

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

Taxpayer's name NIVEDINI RAJ GUPTA MANEPALLY	Social security number 873-84-8065
Spouse's name	Spouse's social security number

Part I 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	1	92,772.
2	Total tax	2	13,179.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	16,065.
4	Amount you want refunded to you	4	2,886.
5	Amount you owe	5	

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

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

4	8	0	6	5
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- 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.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- 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.

5	1	8	9	5	2	3	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's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial NIVEDINI RAJ GUPTA	Last name MANEPALLY	Your social security number 873-84-8065
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 1771 N PIERCE ST		Apt. no. 703
City, town, or post office. If you have a foreign address, also complete spaces below. ARLINGTON		State VA
Foreign country name		ZIP code 22209
Foreign province/state/county		Foreign postal code

Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
 You Spouse

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** Were born before January 2, 1958 Are blind **Spouse:** Was born before January 2, 1958 Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here <input type="checkbox"/>	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
					Child tax credit	Credit for other dependents
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

	Income	1a	103,448.
	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a	103,448.
	b Household employee wages not reported on Form(s) W-2	1b	
	c Tip income not reported on line 1a (see instructions)	1c	
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
	e Taxable dependent care benefits from Form 2441, line 26	1e	
	f Employer-provided adoption benefits from Form 8839, line 29	1f	
	g Wages from Form 8919, line 6	1g	
	h Other earned income (see instructions)	1h	0.
	i Nontaxable combat pay election (see instructions)	1i	
	z Add lines 1a through 1h	1z	103,448.
Attach Sch. B if required.	2a Tax-exempt interest	2a	
	3a Qualified dividends	3a	
	4a IRA distributions	4a	
	5a Pensions and annuities	5a	
	6a Social security benefits	6a	
		b Taxable interest	2b
	b Ordinary dividends	3b	
	b Taxable amount	4b	
	b Taxable amount	5b	
	b Taxable amount	6b	
	c If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>		
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	7	
	8 Other income from Schedule 1, line 10	8	-10,676.
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	92,772.
	10 Adjustments to income from Schedule 1, line 26	10	
	11 Subtract line 10 from line 9. This is your adjusted gross income	11	92,772.
	12 Standard deduction or itemized deductions (from Schedule A)	12	12,950.
	13 Qualified business income deduction from Form 8995 or Form 8995-A	13	
	14 Add lines 12 and 13	14	12,950.
	15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	79,822.

Tax and Credits table with rows 16-24. Includes Tax (13,179), Amount from Schedule 2, line 3, Add lines 16 and 17 (13,179), Child tax credit, Amount from Schedule 3, line 8, Add lines 19 and 20, Subtract line 21 from line 18 (13,179), Other taxes (0), Add lines 22 and 23 (13,179).

Payments table with rows 25-33. Includes Federal income tax withheld (16,065), 2022 estimated tax payments, Earned income credit (0), Additional child tax credit, American opportunity credit, Reserved for future use, Amount from Schedule 3, line 15, Add lines 27, 28, 29, and 31 (16,065), Add lines 25d, 26, and 32 (16,065).

Refund table with rows 34-36. Includes If line 33 is more than line 24 (2,886), Amount of line 34 you want refunded to you (2,886), Routing number (052001633), Account number (446039355759), Amount of line 34 you want applied to your 2023 estimated tax.

Amount You Owe table with rows 37-38. Includes Subtract line 33 from line 24 (Amount you owe), Estimated tax penalty (see instructions).

Third Party Designee section. Do you want to allow another person to discuss this return with the IRS? See instructions. [] Yes. Complete below. [X] No. Designee's name, Phone no., Personal identification number (PIN).

Sign Here section. Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature, Date, Your occupation (ASSISTANT PROJECT MANAGER), Spouse's signature, Date, Spouse's occupation, Phone no. (240) 302-3805, Email address NIVEDINI.RAJGUPTA@GMAIL.COM.

Paid Preparer Use Only section. Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM, Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM, Date 04/03/2023, PTIN P02082703, Firm's name GLOBAL TAXES LLC, Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816, Phone no. (678) 965-9522, Firm's EIN 84-3171965.

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2022

Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
NIVEDINI RAJ GUPTA MANEPALLY

Your social security number
873-84-8065

Part 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. Attach Schedule E		5	-10,676.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	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		
l	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	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) 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 nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount: _____	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	-10,676.

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

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government 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			
c	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:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount: _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0074

2022
Attachment
Sequence No. **13**

Name(s) shown on return

NIVEDINI RAJ GUPTA MANEPALLY

Your social security number

873-84-8065

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A HABSIGUDA HYDERABAD TELANGANA IN 500007

B _____
C _____

1b	Type of Property (from list below)	2	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.		Fair Rental Days	Personal Use Days	QJV
			A	B			
A	3		A	185	0	<input type="checkbox"/>	
B			B			<input type="checkbox"/>	
C			C			<input type="checkbox"/>	

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) _____

Income:		Properties:		
		A	B	C
3	Rents received	650.		
4	Royalties received			
Expenses:				
5	Advertising			
6	Auto and travel (see instructions)			
7	Cleaning and maintenance	1,045.		
8	Commissions			
9	Insurance			
10	Legal and other professional fees			
11	Management fees	1,231.		
12	Mortgage interest paid to banks, etc. (see instructions)			
13	Other interest			
14	Repairs	3,200.		
15	Supplies	3,150.		
16	Taxes			
17	Utilities	2,700.		
18	Depreciation expense or depletion			
19	Other (list) _____			
20	Total expenses. Add lines 5 through 19	11,326.		
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	-10,676.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	(10,676.)		
23a	Total of all amounts reported on line 3 for all rental properties		650.	
b	Total of all amounts reported on line 4 for all royalty properties			
c	Total of all amounts reported on line 12 for all properties			
d	Total of all amounts reported on line 18 for all properties			
e	Total of all amounts reported on line 20 for all properties		11,326.	
24	Income. Add positive amounts shown on line 21. Do not include any losses			
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	(10,676.)		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .			-10,676.

2022 D-40E SUB District of Columbia Individual Income Tax Declaration for Electronic Filing



IRS Declaration Control Number (DCN) - - -

Your First name and initial NIVEDINI RAJ GU Last name MANEPALLY Taxpayer Identification Number (TIN) 873848065

Spouse's/Registered domestic partner's First name and initial Last name Spouse's TIN

Present Home Address (number, street and suite/apartment number if applicable) 1771 N PIERCE ST, APT. 703 Federal Filing Status 1

City, Town, and State ARLINGTON VA Zip Code + 4 22209 District of Columbia Filing Status 1

PART I - TAX RETURN INFORMATION

PLEASE ENTER WHOLE DOLLAR AMOUNTS

Table with 2 columns: Description (e.g., DC Adjusted Gross Income, Total Tax) and Amount (e.g., 92772.00, 5184.00).

PART II - REFUND METHOD [X] Direct Deposit ReliaCard Paper Check

For Direct Deposit or Direct Debit enter the following information:

6. Routing Number* 052001633 *Routing Number must be nine digits and the first two must be 01 through 12 or 21 through 32.
7. Account Number 446039355759
8. Type of Account [X] Checking Savings

PART III - DECLARATION OF TAXPAYER

Under penalties of perjury, I/we declare that I/we have examined a copy of my/our electronic individual income tax return and accompanying schedules and statements for the 2022 tax year, and to the best of my knowledge and belief, it is true, correct and complete.

Your Signature Date Spouse's Signature Date

PART IV - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the individual income tax return and that the entries on D40-E are complete and correct to the best of my knowledge. The taxpayer will have signed this form before I submit the return.

ERO's Signature Date 040323 TIN 882145487

Paid Preparer's Signature Date 040323 TIN 843171965

PLEASE KEEP FOR YOUR RECORDS. DO NOT MAIL.



2022 D-40 SUB Individual Income Tax Return



220404S11555

SOFTWARE DEVELOPER USE ONLY VENDOR ID #1555

STAPLE OTHER REQUESTED DOCUMENTS IN UPPER LEFT

Personal information

Mark if: Filing an Amended return. See instructions.

Your telephone number

2403023805

Mark if Deceased

Your taxpayer identification number (TIN) and Date of Birth (MMDDYYYY)

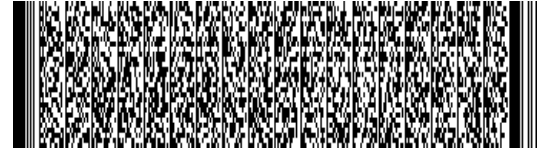
873848065 08051995

Spouse's/registered domestic partner's TIN and Date of Birth (MMDDYYYY)

Your first name M.I. Last name NIVEDINI RAJ GU MANEPALLY

Spouse's/registered domestic partner's first name M.I. Last name

Home address(number, street and suite/apartment number (if applicable)) 1771 N PIERCE ST, APT. 703



STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

City State Zip Code + 4 ARLINGTON VA 22209

Email Address NIVEDINI.RAJGUPTA@GMAIL.COM

Filing Status

1 Mark only one: X Single, Married filing jointly, Married filing separately, Dependent claimed by someone else

Married filing separately on same return Enter combined amounts for Lines 5-43. See instructions.

Registered domestic partners filing jointly or filing separately on the same return. Enter combined amounts for Lines 5-43. See instructions.

Head of household Enter qualifying dependent and/or non-dependent information on Schedule S.

Qualifying widow(er) with dependent child Enter qualifying dependent and/or non-dependent information on Schedule S.

2 Mark if you are: Part-year resident in DC from to See instructions. (MMDDYYYY) (MMDDYYYY)

3 Did you have qualifying health care coverage for all members of your shared responsibility family for the entire year? Yes X No If no, or if claiming an exemption, complete Schedule HSR (see instructions).

Complete your federal return first - Enter your dependents' information on DC Schedule S

Income Information

Round cents to nearest dollar. If amount is zero, leave line if blank; minus, enter amount and fill in oval.

Table with 4 columns: Description, Mark if loss, Code, Amount. Rows include Wages, Business income, Capital gain, and Rental real estate.

Computation of DC Gross and Adjusted Gross Income

4 Federal adjusted gross income. From adjusted gross income lines on federal Forms 1040, 1040-SR, 1040-NR or 1040-NR-EZ. Mark if loss 4 92772.00

Enter your last name **MANEPALLY**

Enter your TIN **873848065**



220404S21555

Additions to DC Income

5	Franchise tax deducted on federal forms, <i>see instructions</i> .	5	.00
6	Other additions from DC Schedule I, Calculation A, Line 9.	6	.00
7	Add Lines 4, 5 and 6.	Mark if loss 7	92772.00

Subtractions from DC Income

8	Part year residents, enter income received during period of nonresidence, <i>see instructions</i> .	8	.00
9	Taxable refunds, credits or offsets of state and local income tax.	9	.00
10	Taxable amount of social security and tier 1 railroad retirement.	10	.00
11	Income reported and taxed this year on a DC franchise or fiduciary return.	11	.00
12	DC and federal government survivor benefits, <i>see instructions</i> .	12	.00
13	Unemployment Insurance Benefits, <i>see instructions</i> .	13	.00
14	Other subtractions from DC Schedule I, Calculation B, Line 16.	14	.00
15	Total subtractions from DC income, Lines 8-14.	15	0.00
16	DC adjusted gross income, Line 7 minus Line 15.	Mark if loss 16	92772.00

17 Deduction type. *Take the same type as you took on your federal return. Fill in which type* Standard or Itemized
See instructions for amount to enter on Line 17.

18	DC deduction amount.	18	12950.00
19	DC taxable income. Subtract Line 18 from Line 16.	Mark if loss 19	79822.00

20 Tax. *If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions.* 20 5184.00

Fill in if filing separately on same return. *Complete Calculation J on Schedule S.*

21 Credit for child and dependent care expenses .00 .32 21 .00
From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441

22 Non-refundable credits from DC Schedule U, Part 1a, Line 7. *Attach Schedule U.* 22 .00

23 Total non-refundable credits. *Add Line 21 and Line 22.* 23 .00

24 Subtract Line 23 from Line 20. *If less than zero, enter zero.* 24 5184.00

25 DC Health Care Shared Responsibility. *See instructions. If fully covered or fully exempt, enter zero.* 25 0.00

26 Total tax and DC Health Care Shared Responsibility. *Add Line 24 and Line 25.* 26 5184.00

27 DC Earned Income Tax Credit

27a Enter the number of qualified EITC children. 27b Enter earned income amount 27b .00

27c For filers **with** qualifying children. Enter federal EIC .00 .70 Enter result > 27d .00

27e For filers **without** qualifying children. *See instructions for special calculations.* Enter result > 27e .00

28 Property Tax Credit. *From your DC Schedule H; attach a copy.* 28 .00

Enter your last name

MANEPALLY

Enter your TIN

873848065



220404S31555

29	Refundable credits from DC Schedule U, Part 1b, Line 3. <i>Attach Schedule U.</i>	29	.00
30	Total refundable credits. <i>Add Line 27d or 27e through Line 29</i>	30	.00
31	DC income tax withheld <i>shown on Forms W-2 and 1099. Attach these forms.</i>	31	6472.00
32	2022 estimated income tax payments and amount applied from 2021 return.	32	.00
33	Tax paid with FR-127 Extension of Time to File.	33	.00
34	If this is an amended 2022 return, enter payments made with original 2022 D-40 return.	34	.00
35	If this is an amended 2022 return, enter refunds requested with original 2022 D-40 return.	35	.00
36	Total payments and refundable credits. <i>Add Line 30 through Line 34. (Do not include Line 35).</i>	36	6472.00
37	Tax Due. <i>Subtract Line 36 from Line 26</i>	37	.00
38	Amount Overpaid. <i>Subtract Line 26 from Line 36.</i>	38	1288.00
39	Amount to be applied to your 2023 estimated tax.	39	.00
40	Underpayment Interest. Fill in the oval and attach form D-2210.	40	.00
41	Contribution amount from Schedule U, Part II, Line 5. (Cannot exceed amount on Line 38)	41	.00
42	Total Amount Due. Add Lines 37, 40 and 41.	42	.00
43	Net Refund. <i>Subtract total of Lines 39, 40 and 41 from Line 38.</i>	43	1288.00

Will this refund go to an account outside the U.S. ? Yes No See instructions.

44 Fill in if either spouse is claiming injured spouse allocation. You **must** attach Form DC-8379.

Refund Options: For information on the tax refund card and Program limitations, see instructions or visit our website MyTax.DC.gov

Mark **one** refund choice: Direct deposit or Reliacard (See instructions) or Paper check

Direct deposit. *To have your refund deposited to your Checking or Savings account, fill in and enter bank routing and account numbers. See instructions.*

Routing Number 052001633

Account Number 446039355759

Fill in if you agree to receive your 1099-G Income Tax refund statement electronically (see instructions).

Third party designee *To authorize another person to discuss this return with OTR, mark here and enter the name and phone number of that person*

Designee's Name

Phone number

Signature Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on information available to the preparer.

Your signature

Date

Preparer's signature

Date

SYAM PRIYA RAM SAGAR

04032023

Spouse's/registered domestic partner's signature if filing jointly or separately on same return

Date

Preparer's Tax Identification Number (PTIN)

PTIN telephone number

P02082703

6789659522

* Pursuant to the "Earned Income Tax Credit as Basic Income Amendment Act of 2021", for tax year 2022, eligible EITC taxpayers with qualified children may have a portion of their EITC paid in 11 monthly payments. If you are a taxpayer receiving monthly EITC payments, OTR will calculate the distribution of your net refund amount for you and your initial lump sum payment received will differ from the Line 43 Net Refund amount. OTR shall send a notice to every individual whose refund, or any portion thereof, will be paid in monthly refund payments pursuant to the Act.

Eligible DC EITC part-year taxpayers with qualifying children, eligible DC EITC taxpayers without a qualifying child, and Schedule N DC Non-Custodial Parent EITC claimants will NOT have a portion of their EITC paid in monthly payments. They will receive their DC EITC refunds in one lump sum payment.

If you have selected the ReliaCard as your refund choice and are eligible to receive monthly EITC refund payments, please retain your U.S. Bank ReliaCard. Monthly payments will be reloaded onto the initial card that you received containing your initial lump sum refund payment.

All DC EITC credits are immediately subject to the offset provisions of DC Code § 47-4431.

2022 SCHEDULE S Supplemental Information and Dependents



220400S31555

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# 1555

Unless instructed otherwise -
If you fill in any part of this schedule, attach it to your D-40.

Enter your last name.
MANEPALLY

Enter your Taxpayer Identification Number(TIN)
873848065

Dependents *If you have more than 8 dependents, list them on an attachment.*

First name	M.I.	Last name	Taxpayer identification number	Relationship	Date of Birth (MMDDYYYY)

Head of household filers or qualifying widow(er)

TIN of qualifying non-dependent person Date of Birth of qualifying non-dependent person (MMDDYYYY)

Do not enter your information

First name of qualifying non-dependent person	M.I.	Last name

2022 SCHEDULE S PAGE 2

Last name and TIN **MANEPALLY**

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220400S41555

Calculation G-1 Computation of Standard Deduction Calculation G-1 must be completed and submitted with the return except for dependent filers
 *If you were born before January 2, 1958, you are considered to be age 65 at the end of 2022

a	Basic standard deduction amount. See instructions.	a	12950.00
b	Enter 1 if you are age 65 or over*	b	
c	Enter 1 if you are blind.	c	
d	Enter 1 if married or registered domestic partner filing jointly or filing separately on same return and your spouse or registered domestic partner is 65 or over*	d	
e	Enter 1 if married or registered domestic partner filing jointly or filing separately on same return and your spouse or registered domestic partner is blind.	e	
f	Total number of additions to standard deductions. Add Lines b through e.	f	
g	Additional standard deduction amount. Multiply 1,400 (1,750 if single or head of household) by number on Line f. See instructions.	g	0.00
h	Total standard deduction. Add Lines a and g, enter here and on D-40, Line 18.	h	12950.00
i	Total number of dependents.	i	

Calculation J Tax computation for married or registered domestic partners filing separately on the same DC return.

Enter separate amounts in each column. Do not combine amounts until Line i.

		You	Your spouse/registered domestic partner
a	Federal adjusted gross income	a	.00
	<i>If you and your spouse filed a joint federal return, enter each person's portion of federal adjusted gross income. Registered domestic partners should enter the federal AGI reported on their separate federal returns.</i>		.00
b	Total additions to federal adjusted gross income	b	.00
	<i>Enter each person's portion of additions entered on D-40, Lines 5 and 6.</i>		.00
c	Add Lines a and b.	c	.00
d	Total subtractions from federal adjusted gross income	d	.00
	<i>Enter each person's portion of subtractions entered on D-40, Line 15.</i>		.00
e	DC adjusted gross income Subtract Line d from Line c.	e	.00
	<i>Mark if minus</i>		.00
f	Deduction amount. Enter each person's portion of the amount entered on D-40, Line 18 (You may allocate this amount as you wish.)	f	.00
	<i>Mark if minus</i>		.00
g	Taxable income. Subtract Line f from Line e.	g	.00
	<i>Mark if minus</i>		.00
h	Tax. If Line g is \$100,000 or less, use tax tables. If more than \$100,000, use Calculation I in instructions.	h	.00
i	Add the amounts on Line h, enter here and on D-40, Line 20.	i	.00 Total tax

List TINs associated with income reported and taxed on Franchise and Fiduciary Returns for the amount listed on D-40, Line 11.

a	b	c
d	e	f
g	h	i