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

Submission Identification Number (SID) Targear's name VERKATARMA SASI KIR KOLLI Spouse's name VERNA TOOLI Part 1 Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.) Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax 2 Amount you want returned to you 4 Amount you want returned to you 5 Amount you want returned to you 4 Amount you want returned to you 5 Amount you want returned to you 6 Amount you want returned to you 7 Amount you want returned to you 7 Amount you want returned to you 8 Amount you want returned to you 9 Amount you want returned to you 9 Amount you want returned to you 10 Amount you want returned to you 11 B3, 208. 12 A, 4465. 13 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 13 B, 2002. 15 Amount you want returned to you 16 Amount you want returned to you 17 Amount you want returned to you 18 Amount you want returned to you 18 Amount you want returned to you 19 Amount you want returned to you 19 Amount you want returned to you 10 Amount you want you 10 Amount you want returned to you 10 Amount you want you 10 Amount you 10 Amount you 10 Amount you 10 Amou					
VENEAR KOALI Socuse's name WENNA KOALI Part Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.) Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1	Subm	ission Identification Number (SID)			
Sequests name	Taxpaye	er's name	Social securit	y number	
Part Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.)	VEN:	KATARAMA SASI KIR KOLLI	442-15-	2497	
Enter whole dollars only on lines I through 5. Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income	Spouse	's name	Spouse's soci	al security numb	er
Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS files use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1	VEE	NA KODALI	837-78-	-6380	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income	Part	Tax Return Information — Tax Year Ending December 31, 2022 (En	ter year you a	e authorizing	g.)
1 Adjusted gross income 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 4 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 8 Amount you want refunded to you 9 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 9 Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of more than the penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing and to the best of more than the penalties of perjury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason or any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treason for rejection of the transmission, (b) the reason or any delay in processing the reduced on this return and/or a payment of settlement or settlement or settlement of the settlement of the transmission is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a purpment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a purpment, I must contact the U.S. Treasury Financial Agent to terminate the authorization or the received no later than 2 business days prior to the payment (settlement) date. I also authorize the Insancel Institution to the received no later than 2 business days prior to the payment (settlement) date. I also authorize the U.S. Treasury Financial A	Enter				,
2	Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
A Amount you want refunded to you A Amount you A Amount you A Amount you A Amount	1	Adjusted gross income		1 8	3,208.
Amount you want refunded to you 5 Amount you owe 7 Amount you owe 8 Amount you owe 8 Amount you owe 9 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 1 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 1 Under penalties of perjun, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts from the amounts from the income tax return (original or amended) I am now authorizing, and to the best of my refund. If applicable, I authorize the U.S. Treasury and its designation (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designation software for payment of my lederal taxes owed on this return and/or a payment of restinated tax, and the financial institution account indicated in the tax preparation software for payment of my lederal taxes over one or the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designation software for payment of my lederal taxes over one or the return or refund and its designation software for payment of my lederal taxes over one or the return to refund in a such return to my lederal taxes over one or the payment (settlement) date. I also authorize the financial institutions involved in the authorization. To revoke (cancel) a such return (original or amended) I am now authorizing and, if applicable, my Electronic Punds Withdrawal Consent. 1 Taxpayer's PIN: check one box only 1 I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. 2 I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Pr	2	Total tax		2	4,468.
Amount you owe Part III Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the lins of or any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Hourborze the U.	3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	8,202.
Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of peinyr, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the baset of manual processing the control of the last of the las	4	Amount you want refunded to you		4	3,734.
Under penalties of perjuy, I declare that II have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of whowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for retire or return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for retiron of the transmission, (b) the reson for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This unthorization is to remain in full force and effect until II notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later that 2 business days prior to the payment (settlement) date, I also authorize the financial institution is involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) believe in the income tax return (original or amended) I am now authorizing and, if applicable, my ERO firm name signature on the income tax return (original or amended) I am now authorizing. Check this box	5	Amount you owe		5	
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax tertum (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return of original or amended) I am now authorizing. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the transmission, (b) the reason payment of in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the intermediate axe, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent and acceleration requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of the accessing to the accessing to an amount of the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Practition enter m	Part	II Taxpayer Declaration and Signature Authorization (Be sure you get an	d keep a cop	of your ret	urn)
I authorize GLOBAL TAXES LLC to enter or generate my PIN ERRO firm name signature on the income tax return (original or amended) I am now authorizing. ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's PIN: check one box only ☐ I authorize ☐ LOBAL TAXES LLC	return to send for any Agent is payme authori payme busines taxes to person	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, trand my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for a delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account into f my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminant, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation resolve solve payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the lad identification number (PIN) below is my signature for the income tax return (original or amended)	smitter, or electrorejection of the trace U.S. Treasury are ndicated in the taution to debit the authorizate the authorizate equests must be he processing of a payment. I furti-	nic return original smission, (b) and its designate x preparation sentry to this accition. To revoke received no lathe electronic per acknowledge.	ator (ERO) the reason d Financial oftware for count. This (cancel) a ter than 2 payment of ge that the
I authorize GLOBAL TAXES LLC to enter or generate my PIN ERRO firm name signature on the income tax return (original or amended) I am now authorizing. ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's PIN: check one box only ☐ I authorize ☐ LOBAL TAXES LLC					1
Spouse's PIN: check one box only Signature on the income tax return (original or amended) I am now authorizing. Date ▶ Spouse's PIN: check one box only I authorize GLOBAL TAXES LLC To enter or generate my PIN as my signature on the income tax return (original or amended) I am now authorizing. The Five digits, but don't enter all zeros Spouse's PIN: check one box only Signature on the income tax return (original or amended) I am now authorizing. I authorize GLOBAL TAXES LLC To enter or generate my PIN Signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's signature Date Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9 Don't enter all zeros			te my PIN	2 4 9 7	as my
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Spouse's PIN: check one box only		if you are entering your own PIN and your return is filed using the Practitioner PIN me			
Spouse's PIN: check one box only Authorize GLOBAL TAXES LLC	Yours	signature ▶ Date ▶			
Sequence					
Spouse's signature ► Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's signature ► Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9 Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.		_			1
I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's signature ▶ Date ▶ Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9 Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.	×	ERO firm name	Ent	er five digits, but	_ ~~,
if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's signature ▶ Date ▶ Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.		, , , , , , , , , , , , , , , , , , , ,			المعادية المعادية
Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.		if you are entering your own PIN and your return is filed using the Practitioner PIN me			
Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.	Spous	se's signature ▶ Date ▶			
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Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.	Part	III Certification and Authentication — Practitioner PIN Method Only			
authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.	ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2			8 9
ERO's signature ▶ Date ▶	authori	zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am su	bmitting this retu	rn in accordand	
	ERO's	s signature ▶ Date ▶			
ERO Must Retain This Form — See Instructions		· ·			

Don't Submit This Form to the IRS Unless Requested To Do So

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

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OMB No. 1545-0074

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

Filing Status Check only	s 🗌 S	Single X Married filing jointly [Marrie	ed filing separatel	y (MFS)	Head of	household (HO	H) [fying surv se (QSS)	viving
one box.	If yo	u checked the MFS box, enter the r	name of y	our spouse. If yo	u check	ed the HOH or	QSS box, ent	er the		` ,	ne qualifying
		on is a child but not your dependen		,							. , ,
Your first name	and mi	ddle initial	Last na	me				Y	our soc	ial securit	y number
VENKATAI	RAMA	SASI KIR	KOLL	I				4	42-1	5-249	7
If joint return, s	pouse's	first name and middle initial	Last na	me				s	pouse's	social sec	curity number
VEENA			KODA	LI				8	37-7	8-6380	C
Home address	(numbe	er and street). If you have a P.O. box, see	e instructio	ons.			Apt. no.				on Campaign
2250 PAI	R LN						F 608	- 1		ere if you,	,
City, town, or p	ost offic	ce. If you have a foreign address, also c	omplete s	paces below.	Sta	ite	ZIP code				tly, want \$3
WILLOUGH	HBY I	HILLS			OF	I	44094			w will not	Checking a change
Foreign country	y name		F	oreign province/sta	ate/coun	ty	Foreign postal of			or refund.	
										You	Spouse
Digital	At ar	ny time during 2022, did you: (a) red	ceive (as	a reward, award,	or payr	ment for prope	rty or services); or (b) sell,		
Assets	exch	ange, gift, or otherwise dispose of	a digital	asset (or a financ	ial inter	est in a digital	asset)? (See ir	struct	ions.)	Yes	⊠ No
Standard	Som	eone can claim:	ependent	Your spo	ouse as	a dependent					
Deduction		Spouse itemizes on a separate retu	rn or you	were a dual-stat	us alier	1					
Age/Blindness	s You:	Were born before January 2,	1958	Are blind	Spouse	: Was bor	rn before Janu	ary 2, ⁻	1958	☐ Is bli	ind
Dependent	s (see	instructions):		(2) Social secu	uritv	(3) Relationsh	400 000 000			es for (see	instructions):
If more		rst name Last name		number	,	to you	.	ax crec	lit (Credit for oth	her dependents
than four	LOK	SHITA KOLLI		417-95-7	434	Daughter		X			
dependents,											<u> </u>
see instruction and check	s ——										<u> </u>
here]									[<u> </u>
Income	1a	Total amount from Form(s) W-2, b	oox 1 (see	e instructions)					1a	9	94,054.
IIICOIII C	b	Household employee wages not i	reported	on Form(s) W-2					1b		
Attach Form(s)	С	Tip income not reported on line 1		, ,					1c		
W-2 here. Also attach Forms	d	Medicaid waiver payments not re							1d		
W-2G and	е	Taxable dependent care benefits	from For	m 2441, line 26					1e		
1099-R if tax was withheld.	f	Employer-provided adoption ben-	efits from	Form 8839, line	29 .				1f		
If you did not	g	Wages from Form 8919, line 6 .							1g		
get a Form	h	Other earned income (see instruc							1h		0.
W-2, see	i	Nontaxable combat pay election				1					
instructions.	z	Add lines 1a through 1h	`	· · · · · ·					1z		94,054.
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interes	t		2b		
if required.	3a	Qualified dividends	3a		b C	ordinary divide	nds		3b		
	4a	IRA distributions	4a		b T	axable amoun	t		4b		
Standard	5a	Pensions and annuities	5a		b T	axable amoun	t		5b		
Deduction for—	6a	Social security benefits	6a		b T	axable amoun	t		6b		
Single or Married filing	С	If you elect to use the lump-sum	election r	nethod, check he	ere (see	instructions)					
separately, \$12,950	7	Capital gain or (loss). Attach Sche	edule D if	required. If not r	equired	, check here			7		
Married filing	8	Other income from Schedule 1, lin	ne 10 .						8	-1	LO,846.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	7, and 8.	This is your total	incom	e			9	8	33,208.
surviving spouse,	10	Adjustments to income from Sche							10		
\$25,900 Head of	11	Subtract line 10 from line 9. This i	-						11	8	33,208.
household, \$19,400	12	Standard deduction or itemized	•	-					12		25,900.
If you checked	13	Qualified business income deduc				5-A			13		
any box under Standard	14	Add lines 12 and 13							14	2	25,900.
Deduction,	15	Subtract line 14 from line 11. If ze							15		57,308.
see instructions.					-						

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	6,468.
Credits	17	Amount from Schedule 2, lin	ne 3					17	
	18	Add lines 16 and 17						18	6,468.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	2,000.
	20	Amount from Schedule 3, lin	ne 8					20	
	21	Add lines 19 and 20						21	2,000.
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	4,468.
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	4,468.
Payments	25	Federal income tax withheld	from:						
	а	Form(s) W-2				25a	8,202		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	8,202.
If you have a	26	2022 estimated tax paymen	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 fro	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, 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	•		-				
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	8,202.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you overpai	d	34	3,734.
	35a	Amount of line 34 you want			is attached, che	ck here	🗆	35a	3,734.
Direct deposit?	b	Routing number 1 1 1			c Type: 🛛] Checking [Saving	s	
See instructions.	d	Account number 4 8 8	0 3 3 6	6 6 2 2	2 4				
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see i	nstructions) .			38			
Third Party Designee		you want to allow another			n with the IRS?		Complet	e below.	X No
3	De	signee's		Phone		Pe	rsonal ide	ntification	
	na	me		no.		nı	mber (PIN)	
Sign Here		der penalties of perjury, I declare tilef, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation				nt you an Identity
					CCTENETCE			otection F ee inst.)	PIN, enter it here
Joint return? See instructions.		ouse's signature. If a joint return,	hath must sign	Date	SCIENTIST Spouse's occupat	ion			nt your spouse an
Keep a copy for your records.	Эр	ouse's signature. If a joint return,	both must sign.	Date	HOME MAKE:		ld		ection PIN, enter it here
	———Ph	one no. (440) 357-374	9	Email address	VENKATA.R.K		COM		
		eparer's name	Preparer's signat			Date Date	PTIN		Check if:
Paid	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/21/202	3 P020	82703	Self-employed
Preparer		m's name GLOBAL TA	1			1,, 232			(678) 965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816			rm's EIN	84-3171965
	. "		_ 01 11 11(0				1	5 E 4	<u>01 01/1000</u>

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

internal	Tievende dervice		0	sequence No. O I
Name	(s) shown on Form 1040, 1040-SR, or 1040-NR	Your soc	ial s	ecurity number
VENK	KATARAMA SASI KIR KOLLI & VEENA KODALI	442-15	-24	197
Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
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. Attach Schedule	Ε.	5	-10,846.
6	Form income or (loss) Attach Schodule F		6	·

J	Tremai real estate, royalites, partiferships, o corporations, trusts, etc. Atta	ich ochedule L .	9	10/010.
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		
1	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
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 ()	
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:			
		8z		

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

-10,846.

9

10

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

Par	II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b			
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903 .		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	, , , , , , , , , , , , , , , , , , ,	4a		
b	Deductible expenses related to income reported on line 8l from the			
		4b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	' ' '	4c		
d		4d		
е	Repayment of supplemental unemployment benefits under the Trade			
		4e		
f		24f		
g	, , , , , , , , , , , , , , , , , , , ,	4g		
h	Attorney fees and court costs for actions involving certain unlawful			
	,	4h		
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
		24i	_	
J		24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	41-		
_	,	4k	_	
Z	Other adjustments. List type and amount:	4z		
25			05	
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 . E		26	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	<u> </u>		

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. Department of the Treasury

OMB No. 1545-0074

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

Attachment Sequence No. 13 Your social security number

VEN:	KATARAMA SASI KIR KOLLI & VEENA KODALI						442-1	5-2497		
Par	Income or Loss From Rental Real Estate and Note: If you are in the business of renting personal property rental income or loss from Form 4835 on page 2, line 40.			C . See	instru	ctions. If you a	re an indiv	vidual, rep	ort farm	
Α	Did you make any payments in 2022 that would require you to	o file	Form(s) 1	099? S	See ins	structions .		. 🗌 Ye	s 🛛 No	
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, ZIP									
Α	32-13-53/7, JOURNALIST CL MOGALARAJAPU	TIRAM	1 VT.TAY	ZWAD	A AN	DHRA PRAD	ESH IN	J 52001	1.0	-
В		01411		111111111111111111111111111111111111111				. 02002		-
C										-
1b	Type of Property (from list below) 2 For each rental real estate propert above, report the number of fair re	ental	and		Fa	ir Rental Days	Person Da	al Use ys	QJV	_
Α	personal use days. Check the QJV			Α		365		0		
В	if you meet the requirements to fil qualified joint venture. See instruc			В						
С	qualified joint voltare. God instruc	20110	•	С						
1	of Property: Single Family Residence 3 Vacation/Short-Term Renta Multi-Family Residence 4 Commercial	al	5 Land 6 Roya			Self-Rental Other (descr	ibe)			
						Propertie	es:			
Incor	ne:			Α		В			С	
3	Rents received	3		6	45.					
4	Royalties received	4								
Expe	nses:									
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		1,9	82.					_
8	Commissions	8								_
9	Insurance	9								_
10	Legal and other professional fees	10								_
11	Management fees	11		2,2	97.					_
12	Mortgage interest paid to banks, etc. (see instructions)	12								_
13	Other interest	13								_
14	Repairs	14			58.					_
15	Supplies	15		2,7	21.					_
16	Taxes	16			0.0					_
17	Utilities	17		2,6	33.					_
18	Depreciation expense or depletion	18								_
19	Other (list)	19		11 1	0.1					_
20	Total expenses. Add lines 5 through 19	20		11,4	91.					-
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	-	-10 , 8	46.					
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(10,84	6.)	()	()
23a	Total of all amounts reported on line 3 for all rental proper	ties			23a		645.			
b	Total of all amounts reported on line 4 for all royalty prope	erties			23b					
С	Total of all amounts reported on line 12 for all properties				23c					
d	Total of all amounts reported on line 18 for all properties				23d					
е	Total of all amounts reported on line 20 for all properties				23e	11	,491.			
24	Income. Add positive amounts shown on line 21. Do not	inclu	de any lo	sses			. 24			
25	Losses. Add royalty losses from line 21 and rental real estate	e losse	es from lir	ne 22. E	nter to	otal losses her	e 25	(10,846.)
26	Total rental real estate and royalty income or (loss). Chere. If Parts II, III, IV, and line 40 on page 2 do not a Schedule 1 (Form 1040), line 5. Otherwise, include this am	apply	to you, a	also er	nter th	is amount o			-10,846.	

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

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

OMB No. 1545-0074

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

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

Attachment Sequence No. **47**

Your social security number

JENK.	ATARAMA SASI KIR KOLLI & VEENA KODALI	142-15-	-2497
Pai	t I Child Tax Credit and Credit for Other Dependents		
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	. 1	83,208.
2a	Enter income from Puerto Rico that you excluded		
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.	
c	Enter the amount from line 15 of your Form 4563		
d	Add lines 2a through 2c	. 2d	0.
3	Add lines 1 and 2d	. 3	83,208.
4	Number of qualifying children under age 17 with the required social security number 4	1	
5	Multiply line 4 by \$2,000	. 5	2,000.
6	Number of other dependents, including any qualifying children who are not under age		
	17 or who do not have the required social security number	0	
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. reside	nt	
	alien. Also, do not include anyone you included on line 4.		
7	Multiply line 6 by \$500	. 7	
8	Add lines 5 and 7	. 8	2,000.
9	Enter the amount shown below for your filing status.		,
	• Married filing jointly—\$400,000		
	• All other filing statuses—\$200,000 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	. 9	400,000.
10	Subtract line 9 from line 3.		
	• If zero or less, enter -0		
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For		
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	. 10	0.
11	Multiply line 10 by 5% (0.05)	. 11	0.
12	Is the amount on line 8 more than the amount on line 11?	. 12	2,000.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit	lit.	
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.		
	▼ Yes. Subtract line 11 from line 8. Enter the result.		
13	Enter the amount from the Credit Limit Worksheet A	. 13	6,468.
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents	. 14	2,000.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.		•
	If the amount on line 12 is more than the amount on line 14, you may be able to take the additional	al child ta	ax credit
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR		
	(also complete Schedule 3, line 11) before completing Part II-A.		
For Da	aperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/10/23 PRO	Calaa dida	2040 (Farm 4040) 0000
בסו הפ	perwork Reduction Act Notice, see your tax return instructions. BAA REV 02/10/23 PRO	ocneanle a	3812 (Form 1040) 2022

Schedule 8812 (Form 1040) 2022

Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line	27 .	
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,500.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	No. Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\dots \dots \dots \dots \dots \dots \dots \dots$	20	
	Next. On line 16b, is the amount \$4,500 or more?		
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	☐ Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
	Otherwise, go to line 21.		
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	s of P	uerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see		
	instructions		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22		
23	Add lines 21 and 22		
24	1040 and		
	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,		
	and Schedule 3 (Form 1040), line 11.		
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the larger of line 20 or line 25	26	
	Next, enter the smaller of line 17 or line 26 on line 27.		
Part	II-C Additional Child Tax Credit	, ,	
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	

(Rev. November 2022)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074 For tax year 20 Attachment Sequence No. 70

Taxpayer identification number

VENI	KATARAMA SASI KIR KOLLI & VEENA KODALI	442-15-249	7		
Prepare	's name	Preparer tax identifica	ation numb	oer	
	M PRIYA RAM SAGAR GUPTA TALLAM	P02082703			
Part	·				
	check the appropriate box for the credit(s) and/or HOH filing status claimed on the retubenefit(s) claimed (check all that apply).		the rela		arts I-V HOH
1	Did you complete the return based on information for the applicable tax year provided or reasonably obtained by you? (See instructions if relying on prior year earned income.)		Yes	No	N/A
2	If credits are claimed on the return, did you complete the applicable EIC and/or C worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Sched 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions worksheet(s) that provides the same information, and all related forms and schedules claimed?	ule 8812 (Form s, or your own	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you rethe following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.				
	• Review information to determine that the taxpayer is eligible to claim the credit(s) and status and to figure the amount(s) of any credit(s)		×		
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsist answer questions 4a and 4b. If " No ," go to question 5.)	tent? (If "Yes,"		×	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent in	formation? .			
b	Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	the impact the			
5	Did you satisfy the record retention requirement? To meet the record retention requirement keep a copy of your documentation referenced in question 4b, a copy of this Form 8867 applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) put taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing state the amount(s) of the credit(s)	7, a copy of any o prepare Form provided by the atus or to figure	×		
	List those documents provided by the taxpayer, if any, that you relied on:				
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?	return if his/her	×		
7 a	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) Did you complete the required recertification Form 8862?		X		
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a correct Schedule C (Form 1040)?	a complete and			

Form 88	867 (Rev. 11-2022)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a		Yes	No	N/A
	claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC			
	and does not have a qualifying child, go to question 10.)			
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of			
Ū	more than one person (tiebreaker rules)?			
Part		claim C	TC, A	CTC,
	or ODC, go to Part IV.)			
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is	Yes	No	N/A
	a citizen, national, or resident of the United States?	X		
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with			
	the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	×		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or			
12	separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar			
	statement to the return?	×		
Part	The state of the s		Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quality taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quality taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quality taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quality taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quality taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quality taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quality taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quality taxpayer provide substantiation for the credit provide substantiation for the cred	alified	Yes	No
Doub	tuition and related expenses for the claimed AOTC?		Dort 1	
Part			Yes	VI.) No
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?	x year		NO
Part				
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HO	l filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);	nses on s) and/c	the retor HOH	turn or filing
	 B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed; 	list for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	"s eligib	ility for	the
	A record of how, when, and from whom the information used to prepare this form and the applica obtained.	ble worl	ksheet(s) was
	A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount	payer's ınt(s) of	respon the cre	ses, to edit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for each related to a claim of an applicable credit or HOH filing status (see instructions for more information	:h failur).	e to co	mply
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct	t. and	Yes	No
	complete?		X	

2022 Ohio IT 1040

Individual Income Tax Return



Sequence No. 1

02 21 23

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

AMENDED RETURN - Check here and include Ohio IT RE.

Primary taxpayer's SSN (required) 442 15 2497

✓ If deceased

Spouse's SSN (if filing jointly) 837 78 6380

✓ If deceased

NOL CARRYBACK - Check here and include Schedule IT NOL.

School district # 4309

First name

VENKATARAMA SAS

Spouse's first name (if filing jointly)

VEENA

M.I. Last name KOLLI

M.I. Last name

KODALI

Address line 1 (number and street) or P.O. Box

2250 PAR LN

Address line 2 (apartment number, suite number, etc.)

APT F 608

City

WILLOUGHBY HILLS

State

ZIP code

Ohio county (first four letters)

OH

44094

LAKE

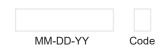
Foreign country (if the mailing address is outside the U.S.)

Foreign postal code

Residency Status - Check only one for primary			Filing Status - Check one (as reported on federal income tax return)				
×	Resident	Part-year resident	Nonresident Indicate state		Single, head o	f household or qualify	ying widow(er)
Check only one for spouse (if filing jointly)			× Married filing jo	ointly			
×	Resident	Part-year resident	Nonresident Indicate state	, ,	Married filing s	eparately	Spouse's SSN
<u>Oh</u>	Ohio Nonresident Statement – See instructions for required criteria Primary meets the five criteria for irrebuttable presumption as nonresident.				Federal extens	sion filers - check her	re.
Spouse meets the five criteria for irrebuttable presumption as nonresident.			If someone can claim you (or your spouse if filing jointly) as a dependent, check here.				
	, ,	•		0-SR, line 11). Place a		1.	83208
2a.	2a. Additions – Ohio Schedule of Adjustments, line 10 (include schedule)2a.						
2b.	Deductions – Ohio	Schedule of Adjustr	nents, line 39 (ir	nclude schedule)		2b.	
3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box if negative3.				83208			

1. Federal adjusted gross income (federal 1040 or 1040-SR, line 11). Place a "-" in the box if negative	83208
2a. Additions – Ohio Schedule of Adjustments, line 10 (include schedule)2a.	
2b. Deductions – Ohio Schedule of Adjustments, line 39 (include schedule)2b.	
3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box if negative3.	83208
4. Exemption amount (include Schedule of Dependents if applicable)	5700
5. Ohio income tax base (line 3 minus line 4; if negative, enter zero)	77508
6. Taxable business income – Ohio Schedule IT BUS, line 13 (include schedule)6.	
7. Taxable nonbusiness income (line 5 minus line 6; if negative, enter zero)	77508





2022 Ohio IT 1040

Individual Income Tax Return



SSN 442 15 2497

22000298 Sequence No. 2

8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	7a.Amount from line 7 on page 1	7a.	77508
8c. 1928 9. Ohio nonrefundable credits — Ohio Schedule of Credits, line 35 (Include schedule)	8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	8a.	1928
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 35 (include schedule)	8b.Business income tax liability – Ohio Schedule IT BUS, line 14 (include schedule)	8b.	
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)	8c. Income tax liability before credits (line 8a plus line 8b)	8c.	1928
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 35 (include schedule)	9.	0
12. Unpaid use tax (see instructions)	10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)	10.	1928
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)	11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	11.	
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	12.Unpaid use tax (see instructions)	12.	
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return	13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)	13.	1928
15.	14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	14.	2833
17. Amended return only – amount previously paid with original and/or amended return		15.	
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	16. Refundable credits – Ohio Schedule of Credits, line 41 (include schedule)	16.	
19. Amended return only — overpayment previously requested on original and/or amended return	17. Amended return only – amount previously paid with original and/or amended return	17.	
20. Line 18 minus line 19. Place a "-" in the box if negative	18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	18.	2833
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	19. Amended return only – overpayment previously requested on original and/or amended return	19.	
21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13		20.	2833
22. Interest due on late payment of tax (see instructions)		24	
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"	21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13	21.	
IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State"	22. Interest due on late payment of tax (see instructions)	22.	
25. Original return only – portion of line 24 carried forward to next year's tax liability	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 D	DUE ▶ 23.	
26. Original return only – portion of line 24 you wish to donate: a. Wildlife Species b. Military Injury Relief c. Ohio History Fund Total26g. d. Nature Preserves/Scenic Rivers e. Breast/Cervical Cancer f. Wishes for Sick Children 70 REFUND (line 24 minus lines 25 and 26g)	24. Overpayment (line 20 minus line 13)	24.	905
d. Nature Preserves/Scenic Rivers e. Breast/Cervical Cancer f. Wishes for Sick Children 27. REFUND (line 24 minus lines 25 and 26g)	26. Original return only – portion of line 24 you wish to donate:	25.	
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. Phone number (440) 357-3749 Spouse's signature Date Date Pione number Pione number	d. Nature Preserves/Scenic Rivers e. Breast/Cervical Cancer f. Wishes for Sick Children	otal26g.	
and belief, the return and all enclosures are true, correct and complete. Primary signature Phone number (440)357-3749 Spouse's signature Date If you owe \$1.00 or less, no payment is necessary. NO Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2679		JND ▶ 27.	905
Spouse's signature Date Date P.O. Box 2679	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.		
▶Spouse's signature Date Date P.O. Box 2679	▶ Primary signature Phone number(440)357-3749		
Observations to enthante community discuss this nature 20.0 By 1.1	Spouse's signature Date Date	P.O. E	3ox 2679

Preparer's printed name ______SYAM_PRIYA_RAM_SAGAR_GUP Phone number _____(678) 965-9522

Preparer's TIN (PTIN) P 02082703

2022 IT 1040 - page 2 of 2

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

REV 02/14/23 PRO



1. Dependent's SSN

2022 Ohio Schedule of Dependents



Dependent's relationship to you

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

02 21 23 442 15 2497 Sequence No. **9**

Do not list the primary filer and/or spouse (if filing jointly) as dependents on this schedule. Use this schedule to claim dependents. If you have more than 15 dependents, complete additional copies of this schedule and include them with your income tax return. Abbreviate the "Dependent's relationship to you" if necessary.

Dependent's date of birth (MM-DD-YYYY)

417 95 7434	12 22 2015	DAUGHTER
Dependent's first name	M.I. Dependent's last name KOLLI	
2. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
3. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
4. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
5. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
6. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
7. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	





2022 Schedule of Ohio Withholding

22350198

98

Sequence No. 11

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

Primary taxpayer's SSN

442 15 2497

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

<u>Part B -</u> 1. P/S	W-2s Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	201027574	94054	8202
	Box 15 - Employer's Ohio ID number 54101338	Box 16 - Ohio wages, tips, etc. 94054	Box 17 - Ohio income tax 2833
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

442 15 2497



_		4000 D-	442 15 2497		Sequence No. 12
		1099-Rs 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	Вох	x 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	Вох	x 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	Воз	x 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	Воз	x 14 - Ohio tax withheld
В	ort D	W 2Go			
		<u>W-2Gs</u> Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fed	deral income tax withheld
		Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Вох	x 15 - Ohio income tax withheld
2.	P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fed	deral income tax withheld
		Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Воз	x 15 - Ohio income tax withheld
3.	P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fed	deral income tax withheld
		Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Воз	x 15 - Ohio income tax withheld
Р	art F -	1099-NECs			
	P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Fed	deral income tax withheld
		Box 6 - Payer's Ohio number	Box 7 - State income	Воз	x 5 - Ohio tax withheld
2.	P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Fed	deral income tax withheld
		Box 6 - Payer's Ohio number	Box 7 - State income	Воз	x 5 - Ohio tax withheld