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

Separate name Social security number 730 − 31 − 571 Separate name Social security number Spouse's social security number Sicurity Name Sicurity Name	Submi	ssion Identification Number (SID)					
Spouse's pare Spouse's signature	Taxpaye	s's name	Social securi	ty numb	er		_
Part II	BALA	KISHORE NADELLA	730-31	-057	1		
Part II 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	Spouse's	name	Spouse's soo	ial secu	ırity numb	er	
Note: Form 1046-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1	SOUJ	ANYA BATCHU	516-77	-675	0		
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 10al tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 3 4, 148a 4 Amount you want refunded to you 4 4 11,755. 5 Amount you want refunded to you 10 you per	Part	Tax Return Information — Tax Year Ending December 31, 2022 (Enter	year you a	re aut	thorizin	g.)	
Adjusted gross income 1 1 175, 439. 2 2 4, 129. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 3 34, 148. 4 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) 1 Under presities of perjury, I declare that I they 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 the income tax return (original or amended) I am now authorizing and (c) the date of any retund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entity to the financial institution account indicated in the tax preparation software for or any debay in dederal taxes over don this return and/or a payment of settimated tax, and the financial institution in clouds in structure to the tenth or the payment of the declaration and/or a payment of estimated tax, and the financial institution account into the payment of the payment (settlement) data. I also authorize the financial institution and institution account into the payment of the payment of the payment (settlement) data. I also authorize the financial institution and institution account into the payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the payment (settlement) data. I also authorize the financial institution to hotel institutions and of the electronic repayment of taxes to receive confidenti	Enter v	hole dollars only on lines 1 through 5.	-				
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A Amount you want refunded to you A 1, 755. Amount you want refunded to you A 1, 755. Amount you want refunded to you A 1, 755. Amount you want refunded to you A 1, 755. Amount you want refunded to you A 1, 755. Amount you want refunded to you B 1	1	Adjusted gross income		1	17	5,43	9.
Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you owe 1 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 (FEN) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection in the tax preparation, (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 internation account indication in the tax preparation software for the parameter of the tax preparation software for the parameter of the tax preparation software for 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 to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent to the payment of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues and the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now a	2	Total tax		2	2	4,12	9.
S Amount you owe	3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	3	4,14	8.
Description and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of porjury, 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 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, Lauthorize 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 owned on this return and/or a payment of estimated tax, and the financial institution account indicated in the tax preparation software for payment of my federal taxes owned on this return and/or a payment of settlement dax, and the financial institution account indicated in the tax preparation software for payment of my federal taxes owned on this return and/or a payment of my federal taxes owned on this return and/or a payment of my federal taxes owned on this return and/or a payment of my federal taxes owned on this return and/or a payment of my federal taxes owned on this return and/or and the federal tax of the account of the payment of the payment of the federal payment of the federal payment of the payment of the payment of the payment of the federal payment of the payment of the payment (payment payment of the federal payment of the payment of the payment of the federal payment of the payment of the federal payment of the federal payment of the federal payment	4	Amount you want refunded to you		4	1	1,75	5.
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I authorize	return (control to send for any Agent to payment authorize payment business taxes to personal	original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmirmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejectled in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate tt, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the pail identification number (PIN) below is my signature for the income tax return (original or amended) I and	tter, or electroction of the ties. Treasury a cated in the tien to debit the ests must be processing or ayment. I fur	onic retransmise and its cax preparently the entry that ion. The received the electric than according to the electric transfer according transfer according to the electric transfer according transfer accor	turn origingsion, (b) designate paration so this acrowled no later through the control of the co	nator (E the rea d Finar oftware count. (cance ter that paymer ge that	ERO) ason ncial e for This el) a an 2 nt of the
I authorize GLOBAL TAXES LLC ERO 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. Your signature Date	Taxpa	ver's PIN: check one box only				7	
ERO 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. Your signature ▶ Date ▶ Spouse's PIN: check one box only ☐ I authorize ☐ GLOBAL TAXES LLC		•	nv PIN 🗀			as	mv
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 ▶	<u> </u>	ERO firm name	ř En				,
Spouse's PIN: check one box only Authorize GLOBAL TAXES LLC		if you are entering your own PIN and your return is filed using the Practitioner PIN method					
Spouse's signature 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	Your si	gnature ▶ Date ▶					
Spouse's signature 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	Cmarra	ala DINI, ahaak ana hay antu					
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. ERO's signature ▶ Date ▶	· —	I authorize GLOBAL TAXES LLC to enter or generate resignature 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 if you are entering your own PIN and your return is filed using the Practitioner PIN method.	En do ow authorizi	ter five n't ente	digits, but r all zeros	box o	nly
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. ERO's signature ▶ Date ▶	Spouse						
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	authoriz	ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submi	tting this retu	ırn in a	accordance		
	EDO's	cianaturo N					
	<u>⊏n∪ S</u>	ERO Must Retain This Form — See Instructions					—

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

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

2022	
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OMB No. 1545-0074

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

_	s 🗌 S	Single X Married filing jointly	Marri	ed filing separately	y (MFS)	Head of	hous	ehold (HOF	l)		ifying survi	ving	
Check only one box.	If vo	u checked the MFS box, enter the i	name of	vour spouse. If voi	ı check	ed the HOH o	r OSS	Shox ente	r the c	•	ise (QSS) name if the	aualifying	
0110 20%.	-	on is a child but not your depender		your opouce. If you	a oncon	.54 (115 11511 5	ų Q O (o box, orno		illa o	riarrio il tric	quamymg	
Your first name	and mi	ddle initial	Last na	ame					Yo	our soc	cial security	number	
BALA KIS	SHORE	7.	NADI								730-31-0571		
		s first name and middle initial	Last na						_	Spouse's social security number			
SOUJANYA			BATO	וווי					'		77-6750	-	
		er and street). If you have a P.O. box, se						Apt. no.				n Campaign	
524 HARF	•	* *						4		Check here if you, or your			
		ce. If you have a foreign address, also c	omplete s	spaces below.	Sta	te	ZIP	code			if filing jointl	•	
LODI		,	·	NJ 07644						to go to this fund. Checking a box below will not change			
Foreign country	/ name			Foreign province/sta			_	eign postal co			or refund.	nange	
				0 1				0 1			You	Spouse	
 Digital	At ar	ny time during 2022, did you: (a) red	ceive (as	a reward, award.	or payr	ment for prope	ertv o	r services):	or (b)	sell.			
Assets		ange, gift, or otherwise dispose of									Yes	X No	
Standard		eone can claim: You as a d				a dependent		, (
Deduction	_	— Spouse itemizes on a separate retu	•										
Age/Blindness	You:	Were born before January 2,	1958 [Are blind	Spouse	: Was bo	rn be	fore Janua	rv 2. 1	958	☐ Is blir	nd	
Dependents			.000	(2) Social secu		(3) Relationsh			, ,		ies for (see ir		
If more	•	rst name Last name		number	,	to you		Child tax credit			credit Credit for other dependent		
than four											Г		
dependents,									-	-			
see instructions and check	s								-	-			
here]								1			<u></u>	
Income	1a	Total amount from Form(s) W-2, I	oox 1 (se	ee instructions) .						1a	19	5,442.	
IIICOIII C	b	Household employee wages not	reported	on Form(s) W-2.						1b		·	
Attach Form(s)	С	Tip income not reported on line 1a (see instructions)								1c			
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d			
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26								1e			
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								1f			
If you did not	g	Wages from Form 8919, line 6											
get a Form	h	Other earned income (see instruc								1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election	(see inst	ructions)		li							
manuchoria.	z	Add lines 1a through 1h								1z	19	5,442.	
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interes	t			2b			
if required.	3a	Qualified dividends	3a	51.	b 0	rdinary divide	nds			3b		51.	
	4a	IRA distributions	4a		b T	axable amoun	t.			4b			
Standard	5a	Pensions and annuities	5a		b T	axable amoun	t.			5b			
Deduction for— Single or	6a	Social security benefits	6a		b T	axable amoun	t.			6b			
Married filing	С	If you elect to use the lump-sum	election	method, check he	re (see	instructions)							
separately, \$12,950	7	Capital gain or (loss). Attach Sche	edule D i	f required. If not re	equired	, check here				7	_	3,000.	
Married filing	8	Other income from Schedule 1, li	ne 10							8	-1	7,054.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	7, and 8.	This is your total	income	e				9	17	5,439.	
surviving spouse, \$25,900	10	Adjustments to income from Scho	edule 1,	line 26						10			
Head of	11	Subtract line 10 from line 9. This	is your a	djusted gross in	come					11	17	5,439.	
household, \$19,400	12	Standard deduction or itemized	d deduct	tions (from Sched	ule A)					12		5,900.	
If you checked	13	Qualified business income deduc	tion fron	n Form 8995 or Fo	rm 899	5-A				13			
any box under Standard	14	Add lines 12 and 13								14	2	5,900.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ero or les	ss, enter -0 This i	s your t	taxable incon	ne			15	14	9,539.	

Form 1040 (2022	2)										Pa	age 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16	2	4,12	9.
Credits	17	Amount from Schedule 2, lin	ne 3						17			
	18	Add lines 16 and 17							18	2	4,12	9.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19			
	20	Amount from Schedule 3, lin	ne 8						20			
	21	Add lines 19 and 20							21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	2	4,12	9.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .				23			0.
	24	Add lines 22 and 23. This is	your total tax						24	2	4,12	9.
Payments	25	Federal income tax withheld										
,	а	Form(s) W-2				25a	34	,148.				
	b	Form(s) 1099				25b						
	С	Other forms (see instruction	s)			25c						
	d	Add lines 25a through 25c							25d	3	4,14	8.
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)				27						
attach Sch. EIC.	28	Additional child tax credit from				28						
	29	American opportunity credit	from Form 8863	3, line 8		29						
	30	Reserved for future use .				30						
	31	Amount from Schedule 3, lir				31	1	,736.				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable	credits		32		1,73	6.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					33	3	5,88	4.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid							34	1	1,75	5.
neiulia	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here									1,75	5.
Direct deposit?	b	Routing number 0 2 1 2 0 0 3 3 9 c Type: X Checking Savings										
See instructions.	d		Account number 3 8 1 0 4 6 5 6 7 5 3 0									
	36	Amount of line 34 you want applied to your 2023 estimated 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 in	nstructions) .			38						
Third Party Designee		you want to allow another					Yes. Co	mnlete l	nelow	× No		
Designee		sianee's								<u> </u>		
	nai	3		no.				er (PIN)	noation			
Sign		der penalties of perjury, I declare tief, they are true, correct, and com										
Here	Yo	ur signature		Date	Your occupation			If the	RS se	nt you an l	Identity	
								/		IN, enter it	t here	
Joint return? See instructions.					APPLICATION		VELOPE	,	inst.)	<u> </u>		Ш
Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	tion				nt your spo ection PIN		
your records.									inst.)		T	
	Ph	one no. (860)208-252	 6	Email address	BALAKISHORE.N			M				
		eparer's name	Preparer's signat		2.1111111111111111111111111111111111111	Date		PTIN		Check if:	:	
Paid		I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/1	4/2023	P0208	2703	Self	-employ	red
Preparer						1 / -	, = 3 = 3			678)96		
Use Only	Firm's name GLOBAL TAXES LLC Phone										21710	

245 ROONEY CT E BRUNSWICK NJ 08816

Firm's address

Go to www.irs.gov/Form1040 for instructions and the latest information.

REV 02/05/23 PRO

BAA

Firm's EIN

84-3171965

Form **1040** (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR BALA KISHORE NADELLA & SOUJANYA BATCHU

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

	Sequence No. 01
Your soci	ial security number
730-31	-0571

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	-17,054.
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 (<u>)</u>	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
į	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n	-	
0	Section 951A(a) inclusion (see instructions)	80	-	
p	Section 461(I) excess business loss adjustment	8p	-	
q	Scholarship and fellowship grants not reported on Form W-2	8q 8r		
r s	Nontaxable amount of Medicaid waiver payments included on Form	Of		
5	1040, line 1a or 1d	8s (
t	Pension or annuity from a nonqualifed deferred compensation plan or	05 (4	
·	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
u Z	Other income. List type and amount:	OU		
~		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		_	-17 054

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis governing			
	officials. Attach Form 2106	[12	1
13	Health savings account deduction. Attach Form 8889	[13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	[14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction	[17	
18	Penalty on early withdrawal of savings	[18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use	[22	
23	Archer MSA deduction	[23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
İ	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
_	1041)			
Z	Other adjustments. List type and amount:			
25			OF.	
25 26	Total other adjustments. Add lines 24a through 24z	-	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here an Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	Form 1040 of 1040-3n, lifte 10, of Form 1040-1nn, lifte 10a		20	

SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Credits and Payments

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. 03

Name(s) shown on Form 1040, 1040-SR, or 1040-NR BALA KISHORE NADELLA & SOUJANYA BATCHU Your social security number 730-31-0571

Par	Nonrelundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		 1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441		2	
3	Education credits from Form 8863, line 19		 3	
4	Retirement savings contributions credit. Attach Form 8880		 4	
5	Residential energy credits. Attach Form 5695		 5	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6с		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Alternative motor vehicle credit. Attach Form 8910	6e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
-1	Amount on Form 8978, line 14. See instructions	6I		
Z	Other nonrefundable credits. List type and amount:			
		6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		 7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040 line 20		8	

(continued on page 2)

Schedule 3 (Form 1040) 2022 Page **2**

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	1,736.
12	Credit for federal tax on fuels. Attach Form 4136	. ,	12	
13	Other payments or refundable credits:			
а	Form 2439	3a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	3b		
С	Reserved for future use	3с		
d	Credit for repayment of amounts included in income from earlier years	3d		
е	Reserved for future use	3e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Reserved for future use	3g		
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	3h		
Z	Other payments or refundable credits. List type and amount:			
		3z		
14	Total other payments or refundable credits. Add lines 13a through 1	1	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-line 31		15	1,736.

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

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

OMB No. 1545-0074

Attachment

Department of the Treasury Internal Revenue Service

Sequence No. 12 Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Name(s) shown on return Your social security number 730-31-0571 BALA KISHORE NADELLA & SOUJANYA BATCHU Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with Box A checked 34,950. 43,386. -8,436. Totals for all transactions reported on Form(s) 8949 with Box B checked 80,086. 96,461. -16,375. 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -24,811. Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

14

15

Schedule D (Form 1040) 2022 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -24,811. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 3,000.) • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

8949

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074 Attachment Sequence No. 12A

Department of the Treasury Internal Revenue Service

Social security number or taxpayer identification number

730-31-0571

BALA KISHORE NADELLA & SOUJANYA BATCHU

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your

broker and may even tell you which box to check. Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss) (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired (sales price) from column (d) and disposed of and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions. with column (a). instructions Robinhood Securities LLC | 01/01/22 | 12/31/22 34,950. 43,386. -8,436.

34,950. 43,386. -8,436. above is checked), or line 3 (if Box C above is checked) . Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074 Attachment

Social security number or taxpayer identification number

730-31-0571

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

BALA KISHORE NADELLA & SOUJANYA BATCHU

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Sequence No. 12A

Before you check Box A, B, or C belo statement will have the same informa broker and may even tell you which b	tion as Form	er you receive 1099-B. Either	ed any Form(s) 109 r will show whethe	99-B or substitute er your basis (usua	statement(s ally your cost) from your broke t) was reported to	r. A substitute the IRS by your
Part I Short-Term. Transinstructions). For lo				eld 1 year or le	ss are ger	nerally short-te	rm (see
Note: You may agg reported to the IRS Schedule D, line 1a	and for whi	ich no adjus	stments or cod	es are required	d. Enter the	e totals directly	y on
You must check Box A, B, or C I complete a separate Form 8949, properties of the boxes, compared to the boxes, compared to the boxes.	page 1, for ea	ach applicabl	le box. If you hav	ve more short-te	rm transact		
☐ (A) Short-term transactions☒ (B) Short-term transactions☐ (C) Short-term transactions	reported on	Form(s) 1099	9-B showing bas	•		•	9)
(a) Description of property	(b) Date acquired	(c) Date sold or	Proceeds Se			Cost or other basis See the Note below	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)		and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
Robinhood Crypto LLC	01/01/22	12/31/22	80,086.	96,461.			-16,375.
2 Totals. Add the amounts in columns negative amounts). Enter each total School of Pow Ashara	al here and inc	lude on your					

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

80,086.

above is checked), or line 3 (if Box C above is checked).

96,461.

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.

Your social security number

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

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

2022
Attachment Sequence No. 13

OMB No. 1545-0074

BALA	KISHORE NADI	ELLA	& SOUJANY	A BATCHU						730-3	1-0571	
Part	Note: If you a	re in the	business of ren	Real Estate an ating personal proper on page 2, line 40.			C . See	instruc	ctions. If you a	re an indi	vidual, rep	ort farm
	Did you make any p											es 🛛 No
B I	f "Yes," did you or will you file required Form(s) 1099?											
1a				eet, city, state, ZIF								
Α												
В												
С												
1b	Type of Property (from list below)	6	or each renta above, report t	rental	and		Fa	ir Rental Days	Person	QJV		
Α	3			lays. Check the Q			Α		365		0	
В				e requirements to f venture. See instru			В					
С		1 '	qualified joint v	venture. See mstru	CHOIS	o.	С					
1	of Property: Single Family Resident Multi-Family Resident		3 Vacatio 4 Comme	n/Short-Term Ren ercial	tal	5 Land 6 Roya			Self-Rental Other (descri			
									Propertie	es:		
Incom							Α		В			С
3	Rents received .				3		9	00.				
4	Royalties received	J			4							
Exper 5					5							
6	Advertising Auto and travel (se				6							
7	Cleaning and mail		,		7		1,2	00				
8	Commissions .				8		1,2	00.				
9	Insurance				9							
10	Legal and other p				10							
11	Management fees				11		1,0	00				
12	Mortgage interest				12		1,0	00.				
13	Other interest .	•		,	13							
14	Repairs				14		3.6	50.				
15	Supplies				15		3,2					
16	Taxes				16		- , -					
17	Utilities				17		4,5	00.				
18	Depreciation expe				18			64.				
19	Other (list)				19							
20	Total expenses. A	dd line:	s 5 through 19)	20		17,9	54.				
21	Subtract line 20 fr result is a (loss), s file Form 6198	see inst	ructions to fin	d out if you must	21	-	-17,0	54.				
22	Deductible rental on Form 8582 (se				22		17,05)	(,
23a	Total of all amoun	its repo	rted on line 3	for all rental prope	rties			23a		900.		
b	Total of all amoun	its repo	rted on line 4	for all royalty prop	erties			23b				
С	Total of all amoun	its repo	rted on line 12	2 for all properties				23c				
d	Total of all amoun	its repo	rted on line 18	3 for all properties				23d		,364.		
е	Total of all amoun	its repo	rted on line 20	for all properties				23e	17	,954.		
24	Income. Add pos	sitive ar	mounts shown	on line 21. Do no	t inclu	ide any lo	sses			. 24		
25	Losses. Add royal	Ity losse	es from line 21	and rental real estat	te loss	es from lir	ne 22. E	inter to	tal losses her	e 25	(17,054.
26	here. If Parts II, I	III, IV, a	and line 40 or	ncome or (loss). (n page 2 do not vise, include this ar	apply	to you,	also er	iter th	is amount o			-17,054.



Did you know? You can pay your estimated tax electronically on our website with a debit from your checking or savings account. Visit us on the Web at www.tax.ny.gov to pay your estimated tax electronically.

For assistance, see Form IT-2105-I, Instructions for Form IT-2105, Estimated Tax Payment Voucher for Individuals.

To help us match your New York State estimated tax account to your New York State income tax return, and to avoid a delay in processing your return, note the following:

- Social Security number (SSN)/taxpayer identification (ID) number Make sure that the entire SSN used on your vouchers agrees with the number on your Social Security card and the number used on your New York State income tax return. If you use a taxpayer ID number, this number must agree with the number used on your New York State income tax return. Failure to do so may result in monies not being properly credited to your account.
- Name Make sure that your name is spelled correctly. You should enter your first name, middle initial, then last name in the spaces

provided (for example, *John O. Smith*). Your name **must** agree with the name on your New York State income tax return.

- Foreign addresses Enter the information in the following order: city, province or state, and then country (all in the City, village, or post office box). Follow the country's practice for entering the postal code.
 Do not abbreviate the country name.
- Married taxpayers Each married taxpayer should establish a separate estimated tax account. If you and your spouse each maintain an estimated tax account and file a joint New York State income tax return, we will credit the balances of both accounts to your joint income tax return.
- All filers must be sure to separately enter the amounts for New York State, New York City, Yonkers, and MCTMT; then enter the total in the *Total payment* box.

Note: If there is no amount to be entered for one or more lines, leave them blank

Do not staple or clip the check or money order to the voucher. Detach any check stubs before mailing.

Need help?



Visit our website at www.tax.ny.gov

- · get information and manage your taxes online
- · check for new online services and features

Telephone assistance

Automated income tax refund status: 518-457-5149

Personal Income Tax Information Center: 518-457-5181

To order forms and publications: 518-457-5431

Text Telephone (TTY) or TDD Dial 7-1-1 for the equipment users New York Relay Service

■ Detach (cut) here

REV 01/27/23 PRO

IT-2105



Department of Taxation and Finance

Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

Calendar-year filer due dates: April 18, 2023; June 15, 2023; September 15, 2023; and January 16, 2024. Enter applicable amount(s) and total payment in the boxes to the right. Print the last four digits of your SSN or taxpayer ID number and 2023 IT-2105 on your payment. Make payable to NYS Income Tax. Mail voucher and payment to: NYS Estimated Income Tax. Processing Center. PO Box 4122, Binghamton NY 13902-4122.

Tax. Mail voucher and payment to: NYS Estimated Income	lax, Processi	ng Center, F	O Box 4122, Binghamton
Full SSN or taxpayer ID number	Enter your 2-character special condition code if applicable (see		
730310571			e if applicable (see in
Taxpayer's first name and middle initial	Taxpayer's las	st name	
BALA KISHORE	NADELI	LΑ	
Mailing address (number and street or PO Box; see instructions)	•		Apartment number
524 HARRISON AVE			4
City, village, or post office		State	ZIP code
LODI		NJ	07644
Taxpayer's email address			
BALAKISHORE.NADELLA@GMAIL.COM			

Estimated	tax	amounts

NYS Income	Dollars	Cents
New York State	112.	00
New York City		00
Yonkers		00
MCTMT		00
otal payment	112.	00

STOP: Pay this electronically on our website



Did you know? You can pay your estimated tax electronically on our website with a debit from your checking or savings account. Visit us on the Web at www.tax.ny.gov to pay your estimated tax electronically.

For assistance, see Form IT-2105-I, Instructions for Form IT-2105, Estimated Tax Payment Voucher for Individuals.

To help us match your New York State estimated tax account to your New York State income tax return, and to avoid a delay in processing your return, note the following:

- Social Security number (SSN)/taxpayer identification (ID) number Make sure that the entire SSN used on your vouchers agrees with the number on your Social Security card and the number used on your New York State income tax return. If you use a taxpayer ID number, this number must agree with the number used on your New York State income tax return. Failure to do so may result in monies not being properly credited to your account.
- Name Make sure that your name is spelled correctly. You should enter your first name, middle initial, then last name in the spaces

provided (for example, *John O. Smith*). Your name **must** agree with the name on your New York State income tax return.

- Foreign addresses Enter the information in the following order: city, province or state, and then country (all in the City, village, or post office box). Follow the country's practice for entering the postal code.
 Do not abbreviate the country name.
- Married taxpayers Each married taxpayer should establish a separate estimated tax account. If you and your spouse each maintain an estimated tax account and file a joint New York State income tax return, we will credit the balances of both accounts to your joint income tax return.
- All filers must be sure to separately enter the amounts for New York State, New York City, Yonkers, and MCTMT; then enter the total in the *Total payment* box.

Note: If there is no amount to be entered for one or more lines, leave them blank

Do not staple or clip the check or money order to the voucher. Detach any check stubs before mailing.

Need help?



Visit our website at www.tax.ny.gov

- · get information and manage your taxes online
- · check for new online services and features

Telephone assistance

Automated income tax refund status: 518-457-5149

Personal Income Tax Information Center: 518-457-5181

To order forms and publications: 518-457-5431

Text Telephone (TTY) or TDD Dial 7-1-1 for the equipment users New York Relay Service

NEW YORK STATE ◆ Detach (cut) here ■

REV 01/27/23 PRO **IT-2105**

Department of Taxation and Finance **Estimated Tax Payment Voucher for Individuals**

New York State • New York City • Yonkers • MCTMT

Calendar-year filer due dates: April 18, 2023; June 15, 2023; September 15, 2023; and January 16, 2024. Enter applicable amount(s) and total payment in the boxes to the right. Print the last four digits of your SSN or taxpayer ID number and 2023 IT-2105 on your payment. Make payable to NYS Income Tax. Mail voucher and payment to: NYS Estimated Income Tax. Processing Center. PO Box 4122, Binghamton NY 13902-4122.

Fax. Mail voucher and payment to: NYS Estimated Income Tax, Processing Center, PO Box 4122, Binghamton NY 139				
Full SSN or taxpayer ID number	Enter your 2-character special condition code if applicable (see instr.).			
730310571			e if applicable (see instr.)	
Taxpayer's first name and middle initial	Taxpayer's las	st name		
BALA KISHORE	NADELI	LΑ		
Mailing address (number and street or PO Box; see instructions)			Apartment number	
524 HARRISON AVE			4	
City, village, or post office		State	ZIP code	
LODI		NJ	07644	
Taxpayer's email address				
BALAKISHORE.NADELLA@GMAIL.COM				

ı total payment	Estillated tax alliqui	າເວ
NYS Income	Dollars	Cents
ew York State	111	. 00
New York City		. 00
Yonkers		. 00
MCTMT		. 00

STOP: Pay this electronically on our website

Total payment



Did you know? You can pay your estimated tax electronically on our website with a debit from your checking or savings account. Visit us on the Web at www.tax.ny.gov to pay your estimated tax electronically.

For assistance, see Form IT-2105-I, Instructions for Form IT-2105, Estimated Tax Payment Voucher for Individuals.

To help us match your New York State estimated tax account to your New York State income tax return, and to avoid a delay in processing your return, note the following:

- Social Security number (SSN)/taxpayer identification (ID) number Make sure that the entire SSN used on your vouchers agrees with the number on your Social Security card and the number used on your New York State income tax return. If you use a taxpayer ID number, this number must agree with the number used on your New York State income tax return. Failure to do so may result in monies not being properly credited to your account.
- Name Make sure that your name is spelled correctly. You should enter your first name, middle initial, then last name in the spaces

provided (for example, *John O. Smith*). Your name **must** agree with the name on your New York State income tax return.

- Foreign addresses Enter the information in the following order: city, province or state, and then country (all in the City, village, or post office box). Follow the country's practice for entering the postal code.
 Do not abbreviate the country name.
- Married taxpayers Each married taxpayer should establish a separate estimated tax account. If you and your spouse each maintain an estimated tax account and file a joint New York State income tax return, we will credit the balances of both accounts to your joint income tax return.
- All filers must be sure to separately enter the amounts for New York State, New York City, Yonkers, and MCTMT; then enter the total in the *Total payment* box.

Note: If there is no amount to be entered for one or more lines, leave them blank

Do not staple or clip the check or money order to the voucher. Detach any check stubs before mailing.

Need help?



Visit our website at www.tax.ny.gov

- · get information and manage your taxes online
- · check for new online services and features

Telephone assistance

Automated income tax refund status: 518-457-5149

Personal Income Tax Information Center: 518-457-5181

To order forms and publications: 518-457-5431

Text Telephone (TTY) or TDD Dial 7-1-1 for the equipment users New York Relay Service

NEW YORK STATE ◆ Detach (cut) here ■

REV 01/27/23 PRO **IT-2105**

Department of Taxation and Finance **Estimated Tax Payment Voucher for Individuals**

New York State • New York City • Yonkers • MCTMT

Calendar-year filer due dates: April 18, 2023; June 15, 2023; September 15, 2023; and January 16, 2024. Enter applicable amount(s) and total payment in the boxes to the right. Print the last four digits of your SSN or taxpayer ID number and 2023 IT-2105 on your payment. Make payable to NYS Income Tax. Mail voucher and payment to: NYS Estimated Income Tax. Processing Center. PO Box 4122, Binghamton NY 13902-4122.

Fax. Mail voucher and payment to: NYS Estimated Income Tax, Processing Center, PO Box 4122, Binghamton NY 139				
Full SSN or taxpayer ID number	Enter your 2-character special condition code if applicable (see instr.).			
730310571			e if applicable (see instr.)	
Taxpayer's first name and middle initial	Taxpayer's las	st name		
BALA KISHORE	NADELI	LΑ		
Mailing address (number and street or PO Box; see instructions)			Apartment number	
524 HARRISON AVE			4	
City, village, or post office		State	ZIP code	
LODI		NJ	07644	
Taxpayer's email address				
BALAKISHORE.NADELLA@GMAIL.COM				

ı total payment	Estillated tax alliqui	າເວ
NYS Income	Dollars	Cents
ew York State	111	. 00
New York City		. 00
Yonkers		. 00
MCTMT		. 00

STOP: Pay this electronically on our website

Total payment



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- Name Make sure that your name is spelled correctly. You should enter your first name, middle initial, then last name in the spaces

provided (for example, *John O. Smith*). Your name **must** agree with the name on your New York State income tax return.

- Foreign addresses Enter the information in the following order: city, province or state, and then country (all in the City, village, or post office box). Follow the country's practice for entering the postal code.
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- All filers must be sure to separately enter the amounts for New York State, New York City, Yonkers, and MCTMT; then enter the total in the *Total payment* box.

Note: If there is no amount to be entered for one or more lines, leave them blank

Do not staple or clip the check or money order to the voucher. Detach any check stubs before mailing.

Need help?



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Telephone assistance

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NEW YORK STATE ◆ Detach (cut) here ■

REV 01/27/23 PRO **IT-2105**

Department of Taxation and Finance **Estimated Tax Payment Voucher for Individuals**

New York State • New York City • Yonkers • MCTMT

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Fax. Mail voucher and payment to: NYS Estimated Income Tax, Processing Center, PO Box 4122, Binghamton NY 139				
Full SSN or taxpayer ID number	Enter your 2-character special condition code if applicable (see instr.).			
730310571			e if applicable (see instr.)	
Taxpayer's first name and middle initial	Taxpayer's las	st name		
BALA KISHORE	NADELI	LΑ		
Mailing address (number and street or PO Box; see instructions)			Apartment number	
524 HARRISON AVE			4	
City, village, or post office		State	ZIP code	
LODI		NJ	07644	
Taxpayer's email address				
BALAKISHORE.NADELLA@GMAIL.COM				

ı total payment	Estillated tax alliqui	າເວ
NYS Income	Dollars	Cents
ew York State	111	. 00
New York City		. 00
Yonkers		. 00
MCTMT		. 00

STOP: Pay this electronically on our website

Total payment





New York State E-File Signature Authorization for Tax Year 2022 For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Electronic return originator (ERO): Do **not** mail this form to the Tax Department. Keep it for your records.

Taxpayer's name	Spouse's name (jointly filed return only)
BALA KISHORE NADELLA	SOUJANYA BATCHU

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, Resident Income Tax Return, IT-201-X, Amended Resident Income Tax Return, IT-203, Nonresident and Part-Year Resident Income Tax Return, IT-203-X. Amended Nonresident and Part-Year Resident Income Tax Return, IT-214, Claim for Real Property Tax Credit, and NYC-210, Claim for New York City School Tax Credit. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, Information for Income Tax Return Preparers, available on our website.

This form is not required for electronically filed Form IT-370, Application for Automatic Six-Month Extension of Time to File for Individuals. See Form TR-579.1-IT, New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2022 Form IT-370 and Tax Year 2023 Form IT-2105.

Part A - Tax return information

1	Federal adjusted gross income (from applicable line)	1.	175439.
2	Refund	2.	154.
	Amount you owe	3.	
4	Financial institution routing number	4.	021200339
5	Financial institution account number	5.	381046567530

6 Account type: ☒ Personal checking ☐ Personal savings ☐ Business checking ☐ Business savings

Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2022 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2022 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2022 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature	Date
Spouse's signature (jointly filed return only)	Date

Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2022 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2022 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2022 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2022 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

ERO's signature	Print name GLOBAL TAXES LLC	Date
Paid preparer's signature	Print name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02142023

Department of Taxation and Finance

Nonresident and Part-Year Resident **Income Tax Return**

IT-203

New York State • New York City • Yonkers • MCTMT 22 For the year January 1, 2022, through December 31, 2022, or fiscal year beginning

or bolo completing very set		tions Form IT O	02.1		an	d endin	g		
For help completing your ref Your first name and middle initial	turn, see the instruc Your last name (for a joint rei			You	r date of birth (mmddyyyy)	Your 9	Social Sec	urity numb	er
BALA KISHORE	NADELLA	um, enter spouse's name	e on line below)	lou	08051990	Tour			
Spouse's first name and middle initial				Spo	use's date of birth (mmddyyyy)	Spous	730310571 Spouse's Social Security number		
SOUJANYA	BATCHU			'	08241992		516		0
Mailing address (see instructions) (nu	L				Apartment number	New \		county of r	
524 HARRISON AVE					4	NR			
City, village, or post office	State	ZIP code	Country			Schoo	ol district n	iame	
LODI	NJ	07644	UNITED	SI	TATES	NR			
Taxpayer's permanent home addres	SS (see instructions) (no. and st	reet or rural route)	Apartment no.		City, village, or post office)		district number	
State ZIP code Co	ountry				Decedent information	er's date			date of death
Δ Filing ① Single			D2 `	Yonk	cers part-year reside	nts only	y:	!	
A Filing single				` '	oid you receive a home				l $ abla$
status (mark an ② X Married (enter bot	filing joint return th spouses' Social Security no	umbers above)		С	redit? (see instructions)			Yes L	I No ∟
X in one box): Married (outer her	filing separate return th spouses' Social Security nu	mahawa ahawa)		` '	inter the amount				.00
					York City part-year r		-	in 2022	
④ L Head of	f household <i>(with qualifyin</i>	g person)			lumber of months you lumber of months you		-	111 2022 .	
③ Qualifyi	ng surviving spouse			ir	NY City in 2022				
B Did you itemize your deduct	•	Yes No No			r your 2-character sp e(s) if applicable				
federal income tax return?		res I No I		New	York State part-year	reside	nts		
C Can you be claimed as a de taxpayer's federal return?		Yes No >	* I		r the date you moved it of NYS (mmddyyyy)				
D1 Did you have a financial according foreign country?		Yes No No	`		ne last day of the tax y	•			
MENNENNENNENNENNEN				2) L	ived outside NYS; rec	eived in	come fro	m	
				3) L	ived outside NYS; rec	eived n	o income	from	
### ##################################	III			Did y	ou or your spouse magguarters in NYS in 20	intain	·		
					s, complete Form IT-203-			res	No 🔼
Dependent information									
First name and middle initial	Last name	Relation	onship		Social Security num	ber	Dat	e of birth	(mmddyyyy)
f more than 6 dependents, mark a	an X in the box.			1					
203001223555 		For office use of	only						



REV 01/27/23 PRO

730310571

Fe	deral income and adjustments		Federal amount Whole dollars only		New York State amount Whole dollars only
1	Wages, salaries, tips, etc.	1	195442.00	1	116336.00
2	Taxable interest income	2	.00	2	.00
3	Ordinary dividends	3	51.00	3	.00
4	Taxable refunds, credits, or offsets of state and local				
	income taxes (also enter on line 24)	4	.00	4	.00.
5	Alimony received	5	.00	5	.00
6	Business income or loss (submit a copy of federal Sch. C, Form 1040)	6	.00	6	.00
7	Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	7	-3000.00	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00	8	.00
9	Taxable amount of IRA distributions. Beneficiaries: mark X in box	9	.00	9	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark X in box	10	.00	10	.00
11	Rental real estate, royalties, partnerships, S corporations,				
	trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	-17054.00	11	.00
12	Rental real estate included	1			
	in line 11 (federal amount) 1217054 .00				
13	Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13	.00	13	.00
14	Unemployment compensation	14	.00	14	.00
	Taxable amount of Social Security benefits (also enter on line 26)	15	.00	15	.0
16	Other income Identify:	16	.00	16	.0
17	Add lines 1 through 11 and 13 through 16	17	175439.00	17	116336.00
18	Total federal adjustments to income				
	ldentify:	18	.00	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	175439.00	19	116336.00
9a	Recomputed federal adjusted gross income (see Line 19a worksheets)	19a	175439.00	19a	116336.00
	w York additions Interest income on state and local bonds and obligations				
	(but not those of New York State or its localities)	20	.00	20	.00.
	Public employee 414(h) retirement contributions	21	.00	21	.00.
	Other (Form IT-225, line 9)	22	.00	22	.00
23	Add lines 19a through 22	23	175439.00	23	116336.00
	w York subtractions				
24	Taxable refunds, credits, or offsets of state and]		
	local income taxes (from line 4)	24	.00	24	.00
25	Pensions of NYS and local governments and the				
	federal government	25	.00	25	.0
	Taxable amount of Social Security benefits (from line 15)	26	.00	26	.00
27	•	27	.00	27	.00
70	,	28	.00	28	.0
		29	.00	29	.00
29	Other (Form IT-225, line 18)				
	Other (Form IT-225, line 18)	30	.00 175439.00	30	.00. 116336 .00

32 Enter the amount from line 31, Federal amount column



175439.00

31	andard deduction of itemized deduction				
33	Enter your standard deduction or your itemized deduction	(from Form IT-196).			
	Mark an X in the appropriate box:	Standard – or –	X Itemized	33	21040.00
34	Subtract line 33 from line 32 (if line 33 is more than line 32, leave			34	154399.00
	Dependent exemptions (enter the number of dependents listed in	,		35	00.00
	New York taxable income (subtract line 35 from line 34)			36	154399.00
Ta	x computation, credits, and other taxes				
$\overline{}$	New York taxable income (from line 36)			37	154399.00
	New York State tax on line 37 amount			38	9032.00
	New York State household credit			39	.00
	Subtract line 39 from line 38 (if line 39 is more than line 38, leave			40	9032.00
	New York State child and dependent care credit	,		41	.00
	Subtract line 41 from line 40 <i>(if line 41 is more than line 40, leave line 41 is more than line 40, leave line</i>			42	9032.00
	New York State earned income credit	,		43	
43	New York State earned income credit	•••••		43	.00
44	Base tax (subtract line 43 from line 42; if line 43 is more than line 42,	, leave blank)		44	9032.00
	Income New York State amount from line 31	Federal amount from	n line 31		Round result to 4 decimal places
	percentage 116336.00 ÷	17	75439.00	45	0.6631
	Allocated New York State tax (multiply line 44 by the decimal on lin			46	5989.00
	New York State nonrefundable credits (Form IT-203-ATT, line 8)			47	.00
48	Subtract line 47 from line 46 (if line 47 is more than line 46, leave	blank)		48	5989.00
49	Net other New York State taxes (Form IT-203-ATT, line 33)			49	.00
50	Total New York State taxes (add lines 48 and 49)			50	5989.00
Ne	w York City and Yonkers taxes, credits, and surcharges, ar	nd MCTMT			
51	Part-year New York City resident tax (Form IT-360.1)	51	.00		Saa inatrustiana ta camputa
	Part-year resident nonrefundable New York City	71			See instructions to compute New York City and Yonkers
-		52	.00		taxes, credits, and
52a	'	2a	.00		surcharges, and MCTMT.
	MCTMT net		100	l	
-	earnings base 52b .00				
52c	MCTMT	2c	.00		
		53	.00		
	Part-year Yonkers resident income tax surcharge	, , , , , , , , , , , , , , , , , , ,	.00		
J4		54	.00		
55	Total New York City and Yonkers taxes / surcharges and MCT			55	.00
55	Total New York Oily and Tollkers taxes / Surcharges and WOT	ivi i (aud iii/63 J2a, di/l	1 020 (((100g)) 04)	J J	•00
56	Sales or use tax (Do not leave blank.)			56	0.00
	,				100
57	Voluntary contributions (Form IT-227, Part 2, line 1)			57	.00
	Total New York State, New York City, Yonkers, and sales				
	and voluntary contributions (add lines 50, 55, 56, and 57)			58	5989.00





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Payments and refundable credits	59 E	Enter amount from line 58					59	5989.00
60 Part-year NYC school tax credit (fixed amount) (also complete E on front) 60								
60 Part-year NYC school tax credit (fixed amount) (also complete E on front) 60								
Forms IT-2 and/or IT-1099-R Forms IT-2 and/or IT-1099-	Pay	ments and refundable credits						
Form(s) 172 and/or 11-90 170	60	Part-year NYC school tax credit (fixed amount) (also complete F on front)	60			00	1	
1								
62 Total New York State tax withheld 63 0.00 63 Total New York City tax withheld 63 0.00 64 Total Yonkers tax withheld 65 0.00 65 Total estimated tax payments/amount paid with Form IT-370 0.65 0.00 67 Otal estimated tax payments/amount paid with Form IT-370 0.65 0.00 68 Total payments and refundable credits <i>(add ines 60 through 65)</i> 0.66 0.00 68 Amount of line 67 available for refund (subtract line 59 from line 66) 0.00 68 Amount of line 67 available for refund (subtract line 59 from line 67) 0.00 68 Total refund after NYS 529 account deposit in a NYS 529 account (Form IT-198, line 4) (also submit Form IT-199, line IT-199,		,					1	
63 Total New York City tax withheld 64 Total Yonkers tax withheld 65 Total estimated tax payments/amount paid with Form IT-370 65		· · · · · · · · · · · · · · · · · · ·	_				-	return.
Total Ponkers tax withheld G4							-	
65 Total estimated tax payments/amount paid with Form IT-370 65							-	Form W-2 with your return.
Total payments and refundable credits (add lines 60 through 65) 66 6143.00							1	
Your refund, amount you owe, and account information							-	
67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66)	66	Total payments and refundable credits (add lines 60 thro	ugh 6	5)			66	6143.00
67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66)	You	ur refund, amount you owe, and account information						
68 Amount of line 67 available for refund (subtract line 69 from line 67)	$\overline{}$							
TIP: Use this amount to check your refund status online. 68a Amount of line 66 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195) 68a								
Amount of line 68 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195) Mark one refund after NYS 529 account deposit (subtract line 68a from line 68b	68		n line	67)			68	154.00
Mark one refund choice:		•						
Mark one refund choice: ⊠ savings account (fill in line 73) - or - ☐ check 69 Amount of line 67 that you want applied to your 2023 estimated tax (see instructions)		· · · · · · · · · · · · · · · · · · ·	•	, ,		,		
Mark one refund choice:	68b	Total refund after NYS 529 account deposit (subtract line 68	3a froi	m line 68)			68b	154.00
Mark one refund choice:		direct deposit to	che	ckina or		paper		Defended Direct democities the
estimated tax (see instructions) 70 Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an X in the box and fill in lines 73 and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return. 71 Estimated tax penalty (include this amount on line 67) 72 Other penalties and interest 71 Account information for direct deposit or electronic funds withdrawal. 83 If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box return. 73 Account type: 74 Personal checking -or Personal savings -or Business checking -or Business savings 73b Routing number 021200339 73c Account number 381046567530 74 Electronic funds withdrawal Date Amount 0.00 75 Personal identification number (PIN) 76 Yeal or personal identification number (See instructions) 76 Personal identification number (See instructions) 77 Personal identification number (See instructions) 78 Preparer's signature SYAM PRIYA RAM SAGAR GUP Preparer's printed name SYAM PRIYA RAM SAGAR GUP Preparer's PTIN or SSN P02082703 Employer identification number 843171965 843171965 843171965 843171965 843171965 843171965		Mark one refund choice: X savings account	(fill in	line 73) - or	r- 🔲			
estimated tax (see instructions) Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an X in the box and fill in lines 73 and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return	69	Amount of line 67 that you want applied to your 2023						
To Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an X in the box ☐ and fill in lines 73 and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return		estimated tax (see instructions)	69			.00		
funds withdrawal, mark an X in the box ☐ and fill in lines 73 and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return	70	Amount you owe (if line 66 is less than line 59, subtract line 6	6 from	line 59). To	pay by	electronic		
or money order you must complete Form IT-201-V and mail it with your return								options.
71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67)							70	.00
Third-party designee? (see instructions) Third-party designee? (see instructions) Third-party (see instructions) Third-par	71			,				
72 Other penalties and interest			71			.00		
73 Account information for direct deposit or electronic funds withdrawal. If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box	72						1	
If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box		·		rawal			J	return.
73a Account type: Personal checking - or -	. •	·			ınt outei	de the IIS	marl	x an Y in this hoy
73b Routing number 021200339 73c Account number 381046567530 74 Electronic funds withdrawal		in the fands for your payment (or relating) would come from (oi go	to) an accor	int outsi	de the o.o.,	man	Call X III tills box
73b Routing number 021200339 73c Account number 381046567530 74 Electronic funds withdrawal		X Boomed described and Boomed	1			Description of	1.2.	Business de la contraction de
74 Electronic funds withdrawal		73a Account type: Personal checking - or - Per	sonal	savings - or	r - L	Business cr	тескії	ng - or - Business savings
74 Electronic funds withdrawal		021200339				3	81 N	46567530
Third-party designee? (see instr.) Yes □ No ☒ Email: Preparer s NYTPRIN (see instructions)		73b Routing number 222200335 736	: Acc	ount number			010	10307330
Third-party designee? (see instr.) Yes □ No ☒ Email: Preparer s NYTPRIN (see instructions)	74	Flootronia funda withdrawal	D-4-			A · · ·	. [00
designee? (see instr.) Yes No X Email: Valid preparer must complete Preparer's NYTPRIN NYTPRIN excl. code 0 9	74	Electionic funds withdrawar	Date			Amour	11.	.00
designee? (see instr.) Yes No X Email: Valid preparer must complete Preparer's NYTPRIN NYTPRIN excl. code 0 9								
Yes No X Email: Valid preparer must complete		Third-party Print designee's name		Desig	nee's ph	one number		
V Paid preparer must complete (see instructions) Preparer's NYTPRIN (see instructions) NYTPRIN (excl. code 0 9 9 9 9 9 9 9 9 9	des	ignee? (see instr.)		()			number (PIN)
▼ Paid preparer must complete (see instructions) Preparer's NYTPRIN (excl. code 0 9) NYTPRIN (excl. code 0 9) ▼ Taxpayer(s) must sign here ▼ Preparer's signature SYAM PRIYA RAM SAGAR GUP Preparer's printed name SYAM PRIYA RAM SAGAR GUP Your signature Firm's name (or yours, if self-employed) GLOBAL TAXES LLC Preparer's PTIN or SSN P02082703 Your occupation APPLICATION DEVELOPER Address Address Address Employer identification number 843171965 Spouse's signature and occupation (if joint return) 245 ROONEY CT Date Daytime phone number	Yes	Email:						
csee instructions excl. code 0 9 Preparer's signature SYAM PRIYA RAM SAGAR GUP Firm's name (or yours, if self-employed) GLOBAL TAXES LLC Preparer's PTIN or SSN P02082703 Preparer's PTIN or SSN APPLICATION DEVELOPER SPENDING FOR SIGNATURE Spending for the property of the property is signature Syam Priya RAM SAGAR GUP Your occupation APPLICATION DEVELOPER Spouse's signature and occupation (if joint return) BUSINESS ANALYST Date Daytime phone number Daytime phon	w E		VTDDII	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		_		
Preparer's signature SYAM PRIYA RAM SAGAR GUP Firm's name (or yours, if self-employed) GLOBAL TAXES LLC Preparer's PTIN or SSN P02082703 Address Employer identification number 843171965 Date Preparer's printed name SYAM PRIYA RAM SAGAR GUP Your occupation APPLICATION DEVELOPER Spouse's signature and occupation (if joint return) BUSINESS ANALYST Date Date Date	• [▼ Taxpa	yer(s) must sign here ▼
Firm's name (or yours, if self-employed) GLOBAL TAXES LLC Address 245 ROONEY CT Preparer's PTIN or SSN P02082703 Employer identification number 843171965 Date Preparer's PTIN or SSN P02082703 Spouse's signature and occupation (if joint return) BUSINESS ANALYST Date Date Date	Prep	arer's signature Preparer's printed name			Your sig	nature		
GLOBAL TAXES LLC P02082703 APPLICATION DEVELOPER Spouse's signature and occupation (if joint return) BUSINESS ANALYST Date Date Date Date Date					V	4:		
Address 245 ROONEY CT Employer identification number 843171965 Date Spouse's signature and occupation (if joint return) BUSINESS ANALYST Date Date Date Daytime phone number							DEV	ELOPER
245 ROONEY CT Date Daytime phone number		ess Employer ider	ntificati	on number				pation (if joint return)
Date Daytime priore number	24	S POONEY CT		965				
	1	Da		42023	Date			

See instructions for where to mail your return.

Email: BALAKISHORE.NADELLA@GMAIL.COM



Email: SYAM@GTAXFILE.COM





Department of Taxation and Finance

New York Resident, Nonresident, and Part-Year Resident Itemized Deductions

IT-196

Submit this form with Form IT-201 or IT-203. See instructions for completing Form IT-196.

ıvar	ne(s) as snown on your Form 11-201 or 11-203			Your	Social Security number
BA	LA KISHORE NADELLA AND SOUJANYA BATCHU		730310571		
Me	dical and dental expenses (see instructions)				
Cau	tion: Do not include expenses reimbursed or paid by others	S.			
1	Medical and dental expenses	1	.00		
2	Enter amount from Form IT-201 or IT-203, line 19a	2	.00.		
3	Multiply line 2 by 10% (0.10)	3	.00		
4	Subtract line 3 from line 1 (if line 3 is more than line 1, leave b	lank)		4	.00
Tax	kes you paid (see instructions)				
5	State and local (Mark an X in only one box)				
	a \boxtimes Income taxes - or - b \square General sales tax	5	11256.00	 	
6	State and local real estate taxes	6	10941.00	-	
7	State and local personal property taxes	7	.00		
8	Other taxes. List type and amount				
		8	.00		
9	Add lines 5 through 8			9	22197.00
Int	erest you paid (see instructions)				
10	Home mortgage interest and points reported to you on federal Form 1098	10	10099.00		
11	Home mortgage interest not reported to you on federal Form 1098. If paid to the person from whom you bought the home, show that person's name, identifying number, and address				
		11	.00		
12	Points not reported to you on federal Form 1098	12	.00.		
13	Reserved	13			
14	Investment interest	14	.00		
15	Add lines 10 through 14			15	10099.00
Git	ts to charity (see instructions)			_	
	Gifts by cash or check Qualified contributions included in line 16 16a00	16	.00		
17	Other than by cash or check	17	.00		
18	Carryover from prior year	18	.00		
19	Add lines 16, 17, and 18			19	.00





20	Casualty or theft loss(es) other than federal qualified disas	ster l	osses (see instructions)	20	.00
Jol	expenses and certain miscellaneous deductions (see	e inst	ructions)		
21	Unreimbursed employee expenses – job travel, union dues, etc.	21	.00		
22	Job related education expenses	22	.00		
	Tax preparation fees Other expenses – investment, safe deposit box, etc. List type and amount	23	.00.		
		24	.00		
25	Add lines 21 through 24	25	.00		
26	Enter amount from Form IT-201 or IT-203, line 19a	26	.00		
27	Multiply line 26 by 2% (0.02)	27	.00.		
28	Subtract line 27 from line 25 (if line 27 is more than line 25, le	ave b	olank)	28	.00
Oth	er itemized deductions				
29	Gambling losses (see instructions)	29	.00		
30	Casualty and theft losses of income-producing property (see instructions)	30	.00		
31	Federal estate tax on income in respect of a decedent (see instructions)	31	.00		
32	Deduction for amortizable bond premiums (see instructions)	32	.00		
33	An ordinary loss attributable to a contingent payment debt instrument or an inflation-indexed debt instrument	33	.00		
34	Deduction for repayment of amounts under a claim of right if over \$3000 (see instructions)	34	.00		
35	Certain unrecovered investments in a pension (see instructions)	35	.00		
36	Impairment-related work expenses of a disabled person (see instructions)	36	.00		
37	Federal qualified disaster loss (see instructions)	37	.00		
38	Other itemized deductions from partnerships (see instructions)	38	.00		
39	Add lines 29 through 38			39	.00.
Tot	al itemized deductions (see instructions)				
	Is Form IT-201 or IT-203, line 19a, over \$174,500? (Mark a	n X ii	n the appropriate box)		
	If No , your deduction is not limited. Add the amounts in lines 4 through 39 and enter the amount on line 40.	n the	far right column for		
	If Yes , your deduction may be limited. See the <i>Line 40</i> ,	Total	itemized deductions worksheet,	in th	e instructions to compute the



amount to enter on line 40.



32296.00

Adjustments (see instructions)

41	State, local, and foreign income taxes (or general sales tax, if applicable), and other subtraction adjustments (see instructions)	41	11256.00
42 43	Subtract line 41 from line 40 (see instructions)	42	21040.00
44	Addition adjustments (see instructions)	44	.00
45	Add lines 42, 43, and 44	45	21040.00
46	Itemized deduction adjustment (see instructions)	46	.00.
47 48	Subtract line 46 from line 45 (see instructions)	47 48	21040.00
49	New York State itemized deduction (add lines 47 and 48; enter on Form IT-201, line 34 or Form IT-203, line 33) (see instructions)	49	21040.00







Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

	Box c E	mployer's information					
W-2 Record 1	Employ	er's name					
Box a Employee's Social Security number	MCKI	INSEY & COMPANY	INC.	US			
or this W-2 Record	Employ	er's address (number and stre	eet)				
730310571	711	THIRD AVENUE					
Box b Employer identification number (EIN)	City			State	ZIP code	Country	
133796161	NEW	YORK		NY	10017		
3ox 1 Wages, tips, other compensation	Box 12a A	mount	Code	Box	14a Amount		Description
116336.00		209.00	C			.00	
3ox 8 Allocated tips	Box 12b A	mount	Code	Box	14b Amount		Description
.00		9917.00	D			.00	
Box 10 Dependent care benefits	Box 12c Ar	mount	Code	Box	14c Amount		Description
.00		16744.00	DD			.00	
Box 11 Nonqualified plans	Box 12d A	mount	Code	Во	14d Amount		Description
.00.		.00				.00	
							_
Box 13 Statutory employee Retire	ment plan	★ Third-party sick pay					Corrected (W-2c)
NY State information: Box 15a		Box 16a NYS wages, tips,	etc.	Box '	17a NYS income tax wit	hheld	
NY State	N Y	116	336.00		61	43.00	
Other state information: Box 15b		Box 16b Other state wages	s, tips, etc.	Box '	17b Other state income ta	x withheld	
other state	NJ	116	504.00		11	.43.00	
NYC and Yonkers Box nformation (see instr.):	18 Local wa	ges, tips, etc.	Bo	x 19 Loca	I income tax withheld	¬	Box 20 Locality name
Locality a		.00 Lo	cality a		.00	Locality a	
Locality b		.00 Lo	cality b		.00.	Locality b	
Do not detach.							
		mployer's information					
	Employ	er's name					
W-2 Record 2 Box a Employee's Social Security number	Employ 3 RI	er's name ED PARTNERS LLC					
W-2 Record 2 Box a Employee's Social Security number for this W-2 Record	3 RI Employ	er's name ED PARTNERS LLC er's address (number and stre	eet)				
W-2 Record 2 Box a Employee's Social Security number or this W-2 Record 730310571	3 RE Employ	er's name ED PARTNERS LLC	eet)	0	710	10 country	
W-2 Record 2 Box a Employee's Social Security number or this W-2 Record 730310571 Box b Employer identification number (EIN)	3 RE Employ 200 City	er's name ED PARTNERS LLC er's address (number and stre W MONROE STE 1	eet)	State	ZIP code	Country	
W-2 Record 2 Box a Employee's Social Security number or this W-2 Record 730310571 Box b Employer identification number (EIN) 452588791	3 RI Employ 200 City CHIC	er's name ED PARTNERS LLC er's address (number and stre W MONROE STE 1 CAGO	000	IL	60606	Country	
W-2 Record 2 Box a Employee's Social Security number for this W-2 Record 730310571 Box b Employer identification number (EIN) 452588791 Box 1 Wages, tips, other compensation	3 RE Employ 200 City	er's name ED PARTNERS LLC er's address (number and stre W MONROE STE 1 CAGO mount	0 0 0 0 Code	IL			Description
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W-2 Record 2 Box a Employee's Social Security number for this W-2 Record 730310571 Box b Employer identification number (EIN) 452588791 Box 1 Wages, tips, other compensation 48746.00	3 RI Employ 200 City CHIC	er's name ED PARTNERS LLC er's address (number and stre W MONROE STE 1 CAGO mount 1425.00	0 0 0 0 Code	IL Box	60606	70.00	NJSDI-E Description
W-2 Record 2 Box a Employee's Social Security number or this W-2 Record 730310571 Box b Employer identification number (EIN) 452588791 Box 1 Wages, tips, other compensation 48746.00 Box 8 Allocated tips .00	Employ 3 RI Employ 200 City CHIC Box 12a At	er's name ED PARTNERS LLC er's address (number and stre W MONROE STE 1 CAGO mount 1425.00 mount .00	Code DD Code	Box	60606 14a Amount 14b Amount		NJSDI-E Description NJWD-ES
W-2 Record 2 Box a Employee's Social Security number for this W-2 Record 730310571 Box b Employer identification number (EIN) 452588791 Box 1 Wages, tips, other compensation 48746.00 Box 8 Allocated tips .00 Box 10 Dependent care benefits	Employ 3 RI Employ 200 City CHIC	er's name ED PARTNERS LLC er's address (number and stre W MONROE STE 1 CAGO mount 1425.00 mount .00	0 0 0 0 Code D D	Box	60606 c 14a Amount	70.00	NJSDI-E Description NJWD-ES Description
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Rox a Employee's Social Security number for this W-2 Record 730310571 Box b Employer identification number (EIN) 452588791 Box 1 Wages, tips, other compensation 48746.00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00	Employ 3 RI Employ 200 City CHIC Box 12a At	er's name ED PARTNERS LLC er's address (number and stre W MONROE STE 1 CAGO mount	Code DD Code	Box Box	60606 14a Amount 14b Amount	70.00	NJSDI-E Description NJWD-ES Description UI/WF/SWF Description
Rox a Employee's Social Security number or this W-2 Record 730310571 Box b Employer identification number (EIN) 452588791 Box 1 Wages, tips, other compensation 48746.00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00	Employ 3 RF Employ 200 City CHIC Box 12a Ar Box 12b Ar	er's name ED PARTNERS LLC er's address (number and stre W MONROE STE 1 CAGO mount	Code DDD Code Code	Box Box	60606 c 14a Amount c 14b Amount c 14c Amount	70.00	NJSDI-E Description NJWD-ES Description UI/WF/SWF
Record 2 Box a Employee's Social Security number or this W-2 Record 730310571 Box b Employer identification number (EIN) 452588791 Box 1 Wages, tips, other compensation 48746.00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans .00	Employ 3 RI Employ 200 City CHIC Box 12a Ar Box 12b Ar Box 12c Ar Box 12d Ar ment plan	er's name ED PARTNERS LLC er's address (number and stre W MONROE STE 1 CAGO mount	Code DDD Code Code Code	Box Box Box	60606 c 14a Amount c 14b Amount c 14c Amount	70.00 7.00 162.00 70.00	NJSDI-E Description NJWD-ES Description UI/WF/SWF Description
Box a Employee's Social Security number or this W-2 Record 730310571 Box b Employer identification number (EIN) 452588791 Box 1 Wages, tips, other compensation 48746.00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans .00 Box 13 Statutory employee Retire	Employ 3 RI Employ 200 City CHIC Box 12a Ar Box 12b Ar Box 12c Ar ment plan	er's name ED PARTNERS LLC er's address (number and stre W MONROE STE 1 CAGO mount	Code DDD Code Code Code	Box Box Box	60606 c 14a Amount c 14b Amount c 14c Amount	70.00 7.00 162.00 70.00	NJSDI-E Description NJWD-ES Description UI/WF/SWF Description FLI
Box a Employee's Social Security number or this W-2 Record 730310571 Box b Employer identification number (EIN) 452588791 Box 1 Wages, tips, other compensation 48746.00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans .00 Box 13 Statutory employee Retire	Employ 3 RI Employ 200 City CHIC Box 12a Ar Box 12b Ar Box 12c Ar Box 12d Ar ment plan	er's name ED PARTNERS LLC er's address (number and stre W MONROE STE 1 CAGO mount	Code DDD Code Code Code	Box	60606 c 14a Amount c 14b Amount c 14c Amount	70.00 7.00 162.00 70.00	NJSDI-E Description NJWD-ES Description UI/WF/SWF Description FLI
Rox a Employee's Social Security number for this W-2 Record 730310571 Box b Employer identification number (EIN) 452588791 Box 1 Wages, tips, other compensation 48746.00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans .00 Box 13 Statutory employee Retire NY State information: Box 15a NY State	Employ 3 RI Employ 200 City CHIC Box 12a Ai Box 12b Ai Box 12c Ai ment plan	er's name ED PARTNERS LLC er's address (number and stre W MONROE STE 1 CAGO mount	Code DD Code Code Code DO COD COD COD COD COD COD COD COD COD	Box	60606 c 14a Amount c 14b Amount c 14c Amount	70.00 7.00 162.00 70.00 hheld .00	NJSDI-E Description NJWD-ES Description UI/WF/SWF Description FLI
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Record 2 Box a Employee's Social Security number or this W-2 Record 730310571 Box b Employer identification number (EIN) 452588791 Box 1 Wages, tips, other compensation 48746.00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans .00 Box 13 Statutory employee Retire NY State information: Box 15a NY State Other state information: Box 15b other state	Employ 3 RI Employ 200 City CHIC Box 12a An Box 12b An Box 12c An Box 12d An Ment plan N Y	er's name ED PARTNERS LLC er's address (number and stre W MONROE STE 1 CAGO mount	Code DDD Code Code Code Code Code Code Code Code	Box 'Box 'Box 'Box 'Box 'Box 'Box 'Box '	60606 c 14a Amount c 14b Amount c 14c Amount c 14d Amount 17a NYS income tax with 17b Other state income tax 23	70.00 7.00 162.00 70.00 hheld .00 x withheld	NJSDI-E Description NJWD-ES Description UI/WF/SWF Description FLI Corrected (W-2c)
Rox a Employee's Social Security number for this W-2 Record 730310571 Box b Employer identification number (EIN) 452588791 Box 1 Wages, tips, other compensation 48746.00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans .00 Box 13 Statutory employee Retire NY State information: Box 15a NY State Other state information: Box 15b other state	Employ 3 RI Employ 200 City CHIC Box 12a An Box 12b An Box 12c An Box 12d An Ment plan N Y	er's name ED PARTNERS LLC er's address (number and stre W MONROE STE 1 CAGO mount	Code DDD Code Code Code Code Code Code Code Code	Box 'Box 'Box 'Box 'Box 'Box 'Box 'Box '	60606 c14a Amount c14b Amount c14c Amount c14d Amount	70.00 7.00 162.00 70.00 hheld .00 x withheld	NJSDI-E Description NJWD-ES Description UI/WF/SWF Description FLI
Record 2 Box a Employee's Social Security number or this W-2 Record 730310571 Box b Employer identification number (EIN) 452588791 Box 1 Wages, tips, other compensation 48746.00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans .00 Box 13 Statutory employee Retire NY State information: Box 15a NY State Other state information: Box 15b other state	Employ 3 RI Employ 200 City CHIC Box 12a An Box 12b An Box 12c An Box 12d An Ment plan N Y	er's name ED PARTNERS LLC er's address (number and stre W MONROE STE 1 CAGO mount	Code DDD Code Code Code Code Code Code Code Code	Box 'Box 'Box 'Box 'Box 'Box 'Box 'Box '	60606 c 14a Amount c 14b Amount c 14c Amount c 14d Amount 17a NYS income tax with 17b Other state income tax 23	70.00 7.00 162.00 70.00 hheld .00 x withheld 553.00	NJSDI-E Description NJWD-ES Description UI/WF/SWF Description FLI Corrected (W-2c)







Department of Taxation and Finance

Summary of W-2 Statements New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

			Employer's information							
W-2 Record 1		Emplo	yer's name							
Box a Employee's Social Security r for this W-2 Record	number		TECHNOLOGY : yer's address (number ar		t)					
516776750			LINCOLN BLVD							
Box b Employer identification number	er (EIN)	City	DINCOLN DLVD	DII		State	ZIP code	Coun	trv	
272916858	51 (2.11)		RSON			NJ	07630		,	
Box 1 Wages, tips, other compensa	tion	Box 12a A			Code	Box	x 14a Amount			Description
30360.0				.00				43.	00	NJ FLI
Box 8 Allocated tips	'	Box 12b A		.00	Code	Box	x 14b Amount	15.	00	Description
·	00			.00				43.	00	NJ SDI
Box 10 Dependent care benefits	'	Box 12c A		100	Code	Box	x 14c Amount	201	00	Description
'	00			.00				129.	00	UI/WF/SWF
Box 11 Nonqualified plans		Box 12d A		100	Code	Box	x 14d Amount		00	Description
· · · · · · · · · · · · · · · · · · ·	00			.00					00	
Box 13 Statutory employee NY State information: Box 1	15a -	nent plan	Third-party sick		 c.	Box 1	17a NYS income ta	ax withheld	7	Corrected (W-2c)
NY St		N Y			.00			.00)	
Other state information: Box 1	15b i		Box 16b Other state w	/ages,	tips, etc.	Box 1	17b Other state inco	me tax withhe	ld	
other		NJ		303	360.00			1093.00)	
NYC and Yonkers information (see instr.): Locality	а	8 Local wa	ages, tips, etc.		Box ality a	19 Loca	Il income tax withhe	.00 Lo	cality a	Box 20 Locality name
W-2 Record 2 Box a Employee's Social Security r for this W-2 Record	number		yer's name yer's address (number ar	nd stree	t)					
Box b Employer identification numbe	or (EINI)	City				State	ZIP code	Coun	tn/	
BOX D Employer Identification number	EI (LIIV)	City				State	ZIF Code	Coun	цу	
Box 1 Wages, tips, other compensa	tion	Box 12a A	mount		Code	Box	k 14a Amount			Description
	00			.00					00	
Box 8 Allocated tips		Box 12b A		.00	Code	Box	x 14b Amount	<u>-</u>	00	Description
	00			.00				_	00	
Box 10 Dependent care benefits	'	Box 12c A			Code	Box	k 14c Amount	-		Description
.0	00			.00					00	
Box 11 Nonqualified plans		Box 12d A			Code	Box	x 14d Amount			Description
.0	00			.00				_(00	
3ox 13 Statutory employee	Retiren	nent plan	Third-party sick							Corrected (W-2c)
NY State information: Box 1		NIY	Box 16a NYS wages,	tips, et	.00	Box 1	17a NYS income ta	ax withheld .00)	
Other state information: Box 1 other			Box 16b Other state v	/ages,	tips, etc.	Box 1	17b Other state inco	me tax withhe	ld	
					.00			.00)	
	state	8 Local wa	ages, tips, etc.			19 Loca	ıl income tax withhe)	Box 20 Locality name
NYC and Yonkers information (see instr.):	Box 1	8 Local wa	ages, tips, etc.	Loca		19 Loca	Il income tax withhe	eld	cality a	Box 20 Locality name





2022 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

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NJ-1040 2022 Page 1



Your Social Security Number (required) 730310571

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)

NADELLA BALA KISHORE & BATCHU SOUJANYA

Spouse's/CU Partner's SSN (if filing jointly)

516776750

County/Municipality Code (See Table page 50) 1212

Home Address (Number and Street, including apartment number)

524 HARRISON AVE APT 4

ZIP Code City, Town, Post Office State 07644 LODI ΝJ

Driver's License Number (Voluntary) (See instructions)

N01010710008901

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

I authorize the Division of Taxation to discuss my return and enclosures with my preparer.

NJ-1040-O is enclosed.

Note: This does not reduce your refund or increase your balance due. **Gubernatorial Elections Fund**

Do you want to designate \$1 to the Gubernatorial Elections Fund? You Yes No Spouse/CU Partner If joint return, does your spouse want to designate \$1? Yes No

Direct Deposit Information

	•		
dd1.	Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	1
dd2.	Account type (C for checking, S for savings)	dd2.	C
dd3.	Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.	
dd4.	Routing number	dd4.	021200339
dd5.	Account number	dd5.	381046567530



40

Name(s) as shown on Form NJ-1040

NADELLA BALA KISHORE & BATCHU SOUJANYA

Your Social Security Number 730310571

1555

NJ-1040 2022 Page 2

040MP02220

Part-year residents, provide months/days you were a New Jersey resident during 2022:							Fiscal year				
From: To:					Enter mo	2 0 2 3					
	g Status only one.										
	Married/ Head of l Qualifyir Indicate t	CU Couple, filing joint retu CU Partner, filing separate Household ng Widow(er)/Surviving CU the year of your spouse's/C	return J Partner U partner'		2020	2021	Enter spouse's/CU partn	er's SSN			
Fill in 6. 7. 8. 9. 10. 11. 12. 13.	Regular Senior 65+ (Born Blind/Disabled Veteran Qualified Dependent Other Dependents Atter	dent Children	Self Self Self Self	×	Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner		Domestic Partner	2	x \$1,000 = x \$1,000 = x \$1,000 = x \$6,000 = x \$1,500 = x \$1,500 = x \$1,500 = 13.		
14.a.b.c.d.	Last Name, First	mation. Provide the follow Name, Middle Initial			· 		Social Security Number		Birth Year	No	Health Insurance

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Name(s) as shown on Form NJ-1040

NADELLA BALA KISHORE & BATCHU SOUJANYA

Your Social Security Number

730310571

1555

15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	197185 .
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	17/103 .
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	•
17.	Dividends	17.	51 ·
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	51 .
19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	•
		20a.	•
20a.	Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)		•
20b.	Excludable pension, annuity, and IRA distributions/withdrawals Distribution Character Protection In correct Calabrida NJ DUC 1 Part II First 4) (Forders Calabrida NJK 1 and Advisor IC should NJK 1	20b.	•
21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21. 22.	•
22.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)		•
23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.	•
24.	Net gambling winnings (See instructions)	24.	•
25.	Alimony and separate maintenance payments received	25.	•
26.	Other (Enclose documents) (See instructions)	26.	107026
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	197236 .
28a.	Pension/Retirement Exclusion (See instructions)	28a.	•
28b.	Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)	28b.	•
28c.	Total Exclusion Amount (Add lines 28a and 28b)	28c.	100006
29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	197236 .
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	2000 .
31.	Medical Expenses (See Worksheet F and instructions)	31.	•
32.	Alimony and separate maintenance payments (See instructions)	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 Ed. Tuition Deduction	37c.	
38.	Total Exemptions and Deductions (Add lines 30 through 37c)	38.	2000 .
39.	Taxable Income (Subtract line 38 from line 29)	39.	195236 .
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	10941 .
40b.	Indicate your residency status during 2022 (fill in only one) Homeowner Tenant	Both	
41.	Property Tax Deduction (From Worksheet H) (See instructions)	41.	10941 .
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.	184295 .
43.	Tax on amount on line 42 (Tax Table page 52)	43.	7697 .
44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	44.	4540 .
	Enter Code		32
45.	Balance of Tax (Subtract line 44 from line 43)	45.	3157 .
46.	Sheltered Workshop Tax Credit	46.	
47.	Gold Star Family Counseling Credit (See instructions)	47.	
48.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)	48.	
49.	Total Credits (Add lines 46 through 48)	49.	
50.	Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry	50.	3157 .
51.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51.	0 .
52.	Interest on Underpayment of Estimated Tax	52.	•
	Fill in if Form NJ-2210 is enclosed		
53.	Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill in	53.	0 .
			- ·

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Refund amount (If line 68 is more than zero, subtract line 78 from line 68)

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to

Name(s) as shown on Form NJ-1040

NADELLA BALA KISHORE & BATCHU SOUJANYA

Your Social Security Number

730310571 1555

1432

80

Tax Due Address

3157 54. Total Tax Due (Add lines 50 through 53) 54 4589 55. Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions) 55. 56. Property Tax Credit (See instructions page 24) 56 New Jersey Estimated Tax Payments/Credit from 2021 tax return 57. 57. 58. New Jersey Earned Income Tax Credit (See instructions) 58 Fill in if you had the IRS calculate your federal earned income credit Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions) 59. 59. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions) 60 Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions) 61. 61 Wounded Warrior Caregivers Credit (See instructions) 62. Pass-Through Business Alternative Income Tax Credit (See instructions) 63. 63 Child and Dependent Care Credit (See instructions) 64 Fill in if you are a CU couple claiming the Child and Dependent Care Credit 65. New Jersey Child Tax Credit (See instructions) 65. Number of dependents under age 6 on 12/31/2022 4589 Total Withholdings, Credits, and Payments (Add lines 55 through 65) 66. 66. If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you owe 67 If you owe tax, you can still make a donation on lines 70 through 77. 1432 68. If the total on line 66 is more than line 54, you have an overpayment. Subtract line 54 from line 66 and enter the overpayment 68. Amount from line 68 you want to credit to your 2023 tax 69 69 Contribution to N.J. Endangered Wildlife Fund 70 Contribution to N.J. Children's Trust Fund to Prevent Child Abuse 71. 71 72. Contribution to N.J. Vietnam Veterans' Memorial Fund 72 73. Contribution to N.J. Breast Cancer Research Fund 73 Contribution to U.S.S. New Jersey Educational Museum Fund 74. 74 75. Other Designated Contribution (See instructions) Enter Code 75 Other Designated Contribution (See instructions) Enter Code 76. 76. Other Designated Contribution (See instructions) Enter Code 77 Total Adjustments to Tax Due/Overpayment amount (Add lines 69 through 77) 78 78. 79. Balance due (If line 67 is more than zero, add line 67 and line 78) 79

Enclose payment along with the NJ-1040-V payment the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is oucher and tax return. Use the labels provided with the based on all information of which the preparer has any knowledge. envelope and mail to: State of New Jersey Division of Taxation Revenue Processing Center - Payments Your Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Date PO Box 111 Trenton, NJ 08645-0111 nclude Social Security number and make check or money order payable to: Federal Identification Number Paid Preparer's Signature State of New Jersey – TGI You can also make a payment on our website: nj.gov/taxation SYAM P02082703 PRIYA RAMSAGAR GUPTA TALLAM Refund or No Tax Due Address Jse the labels provided with the envelope and mail to: New Jersey Division of Taxation Firm's Federal Employer Identification Number Revenue Processing Center - Refunds PO Box 555 84-3171965 Trenton, NJ 08647-0555 GLOBAL TAXES LLC

Division Use:

80.

Name(s) as shown on Form NJ-1040	Social Security Number
NADELLA BALA KISHORE & BATCHU SOUJANYA	730-31-0571

Schedule NJ-DOP

Net Gains or Income From Disposition of Property

2022

	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)	(b)	(c)	(d)	(e)	(f)						
1.	Kind of property and description	Date acquired (mm/dd/yyyy)	Date sold (mm/dd/yyyy)	Gross sales price	Cost or other basis as adjusted (see instructions) and expense of sale	Gain or (loss) (d minus e)						
	Robinhood Securities LLC	01/01/2022	12/31/2022	34,950.	43,386.	-8,436.						
	Robinhood Crypto LLC	01/01/2022	12/31/2022	80,086.	96,461.	-16,375.						
2.	Capital Gains Distributions											
3.	Other Net Gains											
4.	Net Gains (Add lines 1, 2, and 3.) entry on line 19.)					0.						

Schedule NJ-WWC

Wounded Warrior Caregivers Credit

2022

	Did you provide care for a relative who was a qualifying armed services member (see instructions)?	> Ye	s O No	
	If "Yes," enter the name and Social Security number of the qualifying service member	er.		
	Last Name, First Name, Initial Social Security number			
	Enter your relationship to the qualifying service member.			
	If "No," you are not eligible for a Wounded Warrior Caregivers Credit. Make no entry	on lin	e 62, NJ-1040.	_
1.	Enter the federal disability compensation of the armed services member	1.		
2.	Maximum credit allowed	2.	675	00
3.	Enter the lesser of line 1 or line 2	3.		
4.	Were you the only caregiver for this service member during the tax year? Yes No			
	If "No," enter your share (percentage) of the total care expenses for the year.	4.		%
5.	If you answered " Yes " at line 4, enter the amount from line 3 here and on line 62, NJ-1040.			
	If you answered " No " at line 4, multiply the amount on line 3 by the percentage on line 4. Enter the result here and on line 62, NJ-1040	5.		

Schedule NJ-BUS-1 (Form NJ-1040)

New Jersey Gross Income Tax Business Income Summary Schedule

2022

	,														
P	art I Net Profits From Business		List the net profit (loss) from business(es). See Instructions.									S.			
	Business Name		Il Security Number/ Federal EIN						Profit or (Loss)						
1.															
2.															
3.															
4.	Net Profit or (Loss). (Add lines 1, 2, and 3.) (Eline 18, NJ-1040. If loss, make no entry on lines)		d on			4.									
Part II Distributive Share of Partnership Income								List the distributive share of income (loss) from partnership(s). See instructions.							
	Partnership Name	Federa	al EII	٧				e of Parti ome or (I		•	Share of Pass-Thi Business Alterna Income Tax				
1.															
2.															
3.															
4.	Distributive Share of Partnership Income or (L (Add lines 1, 2, and 3.) (Enter here and on line If loss, make no entry on line 21.)).		4.										
5.	Total Share of Pass-Through Business Alterna (Add lines 1, 2, and 3.)(Enter here and include			40.)	5.										
P	art III Net Pro Rata Share of S C	orporation	ı In	com	ne						of income (usable n(s). See instruction	ns.			
	S Corporation Name	Federal E	IN						e of Pass-Through Bus Alternative Income Tax						
1.															
2.															
3.															
4.	Net Pro Rata Share of S Corporation Income or (Use (Add lines 1, 2, and 3.) (Enter here and on line 22, If loss, make no entry on line 22.)		4.												
5.	Total Share of Pass-Through Business Alternative In (Add lines 1, 2, and 3.)(Enter here and include on lin		5.												
P	Net Gains or Income art IV From Rents, Royalties, Patents, and Copyrights	form of Pro	of rer	its, ro /:	oyalti	ies, pa	ate	nts, and	сору	rights	derived from or in th . See instructions. T nts 4 – Copyrights	Гуре			
	Source of Income or Loss. If rental real estate enter physical address of property.		Secui edera			er/	Type – Enter number from list above		m						
1.	From federal Sch E	730310)571					1			-17,054.				
2.									\perp						
3.									\perp						
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, NJ-1040. If loss, r		on l	ine 2	23.)			4	1.		-17,054.				

Schedule NJ-BUS-2 (Form NJ-1040)

New Jersey Gross Income Tax Alternative Business Calculation Adjustment

2022

			Column A	Column B						
Part I Income (Loss)			Reportable Regular Business Income	Alternative Business Income (Loss)						
1.	Net Profits From Business	1a.	0.		1b.	0.				
2.	Distributive Share of Partnership Income	2a.	0.		2b.	0.				
3.	Net Pro Rata Share of S Corporation Income	3a.	0.		3b.	0.				
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	0.		4b.	-17,054.				
5.	Loss Carryforward From Tax Year 2021				5b.	()			
6.	Totals	6a.	0.		6b.	-17,054.				
Part	II Adjustment Calculation									
7.	Total Regular Business Income	7.	0.							
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.							
9.	Business Increment (Subtract line 8 from line 7)	9.	0.							
10.	10. Adjustment Percentage		10. 0.50							
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.							
Part	III Loss Carryforward to Tax Year 2023									
12.	Loss Carryforward to Tax Year 2023		12.	(17,054.)					

Instructions

- Line 1a. Enter the amount from line 18, Form NJ-1040.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from line 21, Form NJ-1040.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from line 22, Form NJ-1040.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from line 23, Form NJ-1040.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from line 12 of your 2021 Schedule NJ-BUS-2 (Form NJ-1040).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2022 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040.
- Line 12. If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

Schedule **NJ-HCC**

2022

New Jersey **Health Care Coverage**If your income on line 29 is at or below the filing threshold, (Form NJ-1040) do not complete this schedule.

Name as Shown on Return	Social Security No.								
NADELLA BALA KISHORE & BATCHU SOUJANYA	730-31-0571								
Part I									
Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2022 (See instructions for line 53, NJ-1040.) Part-year residents include only months as a New Jersey resident. X Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53, NJ-1040, and enclose this schedule with your return. No. Continue to Part II.									
Part II									
Enter the name and Social Security number for each member of you every month each person had minimum essential health coverage of (part-year residents include only months as a New Jersey resident) exemption, enter the exemption number. (See instructions for line 5 more than one exemption number, check the box. If you need more any additional individuals.	or qualified for an exemption If an individual qualified for an NJ-1040.) If an individual has space, enclose a statement listing								
QuickZoom to Shared Responsibility Payment Calculation Worksheet									

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Exemption Code		_	Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
	İ		Check	box if t	his indi	vidual i	s unde	r 18 .	··		<u> </u>		
				Ш									
Exemption Code		_	Check								on nun	nber .	
			Check	box if t	nis indi 	vidual i	s unde	r 18	<u></u>	i i i	· · · ·		
Exemption Code	l		[∟	hav if t	∣∟ his indi	vidual I	has mo	re than		vemnti	on nun	her	
Exemption code : :	-	_	Check							•			
						Viadai i							
Exemption Code	l -		Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
			Check	box if t	h <u>is ind</u> i	v <u>idual</u> i	s unde	r 18 .	. <u></u> .	<u></u>	<u></u> .	<u></u>	
Exemption Code	-	_	Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
	1		Check	box if t	his indi	vidual i	s unde	r 18 .	··		<u> </u>		
				Ш									
Exemption Code		_	Check							xempti	on nun	nber .	
			Check	box if t	nis indi I	vidual i	s unde	r 18	i — i	i i i i	<u> </u>		
Exemption Code			[∟	hov if t	∣∟ hic indi	vidual I	has mo	ro than		vomoti		obor	
Exemplion code	-	_	Check							•	on nun	ibei .	
						Vidual			i i i i i	Ι	\Box		
Exemption Code	l 		Check	box if t	ı∟ his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber .	
,		_	Check										
Exemption Code		_	Check	box if t	his indi	vidual l	has mo	re than	one e	xempti	on nun	nber	
	•		Check	box if t	his indi	vidual i	s unde	r 18 -			·		Ш
Exemption Code		_	Check								on nun	nber .	\vdash
			Check	box if t	his indi	vidual i	s unde	r 18 .			· · ·	· · · ·	