

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 PRITIKA KOTHAPALLI	Social security number 012-97-3132
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	41,218.
2	Total tax	3,188.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	5,082.
4	Amount you want refunded to you	1,894.
5	Amount you owe	

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

7	3	1	3	2
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 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.

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.
- 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'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 [X] 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:

Form fields for personal information: Your first name and middle initial (PRITIKA), Last name (KOTHAPALLI), Your social security number (012-97-3132), Spouse's social security number, Home address (524 S CARROLL BLVD, DENTON, TX 76201), and Presidential Election Campaign options.

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 [X] 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

Table for Dependents with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents.

Main income table with rows 1a through 15, including Total amount from Form(s) W-2, Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Capital gain or (loss), Other income from Schedule 1, Total income, Adjustments to income, Adjusted gross income, Standard deduction, Qualified business income deduction, and Taxable income.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	3,188.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	3,188.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	3,188.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	3,188.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	5,082.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	5,082.
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	5,082.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,894.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,894.
	b	Routing number 062000019 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 0297435562		
	36	Amount of line 34 you want applied to your 2023 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here 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 SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (334) 715-2397	Email address PREETIKAKOTHAPALLI@GMAIL.COM		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 01/25/2023	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Phone no. (678) 965-9522
Firm's EIN				88-2145487

2022 NJ-1040NR
New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

NJ-1040NR
2022
Page 1



For Taxable Year January 1, 2022 – December 31, 2022 or Other Tax Year
Beginning _____, 2022 Ending _____, 2023

1555

Your Social Security Number 012973132
Last Name, First Name, Initial KOTHAPALLI PRITIKA
(Joint filers enter first name and middle initial of each. Enter spouse/CU partner last name only if different.)

Spouse's/CU Partner's Social Security Number

DO NOT MAIL

State of Residency (outside NJ)
TEXAS

Home Address (Number and Street, incl. apt. # or rural route)
524 S CARROLL BLVD APT 218

Driver's License # (Voluntary) State City, Town, Post Office State ZIP Code
DENTON TX 76201

- This is an amended return
- Federal extension application attached or enter confirmation number _____
- The address above is a foreign address
- Your address has changed
- Death certificate for deceased taxpayer is attached (See instructions page 9)
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer

NJ Residency Status If you were a New Jersey resident for ANY part of the tax year, give the period of New Jersey residency.

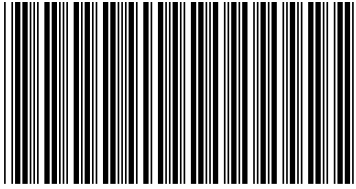
From: To:

Gubernatorial Elections Fund Do you want to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner want to designate \$1? Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.

Yes No F No
Yes No

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040NV02220

Name(s) as shown on Form NJ-1040NR
KOTHAPALLI PRITIKA

Your Social Security Number
012973132

1555

Filing Status
(Check only ONE box)

- 1. Single
- 2. Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return
- 4. Head of Household
- 5. Qualifying Widow(er)/Surviving CU Partner

Name and SSN of Spouse/CU Partner

DO NOT MAIL

Exemptions

- 6. Regular Self Spouse/CU Partner Domestic Partner 6. 1
- 7. Age 65 or over Self Spouse/CU Partner 7. _____
- 8. Blind or Disabled Self Spouse/CU Partner 8. _____
- 9. Veteran Exemption Self Spouse/CU Partner 9. _____
- 10. Number of your qualified dependent children 10. _____
- 11. Number of other dependents 11. _____
- 12. Dependents attending colleges (See Instructions) 12. _____
- 13. For line 13a – Add lines 6, 7, 8, and 12. For line 13b – Add lines 10 and 11. For line 13c – Enter amount from line 9. 13a. 1 13b. _____ 13c. _____

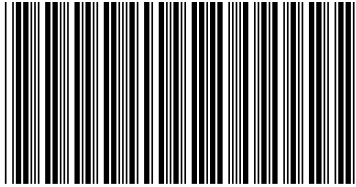
Dependent Information

14. Dependent's Last Name, First Name, Middle Initial _____ Dependent's Social Security Number _____ Birth Year _____
- a. _____
 - b. _____
 - c. _____
 - d. _____

E-FILE ONLY

	COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE)	COL. B - AMOUNT FROM NEW JERSEY SOURCES
15. Wages, salaries, tips, and other employee compensation Check box if you completed lines 69 through 75	15. <u>41218</u>	15. <u>F 30368</u>
16. Interest	16. _____	16. _____
17. Dividends	17. _____	17. _____
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4)	18. _____	18. _____
19. Net gains or income from disposition of property (From line 68)	19. _____	19. _____
20. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4)	20. _____	20. _____
21. Net gambling winnings (See Instructions)	21. _____	21. _____
22. Taxable pensions, annuities, and IRA distributions/withdrawals	22. _____	22. _____
23. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)	23. _____	23. _____
24. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)	24. _____	24. _____
25. Alimony and separate maintenance payments received	25. _____	25. _____
26. Other – State Nature and Source _____	26. _____	26. _____
27. TOTAL INCOME (Add lines 15 through 26)	27. <u>41218</u>	27. <u>30368</u>

DO NOT MAIL



040NV03220

Name(s) as shown on Form NJ-1040NR
KOTHAPALLI PRITIKA

Your Social Security Number
012973132

1555

28a. Pension/Retirement Exclusion (See Instructions)	28a.	.	.
28b. Other Retirement Income Exclusion (See Worksheet and Instructions)	28b.	.	28b.
28c. Total Exclusion Amount (Add line 28a and line 28b)	28c.	.	28c.
29. Gross Income (Subtract line 28c from line 27)	29.	41218	29. 30368
30. Total Exemption Amount (See Instructions)	30.	1000	.
31. Medical Expenses (See Worksheet and Instructions)	31.	.	.
32. Alimony and separate maintenance payments	32.	.	.
33. Qualified Conservation Contribution	33.	.	.
34. Health Enterprise Zone Deduction	34.	.	.
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0	.
36. Organ/Bone Marrow Donation Deduction (See instructions)	36.	.	.
37a. NJBEST Deduction	37a.	.	.
37b. NJCLASS Deduction	37b.	.	.
37c. NJ Higher Education Tuition Deduction	37c.	.	.
38. Total Exemptions and Deductions (Add lines 30 through 37c)	38.	1000	.
39. Taxable Income (Subtract line 38 from line 29, column A)	39.	40218	.
40. Tax on amount on line 39 (From Tax Table)	40.	730	.
41. Income Percentage B. (line 29) / A. (line 29) = <u>73.68</u> %			
42. New Jersey Tax (Multiply amount from line 40 by income percentage from line 41)	42.		538 .
43. Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)	43.		.
44. Gold Star Family Counseling Credit (See Instructions)	44.		.
45. Credit for Employer of Organ/Bone Marrow Donor (See instructions)	45.		.
46. Total Credits (Add lines 43, 44, and 45)	46.		.
47. Balance of Tax After Credits (Subtract line 46 from line 42)	47.		538 .
48. Interest on Underpayment of Estimated Tax.	48.		.
Check box if Form NJ-2210NR is enclosed			
49. Total Tax Due (Add line 47 and line 48)	49.		538 .
50. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) (Part-year nonresidents, see instructions)	50.	1216	.
51. New Jersey Estimated Tax Payments/Credit from 2021 return	51.	.	.
52. Tax paid on your behalf by Partnership(s)	52.	.	.
53. Excess NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	53.	.	.
54. Excess NJ Disability Insurance Withheld (Enclose Form NJ-2450)	54.	.	.
55. Excess NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	55.	.	.
56. Pass-Through Business Alternative Income Tax Credit (See instructions)	56.	.	.

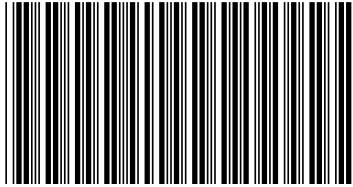
Also enter on line 51:

- Payments made in connection with sale of NJ real property
- Payments by S corporation for nonresident shareholder

DO NOT MAIL

FILE ONLY

DO NOT MAIL



040NV04220

Name(s) as shown on Form NJ-1040NR
KOTHAPALLI PRITIKA

Your Social Security Number
012973132

1555

DO NOT MAIL

57. Total Payments/Credits (Add lines 50 through 56)	57.	1216 .
58. If line 57 is less than line 49, you have tax due. Subtract line 57 from line 49 and enter the amount you owe. If you owe tax, you can still make a donation on line 61A through 61F	58.	.
59. If line 57 is more than line 49, you have an overpayment. Subtract line 49 from line 57 and enter the overpayment	59.	678 .
60. Amount from line 59 you want to credit to your 2023 tax	60.	.
61. Amount you want to credit to:		
(A) N.J. Endangered Wildlife Fund	61A.	.
(B) N.J. Children's Trust Fund	61B.	.
(C) N.J. Vietnam Veterans' Memorial Fund	61C.	.
(D) N.J. Breast Cancer Research Fund	61D.	.
(E) U.S.S. N.J. Educational Museum Fund	61E.	.
(F) Designated Contribution	Code	61F.
62. Total Adjustments to Tax Due/ Overpayment (Add lines 60 through 61F)	62.	.
63. Balance due (If line 58 is more than zero, add line 58 and 62)	63.	.
64. Refund amount (If line 59 is more than zero, subtract line 62 from line 59)	64.	678 .

NOTE:
An entry on lines 60 through 61F will reduce your tax refund

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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

> _____
Your Signature Date

> _____
Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)

Paid Preparer's Signature

Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM

P02082703

Firm's Federal Employer Identification Number

Firm's Name GLOBAL TAXES LLC

88-2145487

Pay amount on line 63 in full. Write Social Security number(s) on check or money order and make payable to:

State of New Jersey - TGI
Division of Taxation
Revenue Processing Center
PO Box 244
Trenton, NJ 08646-0244

You can also make a payment on our website:
nj.gov/taxation

DO NOT MAIL

REV 01/03/23 PRO

Name(s) as shown on Form NJ-1040NR
KOTHAPALLI PRITIKA

Your Social Security Number
012973132

Part I **Net Gains or Income From Disposition of Property** List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible as reported on federal Schedule D.

(a) Kind of property and description	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price	(e) Cost or other basis as adjusted (see instructions) and expense of sale	(f) Gain or (loss) (d less e)
65.					
66. Capital Gains Distribution					66.
67. Other Net Gains					67.
68. Net Gains (Add lines 65, 66, and 67) (Enter here and on line 19) (If loss, enter zero)					68.

Part II **Allocation of Wage and Salary Income Earned Partly Inside and Outside New Jersey** (See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.)

69. Amount reported on line 15 in column A required to be allocated	69.	
70. Total days in taxable year	70.	
71. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.)	71.	
72. Total days worked in taxable year (subtract line 71 from line 70)	72.	
73. Deduct days worked outside New Jersey	73.	
74. Days worked in New Jersey (subtract line 73 from line 72)	74.	
75. Allocation Formula _____ x _____ = _____ (Enter amount from line 69) (Salary earned inside N.J.)		(Include this amount on line 15, col. B)

Part III **Allocation of Business Income to New Jersey** (See instructions if other than Formula Basis of allocation is used.)

Business Allocation Percentage (From Schedule NJ-NR-A)

Enter below the line number and amount of each item of business income reported in column A that is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.

From Line No. _____ \$ _____ x _____ % = \$ _____

From Line No. _____ \$ _____ x _____ % = \$ _____

From Line No. _____ \$ _____ x _____ % = \$ _____

DO NOT MAIL