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

	1.0.1.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0				
Submis	ssion Identification Number (SID)				
Taxpaye	r's name	Social secur	ty numl	per	
SAI	KUMAR REDDY BILLA	786-49	-302	9	
Spouse's	s name	Spouse's so	cial secu	urity numbe	er
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Enter	r vear vou a	re au	thorizing	1)
	whole dollars only on lines 1 through 5.	your your		triorizirig	1-)
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
	Adjusted gross income		1	68	3,612.
	Total tax		2	7	7,866.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	٥	9,843.
4	Amount you want refunded to you		4	1	L,977.
	Amount you owe		5		
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and I	keep a cop	y of y	our retu	ırn)
return (or to send for any Agent to payment authorize payment business taxes to personal	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejidelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account induit of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate at, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requires a days prior to the payment (settlement) date. I also authorize the financial institutions involved in the particle or receive confidential information necessary to answer inquiries and resolve issues related to the particle of the particle of the payment (PIN) below is my signature for the income tax return (original or amended) I and Funds Withdrawal Consent.	itter, or electrection of the tale. S. Treasury a licated in the tale on to debit the eatherize the authorize the processing coayment. I fur	onic refransmisted in the control of	turn origina ssion, (b) to designated paration so to this according To revoke ved no late ectronic posts	ator (ERO) he reason I Financial oftware for ount. This (cancel) a ter than 2 ayment of e that the
	yer's PIN: check one box only				l
X	-	my DINI 9	3 (0 2 9	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Er		digits, but er all zeros	as my
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN metholow.				
Your si	ignature ▶ Date ▶ _				
Snous	e's PIN: check one box only				
	I authorize to enter or generate	my PIN			as my
	ERO firm name		ter five	digits, but	asiny
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.				
Spouse	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part I	Certification and Authentication — Practitioner PIN Method Only				
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 1	8 9 5 Don't en	2 3 er all ze		3 9
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income to ted to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Inc.	nitting this ret	urn in a	accordanc	
ERO's	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To I	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.

Filing Status Check only one box.		Single Married filing jointly uchecked the MFS box, enter the name		ed filing separately (N your spouse. If you cl					spou	se (QSS)		
	pers	on is a child but not your dependent	:									
Your first name	and mi	ddle initial	Last na	me				Y	Your social security number			
SAI KUMA	AR RI	EDDY	BILL	A				7	786-49-3029			
If joint return, s	pouse's	first name and middle initial	Last na	me				S	pouse's	social sec	urity number	
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.			Apt. no.	- 1			n Campaign	
_1327 KAI	CORAI	MAY AW								ere if you,	or your tly, want \$3	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s _l	paces below.	Stat	е	ZIP code		•	0,	Checking a	
OKEMOS					MI		48864	b	ox belo	w will not	•	
Foreign country name			F	Foreign province/state/o	county	/	Foreign postal	ode y	our tax	or refund.	Spouse	
 Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, award, or	paym	nent for prope	trty or services	s); or (b) sell,			
Assets	exch	ange, gift, or otherwise dispose of a	digital a	asset (or a financial i	ntere	st in a digital	asset)? (See i	nstruct	ions.)	Yes	⊠ No	
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur				a dependent						
Age/Blindness		☐ Were born before January 2, 1		_	use:	☐ Was bo	rn before Janu	ary 2, ⁻	1958	☐ Is bli	nd	
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	nip (4) Check	the box	if qualif	es for (see i	instructions):	
If more	,	rst name Last name		number		to you	.	tax cred	lit	Credit for oth	er dependents	
than four												
dependents, see instruction											<u> </u>	
and check	5											
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions)					1a	7	7,612.	
	b	Household employee wages not re	eported	on Form(s) W-2 .					1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)										
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 29					1f			
If you did not	g	Wages from Form 8919, line 6 .							1g			
get a Form W-2, see	h	Other earned income (see instruct	,						1h		0.	
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1</u> i						
	<u>z</u>	Add lines 1a through 1h							1z	1 7	7,612.	
Attach Sch. B if required.	2a	·	2a			axable interes			2b			
ii required.	3a		3a			rdinary divide			3b			
	4a		4a				t		4b			
Standard Deduction for—	5a		5a				t t		5b			
Single or	6a c	Social security benefits	6a	mothed shook hare					6b			
Married filing separately,	7	Capital gain or (loss). Attach Schei			•	,			7			
\$12,950 Married filing	8	Other income from Schedule 1, lin						. Ш	8		9,000.	
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							9		8,612.	
Qualifying surviving spouse,	10	Adjustments to income from Sche							10	+ 0	0,012.	
\$25,900 • Head of	11	Subtract line 10 from line 9. This is							11	-	8,612.	
household,	12	Standard deduction or itemized	-	-					12		2,950.	
\$19,400 If you checked	13	Qualified business income deduct				5-A .			13	†	_,,,,,,,,	
any box under Standard	14	Add lines 12 and 13							14	1	2,950.	
Deduction,	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							15		5,662.	
see instructions.				•								

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check i	f any from Form	(s): 1 881	4 2 4972	3 🔲		. 16	7,866.
Credits	17	Amount from Schedule 2, line	e3					. 17	
	18	Add lines 16 and 17						. 18	7,866.
	19	Child tax credit or credit for c	other dependent	s from Sched	ule 8812			. 19	
	20	Amount from Schedule 3, line	98					. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				. 22	7,866.
	23	Other taxes, including self-er	nployment tax,	from Schedule	2, line 21 .			. 23	0.
	24	Add lines 22 and 23. This is y	our total tax					. 24	7,866.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a	9,8	43.	
	b	Form(s) 1099				25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c .						. 25d	9,843.
If you have a	26	2022 estimated tax payments	s and amount ap	oplied 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 t	from Form 8863	, line 8		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line	e 15			31			
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	ayments and ref	undable c	redits .	. 32	
	33	Add lines 25d, 26, and 32. Th	nese are your to	tal payments				. 33	9,843.
Refund	34	If line 33 is more than line 24	, subtract line 24	4 from line 33.	This is the amou	nt you ove	rpaid .	. 34	1,977.
nerana	35a	Amount of line 34 you want r	efunded to you	ı. If Form 8888	is attached, che	ck here		35a	1,977.
Direct deposit?	b	Routing number 0 7 2	0 0 0 3	2 6	c Type:	Checking	∫ Sav	ings	
See instructions.	d	Account number 3 2 1	0 6 6 1	1 7					
	36	Amount of line 34 you want a	pplied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. For details on how to pay, go						. 37	
	38	Estimated tax penalty (see in	structions) .			38			
Third Party Designee		you want to allow another structions	person to disc	uss this retur	n with the IRS?		Yes. Comp	olete below.	X No
		signee's		Phone				identification	
		me		no.			number (,	
Sign Here		der penalties of perjury, I declare th lief, they are true, correct, and comp			, , ,		,		, ,
Here	Yo	ur signature		Date	Your occupation				ent you an Identity
					COEMMADE		3D	Protection F (see inst.)	PIN, enter it here
Joint return? See instructions.		ouso's signature. If a joint return b	oth must sign	Date	SOFTWARE :		1K	, ,	ent your spouse an
Keep a copy for your records.	Sμ	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupa		tection PIN, enter it here		
	Ph	one no. (571)331-3862	2	Email address	BSAIREDDY1	996@GMA	IL.COM		
Daid	Pre	eparer's name	Preparer's signat	ure		Date	PT	IN	Check if:
Paid	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/31/	2023 P0	2082703	Self-employed
Preparer	Fir	m's name GLOBAL TAX	ES LLC					Phone no.	(678)965-9522
Use Only	Fir	m's address 245 ROONEY	CT E BRU	NSWICK N	J 08816			Firm's EIN	84-3171965
Co to ununu im o	a/[a	n1040 for instructions and the lates	t information						F 1040 (2002)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

SAI KUMAR REDDY BILLA

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. U I
Your soc	ial security number
786-49	_3029

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	-9,000.
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		8c		
d	9	8d ()		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	, , , ,	8h		
i	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			
	,	8m		
n	·	8n		
0	,	80		
р	•	8p		
q	·	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form	- /		
	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
		8u		
Z	Other income. List type and amount:			
•		8z		
9	Total other income. Add lines 8a through 8z		9	0.000
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR.	or 1040-NR. line 8	10	-9,000.

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

Educator expenses 11	Par	Adjustments to Income			
officials. Attach Form 2106 1 Health savings account deduction. Attach Form 8889 1 Health savings account deduction. Attach Form 8889 1 Deductible part of self-employment tax. Attach Schedule SE 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed health insurance deduction 1 The Penalty on early withdrawal of savings 1 Ba Alimony paid 1 Ba Pecipient's SSN 1 C Date of original divorce or separation agreement (see instructions): 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA desclustion 3 IFA desclustion 3 IFA desclustion 4 IFA descl	11			11	
officials. Attach Form 2106 1 Health savings account deduction. Attach Form 8889 1 Health savings account deduction. Attach Form 8889 1 Deductible part of self-employment tax. Attach Schedule SE 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed health insurance deduction 1 The Penalty on early withdrawal of savings 1 Ba Alimony paid 1 Ba Pecipient's SSN 1 C Date of original divorce or separation agreement (see instructions): 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA desclustion 3 IFA desclustion 3 IFA desclustion 4 IFA descl	12	Certain business expenses of reservists, performing artists, and fee-	basis government		
13 Health savings account deduction. Attach Form 8889		officials. Attach Form 2106		12	
15 Deductible part of self-employment tax. Attach Schedule SE 16 Self-employed SEP, SIMPLE, and qualified plans 17 Self-employed death insurance deduction 17 Penalty on early withdrawal of savings 18 Penalty on early withdrawal of savings 19a Alimony paid 19a Alimony paid 19a Recipient's SSN 19a Becipient's SSN 19a Becipient	13	Health savings account deduction. Attach Form 8889		13	
16 Self-employed SEP, SIMPLE, and qualified plans	14			14	
17 Self-employed health insurance deduction 18 Penalty on early withdrawal of savings 18 18 19 Alimony paid 19 Recipient's SSN 10 Date of original divorce or separation agreement (see instructions): 20 IRA deduction 21 Student loan interest deduction 22 Archer MSA deduction 23 Archer MSA deduction 24 Other adjustments: 25 Jury duty pay (see instructions) 26 Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24 Contributions of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24 Reforestation amortization and expenses 24 Repayment of supplemental unemployment benefits under the Trade Act of 1974 24 Contributions to section 501(c)(18)(D) pension plans 24 Contributions by certain chaplains to section 403(b) plans 24 Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24 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 24 Jeli 25 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	15			_	
18	16			-	
19a Alimony paid b Recipient's SSN c Date of original divorce or separation agreement (see instructions): 20 IRA deduction		Self-employed health insurance deduction		-	
b Recipient's SSN c Date of original divorce or separation agreement (see instructions): 20 1RA deduction	18			-	
c Date of original divorce or separation agreement (see instructions): IRA deduction	19a			19a	
20 Student loan interest deduction 21 22 23 24 22 24 24 24 24	b	Recipient's SSN			
Student loan interest deduction Reserved for future use Archer MSA deduction Other adjustments: Jury duty pay (see instructions) Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m. Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974. Contributions to section 501(c)(18)(D) pension plans Contributions by certain chaplains to section 403(b) plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 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 Housing deduction from Form 2555 Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) Total other adjustments. List type and amount: 25 Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	С	Date of original divorce or separation agreement (see instructions):			
22 Archer MSA deduction				-	
Archer MSA deduction Other adjustments: Jury duty pay (see instructions) Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974 Contributions to section 501(c)(18)(D) pension plans Contributions by certain chaplains to section 403(b) plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 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 Jeuseph Housing deduction from Form 2555 Let Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) Cother adjustments. List type and amount: Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on				$\overline{}$	
24 Other adjustments: a 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				-	
a 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 c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m				23	
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24				
rental of personal property engaged in for profit			24a		
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	b				
and USOC prize money reported on line 8m			24b	-	
d Reforestation amortization and expenses	С				
e Repayment of supplemental unemployment benefits under the Trade Act of 1974					
Act of 1974			24d		
f Contributions to section 501(c)(18)(D) pension plans	е		040		
g Contributions by certain chaplains to section 403(b) plans					
h Attorney fees and court costs for actions involving certain unlawful 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 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: 24i 24j 24k 24k 25 Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on				-	
discrimination claims (see instructions)	_		249		
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	"		24h		
from the IRS for information you provided that helped the IRS detect tax law violations	i	` <i>'</i>	2-711		
tax law violations	٠				
j Housing deduction from Form 2555			24i		
k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	i				
1041)	k		,		
z Other adjustments. List type and amount:	•••		24k		
Total other adjustments. Add lines 24a through 24z	z				
Total other adjustments. Add lines 24a through 24z	_		24z		
26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	25			25	
	26	•			
				26	

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

SAI	KUMAR REDDY BILLA						786-4	9-3029	
Par	Income or Loss From Rental Real Estate an	d Roy	yalties						
	Note: If you are in the business of renting personal proper	ty, use	Schedule	c . See	instru	ctions. If you a	re an indiv	/idual, rep	ort farm
	rental income or loss from Form 4835 on page 2, line 40.		- / \ /						57.11
	Did you make any payments in 2022 that would require you								
В	f "Yes," did you or will you file required Form(s) 1099? .							. <u> </u>	s U No
1a	Physical address of each property (street, city, state, ZIF	ode	=)						
Α	MANSOORABAD HYDERABAD IN 500070								
В									
С									
1b	Type of Property (from list below) 2 For each rental real estate prope above, report the number of fair			Fair Rental Days			Person Da	QJV	
Α	g personal use days. Check the Qu			Α		365		0	
В	if you meet the requirements to f			В					
С	qualified joint venture. See instru	CHOIS	·.	С					
Туре	of Property:								
1	Single Family Residence 3 Vacation/Short-Term Rent	tal	5 Land		7	Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	ılties	8	Other (descri	ibe)		
lmaan				Α		Propertie B	25:		С
Incon 3	Rents received	3		Α _	00.	ь			C
4	Royalties received	4			00.				
Expe		4							
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,2	00				
8	Commissions	8		1,2	00.				
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		Ω	00.				
12	Mortgage interest paid to banks, etc. (see instructions)	12		- 0	00.				
13	Other interest	13							
14	Repairs	14		2.5	0.0				
15	Supplies	15		2,500.					
16	Taxes	16							
17	Utilities	17		2,8	00.				
18	Depreciation expense or depletion	18		•					
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		9,5	00.				
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	<u> </u>	-9,0	00.				
22	Deductible rental real estate loss after limitation, if any,								
	on Form 8582 (see instructions)	22	(9,00	0.)	()	(,
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a		500.		
b	Total of all amounts reported on line 4 for all royalty properties.	erties			23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
е	e Total of all amounts reported on line 20 for all properties								
24	Income. Add positive amounts shown on line 21. Do no		-				. 24		
25	Losses. Add royalty losses from line 21 and rental real estat	te loss	es from lir	ne 22. E	nter to	otal losses her	e 25	(9,000.
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, IV, and line 40 on page 2 do not						n		
	Schedule 1 (Form 10/10) line 5. Otherwise include this ar	nount	in the tot	rai on li	n 🗕 / 🔼	on nage 2	1 00		_ 9

Amended Return

2022 MICHIGAN Individual Income Tax Return MI-1040

Return is due April 18, 2023. T	ype o	r print in blue or	black i	nk.						(Inclu	ude Schedule AMD)	
1. Filer's First Name	M.I.	Last Name	2.1 1161 61 411 66			Social Sec	Social Security No. (Example: 123-45-6789)					
SAI KUMAR REDDY If a Joint Return, Spouse's First Name	M.I.	BILLA Last Name	786 -					49				
	<u> </u>						3. Spou	ıse's l	Full Social :	Secur	rity No. (Example: 123-45-6	789)
Home Address (Number, Street, or P.O. Box) 1327 KALORAMA WAY	-											
City or Town			State	ZIP Code			4. Scho	ol Dis	strict Code	(5 dig	gits – see page 60)	
OKEMOS			MI	4886	4			3	3170			
5. STATE CAMPAIGN FUND Check if you (and/or your spouse, filing a joint return) want \$3 of you to go to this fund. This will not incr your tax or reduce your refund.	r taxes	. —	ler pouse		6.	┌		box	if 2/3 of yo		AFARERS ncome is from farming,	
 7. 2022 FILING STATUS. Check one a. X Single b. Married filing jointly c. Married filing separately* 	* If y	ou check box "c," o 3 and enter spouse w:			8. a. b.	X R	RESIDENG Resident Nonreside Part-Year	ent *		Check	* If you check box "b" or "c," you must complete and include Schedule NR .	-
9. EXEMPTIONS. NOTE: If some	ne els	e can claim you a	s a den	endent ch	eck bo	y 9e er	nter () on !	line (and en	ter \$	1 500 on line 9e (see ins	
J. L ALIM 1101101111111111111111111111111111111	110 0.5	o dan dann you as	3 u uop.	Jildoni, c	OOK DO.	Γ	101 0 011.	1	A una o		1,000 011 11110 00 (000 11.10	T
a. Number of exemptions (see in	structi	ons)				9a.	1	x	\$5,000	9a.	5000	00
 b. Number of individuals who quablind, hemiplegic, paraplegic, c. Number of qualified disabled v d. Number of Certificates of Stillb 	quadri _l veterar	plegic, or totally an	nd perm	nanently dis	sabled 	9b. 9c.		x x x	\$2,900 \$400 \$5,000	9b. 9c. 9d.		00 00 00
e. Claimed as dependent, see lir	ne 9 N	OTE above				9e.				9e.		00
f. Add lines 9a, 9b, 9c, 9d and 9	e. Enf	ter here and on line	e 15						г	9f.	5000	00
10. Adjusted Gross Income from yo	our U.S	3. Form <i>1040</i> (see	; instruc	tions)					. 10.		68612	00
11. Additions from Schedule 1, line 9	. Inclu	ıde Schedule 1							. 11.			00
12. Total. Add lines 10 and 11									. 12.		68612	00
13. Subtractions from Schedule 1, lin	ie 30.	Include Schedule	e 1						. 13.			00
14. Income subject to tax. Subtract	line 1	3 from line 12. If li	ine 13 is	s greater th	าan line	e 12, enf	ter "0"		. 14.		68612	00
15. Exemption allowance. Enter am	าount f	rom line 9f or Sche	edule N	R, line 19.					. 15.		5000	00
16. Taxable income. Subtract line 15	5 from	line 14. If line 15	is great	ter than line	e 14, e	nter "0"			. 16.		63612	00
17. Tax. Multiply line 16 by 4.25% (0.	.0425)								. 17.		2704	00
NON-REFUNDABLE CREDITS						AMOUNT		$\overline{}$	ı r		CREDIT	
18. Income Tax Imposed by governm Include a copy of the return (see				8a.				00	18b.			00
19. Michigan Historic Preservation Ta	ax Cre	dit (see instruction	ıs). 19	9a.				00	19b.			00
20. Income Tax. Subtract the sum of If the sum of lines 18b and 19b is									. 20.		2704	00

2022 N	II-1040, Page 2 of 2					-				
		Filer	r's Full Social S	ecurity Number	7	86 –	_	49 	3029	
21.	Enter amount of Income Tax from li	ne 20					21.		2704	1 100
22.	Voluntary Contributions from Form						22.		270	00
	•				•••••					100
23.	USE TAX. Use tax due on Internet, Worksheet 1 (see instructions)						23.		(00
24	Total Tax Liability. Add lines 21, 22	2 and 23				24			2704	1 00
	INDABLE CREDITS AND PAYN									1
25.	Property Tax Credit. Include MI-1	040CR or MI-1040CF	R-2				25.			00
26.	Farmland Preservation Tax Credi	it. Include MI-1040CF	R-5				26.			00
			_	FE	DERAL			MICI	HIGAN	
27.	Earned Income Tax Credit. Multiply enter result on line 27b	line 27a by 6% (0.06)) and 27a.			00	27b.			00
28.	Michigan Historic Preservation Tax			3581			28.			00
29.	Credit for allocated share of tax pai	,					29.			00
	•		Ī							
30.	Michigan tax withheld from Schedu		30.		3299	00				
31.	Estimated tax, extension payments		31.			00				
32.	2. 2022 AMENDED RETURNS ONLY. Taxpayers completing an original 2022 return should skip to line 33.									
	Amended returns must include Schedule AMD (see instructions).									
	32a. If you had a refund and/or credit forward on the original return, check box 32a and enter this amount as a negative number on line 32c.									
	32b. If you paid with the origina any additional tax paid after						32c.			00
	— ,	g, F				,· [200/	\prod
33.	Total refundable credits and payme	ents. Add lines 25, 26,	27b, 28, 29, 3	30, 31 and 32	?c	33.			3299	00
	IND OR TAX DUE	- 1 line - 00 for - 1 line - 04	l f			Г				_
34.	If line 33 is less than line 24, subtra	ict line 33 from line 24	I applicable	e, see instruct	ions.					
	Include interest 00 a	and penalty	00	\	OU OWE	34.				00
35.	Overpayment. If line 33 is greater	than line 24 subtract	line 24 from li	ine 33		35.			595	5 00
55.	Overpayment. If fine 35 is greater	triair iirie 24, 3ubtract	IIIIC 24 IIOIII II			33. <u> </u>				100
36.	Credit Forward. Amount of line 35	to be credited to your	2023 estimat	ted tax for yo	ur 2023 tax re	turn	36.			00
27	Culativa at line 200 frame line 205				REFUND	27			591	5 00
	Subtract line 36 from line 35 ECT DEPOSIT	a. Routing Transi			ccount Number	37. er		c. Type of		7 100
Depos	it your refund directly to your financial						1.		2. Sav	ings
institut and c.	ion! See instructions and complete a, b	072000326		321066	5117		-			
	eased Taxpayer. If Filer and/or Spous							declare under per		
ENTE	R DATE OF DEATH ONLY. Example	: 04-15-2022 (MM-DD-Y)	YYY)	}	this return is ba			ation of which I hav	re any knowle	dge.
Filer		Spouse -		.	P02082		JI SSIN			
	Taxpayer Certification. I declare under penalty of perjury that the and attachments is true and complete to the best of my knowledge.			this return	Preparer's Nan SYAM PI			I SAGAR (GUPTA T	ГА
Filer's	Signature		Date		Preparer's Sign		D 7 M		י גיייטוזי	ריא
Spous	se's Signature	Date				A RAM SAGAR GUPTA TA Name, Address and Telephone Number				
'					GLOBAL			•		
			1		245 RO					
	By checking this box, I authorize Tre	easury to discuss my	return with my	y preparer.	E BRUNS	SWIC	K NJ	08816		
ı —					678-96	5-95	2.2			

Refund, credit, or zero returns. Mail your return to:

 ${\bf Michigan\ Department\ of\ Treasury,\ Lansing,\ MI\ 48956}$

Pay amount on line 34 (see instructions). Mail your check and return to: Michigan Department of Treasury, Lansing, MI 48929

2022 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2022, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 30). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789)
SAI KUMAR REDDY		BILLA	786 — 49 — 3029
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789)

TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

TABLE I I III OF THE TABLE OF THE PARTY OF THE OF T										
Α	В	B C D			E					
Enter "X" fo			Box 17 — Michigan income tax withheld							
X	46-0522543	KASEYA US SALES	77612	2 00 329		00				
				00		00				
				00		00				
				00		00				
				00		00				
Enter Tab	ole 1 Subtotal from additional Sche			00						
4. SUBTOTAL. Enter total of Table 1, column E										

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS

Α	E						
Enter "X" fo	1 (5 1 00 100 1507)	Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)	Michigan income tax withheld			
	00		00				
			00	00			
			00	00			
			00	00			
			00	00			
Enter Tal	Enter Table 2 Subtotal from additional Schedule W forms (if applicable)						
5. SUBTOTAL. Enter total of Table 2, column E							
	PTAL. Add lines 4 and 5. Enter her	3299 00					

REV 03/11/23 PRO

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

SAI KUMAR REDDY BILLA

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. U I
Your soc	ial security number
786-49	_3029

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	-9,000.
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		8c		
d	9	8d ()		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	, , , ,	8h		
i	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			
	,	8m		
n	`	8n		
0	·	80		
р	•	8p		
q	·	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
		8u		
Z	Other income. List type and amount:	0-		
0		8z		
9 10	Total other income. Add lines 8a through 8z		9 10	-9,000.
10	Combine lines i unioudin / and 9. Enter here and on Form 1040. 1040-5K.	UI TU4U-INM, IIIIE 8	IU	-9,000.

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

Educator expenses 11	Par	Adjustments to Income			
officials. Attach Form 2106 1 Health savings account deduction. Attach Form 8889 1 Health savings account deduction. Attach Form 8889 1 Deductible part of self-employment tax. Attach Schedule SE 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed health insurance deduction 1 The Penalty on early withdrawal of savings 1 Ba Alimony paid 1 Ba Pecipient's SSN 1 C Date of original divorce or separation agreement (see instructions): 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA desclustion 3 IFA desclustion 3 IFA desclustion 4 IFA descl	11			11	
officials. Attach Form 2106 1 Health savings account deduction. Attach Form 8889 1 Health savings account deduction. Attach Form 8889 1 Deductible part of self-employment tax. Attach Schedule SE 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed health insurance deduction 1 The Penalty on early withdrawal of savings 1 Ba Alimony paid 1 Ba Pecipient's SSN 1 C Date of original divorce or separation agreement (see instructions): 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA desclustion 3 IFA desclustion 3 IFA desclustion 4 IFA descl	12	Certain business expenses of reservists, performing artists, and fee-ba	asis government		
13 Health savings account deduction. Attach Form 8889		officials. Attach Form 2106		12	
15 Deductible part of self-employment tax. Attach Schedule SE 16 Self-employed SEP, SIMPLE, and qualified plans 17 Self-employed death insurance deduction 17 Penalty on early withdrawal of savings 18 Penalty on early withdrawal of savings 19a Alimony paid 19a Alimony paid 19a Recipient's SSN 19a Becipient's SSN 19a Becipient	13	Health savings account deduction. Attach Form 8889		13	
16 Self-employed SEP, SIMPLE, and qualified plans	14			14	
17 Self-employed health insurance deduction 18 Penalty on early withdrawal of savings 18 18 19 Alimony paid 19 Recipient's SSN 10 Date of original divorce or separation agreement (see instructions): 20 IRA deduction 21 Student loan interest deduction 22 Archer MSA deduction 23 Archer MSA deduction 24 Other adjustments: 25 Jury duty pay (see instructions) 26 Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24 Contributions of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24 Reforestation amortization and expenses 24 Repayment of supplemental unemployment benefits under the Trade Act of 1974 24 Contributions to section 501(c)(18)(D) pension plans 24 Contributions by certain chaplains to section 403(b) plans 24 Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24 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 24 Jeli 25 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	15			_	
18	16			-	
19a Alimony paid b Recipient's SSN c Date of original divorce or separation agreement (see instructions): 20 IRA deduction		Self-employed health insurance deduction		-	
b Recipient's SSN c Date of original divorce or separation agreement (see instructions): 20 1RA deduction	18			-	
c Date of original divorce or separation agreement (see instructions): IRA deduction	19a			19a	
20 Student loan interest deduction 21 22 23 24 22 24 24 24 24	b	Recipient's SSN			
Student loan interest deduction Reserved for future use Archer MSA deduction Other adjustments: Jury duty pay (see instructions) Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m. Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974. Contributions to section 501(c)(18)(D) pension plans Contributions by certain chaplains to section 403(b) plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 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 Housing deduction from Form 2555 Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) Total other adjustments. List type and amount: 25 Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	С	Date of original divorce or separation agreement (see instructions):			
22 Archer MSA deduction				-	
Archer MSA deduction Other adjustments: Jury duty pay (see instructions) Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974 Contributions to section 501(c)(18)(D) pension plans Contributions by certain chaplains to section 403(b) plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 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 Jeuseph Housing deduction from Form 2555 Let Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) Cother adjustments. List type and amount: Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on				$\overline{}$	
24 Other adjustments: a 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				-	
a 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 c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m				23	
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24		_		
rental of personal property engaged in for profit		, , , , ,	la		
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	b				
and USOC prize money reported on line 8m			łb	-	
d Reforestation amortization and expenses	С				
e Repayment of supplemental unemployment benefits under the Trade Act of 1974					
Act of 1974			ła		
f Contributions to section 501(c)(18)(D) pension plans	е		10		
g Contributions by certain chaplains to section 403(b) plans					
h Attorney fees and court costs for actions involving certain unlawful 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 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: 24i 24j 24k 24k 25 Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on				-	
discrimination claims (see instructions)	_		rg		
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	"		lh		
from the IRS for information you provided that helped the IRS detect tax law violations	i	•	***		
tax law violations	٠				
j Housing deduction from Form 2555			4i		
k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	i				
1041)	k		.,		
z Other adjustments. List type and amount:	•••		lk		
Total other adjustments. Add lines 24a through 24z	z				
Total other adjustments. Add lines 24a through 24z	_		łz		
26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	25			25	
	26	,			
				26	

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

SAI	KUMAR REDDY BILLA						786-4	9-3029	
Part									
	Note: If you are in the business of renting personal proper			C. See	instru	ctions. If you a	re an indiv	vidual, rep	ort farm
	rental income or loss from Form 4835 on page 2, line 40.		- () 4	2000					57.11
	Did you make any payments in 2022 that would require you								
ВІ	f "Yes," did you or will you file required Form(s) 1099? .							. <u></u> Ye	s U No
1a	Physical address of each property (street, city, state, ZIF	ode code)						
Α	MANSOORABAD HYDERABAD IN 500070								
В									
С									Γ
1b	Type of Property (from list below) 2 For each rental real estate proper above, report the number of fair in the following state of the first stat	rental a	and	Fair Rental Days		Personal Use Days		QJV	
Α	personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to fi qualified joint venture. See instru			В					
С	quaimed joint venture. See instru	ictions.	•	С					
Type	of Property:								
	Single Family Residence 3 Vacation/Short-Term Rent	tal	5 Land			Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	lties	8	Other (descr	ibe)		
						Properti			
Incon	ne:			Α		В			С
3	Rents received	3			00.				
4	Royalties received	4							
Exper									
5	Advertising	5			İ				
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,2	00.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		8	00.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		2,5					
15	Supplies	15		2,2	00.				
16	Taxes	16							
17	Utilities	17		2,8	00.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		9,5	00.				
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			0 0					
20	Deductible rental real estate loss after limitation, if any,	21		-9,0	00.				
22	on Form 8582 (see instructions)	22	(9,00	0)	(\	(,
23a	Total of all amounts reported on line 3 for all rental proper			9,00	23a	(500.	(
zsa b	Total of all amounts reported on line 3 for all rental proper				23b		500.		
C	Total of all amounts reported on line 4 for all properties				23c				
d	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	9	,500.		
24		otal of all amounts reported on line 20 for all properties					. 24		
25	Losses. Add royalty losses from line 21 and rental real estat		-		nter to	otal losses her	-	(9,000.
26	Total rental real estate and royalty income or (loss).							1	2,000.
_5	here. If Parts II, III, IV, and line 40 on page 2 do not a								
	Schedule 1 (Form 10/0) line 5. Otherwise include this ar						06		_0 000