credit for other dependents han four dependents, see instructions	Standard	Som	eone can claim: 🗌 You as a d	epender	t Your spo	ouse as	a dependent							
Comparison Com	Deduction		Spouse itemizes on a separate retu	ırn or yo	u were a dual-stat	us alien	ı							
Comparison Com	Age/Rlindness	. Vou	Were born before January 2	1958	Are blind	Snouse	• 🗆 Was box	rn he	ofore Janua	n/2 1	958	☐ le bli	nd	
If more than four dependents, see instructions and check here				1000 [T	•				, ,				
If more than four dependents, see instructions and check here	-			(2) decial security (b) Helationship				· 1						
dependents, see instructions and check here		(1)	Last name			Offind tax cre								
Income	dependents,												┪	
Income Income Income Income Attach Form(s) W-2 here. Also W-2		s ——								_		Ī	-	
b Household employee wages not reported on Form(s) W-2 Attach Form(s) W-2 here, Also attach Forms W-2 here, Also attach Forms W-26 and 1099- Rif tax was withheld. If you did not get a Form W-2. see instructions. Z Add lines 12 and 13. Attach Sch. B (a landard) Deduction for Single or Married filing separately, St2,950 Married	here	1								_		Ī	 -	
b Household employee wages not reported on Form(s) W-2 Attach Form(s) W-2 here, Also attach Forms W-2 here, Also attach Forms W-26 and 1099- Rif tax was withheld. If you did not get a Form W-2. see instructions. Z Add lines 12 and 13. Attach Sch. B (a landard) Deduction for Single or Married filing separately, St2,950 Married		1a	Total amount from Form(s) W-2.	box 1 (se	ee instructions)			_			1a	7	 '4 . 171	
Attach Forms W-2 here. Also attach Forms W-2 gand 1099-Ri ft ax was withheld. If you did not get a Form W-2, see instructions. If required. Attach Sch. B a qualified dividends . 3a Qualified dividends . 3a Qualified filing separately. \$12,890	income			,	,									
W-2 here. Also attach Forms W-2G and 1099-R it tax was withheld. If you idid not get a Form h h Get at Form h h Get at Form Household, separately. Strandard Deduction for— Single or Married filing separately. Strandard Ocularlying separately. Strandard Or Qualifying surviving spouse, \$25,800 Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1	Attach Form(s)													
W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. Add lines 1a through 1h Attach Sch. B aif required. Add lines 1a distributions. Add oulified dividends . 3a bordinary dividends . 3b bordinary dividends . 3c and annuities . 5a bordinary dividends . 3c and annuities . 5a bordinary dividends . 3c and annuities . 5c a bordinary dividends . 3c and annuities . 5c a bordinary dividends . 3c and annuities . 5c a bordinary dividends . 3c and annuities . 5c a bordinary dividends . 3c and annuities . 5c a bordinary dividends . 3c and annuities . 5c a bordinary dividends . 3c and annuities . 5c a bordinary dividends . 5c a bordinary dividends . 3c and annuities . 5c a bordinary dividends . 3c an		d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d				
## was withheld. If you did not get a form howehold. If you elect to use the lump-sum election method, check here (see instructions) ## Wages from Form 8919, line 6 ## Wages from Form 8919, line 11 ## Wages from Form 8919, line 6 ## Wages from Form 8919, line 11 ## Wages from Form 8919, line 29 ## Wages from Form 8919, line 11 ## Wages from Form 8919, line 11 ## Wages from Form 8919, line 12 ## Wages from Form 8919, line 14 from line 11 lf zero or less enter -0. This is your taxable income ## Wages from Form 8919, line 12 ## Wages from Form 891, line 10 ## Wages from Form 8919, line 12 ## Wages from Form 8919, line 12 ## Wages from Form 8919, line 12 ## Wage	W-2G and	е								1e				
get a Form W2, see instructions. Mages from Form 8919, line 6 1g	1099-R if tax	f	Employer-provided adoption ben	•							1f			
Action Standard Peduction for Standard diling separately, \$12,950 Married filing pionithy or Qualifying spouse, \$25,900 Head of household, \$19,400 Head of household, \$19,400		g	Wages from Form 8919, line 6 .								1g			
Instructions. Z Add lines 1a through 1h	get a Form	h	Other earned income (see instruc	ctions)									0.	
Add lines 1a through 1h Attach Sch. B Attach Sch. B Tax-exempt interest	W-2, see	i	Nontaxable combat pay election	(see inst	ructions)		lai	i						
If required. 3a Qualified dividends 3a b Ordinary dividends	instructions.	z	Add lines 1a through 1h								1z	7	4,171.	
dediction for — Single or Married filing jointly or Qualifying Surviving spouse, \$25,900 Head of household, \$19,400 If you nedected any box under \$25,900 If you nedected \$25,900 If you nedec	Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interes	t			2b			
Standard Deduction for—Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, 15 Subtract line 14 from line 1.1 If zero or less enter -0- This is your taxable amount	if required.	3a	Qualified dividends	3a		b C	ordinary divide	nds			3b			
Social security benefits Social security Social secucity Social secucity Social sec		4a	IRA distributions	4a		b T	axable amoun	ıt.			4b			
Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, \$20,000 to the content of the	Standard	5a	Pensions and annuities	5a		b T	axable amoun	ıt.			5b			
Married filing separately, 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here		6a	Social security benefits	6a		b T	axable amoun	ıt.			6b			
## Capital gain of (loss). Attach Schedule D if required, if not required, check here ### Other income from Schedule 1, line 10 ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	Married filing	С	If you elect to use the lump-sum	election	method, check he	ere (see	instructions)							
jointly or Qualifying Surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Subtract line 14 from line 11 If zero or less enter -0- This is your total income		7	Capital gain or (loss). Attach Sch	edule D i	f required. If not r	equired	, check here				7			
Qualifying surviving spouse, \$25,900 4dd lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 66, 951. Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 66, 951. If you checked any box under Standard Peduction, Deduction, 15 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income	Married filing	8	·								8	-	7,220.	
Head of household, \$19,400 If you checked any box under Standard Deduction, Description	Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b,	7, and 8.	This is your total	incom	e				9	6	6,951.	
Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A)		10	Adjustments to income from Sch	edule 1,	line 26						10			
standard deduction or itemized deductions (from Schedule A)	Head of	11	Subtract line 10 from line 9. This	is your a	djusted gross in	come					11	6	6,951.	
any box under Standard 14 Add lines 12 and 13		12	Standard deduction or itemized	d deduct	tions (from Sched	ule A)					12	1 1	2,950.	
Standard 14 Add lines 12 and 13	If you checked	13	Qualified business income deduc	ction fron	n Form 8995 or Fo	orm 899	5-A				13			
	Standard										14			
		15	Subtract line 14 from line 11. If ze	ero or les	ss, enter -0 This	is your t	taxable incom	пе			15	5	4,001.	

Form 1040 (2022	2)								Pa	age 2
Tax and	16	Tax (see instructions). Check	t if any from Form	(s): 1 881	4 2 7 4972	3 🗍		16	7,50	
Credits	17	Amount from Schedule 2, li						17		
0.000	18	Add lines 16 and 17						18	7,50)3.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, li	•					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0				22	7,50	3.
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21			23		0.
	24	Add lines 22 and 23. This is			•			24	7,50	
Payments	25	Federal income tax withheld								
. aymonto	а	Form(s) W-2				25a 9	,086.			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	ns)			25c				
	d	Add lines 25a through 25c	*					25d	9,08	36.
16	26	2022 estimated tax paymer	nts and amount a	pplied from 20	21 return			26		
If you have a qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit fro			_	28				
	29	American opportunity credit	t from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, li	ne 15			31				
	32	Add lines 27, 28, 29, and 31	I. These are your	total other pa	ayments and refu	indable credits		32		
	33	Add lines 25d, 26, and 32.						33	9,08	6.
Refund	34	If line 33 is more than line 2						34	1,58	3.
neiuliu	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	s is attached, chec	ck here	. 🗆	35a	1,58	3.
Direct deposit?	b	Routing number 1 2 1	0 0 0 3	5 8	c Type:	Checking :	Savings			
See instructions.	d	Account number 3 2 5	0 6 4 8	3 3 3 8	3 3					
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24								
You Owe	38	For details on how to pay, g Estimated tax penalty (see i	_			38		37		
Third Party		you want to allow anothe								
Designee		. *					omplete b	elow.	X No	
	De	signee's		Phone			onal identifi	cation		
-	na			no.			per (PIN)			Ш
Sign		der penalties of perjury, I declare ief, they are true, correct, and con								
Here			npiete. Declaration (. , ,	ised on all imornialic			•	•
	YO	ur signature	\sim	Date	Your occupation				nt you an Identity IN, enter it here	
Joint return?		VIKYGY	`		SOFTWARE I	EVELOPER	(see i			\Box
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupati		If the	IRS se	nt your spouse an	
Keep a copy for your records.							l l	-	ection PIN, enter i	t here
your rooordo.						_	(see i	151.)		
		one no. (510)309-860		Email address	VIKRAMRD26	@GMAIL.COM			Observatorie	
Paid		eparer's name	Preparer's signat			Date	PTIN	000	Check if:	
Preparer		ATA SAI PAVAN KUMAR DUDIPALLI	1	PAVAN KUM	AR DUDIPALLI	03/03/2023	P02470		Self-employ	
Use Only		m's name GLOBAL TA			- 00015				678)965-95	
			Y CT E BRU	NSWICK N			Firm's	s EIN	88-21454	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 02/24/23 PRO			Form 1040	(2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

VIKRAM REDDY ADELLI

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 social security number
677-80-0507

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	-7,220.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i	_	
j	Activity not engaged in for profit income	8j	_	
k	Stock options	8k	-	
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81	-	
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m	-	
n	Section 951(a) inclusion (see instructions)	8n	-	
0	Section 951A(a) inclusion (see instructions)	80	-	
р	Section 461(I) excess business loss adjustment	8p	-	
q	Taxable distributions from an ABLE account (see instructions)	8q	-	
r	Scholarship and fellowship grants not reported on Form W-2	8r	-	
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (4	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	-	
u –	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	0_		
0	Total other income. Add lines as through as	8z		
9 10	Total other income. Add lines 8a through 8z		9	-7,220.
IU	Combine intes a unrough r and a citter here and on Form 1040, 1040-5K	, 01 1040-110, 11116 0	IU	- <i>1,</i> <u>2</u> 2 0 .

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis governing			
	officials. Attach Form 2106	[12	1
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)			
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
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)			
İ	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:			
25			OF.	
25 26	Total other adjustments. Add lines 24a through 24z	-	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here an Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	Form 1040 of 1040-3n, lifte 10, of Form 1040-1nn, lifte 10a		20	

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

ν Ττ/	RAM REDDY ADELLI						677-8	0-0507	
Par		d Roy	yalties						
	Note: If you are in the business of renting personal proper	ty, use	Schedule	C . See	instru	ctions. If you a	re an indi	vidual, rep	ort farm
	rental income or loss from Form 4835 on page 2, line 40.		- ()						57
	Did you make any payments in 2022 that would require you								
В	If "Yes," did you or will you file required Form(s) 1099? .							. ∐ Ye	s No
1a	Physical address of each property (street, city, state, ZIF	ode	e)						
Α	HIMAGIRI NAGAR.ROAD NO 2 HYDERABAD TEL	LANGA	ANA IN	50009	91				
В									
С									
1b		2 For each rental real estate property listed above, report the number of fair rental and Days						Personal Use Days	
Α	personal use days. Check the QJ	JV box	only	Α		365		0	
В	if you meet the requirements to fi			В					
С	qualified joint venture. See instru	ictions	S.	С					
Type	of Property:					I.			
	Single Family Residence 3 Vacation/Short-Term Rent	tal	5 Land	l	7	Self-Rental			
	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (descr	ibe)		
	,		,						
				_		Propertie	es:		•
Inco				Α	1.0	В			С
3	Rents received	3		4	10.				
<u>4</u>	Royalties received	4							
Expe 5	nses:	5							
6	Advertising	6							
7		7		1,0	00				
8	Cleaning and maintenance	8		1,0	00.				
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		Ω	50.				
12	Mortgage interest paid to banks, etc. (see instructions)	12		0	50.				
13	Other interest	13							
14	Repairs	14		2,1	50				
15	Supplies	15		1,6					
16	Taxes	16							
17	Utilities	17		1,9	80.				
18	Depreciation expense or depletion	18		•					
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		7,6	30.				
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		-7,2	20.				
22	Deductible rental real estate loss after limitation, if any,								
	on Form 8582 (see instructions)	22	(7,22	0.)	()	(
23 a	Total of all amounts reported on line 3 for all rental proper				23a		410.		
b	Total of all amounts reported on line 4 for all royalty properties	erties			23b				
С					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	7	,630.		
24	Income. Add positive amounts shown on line 21. Do not		-				. 24		
25	Losses. Add royalty losses from line 21 and rental real estat							(7,220.
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						n		_7 220

03 03 23

2022 Ohio IT 1040

Individual Income Tax Return



Use only black ink/UPPERCASE letters. Use whole dollars only.

22000198

Sequence No. 1

AMENDED RETURN - Check here and include Ohio IT RE.			NOL CARRYBACK - Check here and include Schedule IT NOL.						
Primary taxpayer's SSN (re 677 80 0507	equired)	If deceased	Spor	use's SSN (if fili	ng jointly	·) •	If deceased	School d 183	
First name VIKRAM REDDY			M.I.	Last name ADELLI					
Spouse's first name (if filing	g jointly)		M.I.	Last name					
Address line 1 (number an 9365 CHERRY	,	Зох							
Address line 2 (apartment APT 311	number, suite nu	mber, etc.)							
City					State	ZIP code	Ohio cou	unty (first four le	etters)
STRONGSVILLE					ОН	44136	CUY	A	
Foreign country (if the mai	ling address is οι	itside the U.S.)			Foreign	postal code			
Residency Status -	Check only one for	or primary			Filing	Status - Che	eck one (as repor	ted on federal	income tax return)
	art-year esident	Nonresident Indicate state	>>		× s	Single, head of h	ousehold or qua	llifying widow(er)
	e (if filing jointly) art-year sident	Nonresident Indicate state	>>			//arried filing join //arried filing sep		Spouse's	S SSN
Ohio Nonresident S Primary meets the five					F	ederal extensio	n filers - check h	nere.	
Spouse meets the five	e criteria for irrebu	table presumption	on as n	onresident.		someone can cl ependent, check		spouse if filing	jointly) as a
1. Federal adjusted gros							1.		66951
2.	lule of Adjustmer	ts, line 10 (incl	ude so	chedule)			2a.		
2a. Additions – Ohio Scheo 2b. Deductions – Ohio Sch 3. Ohio adjusted gross inc	edule of Adjustm	ents, line 39 (in e	clude	schedule)			2b.		
3. Ohio adjusted gross inc	come (line 1 plus	line 2a minus lir	ne 2b).	Place a "-" in	the box if	f negative	3.		66951
Exemption amount (inc Number of exemptions in the second sec							4.		2150
5. Ohio income tax base (line 3 minus line	4; if negative, e	nter ze	ero)			5.		64801
6. Taxable business incon	ne – Ohio Schedi	ule IT BUS, line	13 (in	clude schedu	le)		6.		
7. Taxable nonbusiness in	ncome (line 5 min	us line 6; if nega	ative, e	enter zero)			7.		64801
1							MI	M-DD-YY	Code

2022 Ohio IT 1040

Individual Income Tax Return



SSN 677 80 0507

7a. Amount from line 7 on page 1	7a.	64801
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	8a.	1518
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (include schedule)	8b.	
8c. Income tax liability before credits (line 8a plus line 8b)	8c.	1518
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 35 (include schedule)	9.	0
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)	10.	1518
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	11.	
12. Unpaid use tax (see instructions)	12.	
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)	13.	1518
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	14.	1712
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return	15.	
16. Refundable credits – Ohio Schedule of Credits, line 41 (include schedule)	16.	
17. <u>Amended return only</u> – amount previously paid with original and/or amended return	17.	
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	18.	1712
19. <u>Amended return only</u> – overpayment previously requested on original and/or amended return	19.	
20. Line 18 minus line 19. Place a "-" in the box if negative	20.	1712
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.		
21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13	21.	
22. Interest due on late payment of tax (see instructions)	22.	
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State" AMOUNT	DUE ▶ 23.	
24. Overpayment (line 20 minus line 13)	24.	194
25. Original return only – portion of line 24 carried forward to next year's tax liability	25.	
d. Nature Preserves/Scenic Rivers e. Breast/Cervical Cancer f. Wishes for Sick Children	otal26g.	
27. REFUND (line 24 minus lines 25 and 26g)	UND ▶ 27.	194
Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.		ss, no refund will be issued. no payment is necessary.
▶Primary signature Phone number (510)309-8600	NO Payment In	cluded – Mail to: ent of Taxation
Spouse's signature Date	P.O. B	ox 2679
Check here to authorize your preparer to discuss this return with the Department.	· ·	H 43270-2679
Preparer's printed name Phone number Proparer's printed name VENKATA SAI PAVAN KUMAR (678)965-9522		uded – Mail to: ent of Taxation
Prenarer's TIN (PTIN) P 02470022	P.O. B	ox 2057

Preparer's TIN (PTIN) P = 02470833

Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057



2022 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters. Use whole dollars only.



Sequence No. 11

Primary taxpayer's SSN

677 80 0507

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms only if they have Ohio withholding. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies if necessary. Place state copies of your income statements after the last page of your return.

Part A - Total Withholding

Part B - W-2s

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 10401.

1712

1. P/S P	Box b - EIN 813258250	Box 1 - Wages, tips, other compensation 74171	Box 2 - Federal income tax withheld 9086
	Box 15 - Employer's Ohio ID number 54129617	Box 16 - Ohio wages, tips, etc. 60782	Box 17 - Ohio income tax 1712
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax



2022 Schedule of Ohio Withholding Primary taxpayer's SSN

677 80 0507



Part C	- 1099-Rs	677 80 0507		Sequence No. 12
1. P/S		Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
3. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
4. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
Part D	- W-2Gs			
1. P/S		Box 1 - Reportable winnings	Box 4 -	- Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 -	- Federal income tax withheld

	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax withheld
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax withheld

	Box 6 - Payer's Ohio number	Box 7 - State income	Box 5 - Ohio tax withheld		
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Federal income tax withheld		

Box 1 - Nonemployee compensation

Part E - 1099-NECs 1. P/S Payer's TIN

> Box 6 - Payer's Ohio number Box 7 - State income Box 5 - Ohio tax withheld

Box 4 - Federal income tax withheld

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.

person is a child but not your dependent: VIRRAM REDDY ADEILIT Spouse's first name and middle initial Last name ADEILIT S77-80-0507 Spouse's social security number 577-80-0507 Spouse's social security number S77-80-0507 Spouse's social security number ADEILIT S77-80-0507 Apt. no.	Filing Status	X S	Single Married filing jointly	Marri	ed filing separatel	y (MFS)	Head of	hous	sehold (HOF	l) [ifying surv	iving	
person is a child but not your dependent: VIKRAM_REDDY ADELLI ADELL	one box.	If yo	u checked the MFS box, enter the	name of	your spouse. If yo	u check	ed the HOH or	r QS	S box, ente	r the c			e qualifying	
## ADELLI Last rame Spouse's social security number State Spouse's social security number State					,				,				, , , ,	
If joint return, spouse's first name and middle initial Last name Apt. no. 375 CHERRY TREE DR	Your first name and middle initial Last name					Y	Your social security number							
Presidential Election Campaign State Providential Election Campaign State Presidential Election Campaign Pr	VIKRAM REDDY AD			ADEI	LLI					6	677-80-0507			
City, Iron, or post office. If you have foreign address, also complete spaces below. State ZIP code OH 44136 OH A4136 OH A4136 OH OH A4136 OH OH A4136 OH OH OH OH OH OH OH O	If joint return, s	pouse's	first name and middle initial							-				
City, Iron, or post office. If you have foreign address, also complete spaces below. State ZIP code OH 44136 OH A4136 OH A4136 OH OH A4136 OH OH A4136 OH OH OH OH OH OH OH O														
State City Town, or post office. If you have a foreign address, also complete spaces below. State City Storm, or post office. If you have a foreign address, also complete spaces below. Oiff 44.13.6 STRONGSVILLE Foreign country name Foreign province/state/country Foreign postal code Poreign postal code Standard City C	Home address	(numbe	r and street). If you have a P.O. box, se	e instruct	ions.				Apt. no.	Pı	resider	ntial Election	n Campaign	
STRONGSVILLE Solution Stroke Substitution Stroke Substitution Stroke Substitution	9365 CH	ERRY	TREE DR						1 3 1 1			, ,		
STRONGSYLLLE	City, town, or p	ost offic	ce. If you have a foreign address, also o	complete s	omplete spaces below. State ZIP			code						
Spouse Income Attach Form(s) W-2 pero Also and Earth Form(s) W-2 pero Also and Earth Form(s) W-2 pero Also and Earth Form (spendents, see instructions) Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1 to 90 and 1 to 9	STRONGS	/ILLE	C		OH 44			44	136					
Digital Assets	Foreign country	y name			Foreign province/state/county Fo			Fore	eign postal co	de yo	our tax	ur tax or refund.		
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Was born before Januar												You	Spouse	
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Spouse: Was born before January 2, 1958 Is blind Was born before Januar	Digital	At ar	y time during 2022, did you: (a) re	ceive (as	a reward, award,	or payr	ment for prope	erty c	r services);	or (b)	sell,			
Spouse itemizes on a separate return or you were a dual-status alien	Assets	exch	ange, gift, or otherwise dispose of	a digital	asset (or a finance	ial inter	est in a digital	asse	et)? (See ins	structi	ons.)	☐ Yes	X No	
Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Dependents (see instructions): (2) Social security (3) Relationship to you Child tax credit Credit for other dependents han four dependents, see instructions	Standard	Som	eone can claim: 🗌 You as a d	lepender	t Your spo	ouse as	a dependent							
Comparison Com	Deduction		Spouse itemizes on a separate retu	ırn or yo	u were a dual-stat	us alien	ı							
Comparison Com	Age/Rlindness	. Vou	Were born before January 2	1958	Are blind	Snouse	• 🗆 Was box	rn he	ofore Janua	n/2 1	958	☐ le bli	nd	
If more than four dependents, see instructions and check here				1000 [T	•				, ,				
If more than four dependents, see instructions and check here	-			(2) Total Security			· 1		,					
dependents, see instructions and check here		(1)	Last name						Crilia tax crear					
Income	dependents,												┪	
Income Income Income Income Attach Form(s) W-2 here. Also W-2		s ——								_		Ī	-	
b Household employee wages not reported on Form(s) W-2 Attach Form(s) W-2 here, Also attach Forms W-2 here, Also attach Forms W-26 and 1099- Rif tax was withheld. If you did not get a Form W-2. see instructions. Z Add lines 12 and 13. Attach Sch. B (a landard) Deduction for Single or Married filing separately, St2,950 Married	here	1								<u>-</u>		Ī		
b Household employee wages not reported on Form(s) W-2 Attach Form(s) W-2 here, Also attach Forms W-2 here, Also attach Forms W-26 and 1099- Rif tax was withheld. If you did not get a Form W-2. see instructions. Z Add lines 12 and 13. Attach Sch. B (a landard) Deduction for Single or Married filing separately, St2,950 Married		1a	Total amount from Form(s) W-2.	box 1 (se	ee instructions)			_			1a	7	 '4 . 171	
Attach Forms W-2 here. Also attach Forms W-2 gand 1099-Ri ft ax was withheld. If you did not get a Form W-2, see instructions. If required. Attach Sch. B a qualified dividends . 3a Qualified dividends . 3a Qualified filing separately. \$12,890	income			,	,									
W-2 here. Also attach Forms W-2G and 1099-R it tax was withheld. If you idid not get a Form h h Get at Form h h Get at Form Household, separately. Strandard Deduction for— Single or Married filing separately. Strandard Ocularlying separately. Strandard Or Qualifying surviving spouse, \$25,800 Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1	Attach Form(s)													
W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. Add lines 1a through 1h Attach Sch. B aif required. Add lines 1a distributions. Add oulified dividends . 3a bordinary dividends . 3b bordinary dividends . 3c and annuities . 5a bordinary dividends . 3c and annuities . 5a bordinary dividends . 3c and annuities . 5c a bordinary dividends . 3c and annuities . 5c a bordinary dividends . 3c and annuities . 5c a bordinary dividends . 3c and annuities . 5c a bordinary dividends . 3c and annuities . 5c a bordinary dividends . 3c and annuities . 5c a bordinary dividends . 3c and annuities . 5c a bordinary dividends . 5c a bordinary dividends . 3c and annuities . 5c a bordinary dividends . 3c an		d	·		•									
1099-R if tax was withheld. If you did not get a Form W-2, see instructions. W-2, see instructions. Instructi	W-2G and	е							1e					
get a Form W2, see instructions. Mages from Form 8919, line 6 1g	1099-R if tax	f	•	d adoption benefits from Form 8839, line 29						1f				
Action Standard Peduction for Standard diling separately, \$12,950 Married filing pionithy or Qualifying spouse, \$25,900 Head of household, \$19,400 Head of household, \$19,400		g	Wages from Form 8919, line 6 .							1g				
Instructions. Z Add lines 1a through 1h	get a Form	h	Other earned income (see instruc	ctions)									0.	
Add lines 1a through 1h Attach Sch. B Attach Sch. B Tax-exempt interest	W-2, see	i	Nontaxable combat pay election	(see inst	see instructions) 1i									
If required. 3a Qualified dividends 3a b Ordinary dividends	instructions.	z	Add lines 1a through 1h								1z	7	4,171.	
dediction for — Single or Married filing jointly or Qualifying Surviving spouse, \$25,900 Head of household, \$19,400 If you nedected any box under \$25,900 If you nedected \$25,900 If you nedec	Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interes	t			2b			
Standard Deduction for—Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, 15 Subtract line 14 from line 1.1 If zero or less enter -0- This is your taxable amount	if required.	3a	Qualified dividends	3a		b C	ordinary divide	nds			3b			
Social security benefits Social security Social secucity Social secucity Social sec		4a	IRA distributions	4a		b T	axable amoun	ıt.			4b			
Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, \$20,000 to the content of the	Standard	5a	Pensions and annuities	5a		b T	axable amoun	ıt.			5b			
Married filing separately, 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here		6a	Social security benefits	6a		b T	axable amoun	ıt.			6b			
## Capital gain of (loss). Attach Schedule D if required, if not required, check here ### Other income from Schedule 1, line 10 ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	Married filing	С	If you elect to use the lump-sum election method, check here (see instructions)											
jointly or Qualifying Surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Subtract line 14 from line 11 If zero or less enter -0- This is your total income		7	Capital gain or (loss). Attach Sch	edule D i	f required. If not r	equired	, check here				7			
Qualifying surviving spouse, \$25,900 4dd lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 66, 951. Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 66, 951. If you checked any box under Standard Peduction, Deduction, 15 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income	Married filing	8	Other income from Schedule 1, line 10							8	-	7,220.		
Head of household, \$19,400 If you checked any box under Standard Deduction, Description	Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b,	7, and 8.	This is your total	incom	e				9	6	6,951.	
Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A)		10	Adjustments to income from Sch	edule 1,	line 26						10			
standard deduction or itemized deductions (from Schedule A)	Head of	11	Subtract line 10 from line 9. This is your adjusted gross income							11	6	6,951.		
any box under Standard 14 Add lines 12 and 13		12	Standard deduction or itemized	d deduct	tions (from Sched	ule A)					12	1 1	2,950.	
Standard 14 Add lines 12 and 13	If you checked	13	Qualified business income deduc	ction fron	n Form 8995 or Fo	orm 899	5-A				13			
	Standard										14			
		15	Subtract line 14 from line 11. If ze	ero or les	ss, enter -0 This	is your t	taxable incom	пе			15	5	4,001.	

Form 1040 (2022	2)							Page 2
Tax and	16	Tax (see instructions). Check if any from Fo	rm(s): 1 881	4 2 🗌 4972	3 🗌		16	7,503.
Credits	17	Amount from Schedule 2, line 3				[17	
	18	Add lines 16 and 17				[18	7,503.
	19	Child tax credit or credit for other depende	ents from Sched	ule 8812		[19	
	20	Amount from Schedule 3, line 8				[20	
	21	Add lines 19 and 20				[21	
	22	Subtract line 21 from line 18. If zero or less	s, enter -0			[22	7,503.
	23	Other taxes, including self-employment ta	x, from Schedule	e 2, line 21		[23	0.
	24	Add lines 22 and 23. This is your total tax				[24	7,503.
Payments	25	Federal income tax withheld from:						
,	а	Form(s) W-2			25a 9	,086.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	9,086.
	26	2022 estimated tax payments and amount					26	· · · · · · · · · · · · · · · · · · ·
If you have a qualifying child,	27	Earned income credit (EIC)			27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 88	28					
	29	American opportunity credit from Form 88	63, line 8		29			
	30	Reserved for future use	· ·		30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27, 28, 29, and 31. These are yo			undable credits		32	
	33	Add lines 25d, 26, and 32. These are your	total payments			[33	9,086.
Refund	34	If line 33 is more than line 24, subtract line					34	1,583.
neiulia	35a	Amount of line 34 you want refunded to y	ou. If Form 8888	3 is attached, ched	ck here	. 🗆 [35a	1,583.
Direct deposit?	b	Routing number 1 2 1 0 0 0			_	Savings		
See instructions.	d	Account number 3 2 5 0 6 4	3 3 3 3	8 3				
	36	Amount of line 34 you want applied to you	ır 2023 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24. This is the ai						
You Owe		For details on how to pay, go to www.irs.g					37	
	38	Estimated tax penalty (see instructions)			38			
Third Party		you want to allow another person to d				mplete be	low	X No
Designee		tructions	Phone			onal identific		△ NO
	nai		no.			per (PIN)		
Sign	Un	der penalties of perjury, I declare that I have exam	ined this return and	d accompanying sch	edules and statemer	nts, and to th	ne best	of my knowledge and
Here	bel	ief, they are true, correct, and complete. Declaration	n of preparer (othe	r than taxpayer) is ba	ased on all information	n of which p	repare	r has any knowledge.
Here	Yo	ur signature	Date	Your occupation		I		t you an Identity
		Vikram		COEMMADE		Protection (see in:		N, enter it here
Joint return? See instructions.		ouse's signature. If a joint return, both must sign.	Date	SOFTWARE DEVELOPER Date Spouse's occupation				t your spouse an
Keep a copy for	Эр	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupan	ion			ction PIN, enter it here
your records.						(see in:	st.)	
	Ph	one no. (510)309-8600	Email address	VIKRAMRD26	6@GMAIL.COM			
Deid	Pre	parer's name Preparer's sign	nature		Date	PTIN		Check if:
Paid	VENK	ATA SAI PAVAN KUMAR DUDIPALLI VENKATA S	AI PAVAN KUM	MAR DUDIPALLI	03/03/2023	P024708	333	Self-employed
Preparer	Fir	n's name GLOBAL TAXES LLC				Phone	no. ((678)965-9522
Use Only	Fir	n's address 245 ROONEY CT E BF	RUNSWICK N	J 08816		Firm's	EIN	88-2145487
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information.		BAA	REV 02/24/23 PRO			Form 1040 (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

VIKRAM REDDY ADELLI

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 social security number
677-80-0507

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	-7,220.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i	_	
j	Activity not engaged in for profit income	8j	_	
k	Stock options	8k	-	
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81	-	
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m	-	
n	Section 951(a) inclusion (see instructions)	8n	-	
0	Section 951A(a) inclusion (see instructions)	80	-	
р	Section 461(I) excess business loss adjustment	8p	-	
q	Taxable distributions from an ABLE account (see instructions)	8q	-	
r	Scholarship and fellowship grants not reported on Form W-2	8r	-	
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (4	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	-	
u –	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	0_		
0	Total other income. Add lines as through as	8z		
9 10	Total other income. Add lines 8a through 8z		9	-7,220.
IU	Combine intes a unrough r and a citter here and on Form 1040, 1040-5K	, 01 1040-110, 11116 0	IU	- <i>1,</i> <u>2</u> 2 0 .

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis governing			
	officials. Attach Form 2106	[12	1
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)			
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
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)			
İ	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:			
25			O.F.	
25 26	Total other adjustments. Add lines 24a through 24z	-	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here an Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	Form 1040 of 1040-3n, lifte 10, of Form 1040-1nn, lifte 10a		20	