# 8879 Form

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Internal Neverlue Service			
Submission Identification Number (SID)			
Taxpayer's name		Social security	y number
ANVESH ANUMULA		299-39-	-2458
Spouse's name		Spouse's soci	al security number
Part I Tax Return Information –	- Tax Year Ending December 31, 2022 (	 Enter year you ar	re authorizing )
Enter whole dollars only on lines 1 through		Entor your you ar	o datiforizing.)
<b>Note:</b> Form 1040-SS filers use line 4 only.			
•			1 1 108,954.
			<b>2</b> 16,882.
3 Federal income tax withheld from Fe	orm(s) W-2 and Form(s) 1099		<b>3</b> 19,471.
4 Amount you want refunded to you			<b>4</b> 2,589.
5 Amount you owe			5
Part II Taxpayer Declaration and	Signature Authorization (Be sure you get	and keep a copy	of your return)
return (original or amended) I am now authorizing to send my return to the IRS and to receive from the return or refund to any delay in processing the return or refund Agent to initiate an ACH electronic funds withdraw payment of my federal taxes owed on this return authorization is to remain in full force and effe payment, I must contact the U.S. Treasury Figure business days prior to the payment (settlement taxes to receive confidential information necespersonal identification number (PIN) below is melectronic Funds Withdrawal Consent.  Taxpayer's PIN: check one box only  I authorize GLOBAL TAXES I signature on the income tax returnal limits of the signature on the income tax returnal limits of the receiver for the receiver for the returnal limits of the receiver for the receiver for the receiver for the returnal limits of the receiver for the receiver for the returnal limits of the receiver for the returnal limits of the receiver for the receiver for the returnal limits of the receiver for the returnal limits of the receiver for the returnal limits of the return	and complete. I further declare that the amounts in Parting. I consent to allow my intermediate service provider, to the IRS (a) an acknowledgement of receipt or reason of any refund. If applicable, I authorize rawal (direct debit) entry to the financial institution account analyor a payment of estimated tax, and the financial inct until I notify the U.S. Treasury Financial Agent to terminancial Agent at 1-888-353-4537. Payment cancellation date. I also authorize the financial institutions involved assary to answer inquiries and resolve issues related to my signature for the income tax return (original or amended to enter or generated the properties of the income tax return (original or amended) I am now authorizing.  The content of the income tax return (original or amended) I amd your return is filed using the Practitioner PIN and your return is filed using the Practitioner PIN	ransmitter, or electro for rejection of the trathe U.S. Treasury are not indicated in the tastitution to debit the minate the authorizan requests must be in the processing of the payment. I furtled) I am now authorizate my PIN  erate my PIN  generate my PIN  am now authorizing for rejection of the payment.	nic return originator (ERO) ansmission, <b>(b)</b> the reason it its designated Financial x preparation software for entry to this account. This tion. To revoke (cancel) a received no later than 2 the electronic payment of the received no later than 2 the electronic payment of the received no later than 2 the electronic payment of the paym
Your signature ▶	Date	e <b>▶</b>	
Spouse's PIN: check one box only			
	to only or one	avata vas DIN	
I authorize	to enter or gene ERO firm name	-	er five digits, but
	n (original or amended) I am now authorizing.		er live digits, but 't enter all zeros
I will enter my PIN as my signatur	re on the income tax return (original or amended) I and your return is filed using the Practitioner PIN		
Spouse's signature ▶	Date	e <b>&gt;</b>	
	itioner PIN Method Returns Only—continue b		
	ication — Practitioner PIN Method Only		
ERO's EFIN/PIN. Enter your six-digit EFIN	I followed by your five-digit self-selected PIN.	2 2 2 4 9 6  Don't ente	5 3 1 9 8 9 er all zeros
authorized to file for tax year indicated above	N, which is my signature for the electronic individual inco for the taxpayer(s) indicated above. I confirm that I am d <b>Pub. 1345,</b> Handbook for Authorized IRS <i>e-file</i> Provide	submitting this retu	rn in accordance with the
ERO's signature ▶	Date	e▶	
	Must Retain This Form - See Instruction	ne	

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

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

2022

OMB No. 1545-007

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

Filing Status	s 🔀 S	Single   Married filing jointly [	Marrie	ed filing separately	(MFS)	Head of	household (HOH)			fying survi	ving
Check only	lf vo	u checked the MFS box, enter the I	name of v	our angues If you	obook	od tha UOU a	r OSS hav antar			se (QSS)	a qualifyina
one box.		son is a child but not your depender		rour spouse. II you	CHECK	eu ine non o	r QSS box, enter	trie Crii	iu s i	iame ii me	qualifying
Your first name			Last nai	me				You	r soc	ial security	number
ANVESH	and m	idde iiittai								9 <b>–</b> 2458	
	nouse's	s first name and middle initial	ANUM Last nai								urity number
ii joint letain, s	pouse	s ili st riaine and middle illitiai	Lastriai	THE STATE OF THE S				Орог	13C 3	300iai 300t	inty number
Home address	(numbe	er and street). If you have a P.O. box, se	 e instructio	ons.			Apt. no.	Pres	iden	tial Flection	n Campaign
37409 G	•	•					1.4	+		ere if you, c	. •
		ce. If you have a foreign address, also c	omplete si	paces below.	Sta	ite	ZIP code			f filing jointl	
FREMONT		, , , , , , , , , , , , , , , , , , , ,			CZ		94536			this fund. C w will not c	
Foreign countr	v name		F	Foreign province/stat			Foreign postal cod	_		or refund.	, larige
3 3	,			3 p =		,	l s g p s s s s			You	Spouse
Digital	At ar	ny time during 2022, did you: (a) red	ceive (as	a reward, award, o	or pavr	ment for prope	erty or services):	or (b) se	 -:  .		
Assets		ange, gift, or otherwise dispose of					-			Yes	⊠ No
Standard		eone can claim: You as a d					, (				
Deduction	_	Spouse itemizes on a separate retu	•								
A /D!: I		·		_			1 ( 1	0.400			
Age/Blindnes			1958		pouse		rn before Januar			∐ Is blir	
Dependent				(2) Social secur number	rity	(3) Relationsh to you	"P   ' '		1	•	er dependents
If more than four	(1) F	irst name Last name		Hamboi		to you	Child tax	1		realt for othe	
dependents,								]	_		
see instruction	s						<del>-</del>	]	+	<u>_</u>	<u></u>
and check here	1 —						<del>-</del>	] ]	+		<u> </u>
	10	Total amount from Form(s) W-2, I	20 1 (00)	o instructions)				<u> </u>	1a	1 1 2	7 430
Income	1a		,	,				.		12	0,420.
Attach Form(s)	b	Household employee wages not						.	1b	+	
W-2 here. Also	C C	Tip income not reported on line 1a (see instructions)  Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1c 1d	+	
attach Forms W-2G and	d e	Taxable dependent care benefits			5 1115111	10110115)		.	1e	+	
1099-R if tax	f	Employer-provided adoption ben						.	1f	+	
was withheld.		Wages from Form 8919, line 6.			29 .			.			
If you did not get a Form	g h	Other earned income (see instruc							1g 1h		0.
W-2, see	 i	Nontaxable combat pay election	,			1		.			
instructions.	z	Add lines 1a through 1h	(300 111311	detions)					1z	12	0,420.
Attach Sch. B	2a	Tax-exempt interest	2a		 b Т	axable interes	 t	.	2b	12	0,120.
if required.	3a	Qualified dividends	3a				nds	-	3b		
	4a	IRA distributions	4a			axable amoun		Г	4b	1	
Standard	5a	Pensions and annuities	5a			axable amoun			5b		
Deduction for—	6a	Social security benefits	6a			axable amoun		.	6b		
Single or Married filing	С	If you elect to use the lump-sum		method check her				ήİ			
separately,	7	Capital gain or (loss). Attach Scho						$\Box$	7		42.
\$12,950 Married filing	8	Other income from Schedule 1, li			•	-		_	8	-1	1,508.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						_	9		8,954.
surviving spouse,	10	Adjustments to income from Sch						_	10	1	-,
\$25,900 Head of	11	Subtract line 10 from line 9. This							11	1 0	8 <b>,</b> 954.
household,	12	Standard deduction or itemized	-	-				.	12		2,950.
\$19,400 If you checked	13	Qualified business income deduc				5-A		.	13	1	_,
any box under Standard	14	Add lines 12 and 13						.	14	1	2,950.
Deduction,	15	Subtract line 14 from line 11. If ze						.	15		6,004.
see instructions.					-			-			

	- 0
	Page <b>2</b>
16	16,882.
17	16,882.
18 19	10,002.
20	
21	
22	16,882.
23	
24	0. 16,882.
25d	19,471.
26	
32	
33	19,471. 2,589.
34	2,589.
35a	2,589.
37	

Tax (see instructions). Check if any from Form(s): 1 8814 **2** 4972 3 16 Tax and **Credits** 17 Amount from Schedule 2, line 3 . . . . . Add lines 16 and 17 . . . . . . . . . . . 18 19 Child tax credit or credit for other dependents from Schedule 8812 20 Amount from Schedule 3, line 8 . . . . . . . . 21 Add lines 19 and 20 . . . . . . . . . . . 22 Subtract line 21 from line 18. If zero or less, enter -0-23 Other taxes, including self-employment tax, from Schedule 2, line 21 Add lines 22 and 23. This is your total tax 24 **Payments** 25 Federal income tax withheld from: 19,471. Form(s) W-2 . 25a а Form(s) 1099 . . . . 25b b Other forms (see instructions) 25c С d Add lines 25a through 25c 26 2022 estimated tax payments and amount applied from 2021 return If you have a 27 Earned income credit (EIC) . . . . . . . . . . . . . 27 qualifying child, attach Sch. EIC. 28 Additional child tax credit from Schedule 8812 28 29 American opportunity credit from Form 8863, line 8. 29 30 30 Reserved for future use . . . . . . . . . . . . . . 31 Amount from Schedule 3, line 15 . . . . . . . . . . . . . . . 31 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 33 Add lines 25d, 26, and 32. These are your total payments 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid Refund Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a Routing number 2 7 2 4 7 1 8 5 2 Direct deposit? b **c** Type: X Checking Savings See instructions. Account number 1 2 9 0 4 7 9 1 7 d 36 Amount of line 34 you want applied to your 2023 estimated tax . . . 36 Amount 37 Subtract line 33 from line 24. This is the amount you owe. You Owe For details on how to pay, go to www.irs.gov/Payments or see instructions . Estimated tax penalty (see instructions) . . . Third Party Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete Designee Designee's Phone Personal ident number (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and Sign belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Here If the IRS sent you an Identity Your signature Date Your occupation Protection PIN, enter it here (see inst.) SYSTEMS ENGINEER Joint return? See instructions. If the IRS sent your spouse an Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Keep a copy for Identity Protection PIN, enter it here your records. (see inst.) Phone no. (906)370-7306Email address ANUMULAANVESH57@GMAIL.COM Preparer's name Preparer's signature PTIN Check if: Date **Paid** Self-employed SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/09/2023 P02082703 **Preparer** Phone no. (678) 965-9522 GLOBAL TAXES LLC Firm's name Use Only 84-3171965 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's address Firm's EIN

Form 1040 (2022)

### SCHEDULE 1 (Form 1040)

# **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2022
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
ANVESH ANUMULA

Your social security number
299-39-2458

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	-11,508.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	· · · · · · · · · · · · · · · · · · ·	8a ( )		
b	5	8b		
С		8c		
d	<u> </u>	8d ( )		
е		8e		
f	Income from Form 8889	8f		
g	F	8g		
h	, , , ,	8h		
į	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k		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		
	Olympic and Paralympic medals and USOC prize money (see	OI .		
m		8m		
n	· · · · · · · · · · · · · · · · · · ·	8n		
n o		80		
р	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	8p		
q	· · · · · · · · · · · · · · · · · · ·	8g		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form			
Ū	' '	8s ( )		
t	_	,		
-	a nongovernmental section 457 plan	8t		
u	•	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR,	or 1040-NR, line 8	10	-11,508.

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

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-t			
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
		24c		
d		24d		
е	Repayment of supplemental unemployment benefits under the Trade			
		24e		
f		24f		
g	, , , , , , , , , , , , , , , , , , , ,	24g		
h	Attorney fees and court costs for actions involving certain unlawful			
	·	24h		
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect	- 41		
	F	24i		
j	<u> </u>	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	S.4.		
		24k		
Z	Other adjustments. List type and amount:	<b></b>		
05		24z	05	
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> .		00	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

#### **SCHEDULE D** (Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/ScheduleD for instructions and the latest information. 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 299-39-2458 ANVESH ANUMULA 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 (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. line 2, column (a) with 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 . . . . . . . . . . . . . . . 6,000. 42. 6,042. Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . . 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 7 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 42. 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 (g) (h) Gain or (loss) 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 (sales price) (or other basis) Form(s) 8949, Part II, 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 14

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

BAA

15

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

### Part III Summary 16 Combine lines 7 and 15 and enter the result 16 42. • 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 line 22. 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. Are lines 15 and 16 both gains? 17 ☐ **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 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see 19 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. ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 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:

Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions

**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?

No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

21

22

• The loss on line 16; or

for Form 1040, line 16.

(\$3,000), or if married filing separately, (\$1,500)

21

## **Sales and Other Dispositions of Capital Assets**

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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. Sequence No. 12A

Name(s) sh	nown	on	return	
ANIT/EQI	Λ Γ	МT	TMIT	7\

Social security number or taxpayer identification number 299-39-2458

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 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.

(A) Object to the form the control of the first term (a) 4000 P objection begins

<ul><li>(A) Short-term transactions</li><li>(B) Short-term transactions</li><li>(C) Short-term transactions</li></ul>	reported on	Form(s) 1099	9-B showing bas	•		•	<del>)</del> )
1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the <b>Note</b> below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.) (see instructions) in the separat	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 SECURITIES LLC	01/01/22	12/31/22	6,042.	6,000.			42.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6).	al here and ince is checked), <b>lir</b>	lude on your ne 2 (if Box B	6,042.	6,000.			42.

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.

#### **SCHEDULE E** (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information. Sequence No. 13

Name(s) shown on return Your social security number ANVESH ANUMULA 299-39-2458 **Income or Loss From Rental Real Estate and Royalties** Part I Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . . . . . В 1a Physical address of each property (street, city, state, ZIP code) H NO.10-1-181 RAMNAGAR KARIMNAGAR, TELANGANA IN 505001 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Days** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. C C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties Properties: Α В C Income: 625. 3 Rents received . 4 Royalties received **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 2,187. 7 7 Cleaning and maintenance. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees . . . . . . . . . 11 1,696. 12 12 Mortgage interest paid to banks, etc. (see instructions) 13 13 2,490. 14 14 Repairs . . . 15 15 2,740. Supplies 16 16 Taxes 17 17 3,020. 18 18 Depreciation expense or depletion . . . . . . . . . Other (list) 19 19 20 20 12,133. Total expenses. Add lines 5 through 19 . . . . . . 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must -11,508.file Form 6198 . . . . . . . . . . . . . . . . . . 21 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . . 11,508.) 625. 23a Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c Total of all amounts reported on line 18 for all properties 23d e Total of all amounts reported on line 20 for all properties . 23e 12,133. 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 11,508. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on

-11,508.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 ...

PIT-8453
07/16/2020

#### New Mexico Taxation and Revenue Department

REV 01/03/23 PRO

	RONIC FILING					
First Name, Middle Initial, and Last Name	UMULA			curity Number (SSN) 99-39-2458		Residency Status
Spouse First Name, Middle Initial, and Last Name	0110 111		Social Sec	curity Number (SSN)		Residency Status
Mailing Address, City, State, and Zip Code 37409 GILLETT RD FREMONT					CA 9	4536
TAX YEAR (CCYY): 2022 FILING STATUS (Check One)						
<ul> <li>(1.) Single</li> <li>(2.) Married filing jointly</li> <li>(3.) Married filing separately (Enter spouse's nar security number.)</li> </ul>	ne and social	head exem	of housel	hold (Enter name of nold if that person is your federal return.) pw(er)	not counted	l as a qualified
PART I: TAX RETURN INFORMAT	ION (Whole Dolla	ar Amounts (	Only)			
1. Federal Adjusted Gross Income (as re	eported on PIT-1)		. 1.		1	08,954
2. Net New Mexico Income Tax (as repor	ted on PIT-1)		. 2.			4,422
3. Total Payments and Credits (as report	ted on PIT-1)		. 3.			5 <b>,</b> 281
4. Tax Due (as reported on PIT-1)			. 4.			
5. Overpayment (as reported on PIT-1)			5.			859
PART II: DECLARATION OF TAXE	PAYER					
I declare the amounts described in Part I above income tax return, and that I have examined the best of my knowledge and belief, my return is truand statements, be electronically transmitted to	contents of my election, correct, and com	tronic return a plete. I conse	and acco	ompanying schedu ny return, including	les and sta	atements. To the
PLEASE SIGN	I					
HERE Your signature		)ate	Spous	e's signature (If joint	return, BOT	H MUST sign.)
PART III: DECLARATION OF PRE	PARER/TRAN	SMITTER	(If Appli	icable)		
PAID PREPARER'S, ELECTRONIC RETURN ORIGIN	NATOR'S or OTHER	THIRD-PARTY	TRANSM	IITTER'S USE ONLY	<u>′</u>	
I declare the above taxpayer's return is based or name shown on this declaration agrees with the filed with or transmitted to the New Mexico Taxa	name that appears	on the proof	of accou	unt. A copy of all fo	orms and in	
Preparer's/Transmitter's signature SYAM PRIYA RAM SAGAR GUPTA	A TAT.T.AM			Da	ate 04/0	9/2023
Check if self-employed	Preparer's PTIN			Preparer's NMBTII		
Firm's name (or yours, if self-employed)				•		
GLOBAL TAXES LLC					ZIP code	
Address (number, street, city, and state) 245 ROONEY CT E BRUNSWICK				NJ	08816	<u> </u>

When required to submit a copy of this form to the Department, mail the form and attachments to: New Mexico Taxation and Revenue Department, P.O. Box 5418, Santa Fe, NM 87502-5418

# 2022 PIT-1 NEW MEXICO PERSONAL INCOME TAX RETURN

For the year January 1 - December 31, 2022
or fiscal year beginning F1 ending F2

If amending use Form 2022 PIT-X.



15	•	3010	71111 ZOZZ 1 11-7X.								
Pr	int your name (first, middle, last)			$\neg$	SOCIAL SECURITY NUMB	BER	Di. I	Age 65			
1a A	NVESH ANUMULA			1b	299-39-245	8	Blind	or over	1e F	itus	Taxpayer's date of birth 1f 06/20/1996
Pr	int your spouse's name (first, middle, last). If married fil	ing separ	ately, include spouse.	7		_	· —		\ <u>`</u>	<u>`</u>	Spouse's date of birth
2a				2b			2c	2d	2e		2f
3а	If the address is new or changed, mark this box.			4.	If a deceased taxpayer's refund be made payable to a persor than the taxpayer or spouse r	n othe	er	If taxpay died beforeturn is	ore this		Taxpayer's date of death
	illing Address (Number and street) 7409 GILLETT RD				on this return, enter <b>below</b> the and social security number of	e nam	ie	date of d			Spouse's date of death
Cit		State	Postal/ZIP Code	$\dashv$	person. You must also attach RPD-41083.						4d
3c F	REMONT	CA	94536	42							Residency status:
If f	oreign address, enter country Foreign province an	d/or state	9		Name						For taxpayer and spouse (1e and 2e), enter:
3d				4k			_				R if Resident N if Non-Resident
5.	1 <b>EXEMPTIONS:</b> Taxpayer, spouse, depreported on federal Form 1040. If you are a	depende		L	SSN						F if First-Year Resident
	another taxpayer, enter 00. (See instruction	s)									<b>P</b> if Part-Year Resident
6a	<b>EXTENSION OF TIME TO FILE:</b> If you extension, mark box 6a and enter the extension of	u have a late in bo	federal or state x 6b.				7.	FILING	STA	TUS.	Mark only one box.
T.	8. DEPENDENTS AND OTHER DEP					X	1 ' '	Single			
H	(You must report the first 5 dependents and other de Column 1	pendent	s in this table. Use Schedu Column 2	le PIT-S	S for additional entries.)  Column 3	_	] ` ′	Married	•		•
Fi	st name Last name	-	Dependent's SSN	Date	e of birth (MM/DD/CCYY)						arately (Enter spouse's name ber in 2a and 2b.)
$\vdash$				+			(4)	Head o	f hou	sehol	d (Enter name of person
Н		1		T							of household if that person is not lependent on your federal return.)
						_	(4a) _				
							(5)	Qualify	ing w	idow(	(er) with dependent child
9.	FEDERAL ADJUSTED GROSS INCOM	ME. (fr	om federal Form 10	40 or	1040SR, line 11)					9	108,954
10.	If you itemized your federal deduction a federal Form 1040, Schedule A, line 5a.								+	10	
11.	Total Additions to federal adjusted gross	s incor	ne (PIT-ADJ, line 5)	. Atta	ich PIT-ADJ				+	11	
12.	Federal standard or itemized deduction		•		,				-	12	12,950
	12a. If you <b>itemized,</b> mark the box						12a	ı			0
13.	Deduction for certain dependents. See	the wo	rksheet in the instru	ction	s				-	13	0
14.	New Mexico low- and middle-income ta	x exen	nption. See PIT-1 ins	struct	ions				-	14	
15.	Total Deductions and Exemptions from	federa	income (PIT-ADJ,	line 2	6). Attach PIT-ADJ				-	15	42
16.	Medical care expense deduction. See P	IT-1 in	structions							La	
	You must complete both lines 16 and 16a or the ded	uction wi	II be denied.						-	16	
	16a. Unreimbursed and uncompensated	d medio	cal care expenses		16a						
17.	<b>NEW MEXICO TAXABLE INCOME.</b> Ac Cannot be less than zero.	ld lines	9, 10 and 11, then	subtra	act lines 12, 13, 14, 15	and	16	<u></u>	=	17	95 <b>,</b> 962
	New Mexico tax on amount on line 17 o									18	4,422
	3a. From Tax Rate Table = <b>R</b> . From PIT-										1/122
19.	Additional amount for tax on lump-sum							<u>-</u>	+	19	
20.	Credit for taxes paid to another state. Yo part of the year. <b>Include a copy of other</b>										
21.	<u> </u>								-	20 <b>21</b>	
	NET NEW MEXICO INCOME TAX. Add								-		
	than zero								=	22	4,422

Electronic filers: If you file your New Mexico Personal Income Tax return online and also pay tax due online, your due date is **May 01, 2023**. All others must file by **April 18, 2023**. See PIT-1 instructions for details.

Continue on the next page.

# **2022 PIT-1** (page 2) NEW MEXICO PERSONAL INCOME TAX RETURN



YOUR SOCIAL SECURITY NUMBER

299-39-2458

Do not submit a photocopy of this	s form to the Department.	Submit only origin	nal forms and keep a	a copy for your r	ecords. If submitting	this return by mail
send to: New Mexico Taxation and	Revenue Department P	O Box 25122 Sa	nta Fe New Mexico	87504-5122		

23.	The amount on line 22 from page 1		23	4,422
24.	Total claimed on rebate and credit schedule (PIT-RC, line 25 ). Attach PIT-RC		24	,
	Working families tax credit. (You must complete lines 25, 25a, and 25b* or the dedu		<b>+</b> 25	
	25a. The amount of federal earned income credit (EIC) reported on your			
	2022 federal income tax return or calculated under NM Expansion	al		
	25b. *NM Expansion Only: Check this box if you <b>did not</b> qualify for the EIC on you		<b>L</b> 26	
26.	Refundable business-related income tax credits from Schedule PIT-CR, line B. At	tack DIT CD	·	F 001
27.	New Mexico income tax withheld. Attach annual statements of income and wit	-	<b>+</b> 27 <b>+</b> 28	5 <b>,</b> 281
28.	New Mexico income tax withheld from oil and gas proceeds. Attach 1099-Misc oil	r DDD 41285	+ 28 + 29	
29.	New Mexico income tax withheld from a pass-through entity. Attach 1099-Misc o	r RPD-41359	+ 30	
30.	2022 estimated income tax payments. See PIT-1 instructions		+ 31	
	Other Payments  TOTAL PAYMENTS AND CREDITS. Add lines 24 through 31		= 32	5 <b>,</b> 281
	TAX DUE. If line 23 is greater than line 32, enter the difference here.		33	J, 201
33.	TAX DOE. IT little 25 is greater trial little 52, either the difference field		00	
34.	Penalty on underpayment of estimated tax. If you want penalty computed for you,	leave blank	<b>-</b> 34	
35.	Special method allowed for calculation of underpayment of estimated tax penalty.	If you owe penalty on		
L	underpayment of estimated tax and you qualify, enter 1, 2, 3, 4, or 5 in the box. At:	, ,	35	
l				
36.	Penalty. See PIT-1 instructions. If you want penalty computed for you, leave blank		<b>F</b> 36	
l			. —	
37.	Interest. See PIT-1 instructions. If you want interest computed for you, leave blank		F 37	
38.	TAX, PENALTY, AND INTEREST DUE. Add lines 33, 34, 36, and 37		= [38]	
20	OVERDAVMENT If the OO is local than the OO seeker the difference have			859
	<b>OVERPAYMENT.</b> If line 23 is <b>less than</b> line 32, enter the difference here		39	0.09
40.	Refund voluntary contributions (PIT-D, line 19). Attach PIT-D.		<b>-</b> [40]	
11	Amount from line 39 you want applied to your 2023 Estimated Tax		<b>-</b> 41	
41.	Amount nom line 39 you want applied to your 2023 Estimated Tax			
42.	AMOUNT TO BE REFUNDED TO YOU. Line 39 minus lines 40 and 41		= 42	859
!!	REFUND EXPRESS !!HAVE IT DIRECTLY DEPOSITED! SEE INSTRUCTIONS AND COM	MPLETE ALL REQUIRED: You I		
	QUESTIONS IN THIS BLOCK.  RE.3 Type: Choose of Type: T	ne. WILL THIS REFUND G  LOCATED OUTSIDE T		ES? If yes, you may not
	Checking 11 vol	ur choice. use this refund delivery		tions.
RE.2	Account number: 129047917 Savings	RE.4 YES	ио Х	
цег	Check this box if you would like to see if you and the members of your house	abald gualify for modical incurs	n o o through th	a Llumana Car
ПОС	Check this box if you would like to see if you and the members of your house vices Department (HSD) or Health Insurance Exchange (NMHIE). Important:			
	ment permission to share information provided on the PIT-1 and PIT-S with H			
	ln.:	tal anno anno de como a milio.		
	the containing assemblying constants and take	id preparer's use only:		04/00/0000
		'AM PRIYA RAM SAGAR	GUPTA T	04/09/2023
		nature of preparer		Date
1		GLOBAL TAXES LLC	C	
5	18783831   NM   04/20/2026   P1	Firm's name (or yours, if self-er	mployed)	
Spou	se's signature Date P.2 I	NMBTIN		
		Preparer's PTIN <u>P02082</u>	2703	
Spous	te's Driver's License, State ID No. or enter "NONE" or "DECLINED"   State   Expiration Date   P.4	FEIN <u>84-3171965</u>	_	
(It t	ling jointly ROTH must sign over if only one had income.)	Preparer's phone number	<u>(678) 965</u>	9522
•	ling jointly, BOTH must sign even if only one had income.)	Mark this box if Form RP		
	payer's phone number (906) 370 – 7306  P.6	for this taxpayer. See PIT	-1 instructions	.
	payer's email address <u>ANUMULAANVESH57@GMAIL.COM</u>			

REV 01/03/23 PRO 1555

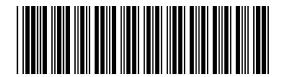
### **2022 PIT-ADJ**

# NEW MEXICO SCHEDULE OF ADDITIONS, DEDUCTIONS, AND EXEMPTIONS

1

We cannot accept statements instead of this schedule.

Print your name (first, middle, last)
ANVESH ANUMULA



#### YOUR SOCIAL SECURITY NUMBER

299-39-2458

Taxpayers who are required to make certain additions or who are eligible to take certain deductions or exemptions from federal adjusted gross income to compute New Mexico taxable income must complete this schedule. Please refer to the instructions when completing this schedule.

NEW MEXICO ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME				
1.	Interest and dividends from federal tax-exempt bonds	1.		
2.	Federal net operating loss carryover. See PIT-ADJ instructions.	2.		
3.	Contributions refunded when closing a New Mexico-approved Section 529 college savings plan account and certain contributions rolled out of a New Mexico-approved Section 529 college savings plan account.	3.		
4.	Charitable deduction amount claimed on federal Schedule A, Line 12, for a donation of land to private non-profit or public conservation agencies, for conservation purposes, from which you were allowed the New Mexico Land Conservation Tax Credit.	4.		
5.	TOTAL ADDITIONS. Add lines 1 through 4. Also enter on Form PIT-1, line 11	5.		
NEV	NEW MEXICO DEDUCTIONS AND EXEMPTIONS FROM FEDERAL ADJUSTED GROSS INCOME			
6.	New Mexico tax-exempt interest and dividends.	6.		
7.	New Mexico net operating loss. See PIT-ADJ instructions. Attach Form RPD-41369	7.		
8.	Interest received on U.S. Government obligations.	8.		
9.	Taxable Railroad Retirement Act annuities and benefits, and taxable Railroad Unemployment Insurance Act sick pay. Attach Forms RRB-1099 and RRB-1099-R.	9.		
10.	Income of a member of a New Mexico federally-recognized Indian nation, tribe, or pueblo that was wholly earned on the lands of the reservation or pueblo of which the individual is an enrolled member while domiciled on that land, reservation, or pueblo	10.		
	<b>10a.</b> I am enrolled as a member of the Indian nation, tribe, or pueblo.			
	<b>10b.</b> My spouse is enrolled as a member of the Indian nation, tribe, or pueblo. 10b			
11.	Income of persons age 100 years or older. If you or your spouse is age 100 or older, you must mark the boxes to claim your exemption. 11a. 100 or older   11b. Spouse 100 or older	11.		
12.	Exemption for persons age 65 or older, or blind	12.		
13.	Exemption for New Mexico medical care savings account. See PIT-ADJ instructions.	13.		
14.	Deduction for contributions to a New Mexico-approved Section 529 college savings plan.	14.		
15.	Net capital gains deduction. See PIT-ADJ instructions.	15.	42	
16.	Active duty pay for United States armed forces. See PIT-ADJ instructions	16.		
17.	Medical care expense exemption for persons age 65 years or older.	17.		
18.	Deduction for organ donation-related expenses	18.		
19.	New Mexico National Guard member life insurance reimbursements tax exemption.	19.		
20.	Taxable refunds, credits, or offsets of state and local income taxes from federal Form 1040, Schedule 1	20.		
21.	Non-resident U.S. Public Health Service members' active duty pay.	21.		
22.	Liquor license lessor deduction. See PIT-ADJ Instructions.	22.		
23.	Exemption for armed forces retirement pay. See PIT-ADJ Instructions.	23.		
24.	Exemption for social security income. See PIT-ADJ Instructions.	24.		
25.	Exemption for net income subject to the Entity Level Tax. See PIT-ADJ Instructions.	25.		
26.	TOTAL DEDUCTIONS AND EXEMPTIONS. Add lines 6 through 25. Enter here and on Form PIT-1, line 15	26.	42	