## 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

- Internal n	evenue del vice					
Submis	ssion Identification Number (SID)					
Taxpayer	's name	Social secu	rity numl	 oer		
VIKR	AM REDDY ADELLI	677-80	0-050	7		
Spouse's		Spouse's so			mber	
Part		year you	are au	thoriz	ing.)	
	hole dollars only on lines 1 through 5.					
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1 1	I	66	0 E 1
	Adjusted gross income		2			$\frac{951.}{503.}$
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3			086.
	Amount you want refunded to you		4			583.
	Amount you owe		5			363.
Part			_	our r	eturr	1)
my know return (c to send for any of Agent to paymen authoriz paymen business taxes to persona Electron	enalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) whedge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejecteday in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. In initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution attoin is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate to, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the particle of the payment (settlement) date. I also authorize the financial institutions involved in the particle of the payment (settlement) and the payment (settlement) are required to the payment (pln) below is my signature for the income tax return (original or amended) I are its Funds Withdrawal Consent.  **Yer's PIN: check one box only**  I authorize GLOBAL TAXES LLC to enter or generate its ERO firm name signature on the income tax return (original or amended) I am now authorizing.	I am now at a are the are the are the are the s. Treasury cated in the n to debit the authorisests must be processing ayment. I fun now authorisests	uthorizing nounts fronic retransminand its tax prepare e entry zation. To be receipt the radiation of the elevation of the el	g, and from the turn orission, (designation to this revolved no ectronicknowle and, if a digits, ler all zero	to the ne inco iginato (b) the ated Fin softw account by later ic payriedge tapplical	best of pme tax or (ERO) reason inancial vare for nt. This ancel) a than 2 ment of hat the ble, my
	I will enter my PIN as my signature on the income tax return (original or amended) I am notifyou are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methology.					
Your si	gnature ▶ Date ▶					
Spouse	e's PIN: check one box only					
	I authorize to enter or generate	nv PIN				as my
	ERO firm name		nter five	digits,		,
	signature on the income tax return (original or amended) I am now authorizing.		on't ente			
	I will enter my PIN as my signature on the income tax return (original or amended) I am notifyou are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methology.		_			-
Spouse	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below					
Part I	Certification and Authentication — Practitioner PIN Method Only					
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9	6 6	1 9	8 8	9
		Don't er	iter all ze	eros		
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of In	tting this re	turn in a	accorda	anće v	
ERO's	signature ► Date ►					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To D	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	<b>X S</b>	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					6	77-8	30-0507	7	
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	<b>Deduction</b>		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	-					arity	' '	пр			· 1	•	,	
dependents, see instructions and check here		(1)	Last name	Last fialine										
Income	dependents,												┪	
Income  Income  Income  Income  Attach Form(s) W-2 here. Also W-2		s ——								<del>_</del>		Ī	<del>-</del>	
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								<del>_</del>			<del></del> -	
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	efits fror	n 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	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>b</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>b</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>b</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, 12       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       Add lines 12 and 13       14       12, 950.         Deduction, 15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       54, 001	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 <b>a</b>	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)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		. 16	7,503.
Credits	17	Amount from Schedule 2, lin	e3					. 17	
	18	Add lines 16 and 17						. 18	7,503.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			. 19	
	20	Amount from Schedule 3, lin	e8					. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	7,503.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21 .			. 23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					. 24	7,503.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a	9,0	86.	
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						. 25d	9,086.
If you have a	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return			. 26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	e 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable cre	dits .	. 32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				. 33	9,086.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	ınt you <b>over</b>	oaid .	. 34	1,583.
riciana	35a	Amount of line 34 you want			is attached, che	eck here .		35a	1,583.
Direct deposit?	b	Routing number 1 2 1			c Type:	Checking	☐ Savi	ngs	
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 a	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, go						. 37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party Designee		you want to allow another tructions	•				es. Comp	lete below.	<b>⋈</b> No
		signee's		Phone				identification	
	naı			no.			number (F		
Sign Here		der penalties of perjury, I declare t ief, they are true, correct, and com			1 , 0		,		, ,
11010	Yo	ur signature		Date	Your occupation			Protection F	ent you an Identity PIN, enter it here
Joint return?					SOFTWARE		:R	(see inst.)	
See instructions. Keep a copy for your records.	Sp	Spouse's signature. If a joint return, <b>both</b> must sign.		Date	Spouse's occupa	tion			ent your spouse an tection PIN, enter it here
	——Ph	one no. (510)309-860	n	Email address	VIKRAMRD2		COM		
		parer's name	Preparer's signat	l .	A TICICALIICD Z	Date	PT	IN	Check if:
Paid		ATA SAI PAVAN KUMAR DUDIPALLI			AR DUDIPALLI			2470833	Self-employed
Preparer		n's name GLOBAL TAX		111A11IA 17OIJ	THE DODIEMENT	-   03/03/2	223   1 0		(678)965-9522
Use Only			Y CT E BRU	NSWICK N.	J 08816			Firm's EIN	88-2145487
Co to warm in -				TIONICK IN		DEV		I IIIII S LIIN	Form <b>1040</b> (2022)
GO TO WWW.IIS.go	JVIFOR	11040 for instructions and the late	at inionnation.		BAA	REV 02/24/23	PKU		rom 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 <b>adjustments to income</b> . 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						
	<b>Note:</b> If you are in the business of renting personal proper	ty, use	Schedule	<b>C</b> . See	instru	ctions. If you a	re an indi	vidual, rep	ort farm
	rental income or loss from <b>Form 4835</b> 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						al Use	QJV
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 <b>Form 6198</b>	21		-7,2	20.				
22	Deductible rental real estate loss after limitation, if any,								
	on Form 8582 (see instructions)	22	(	7,22	0.)	(	)	(	
<b>23</b> 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	<b>Status</b> - Che	eck one (as repor	ted on federal	income tax return)
	art-year esident	Nonresident Indicate state	<b>&gt;&gt;</b>		× s	Single, head of h	ousehold or qua	llifying widow(	er)
	e (if filing jointly) art-year sident	Nonresident Indicate state	<b>&gt;&gt;</b>			//arried filing join //arried filing sep		Spouse's	S SSN
Ohio Nonresident S Primary meets the five					F	ederal extensio	<b>n filers -</b> 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 ( <b>incl</b>	ude so	chedule)			2a.		
2a. Additions – Ohio Scheo 2b. Deductions – Ohio Sch 3. Ohio adjusted gross inc	edule of Adjustm	ents, line 39 ( <b>in</b> 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 ( <b>in</b>	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 ( <b>include schedule</b> )	8b.	
8c. Income tax liability before credits (line 8a plus line 8b)	8c.	1518
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 35 ( <b>include schedule</b> )	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	<b>DUE</b> ▶ 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 1040 ......1.

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	
------	--

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	<b>X S</b>	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			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						311			, ,		
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			136						
Digital Assets	Foreign country	y name			Foreign province/state/county F			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	lepender	t Your spo	ouse as	a dependent							
Comparison   Com	<b>Deduction</b>		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	-						' '	пр			· 1	ı		
dependents, see instructions and check here		(1)	Last name						Crilid tax credit					
Income	dependents,												┪	
Income  Income  Income  Income  Attach Form(s) W-2 here. Also W-2		s ——								<del>_</del>		Ī	<del>-</del>	
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								<del>_</del>			<del></del> -	
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	•								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	·									
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>b</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>b</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>b</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, 12       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       Add lines 12 and 13       14       12, 950.         Deduction, 15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       54, 001	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 <b>a</b>	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)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		. 16	7,503.
Credits	17	Amount from Schedule 2, lin	ne 3				<u> </u>	. 17	
	18	Add lines 16 and 17						. 18	7,503.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			. 19	
	20	Amount from Schedule 3, lin	ne 8					. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	7,503.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			. 23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					. 24	7,503.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a	9,08	6.	
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						. 25d	9,086.
If you have a	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			. 26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable cred	its .	. 32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				. 33	9,086.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	ınt you <b>overpa</b>	id .	. 34	1,583.
riciana	35a	Amount of line 34 you want			is attached, che	eck here	[	35a	1,583.
Direct deposit?	b	Routing number 1 2 1				Checking	Savin	gs	
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 a	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, go						. 37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party Designee		you want to allow another tructions	•				. Comple	ete below.	<b>⊠</b> No
		signee's		Phone				entification	
	naı			no.			number (PI	,	
Sign Here		der penalties of perjury, I declare t ief, they are true, correct, and com			, , ,		,		, ,
11010	Yo	ur signature		Date	Your occupation		F	Protection F	ent you an Identity PIN, enter it here
Joint return?		SOFTWARE DEVELOPER						see inst.)	
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, <b>l</b>	ooth must sign.	Date	Spouse's occupa	tion	Į.		ent your spouse an tection PIN, enter it here
	——Ph	one no. (510)309-860	0	Email address	VIKRAMRD2		MOr		
		eparer's name	Preparer's signat	l .	v TICICALIICDZ	Date Date	PTIN		Check if:
Paid		ATA SAI PAVAN KUMAR DUDIPALLI	'		AR DUDIPALLI			470833	Self-employed
Preparer		m's name GLOBAL TAX		111A11IA 17OIJ	THE DODIEMENT	- 103/03/20			(678)965-9522
Use Only			Y CT E BRU	NSWICK N.	J 08816			Firm's EIN	88-2145487
Co to warm in -				TIONICK IN		DEV 05/21/25	<u> </u>	J LIIN	Form <b>1040</b> (2022)
GO TO WWW.IIS.go	JVIFOR	n1040 for instructions and the late	or illiorriation.		BAA	REV 02/24/23 P	KU		rom 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	-/, 440.

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 <b>adjustments to income</b> . 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	