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

Taxpayer's name ANVESH ANUMULA Spouse's name Part I Tax Return Information — Tax Year Ending December 31, 2022 of 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	and keep a cop nended) I am now aut t I above are the ame transmitter, or electron for rejection of the tree the U.S. Treasury a unt indicated in the tree transitiution to debit the erminate the authorize on requests must be d in the processing of the payment. I furtided) I am now author	1 2 3 4 5 5 by of your conic returnsmissed entry to attorn. To e receive fither each tizing and	horizing.) 108, 954 16, 882 19, 471 2, 589 Dur return) g, and to the bestom the income urn originator (EF sion, (b) the reases esignated Finance aration software to this account. To revoke (canceled no later than carowledge that sicknowledge th
Part I Tax Return Information — Tax Year Ending December 31, 2022 (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	(Enter year you a	1 2 3 4 5 5 by of your content of the electric receiver the electric receiver the electric receiver and its deax prepare entry to attorn. To electric receiver the electric rece	horizing.) 108, 954 16, 882 19, 471 2, 589 Dur return) In and to the bestom the income surn originator (EF sisten) the rease esignated Finance aration software to this account. To revoke (canceled no later than ectronic payment and if applicable,
Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 4 Amount you want refunded to you 5 Amount you owe Part II Taxpayer Declaration and Signature Authorization (Be sure you get Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or ammy knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorized Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accompayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial in authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to tepayment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellatic business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amend Electronic Funds Withdrawal Consent.	(Enter year you a	1 2 3 4 5 by of you thorizing ounts from the deax prepare entry to attom. To er receive fithe elether ack izing and	108, 954 16, 882 19, 471 2, 589 Dur return) In and to the best om the income auroriginator (EF sisten) In originator (EF
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	9	2 4	5 8
raxpayer 3 First. Check one box only	. 511. 9	2 4	5 8
▼ I authorize GLOBAL TAXES LLC to enter or gen			——— acn
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	En		ligits, but all zeros
I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PIN below.			
Your signature ▶ Dat	te >		
Spouse's PIN: check one box only			
I authorize to enter or gen	nerate my PIN		asn
ERO firm name	En		ligits, but
signature on the income tax return (original or amended) I am now authorizing.	do	n't enter	all zeros
I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PIN below.			
Spouse's signature ▶ Dat	te ▶		
Practitioner PIN Method Returns Only—continue to	below		
Part III Certification and Authentication — Practitioner PIN Method Only			
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.		2 3	1 9 8 9
	Don't ent	er all zer	US
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual inc authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Provided	n submitting this retu	urn in ac	ccordance with
ERO's signature ▶ Dat	te ▶		
ERO Must Retain This Form — See Instruction			

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	X 5	Single Married filing jointly	Marri	ed filing separately	y (MFS)	Head of	house	ehold (HOF	l) [ifying sun	/ivin	g	
Check only one box.	If vo	u checked the MFS box, enter the r	nama of	vour spouse If you	ı checki	ad the HOH o	r 088	hov ente	r tha c		ise (QSS) name if th	ח פר	ualifyina	
OHE DOX.		on is a child but not your dependen		your spouse. If you	a criecki		i QOC	box, ente	1 1110 0	illu 3	name ii ti	ie q	uamymg	
Your first name			Last na	ame					Y	our so	cial securi	tv nu	ımber	
ANVESH			ANUN							299-39-2458				
	pouse's	s first name and middle initial	Last na							Spouse's social security number				
,, -									-				,	
Home address	(numbe	er and street). If you have a P.O. box, see	e instructi	ions.				Apt. no.	Pi	resider	ntial Election	on C	ampaign	
5800 OST	JNA I	RD NE									ere if you,			
		ce. If you have a foreign address, also c	omplete s	spaces below.	Stat	te	ZIP	ode			if filing join			
ALBUQUEF	RQUE				NM.	[87	L09		to go to this fund. Checking a box below will not change				
Foreign country name Foreign province/state/county					у	Forei	gn postal co		your tax or refund.			5		
											You		Spouse	
Digital	At ar	ny time during 2022, did you: (a) red	eive (as	a reward, award,	or payn	nent for prope	erty or	services)	or (b)	sell,				
Assets	exch	ange, gift, or otherwise dispose of	a digital	asset (or a financi	ial intere	est in a digital	asset)? (See in:	structi	ons.)	☐ Yes	X	No	
Standard	Som	eone can claim: 🗌 You as a de	ependen	t 🗌 Your spo	use as	a dependent								
Deduction		Spouse itemizes on a separate retu	rn or you	u were a dual-stat	us alien									
Age/Blindness	You:	Were born before January 2,	1958	Are blind	Spouse:	☐ Was bo	rn bef	ore Janua	rv 2. 1	958	☐ Is bl	ind		
Dependents				(2) Social secu	•	(3) Relationsh		4) Check th					ructions):	
If more		irst name Last name		number		to you		Child ta	x cred	it	Credit for ot	her d	ependents	
than four														
dependents,	_													
see instructions and check	S													
here														
Income	1a	Total amount from Form(s) W-2, b	oox 1 (se	e instructions) .						1a	12	20,	420.	
moome	b	Household employee wages not r	eported	on Form(s) W-2 .						1b				
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1	a (see in	structions)						1c				
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								1f					
If you did not	g	Wages from Form 8919, line 6 .								1g				
get a Form	h	Other earned income (see instruction	tions)				· .			1h			<u> </u>	
W-2, see instructions.	i	Nontaxable combat pay election	(see inst	ructions)		<u>1</u> i	i							
	Z	Add lines 1a through 1h	· ;							1z	12	20,	420.	
Attach Sch. B	2 a	Tax-exempt interest	2a			axable interes				2b				
if required.	3a	Qualified dividends	3a			rdinary divide				3b				
	4a	IRA distributions	4a			axable amoun				4b				
Standard Deduction for—	5a	Pensions and annuities	5a			axable amoun				5b				
Single or	6a	Social security benefits	6a			axable amoun	nt			6b	-			
Married filing separately,	c	If you elect to use the lump-sum e			•	*			. 📙	7			40	
\$12,950	7	Capital gain or (loss). Attach Sche		•	-				. Ш	7		1 1	42.	
Married filing jointly or	8	Other income from Schedule 1, lin		This is seen to take						8			508.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-						9	+ 1) O ,	954.	
\$25,900	10	Adjustments to income from Sche Subtract line 10 from line 9. This i								10	1 1	10	0 5 4	
 Head of household, 	11	Standard deduction or itemized	•	•			•			11			954.	
\$19,400 If you checked	12 13	Qualified business income deduction		,		 5-Δ				13	+	⊥∠ ,	950.	
any box under	14									14	+ .	1.2	950	
Standard Deduction,	15	Add lines 12 and 13								15				
see instructions.	.0	Captract into 14 Horn line 11. Il 26	. 0 01 103	, oritor o mis i	o your t	andoje iriodii			•	13		, o ,	004.	

Form 1040 (2022	2)							Page 2
Tax and	16	Tax (see instructions). Check if any from Form	(s): 1 881	4 2 4972	3 🗌		16	16,882.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	16,882.
	19	Child tax credit or credit for other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line 8					20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18. If zero or less,	enter -0				22	16,882.
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is your total tax					24	16,882.
Payments	25	Federal income tax withheld from:						
	а	Form(s) W-2			25a 19	,471.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	19,471.
If you have a	26	2022 estimated tax payments and amount a	pplied from 20	21 return			26	
qualifying child,	27	Earned income credit (EIC)		No .	27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			28			
	29	American opportunity credit from Form 8863	s, line 8		29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27, 28, 29, and 31. These are your	-	-			32	
	33	Add lines 25d, 26, and 32. These are your to	tal payments				33	19,471.
Refund	34	If line 33 is more than line 24, subtract line 24					34	2,589.
	35a	Amount of line 34 you want refunded to you	ı. If Form 8888	is attached, chec	k here		35a	2,589.
Direct deposit?	b	Routing number 2 7 2 4 7 1 8						
See instructions.	d	Account number 1 2 9 0 4 7 9	1 7					
	36	Amount of line 34 you want applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. This is the amo For details on how to pay, go to <i>www.irs.gov</i>					37	
	38	Estimated tax penalty (see instructions) .			38			
Third Party Designee		you want to allow another person to disc tructions	uss this retu	rn with the IRS?		omplete l	pelow.	X No
_ co.gcc	De	signee's	Phone		_	onal identi		
	na		no.			per (PIN)		
Sign Here		der penalties of perjury, I declare that I have examine ef, they are true, correct, and complete. Declaration of						
Hele	Yo	ır signature	Date	Your occupation				nt you an Identity
I - i - t t 0		Anvesh Anumula	04/09/2023	SYSTEMS EN	CTNEED		ection P inst.)	IN, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupation		,		I I I I I I I I I I I I I I I I I I I
Keep a copy for	Op	race o dignatare. If a joint rotarn, both muct dign.	Dato	opodoo o ocoupani	011			ection PIN, enter it here
your records.						(see	inst.)	
		one no. (906) 370-7306	Email address	ANUMULAANVES				
Paid	Pre	parer's name Preparer's signat	ure		Date	PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/04/2023	P0208	2703	Self-employed
Use Only	Fin	n's name GLOBAL TAXES LLC				Pho	ne no. ((678) 965-9522
	Fir	n's address 245 ROONEY CT E BRU	NSWICK N	J 08816		Firm	's EIN	84-3171965
Go to www ire a	ov/Form	1040 for instructions and the latest information		DAA	DEV 03/22/23 DDO			Form 1040 (2022

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

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 social security number

ANVE	INVESH ANUMULA 299-39					
Par	t I Additional Income					
1 2a b 3 4 5 6 7 8	Taxable refunds, credits, or offsets of state and local income taxes Alimony received	ach Schedule	2: 	a	-11,508.	
b c d e f g h i j k l m	Gambling	8b 8c 8d (8e 8f 8g 8h 8i 8j 8k 8l				
n o p q r s	instructions) Section 951(a) inclusion (see instructions) Section 951A(a) inclusion (see instructions) Section 461(l) excess business loss adjustment Taxable distributions from an ABLE account (see instructions) Scholarship and fellowship grants not reported on Form W-2 Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan Wages earned while incarcerated Other income. List type and amount:	8m 8n 8o 8p 8q 8r 8s (8t 8u)			
9	Total other income. Add lines 8a through 8z)		

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

-11**,**508.

10

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-base	sis government		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903 .		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
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:			
a	Jury duty pay (see instructions)	a	_	
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	1	_	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
£	Contributions to section 501(c)(18)(D) pension plans	_	-	
f	Contributions by certain chaplains to section 403(b) plans		-	
g h	Attorney fees and court costs for actions involving certain unlawful	9	-	
"	discrimination claims (see instructions)			
i	Attorney fees and court costs you paid in connection with an award	•	_	
•	from the IRS for information you provided that helped the IRS detect			
	tax law violations	i		
i	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:			
	247	<u>z</u>		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. En			
	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

2022

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.

Attachment Sequence No. 12

Your social security number Name(s) shown on return 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. Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions) Part I 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 (g) with column (g) 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 6,000. 42. 6,042. 2 Totals for all transactions reported on Form(s) 8949 with 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 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 6 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (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 9 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 15

BAA

Schedule D (Form 1040) 2022

Part	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.	э	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, o 1040-NR, line 7. Then, go to line 22.	r	
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	e 18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (seinstructions), enter the amount, if any, from line 18 of that worksheet	e . 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 instruction for Form 1040, line 16. Don't complete lines 21 and 22 below.	S	
	No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 2 and 22 below.	1	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	• The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instruction for Form 1040, line 16.	S	
	➤ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Form **8949**

Sales and Other Dispositions of Capital Assets

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.

OMB No. 1545-0074

2022

Attachment
Sequence No. 12A

Name(s) shown on return
ANVESH ANUMULA

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.

Part I

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.

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 (C) Short-term transactions	•		_	sis wasn't report	ed to the IF	RS	
1	(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if If you enter an a enter a co See the sepa	(h) Gain or (loss) Subtract column (e)	
	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	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).
ROBII	NHOOD SECURITIES LLC	01/01/22	12/31/22	6,042.	6,000.			42.
neg Sc	tals. Add the amounts in column gative amounts). Enter each tot nedule D, line 1b (if Box A above	al here and inc e is checked), li i	clude on your ne 2 (if Box B	6 042	6 000			12

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.)

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. Attachment Sequence No. 13

Name(s) shown on return ANVESH ANUMULA Your social security number

ANV	ESH ANUMULA						299-3	9-2458	
Pa	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	Schedule					·	
Α	Did you make any payments in 2022 that would require you								
В	If "Yes," did you or will you file required Form(s) 1099? .							. <u> </u>	s 🗌 No
1a	Physical address of each property (street, city, state, ZIF	ode	e)						
A	H NO.10-1-181 RAMNAGAR KARIMNAGAR, TELA	NGAN	IA IN	50500)1				
В	· ·								
С									
1b	(from list below) above, report the number of fair	rental	and		Fair R		1	nal Use ays	QJV
Α	g personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to f qualified joint venture. See instru			В					
<u>C</u>		10110110		С					
1	of Property: Single Family Residence Multi-Family Residence 3 Vacation/Short-Term Ren 4 Commercial	tal	5 Land 6 Roya	-	8 Oth				
						Propert	ies:		_
Inco				Α		В			С
3	Rents received	3		6,	25.				
<u>4</u>	Royalties received	4							
=xp∈ 5	enses: Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		2,1	37				
8	Commissions	8		2, -	3,.				
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,6	96.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		2,4	90.				
15	Supplies	15		2,7					
16	Taxes	16							
17	Utilities	17		3,0	20.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		12,1	33.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-	-11, 5	08.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(11,50	8.)()	()
2 3a	Total of all amounts reported on line 3 for all rental prope	rties			23a		625.		
b	, , , , , , , , , , , , , , , , , , , ,			[23b				
С	Total of all amounts reported on line 12 for all properties			[23c				
d				[23d				
е	Total of all amounts reported on line 20 for all properties			[23e	12	2,133.		
24	Income. Add positive amounts shown on line 21. Do no		-				. 24		
25	Losses. Add royalty losses from line 21 and rental real estat							(11,508.)
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, IV, and line 40 on page 2 do not Schedule 1 (Form 1040), line 5. Otherwise, include this ar						on - 26		-11,508.

PIT-8453 07/16/2020 New Mexico Taxation and Revenue Department INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING AND TRANSMITTAL								
First Name, Middle Initial, and Last Name ANVESH ANUMULA		ecurity Number (SSN) 99-39-2458	Residency Status					
Spouse First Name, Middle Initial, and Last Name	Social Se	curity Number (SSN)	Residency Status					
Mailing Address, City, State, and Zip Code 5800 OSUNA RD NE ALBUQUERQUE		NI	м 87109					
(2.) Married filing jointly head (3.) Married filing separately (Enter spouse's name and social exen	d of house	ehold (Enter name of persor shold if that person is not cou your federal return.) ow(er)	unted as a qualified					
PART I: TAX RETURN INFORMATION (Whole Dollar Amounts	Only)							
1. Federal Adjusted Gross Income (as reported on PIT-1)	1.		108,954					
2. Net New Mexico Income Tax (as reported on PIT-1)	2.		4,422					
3. Total Payments and Credits (as reported on PIT-1)	3.		5 , 281					
4. Tax Due (as reported on PIT-1)	4.							
5. Overpayment (as reported on PIT-1)	5.		859					
PART II: DECLARATION OF TAXPAYER								
I declare the amounts described in Part I above agree with the amounts shown of income tax return, and that I have examined the contents of my electronic return best of my knowledge and belief, my return is true, correct, and complete. I conse and statements, be electronically transmitted to the New Mexico Taxation and Re	and acco	ompanying schedules an my return, including acco	d statements. To the					
PLEASE								
SIGN HERE Your signature Date	- ————————————————————————————————————	se's signature (If joint return,	BOTH MUST sign.)					
PART III: DECLARATION OF PREPARER/TRANSMITTER	•		, ,					
PAID PREPARER'S, ELECTRONIC RETURN ORIGINATOR'S or OTHER THIRD-PARTY		,						
I declare the above taxpayer's return is based on all pertinent information of whic name shown on this declaration agrees with the name that appears on the proof filed with or transmitted to the New Mexico Taxation and Revenue Department ha	f of acco	unt. A copy of all forms a	and information to be					
Preparer's/Transmitter's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM		Date 0.4	/04/2023					
Check if self-employed Preparer's PTIN		Preparer's NMBTIN (if ap						
Firm's name (or yours, if self-employed)		1						
GLOBAL TAXES LLC								
Address (number, street, city, and state) 245 ROONEY CT E BRUNSWICK		NJ 08	code 816					
		·						

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 _{F,1} ending _{F,2} ending _{F,2}

If amending use Form 2022 PIT-X



15	17 amending use Form 2022 PTI-X. 55 02 1							
Pr	nt your name (first, middle, last)	1	SOCIAL SECURITY NUMB	RER	Age	55 Resi	idency	
	NVESH ANUMULA	I г	299-39-2458		Blind or ov		atus	Taxpayer's date of birth $06/20/1996$
_	nt your spouse's name (first, middle, last). If married filing separately, include spouse.	╣		0	1c 1d	1e 1	3	
2a		2b			2c 2d	2e		Spouse's date of birth 2f
3а	If the address is new or changed, mark this box.	''	If a deceased taxpayer's refund be made payable to a person	n oth	ner died b	yer or s	s	Taxpayer's date of death
	iling Address (Number and street)	Ш	than the taxpayer or spouse r on this return, enter below the	e nar	ne date o	s fi l ed, e death.	enter	Spouse's date of death
3b 5 Cit	800 OSUNA RD NE V	- 11	and social security number of person. You must also attach					4d
	LBUQUERQUE NM 87109	Ш	RPD-41083.				1	Residency status:
	preign address, enter country Foreign province and/or state	4a	Name					For taxpayer and spouse (1e and 2e), enter:
3d		ll _{4b}	Tame					R if Resident
5.	EXEMPTIONS: Taxpayer, spouse, dependents, and other dependents reported on federal Form 1040. If you are a dependent or other dependent of another taxpayer, enter 00. (See instructions)	<u>'</u>	SSN					N if Non-Resident F if First-Year Resident P if Part-Year Resident
	EXTENSION OF TIME TO FILE: If you have a federal or state			_				
6a	extension, mark box 6a and enter the extension date in box 6b.			-	_		ATUS.	Mark only one box.
	8. DEPENDENTS AND OTHER DEPENDENTS. As listed on you (You must report the first 5 dependents and other dependents in this table. Use Schedule for the first 5 dependents and other dependents in this table.				(1) Singl (2) Marri		a ioint	th.
	Column 1 Column 2		Column 3	lŀ	」 `′		0,	arately (Enter spouse's name
-	st name Last name Dependent's SSN	Date	of birth (MM/DD/CCYY)					ber in 2a and 2b.)
				ΙГ				d (Enter name of person
								of household if that person is not dependent on your federal return.)
				1_	(4a)			
				ļL	∫ (5) Quali	ying v	vidow((er) with dependent child
9.	FEDERAL ADJUSTED GROSS INCOME. (from federal Form 1040) or 1	1040SR, line 11)				9	108,954
10.	If you itemized your federal deduction amount, enter the amount of sederal Form 1040, Schedule A, line 5a. See the worksheet in the in					+	10	
11.	Total Additions to federal adjusted gross income (PIT-ADJ, line 5). A	Attac	ch PIT-ADJ			·· +	11	
12.	Federal standard or itemized deduction amount (from federal Form						12	12,950
	12a. If you itemized , mark the box				12a			
13.	Deduction for certain dependents. See the worksheet in the instruct	tions				. •	13	0
14.	New Mexico low- and middle-income tax exemption. See PIT-1 instr	ructio	ons				14	
15.	Total Deductions and Exemptions from federal income (PIT-ADJ, lin	ie 26). Attach PIT-ADJ				15	42
16.	Medical care expense deduction. See PIT-1 instructions						16	
	You must complete both lines 16 and 16a or the deduction will be denied.					_		
	16a. Unreimbursed and uncompensated medical care expenses		····· 16a					
17.	NEW MEXICO TAXABLE INCOME. Add lines 9, 10 and 11, then su Cannot be less than zero.	ıbtra	ct lines 12, 13, 14, 15	and	d 16	·· =	17	95,962
	New Mexico tax on amount on line 17 or from PIT-B, line 14						18	4,422
	Ba. From Tax Rate Table = R . From PIT-B, line 14 = B						تعا	1, 122
19.	Additional amount for tax on lump-sum distributions. See PIT-1 instr	uctio	ons			+	19	
20.	Credit for taxes paid to another state. You must have been a New M part of the year. Include a copy of other state's return . See PIT-1		•				20	
21.	Business-related income tax credits applied, from Schedule PIT-CR						21	
22.	NET NEW MEXICO INCOME TAX. Add lines 18 and 19, then subtra							
	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

1

REV 01/03/23 PRO



299-39-2458



send to: New Mexico Taxation and Revenue Department, P. O. Box 25122, Santa Fe, New Mexico 87504-5122 4.422 23. The amount on line 22 from page 1..... 23 24 24. Total claimed on rebate and credit schedule (PIT-RC, line 25). Attach PIT-RC. 25 25. Working families tax credit, (You must complete lines 25, 25a, and 25b* or the deduction will be denied.)........... 25a. The amount of federal earned income credit (EIC) reported on your 25a 2022 federal income tax return or calculated under NM Expansion....... 25b. *NM Expansion Only: Check this box if you did not qualify for the EIC on your federal return... 25b 26 26. Refundable business-related income tax credits from Schedule PIT-CR, line B, Attach PIT-CR...... 5,281 27 27. New Mexico income tax withheld. Attach annual statements of income and withholding...... 28 28. New Mexico income tax withheld from oil and gas proceeds. Attach 1099-Misc or RPD-41285..... 29 29. New Mexico income tax withheld from a pass-through entity. Attach 1099-Misc or RPD-41359...... 30 30. 2022 estimated income tax payments. See PIT-1 instructions..... 31 31. Other Payments..... 32 5,281 32. TOTAL PAYMENTS AND CREDITS. Add lines 24 through 31... 33 33. TAX DUE. If line 23 is greater than line 32, enter the difference here...... 34 34. Penalty on underpayment of estimated tax. If you want penalty computed for you, leave blank...... 35. Special method allowed for calculation of underpayment of estimated tax penalty. If you owe penalty on underpayment of estimated tax and you qualify, enter 1, 2, 3, 4, or 5 in the box. Attach RPD-41272..... 35 36. Penalty. See PIT-1 instructions. If you want penalty computed for you, leave blank...... 37 37. Interest. See PIT-1 instructions. If you want interest computed for you, leave blank..... 38 38. TAX, PENALTY, AND INTEREST DUE. Add lines 33, 34, 36, and 37...... 39 859 39. OVERPAYMENT. If line 23 is less than line 32, enter the difference here...... 40 40. Refund voluntary contributions (PIT-D, line 19). Attach PIT-D...... 41 41. Amount from line 39 you want applied to your 2023 Estimated Tax 859 42. AMOUNT TO BE REFUNDED TO YOU. Line 39 minus lines 40 and 41......41 !! REFUND EXPRESS !! HAVE IT DIRECTLY DEPOSITED! SEE INSTRUCTIONS AND COMPLETE ALL REQUIRED: You must answer this question. QUESTIONS IN THIS BLOCK. WILL THIS REFUND GO TO OR THROUGH AN ACCOUNT Choose one. RE.3 Type: LOCATED OUTSIDE THE UNITED STATES? If yes, you may not Mark X by 272471852 RE.1 Routing number: Checking use this refund delivery option. See instructions your choice. RE.2 Account number: 129047917 Savings ио Х Check this box if you would like to see if you and the members of your household qualify for medical insurance through the Human Services Department (HSD) or Health Insurance Exchange (NMHIE). Important: Checking this box gives the Taxation and Revenue Department permission to share information provided on the PIT-1 and PIT-S with HSD and NMHIE. See instructions for additional information. Paid preparer's use only: I declare I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. SYAM PRIYA RAM SAGAR GUPTA Your signature Date Date Signature of preparer Driver's License, State ID No. or enter "NONE" or "DECLINED" Expiration Date State GLOBAL TAXES LLC 518783831 NM 04/20/2026 P.1 Firm's name (or yours, if self-employed) Spouse's signature Date P.2 NMBTIN P.3 Preparer's PTIN P02082703 P4 FEIN 84-3171965 Spouse's Driver's License, State ID No. or enter "NONE" or "DECLINED" Expiration Date (678)965-9522P.5 Preparer's phone number (If filing jointly, BOTH must sign even if only one had income.) Mark this box if Form RPD-41338 is on file Taxpayer's phone number $\underline{(906)}370-7306$ P.6 for this taxpayer. See PIT-1 instructions. Taxpayer's email address ANUMULAANVESH57@GMAIL.COM

Do not submit a photocopy of this form to the Department. Submit only original forms and keep a copy for your records. If submitting this return by mail,

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 nam	ne (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.

comp	ate New Mexico taxable income must complete this scriedule. Flease felet to the instructions when completing this	scried	ule.
NEV	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	W 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.	
	10a. I am enrolled as a member of the Indian nation, tribe, or pueblo.		
	10b. 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	11.	
	claim your exemption. 11a. 100 or older 🔲 11b. Spouse 100 or older 🔲		
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.