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

Submi	ission Identification Number (SID)				
Taxpaye	er's name	Social securi	ty numl	per	
SREI	EJA PALURI	826-78	-143	0	
Spouse'	's name	Spouse's soo	ial seci	urity numbe	r
Part	Tax Return Information — Tax Year Ending December 31, 2022 (En	ter year you a	ire au	thorizina)
	whole dollars only on lines 1 through 5.	io. your you c	0 0.0		·/
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	73	,014.
2	Total tax		2		,834.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,836.
4	Amount you want refunded to you		4		,002.
5	Amount you owe		5		
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and	d keep a cop	y of y	our retu	ırn)
my know return (to send for any Agent t payment authoria payment business taxes t persona	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amend owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I at (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trans of my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for it delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account into f 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 terminant, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation russ days prior to the payment (settlement) date. I also authorize the financial institutions involved in the or receive confidential information necessary to answer inquiries and resolve issues related to the alidentification number (PIN) below is my signature for the income tax return (original or amended) nic Funds Withdrawal Consent.	ove are the ame mitter, or electric ejection of the tours. Treasury andicated in the toution to debit the authoriz equests must be the processing of a payment. If fur	ounts for the counts of the co	from the in turn original ssion, (b) the designated paration so to this accor To revoke ved no lat ectronic parking when the ectronic parking when the	come tax ator (ERO) ne reason Financial ftware for bunt. This (cancel) a er than 2 ayment of e that the
	nic runds withdrawal Consent. yer's PIN: check one box only				
X		e mv PIN	1 4	4 3 0	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	ac,
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.				
Your s	signature ▶ Date ▶				
Spous	se's PIN: check one box only	_			
	I authorize to enter or general	e mv PIN			as my
	ERO firm name	En		digits, but	a,
	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 if you are entering your own PIN and your return is filed using the Practitioner PIN me below.				
Spous	se's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue belo	w			
Part	III Certification and Authentication — Practitioner PIN Method Only				
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 4 9 Don't ent	6 6	1 9 8	9
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am suments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers or	e tax return (origomitting this ret	inal or urn in a	amended) accordance	
ERO's	s signature ► Date ►				
	ERO Must Retain This Form — See Instructions				
	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

OMB No. 1545-0074

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

Filing Status Check only	X S	single Married filing jointly	Marrie	ed filing separately	(MFS)	Head of	hous	ehold (HOF	l)		lifying survi use (QSS)	iving
one box.		u checked the MFS box, enter the ron is a child but not your dependen		our spouse. If you	check	ed the HOH o	r QSS	S box, ente	r the c	hild's	name if the	e qualifying
Your first name	and mi	ddle initial	Last na	me					Yo	our so	cial security	y number
SREEJA			PALU	RI					8:	26-5	78-1430)
If joint return, sp	oouse's	first name and middle initial	Last na	me					Sp	ouse'	s social sec	urity number
Home address	numbe	r and street). If you have a P.O. box, see	 e instruction	ons.				Apt. no.	Pr	esider	ntial Electio	n Campaign
		CR CENTER N						2549			nere if you, o if filing joint	
City, town, or p	ost offic	e. If you have a foreign address, also co	omplete s _l	paces below.	Stat	te	ZIP	code			this fund.	•
ATLANTA					GA		30	346	bc	x belo	ow will not	•
Foreign country	name		F	Foreign province/state	e/count	у	Fore	ign postal co	de yo	ur tax	or refund.	Spouse
		y time during 2022, did you: (a) rec										
Assets		ange, gift, or otherwise dispose of					asse	t)? (See ins	struction	ons.)	Yes	⊠ No
Standard Deduction		eone can claim:	•			a dependent						
Age/Blindness	You:	Were born before January 2, 1	958	Are blind S	pouse:	: Was bo	rn be	fore Janua	ry 2, 1	958	☐ Is bli	nd
Dependents	(see i	nstructions):		(2) Social secur	ity	(3) Relationsh	nip	(4) Check th	e box it	qualif	ies for (see i	instructions):
If more	(1) Fi	rst name Last name		number		to you		Child ta	x credi	t	Credit for oth	er dependents
than four												<u> </u>
dependents, see instructions	· —											
and check									<u></u>			
here								L			L	
Income	1a	Total amount from Form(s) W-2, b	•	,			٠			1a		2,014.
Attach Form(s)	b	Household employee wages not r								1b		
W-2 here. Also	C	Tip income not reported on line 1a	•	•						1c		
attach Forms W-2G and	d	Medicaid waiver payments not repayment are benefits		` ,	HISTIU	Ctions)	•			1e		
1099-R if tax	e f	Employer-provided adoption bene		·			•			1f		
was withheld.	g	Wages from Form 8919, line 6.					•			1g		
If you did not get a Form	9 h	Other earned income (see instruct					•			1h		0.
W-2, see	i	Nontaxable combat pay election (,				ı İ		•			
instructions.	z	Add lines 1a through 1h								1z	8	2,014.
Attach Sch. B	2a	1	2a		b Ta	axable interes	t			2b		
if required.	3a		3a		b 0	rdinary divide	nds			3b		
	4a	IRA distributions	4a			axable amoun				4b		
Standard	5a	Pensions and annuities	5a		b Ta	axable amoun	ıt .			5b		
Deduction for—	6a	Social security benefits	6a		b Ta	axable amoun	ıt .			6b		
Single or Married filing	С	If you elect to use the lump-sum e	election r	nethod, check her	e (see i	instructions)						
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	required. If not re-	quired,	check here				7		
Married filing	8	Other income from Schedule 1, lir	ne 10 .							8	_	9,000.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is your total i	ncome					9	7	3,014.
surviving spouse, \$25,900	10	Adjustments to income from Sche	edule 1, I	ine 26						10		
Head of	11	Subtract line 10 from line 9. This is	s your a c	djusted gross inc	ome					11	7	3,014.
household, \$19,400	12	Standard deduction or itemized								12		2,950.
If you checked any box under	13	Qualified business income deduct								13		
Standard Deduction,	14	Add lines 12 and 13								14		2,950.
see instructions.	15	Subtract line 14 from line 11. If ze	ro or less	s, enter -0 This is	your t	axable incon	ne			15	6	0,064.

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	8,834.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	8,834.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	8,834.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	8,834.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a	10,836.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	10,836.
If you have a	26	2022 estimated tax payment	s 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	n Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	e 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credit	s	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	10,836.
Refund	34	If line 33 is more than line 24						34	2,002.
neiuliu	35a	Amount of line 34 you want	refunded to you	یا. If Form 8888	s is attached, che	eck here	🗆	35a	2,002.
Direct deposit?	b	Routing number 1 1 1	0 0 0 6	1 4	c Type:	Checking	Savings		
See instructions.	d	Account number 2 0 7							
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						0.7	
rou owe	38	Estimated tax penalty (see in	•	•		38		37	
Third Dorty		you want to allow another							
Third Party Designee		structions	•			_	Complete	below.	X No
Doolgiloo		signee's		Phone			rsonal ident		
	nai			no.		nu	mber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation				nt you an Identity
Joint return?					SOFTWARE	ENGINEER		inst.)	IN, enter it here
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa		If th	e IRS sei	nt your spouse an
Keep a copy for		, ,	o o		· ·		Ider	ntity Prote	ection PIN, enter it here
your records.							(see	inst.)	
		one no. (682)701-824		Email address	SREEJAPALUI	RI27@GMAIL.			T
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	1 03/02/202	3 P0208	2703	Self-employed
Use Only	Fire	m's name GLOBAL TA					Pho	ne no. ((678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firn	n's EIN	84-3171965
Go to www.irs.g	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/24/23 PRO)		Form 1040 (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment

Department of the Treasury Internal Revenue Service

SREEJA PALURI

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. U1
Your soc	ial security number
826-78	-1430

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**

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

SCHEDULE 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, Attachment

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

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

Sequence No. 13

Your social security number

OMB No. 1545-0074

SREEJA PALURI 826-78-1430 Part I **Income or Loss From Rental Real Estate and Royalties** 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 . 1a Physical address of each property (street, city, state, ZIP code) KUKATPALLY HYDERABAD TELANGANA IN 456789 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 **Davs** 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. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 600. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,200. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees 11 800. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 2,500. 14 14 Repairs . . . 15 Supplies 15 2,100. 16 16 Taxes 17 17 3,000. 18 18 Depreciation expense or depletion 19 19 Other (list) 20 20 Total expenses. Add lines 5 through 19 9,600. 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 -9,000. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 9,000.) 600. 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 23d Total of all amounts reported on line 18 for all properties 9,600. Total of all amounts reported on line 20 for all properties 23e 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 9,000. 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

26

-9,000.

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





Georgia Form 500 (Rev. 06/22/22)
Individual Income Tax Return
Georgia Department of Revenue
2022 (Approved software version)

Page 1

Beginning STATE GΑ **ISSUED** YOUR DRIVER'S Fiscal Year LICENSE/STATE ID 061835310 Ending YOUR FIRST NAME YOUR SOCIAL SECURITY NUMBER 1. SREEJA 826-78-1430 LAST NAME (For Name Change See IT-511 Tax Booklet) SUFFIX PALURI SPOUSE'S FIRST NAME SPOUSE'S SOCIAL SECURITY NUMBER DEPARTMENT USE ONLY LAST NAME SUFFIX ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) **CHECK IF ADDRESS HAS CHANGED** 2.302 PERIMETER CENTER N **APT NO 2549** ZIP CODE CITY (Please insert a space if the city has multiple names) STATE 30346 3. ATLANTA GA (COUNTRY IF FOREIGN) 4. Enter your Residency Status with the appropriate number 1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT то 3. NONRESIDENT Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer. 5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Surviving Spouse

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself X

7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse).....

6c. 1

7a.

6b. Spouse

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue

First Name, MI.



Last Name

7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

2022

Page 2

YOUR SOCIAL SECURITY NUMBER 826-78-1430

,				
Social Security	Number	Relationship to You		
First Name, MI.		Last Name		
Social Security	Number	Relationship to You		
First Name, MI.		Last Name		
Social Security	Number	Relationship to You		
First Name, MI.		Last Name		
Social Security	Number	Relationship to You		
Federal adjusted gross i (Do not use FEDERAL	13 or 15 is negative, use the income (From Federal Form 10 TAXABLE INCOME) If the amount of a copy of your Federal Form	040) unt on Line 8 is \$40,000 o	8. r more, or your gross in	73014 ncome is less than your
-	500 Schedule 1 (See IT-511 T	_		
10. Georgia adjusted gross	income (Net total of Line 8 and	I Line 9)	. 10.	73014
11. Standard Deduction (Do (See IT-511 Tax Book	not use FEDERAL STANDAR	D DEDUCTION)	11a.	5400
b. Self: 65 or over?	Blind? Total	x 1,300=	11b.	
	Blind? action (Line 11a + Line 11b) OR Line 12c (Do not write on bot		. 11c.	5400
12. Total Itemized Deductions	s used in computing Federal Tax	able Income. If you use ite	mized deductions, you r	nust include Federal Schedule A
	ductions (Schedule A- Form 10		12a.	
b. Less adjustments: (S	See IT-511 Tax Booklet)		12b.	
c. Georgia Total Itemized	d Deductions		12c.	
13. Subtract either Line 11c	or Line 12c from Line 10; ente	r balance	. 13.	67614

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue 2022



YOUR SOCIAL SECURITY NUMBER 826-78-1430

Page 3

14a.	Enter the number from Line 6c. 1 Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	2700
14b.	Enter the number from Line 7a. Multiply by \$3,000	14b.	
14c.	Add Lines 14a. and 14b. Enter total	14c.	2700
	Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14) Georgia NOL utilized (Cannot exceed Line 15a or the amount after	15a.	64914
130.	applying the 80% limitation, see IT-511 Tax Booklet for more information)	·15b.	
15c.	Georgia Taxable Income (Line 15a less Line 15b)	15c.	64914
16.	Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet)	16.	3560
17.	Low Income Credit 17a. 17b.	17c.	
18.	Other State(s) Tax Credit (Include a copy of the other state(s) return)	18.	
19.	Credits used from IND-CR Summary Worksheet	19.	
20.	Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)	20.	
21.	Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.	0
22.	Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.	3560
GΑ	OME STATEMENT DETAILS Only enter income on which Georgia tax was w Wages/Income. For other income statements complete Line 4 using the incore for Form G2-F1, enter zero	·	

	(INCOME STATEMENT A)		(INCOME STATEMENT B)		(INCOME STATEMENT C)
1.	WITHHOLDING TYPE:	1.	WITHHOLDING TYPE:	1.	WITHHOLDING TYPE:
	X W-2 G2-A G2-LP		X W-2 G2-A G2-LP		W-2 G2-A G2-LP
	1099 G2-FL G2-RP		1099 G2-FL G2-RP		1099 G2-FL G2-RP
2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN 770205035	2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN 560748358	2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
3.	EMPLOYER/PAYER STATE WITHHOLDING ID 1876209SA	3.	EMPLOYER/PAYER STATE WITHHOLDING ID 6082156QA	3.	EMPLOYER/PAYER STATE WITHHOLDING ID
4.	GA WAGES / INCOME 47670	4.	GA WAGES / INCOME 34344	4.	GA WAGES / INCOME
5.	GA TAX WITHHELD 2342	5.	GA TAX WITHHELD 1766	5.	GA TAX WITHHELD

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

This Page (3) is required for processing
01 1555 115 2022 GA

REV 01/03/23 PRO

22

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue 2022



2300411544

YOUR SOCIAL SECURITY NUMBER 826-78-1430

ID

Page 4

	(INCOME STATEMENT D)		(INCOME STAT	EMENT E	≣)			(INCOME STATE	MENT F)	
1.	WITHHOLDING TYPE:	1.	WITHHOLDING	TYPE:			1.	WITHHOLDING T	YPE:	
	W-2 G2-A G2-LP		W-2	G2-A		G2-LP		W-2	G2-A	G2-LP
	1099 G2-FL G2-RP		1099	G2-FL		G2-RP		1099	G2-FL	G2-RP
2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	2.	EMPLOYER/PA		ERAL SSN		2.	EMPLOYER/PAYE		
3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PA	YER STA	TE WI	THHOLDING ID	3.	EMPLOYER/PAY	ER STATE W	ITHHOLDING I
4.	GA WAGES / INCOME	4.	GA WAGES / IN	ICOME			4.	GA WAGES / INC	ОМЕ	
5.	GA TAX WITHHELD	5.	GA TAX WITH	ELD			5.	GA TAX WITHHE	LD	
23.	Georgia Income Tax Withheld on Wage (Enter Tax Withheld Only and include W-2s					23.				4108
24.	Other Georgia Income Tax Withheld (Must include G2-A, G2-FL, G2-LP and/or G					24.				
25.	Estimated Tax paid for 2022 and Form I	T-56	0			25.				
26.	Schedule 2B Refundable Tax Credits (Cannot be claimed unless filed electronic					26.				
27.	Total prepayment credits (Add Lines 23, 2	24, 2	5 and 26)			27.				4108
28.	If Line 22 exceeds Line 27, subtract Line balance due					28.				
29.	If Line 27 exceeds Line 22, subtract Line overpayment					. 29.				548
30.	Amount to be credited to 2023 ESTIMA					30.				0
31.	Georgia Wildlife Conservation Fund (No	gift	of less than \$1	.00)		31.				
32.	Georgia Fund for Children and Elderly (No g	ift of less than	\$1.00).		32.				
33.	Georgia Cancer Research Fund (No gift	of le	ess than \$1.00)		33.				
34.	Georgia Land Conservation Program (No	giff	of less than \$	1.00)		34.				
35.	Georgia National Guard Foundation (No	gift	of less than \$1	.00)		35.				
36.	Dog & Cat Sterilization Fund (No gift of I	ess	than \$1.00)			36.				
37.	Saving the Cure Fund (No gift of less th	an \$	31.00)			37.				
38.	Realizing Educational Achievement Can Hap (No gift of less than \$1.00)	pen	(REACH) Progra	am		38.				

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue



YOUR SOCIAL SECURITY NUMBER 826-78-1430

2022

Page 5

39. Public Safety Memorial Grant (No gif	ft of less than \$1.00)	39.		
40. Form 500 UET (Estimated tax penal	ty) 500 UET exception attac	hed 40.		
41. Penalty: Late Payment and/or Late F	iling	41.		
42. Interest		42.		
43. (If you owe) Add Lines 28, 31 thru MAKE CHECK PAYABLE TO GEORG Mail To: GEORGIA DEPARTMENT OF PO BOX 740399 ATLANTA, GA 3037	GIA DEPARTMENT OF REVENU F REVENUE PROCESSING CEN	E,		
44. (If you are due a refund) Subtract the	sum of Lines 30 thru 42 from Line	: 29		
THIS IS YOUR REFUNDRefund Due Mail To: GEORGIA DEPAF PO BOX 740380 ATLANTA, GA 30374-	RTMENT OF REVENUE PROCE	44. SSING CENTER,		548
If you do not enter Direct Deposit i	information or if you are a fir	st time filer you will	be issued a paper check.	
44a. Direct Deposit (U.S. Accounts Only) Type:	Checking X Savings			
Routing Number 111000614		Account Number 2071889	02	
Taxpayer's Signature (Check be	ox if deceased) Spo	ouse's Signature	(Check box if deceased)	
Taxpayer's Date of Death	Spo	ouse's Date of Death		
Taxpayer's Signature Date	Taxpayer's Phone Numl	per	Spouse's Signature Date	
By providing my e-mail address I am authorizing my account(s).	g the Georgia Department of Revenue	to electronically notify me a	the below e-mail address regarding ar	ny updates to
Taxpayer's E-mail Address			I authorize DOR to dis with the named prepa	
SYAM PRIYA RAM SAGAR GUPT	na marram	Preparer's		rer.
Signature of Preparer Name of Preparer Other Than Taxpayo	IA IALLAM_		s Phone Number 965–9522	rer.
SYAM PRIYA RAM SAGAR		678-	965-9522	rer.
	er	678- Preparer	965-9522	er.

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

OMB No. 1545-0074

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

noe box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the or person is a child but not your dependent. Your first name and middle initial SREEJTA	ying surviving e (QSS)		sehold (HOH)	Head of hou	tely (MFS)	ed filing separate	Marrie	rried filing jointly	Single Mar	S 🔀 S	Filing Status Check only		
SREEJA PALURI B26-78-1430 Squee's first name and middle initial Last name Squee's first name and middle initial Last name Squee's first name and middle initial Last name Squee's	ame if the qualifying	child's n	SS box, enter the o	ed the HOH or QS	you checke	your spouse. If y							
H Joint return, spouse's first name and middle initial Last name Spouse's social security Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 2549 Check here if you, or you were a full-status after a spouse instructions Apt. no. City, town, or post office. If you have a foreign address, also complete spaces below. State ZiP code Check here if you, or you were a full-status after a spouse in filling jointly, one of the control	al security number	our soci	Last name Yu					ddle initial	and mid	Your first name			
Home address (number and street). If you have a P.O. box, see instructions. 302 PERIMETER CENTER N 2549 Check here if you, or your office. If you have a foreign address, also complete spaces below. ATLANTA Foreign country name Foreign province/state/country Foreign province/stat	3-1430	26-78	8			JRI	PALU	SREEJA					
City, town, or post office, if you have a foreign address, also complete spaces below. State ZP code ATLANTA	social security number	pouse's s	S			ame	Last na						
City, town, or post office. If you have a foreign address, also complete spaces below. ATLANTA Foreign country name Foreign province/state/country Foreign province/state/country Foreign province/state/country Foreign province/state/country Foreign province/state/country Foreign province/state/country Foreign province/state/country Assets Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Poeting province/state/country Standard Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Mas born before January 2, 1958 Is blind Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Mas born before January 2, 1958 Is blind Age/Blindness You: Were born before January 2, 1958 In subject than four dependents, see instructions: If more (1) First name Last name number number to you Income Income 1a Total amount from Form(s) W-2, box 1 (see instructions) b Household employee wages not reported on Form(s) W-2 (see instructions) c Tip income not reported on line 1a (see instructions) d Medicaid waiver payments not reported on Form 839a, line 29 1ft Medicaid waiver payments not reported on Form 839a, line 29 1ft Employer-provided adoption benefits from Form 839a, line 29 1ft Employer-provided adoption benefits from Form 839a, line 29 1ft Employer-provided adoption benefits from Form 839a, line 29 1ft Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1 a Tax-exempt interest 2a b Tax-able amount 4b Jax-able amount 5b Jax-able amount 5b Jax-able amount 5b Jax-able amount 6b Jax-able amount 5b Jax-able amount 5b Jax-able amount 5b Jax-able amount 5b Jax-able amount 6b Jax-able amount 6b Jax-able amount 7b	al Election Campaign	residenti	Apt. no. P			ions.	e instruction	ou have a P.O. box, se	r and street). If yo	(numbe	Home address		
ATLANTA GA 30346 Foreign country name Foreign at a relegin aduress, aso both piece shares below. Foreign province/state/county Foreign post office foreign province/state/county Foreign post office foreign province/state/county Foreign postal code your tax or refund. You as a dependent Your spouse as a dependent Poetuction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Dependents (see instructions): (2) Social security (3) Relationship (4) Check the box if qualifiles for (see instructions and check here in the foreign and the foreign post of th													
ATLANTA GA 30346 box below will not be rorigin provincer/state/county Foreign postal code your tax or retrot che your tax or your tax or retrot che your tax or retrot che your tax or retrot che your tax or retrot che your tax or your tax or your tax or your tax or your tax or your tax or your tax or your tax or your tax or your tax or your tax or your tax or your tax or your tax or your tax or your tax or your tax or your tax or your tax or y		•	COUE I.	e ZIF	plete spaces below. State 2			foreign address, also o	e. If you have a f	ost offic	City, town, or p		
Name	below will not change		0346 b										
Assets Standard Deduction Age/Blinders Vou: Were born before January 2, 1958 a blind Dependents If more than four dependents, see instructions Ard check here			reign postal code yo	/ Foi	Foreign province/state/county			oreign country name			Foreign country		
Standard Deduction Someone can claim:									-				
Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Dependents (see instructions): (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions than four dependents, see instructions see instructions and check here	Yes 🗵 No	ons.) l	et)? (See instructi								-		
Dependents (see instructions): (1) First name				a dependent	•		•						
If more than four dependents, see instructions and check dependents, see instructions and check here . Income Income Attach Form(s) W-2 here. Also attach Forms W-2 here Also attac	☐ Is blind	1958	efore January 2, 1	☐ Was born b	Spouse:	Are blind	1958	n before January 2,	☐ Were born	You:	Age/Blindness		
If more than four dependents, see instructions and check here	s for (see instructions):	if qualifies	(4) Check the box	(3) Relationship					nstructions):	s (see i	Dependents		
dependents, see instructions and check here . □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Credit for other dependents		Child tax cred	to you	er	number		Last name	rst name	(1) Fi	If more		
see instructions and check here													
Income Income										s ——			
Income 1a Total amount from Form(s) W-2, box 1 (see instructions) b Household employee wages not reported on Form(s) W-2 Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. If you did not yet a Form household employee wages not reported on Form(s) W-2 (see instructions) If you did not get a Form household ender the care benefits from Form 2441, line 26 If you did not yet a Form but household ender the care benefits from Form 8839, line 29 Attach Sch. B if required. Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b if required. If you diffed dividends 3a b Ordinary dividends 3b interest 2b interest 3a Qualified dividends 3a b Taxable amount 4b interest 3a Capital gain or (loss). Attach Schedule D if required. For playing jointy or Qualifying surviving spouse, \$25,900 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 1 Total amount from Form(s) W-2 (see instructions) 1 to Wedicaid waiver payments not reported on Form(s) W-2 (see instructions) 1 to Wedicaid waiver payments not reported on Form(s) W-2 (see instructions) 1 to Wedicaid waiver payments not reported on Form(s) W-2 (see instructions) 1 to Wedicaid waiver payments not reported on Form(s) W-2 (see instructions) 1 to Wedicaid waiver payments not reported on Form(s) W-2 (see instructions) 1 to Wedicaid waiver payments not reported on Form(s) W-2 (see instructions) 1 to Wedicaid waiver payments not reported on Form(s) W-2 (see instructions) 1 to Wedicaid waiver payments not reported on Form(s) W-2 (see instructions) 1 to Wedicaid waiver payments not reported on Form(s) W-2 (see instructions) 1 to Wedicaid waiver payments not reported on Form(s) W-2 (see instructions) 1 to Wedicaid waiver payments not reported on Form(s) W-2 (see instructions) 1 to Wedicaid waiver payments not reported on Form(s) W-2 (see instructions) 1 to Wedicaid waiver payments not reported on Form(s) W-2 (see instructions) 1 to Wedicaid waiver payments not		$-\!$, —			
Attach Form(s) W-2 here. Also attach Forms W-2 and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. Attach Sch. B if required. Attach Sch. B		$\overline{}$									nere		
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. Attach Sch. B if required. Attach Sch. B if required. Tax-exempt interest . 2a b Taxable interest 1	82,014.					,	•	. , .			Income		
W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form have a firm of the form								-			Attach Form(s)		
W-2G and 1099-R if tax was withheld. If you did not get a Form h Other earned income (see instructions) W-2, see instructions. Attach Sch. B if required. Attach Sch. B if required. Bandard Deduction for Schedule 1, line 10 Capital gain or (loss). Atd lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income Taxable dependent care benefits from Form 2441, line 26 Ie mployer-provided adoption benefits from Form 8839, line 29 If wages from Form 8919, line 6 Ig wages from Form 8919, line 6 Other earned income (see instructions) In warried filing Tax-exempt interest 2a						•	•	•	•		W-2 here. Also		
1099-R if tax was withheld. If you did not get a Form h Other earned income (see instructions) W-2, see instructions. Add lines 1a through 1h Attach Sch. B if required. 3a Qualified dividends 3a b Ordinary dividends 3b Taxable amount 4b Tax exempt interest 5a b Taxable amount 5b Docales eparately, \$12,950 Standard Deduction for Oualifying surviving spouse, \$25,900 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income Tig get a Form Wages from Form 8939, line 29 If get a Form Wages from Form 8919, line 6 1g get a Form b Other earned income (see instructions) 1h In In In In In In In In In In In In In			,				•						
If you did not get a Form W-2, see instructions. In						*							
get a Form W-2, see instructions. Attach Sch. B if required. Attach Sch. B if requir													
i Nontaxable combat pay election (see instructions) Add lines 1a through 1h Attach Sch. B 2a Tax-exempt interest	0.							· ·	ŭ	_			
Attach Sch. B Attach Sch. Attach Sc		- 111		· 1				•					
Attach Sch. B 2a Tax-exempt interest . 2a b Taxable interest . 2b if required. 3a Qualified dividends 3a b Ordinary dividends	82,014.	17				ructions)	(See IIISII	. ,			instructions.		
if required. 3a Qualified dividends 3a b Ordinary dividends	02,011.				 h Ta		22	Ĭ			Attach Sch B		
4a IRA distributions 4a b Taxable amount								†	•				
Standard Deduction for- Single or Married filing separately, \$12,950 Married filing jointly or Qualifying spouse, \$25,900 Adjustments to income from Schedule 1, line 26 5a								T					
Deduction for—Single or Married filing spearately, \$12,950 Married filing jointly or Qualifying spouse, \$25,900 Adjustments to income from Schedule 1, line 26 Social security benefits . 6a								1			Standard		
Single or Married filing separately, \$12,950 Married filing jointly or Qualifying spouse, \$25,900 C If you elect to use the lump-sum election method, check here (see instructions) C If you elect to use the lump-sum election method, check here (see instructions) C Capital gain or (loss). Attach Schedule D if required. If not required, check here C Stapital gain or (loss). Attach Schedule D if required. If not required, check here P Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income Adjustments to income from Schedule 1, line 26					_			- t					
separately, \$12,950 Married filing jointly or Qualifying spouse, \$25,900 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 8 -9 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 8 -9 7 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 73 43 7 Adjustments to income from Schedule 1, line 26 10											 Single or Married filing 		
Married filing jointly or Qualifying surviving spouse, \$25,900 8 Other income from Schedule 1, line 10		7									separately,		
Qualifying surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	-9,000.	8					ine 10 .	from Schedule 1, I	Other income	8	. ,		
surviving spouse, \$25,900 10 Adjustments to income from Schedule 1, line 26	73,014.	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9			
		10	Adjustments to income from Schedule 1, line 26							10	surviving spouse \$25,900 • Head of		
	73,014.	11	Subtract line 10 from line 9. This is your adjusted gross income							11			
household	12,950.	12			edule A)	tions (from Sche	d deducti	duction or itemize	Standard ded	12			
If you checked 13 Qualified business income deduction from Form 8995 or Form 8995-A		13		5-A	Form 8995	n Form 8995 or F	ction from	ness income deduc	Qualified busi	13	If you checked		
Standard 14 Add lines 12 and 13	12,950.	14	Add lines 12 and 13						14				
Deduction, see instructions 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income	60,064.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							15	Deduction, see instructions.		

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	8,834.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	8,834.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	8,834.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	8,834.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a	10,836		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	10,836.
If you have a	26	2022 estimated tax payment	ts 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	n Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	e 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credi	ts	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	10,836.
Refund	34	If line 33 is more than line 24						34	2,002.
neiuliu	35a	Amount of line 34 you want	refunded to you	یا. If Form 8888	s is attached, che	eck here	🗆	35a	2,002.
Direct deposit?	b	Routing number 1 1 1	0 0 0 6	1 4	c Type:	Checking [Savings		
See instructions.	d	Account number 2 0 7	1 8 8 9	0 2					
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
rou owe	38	Estimated tax penalty (see in	•	•		38		31	
Third Dorty		you want to allow another							
Third Party Designee		structions	•				. Complete	below.	× No
Doolgiloo		signee's		Phone			ersonal iden		_
	nai			no.		n	umber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here	Yo	ur signature	Date	Your occupation				ent you an Identity PIN, enter it here	
Joint return?							e inst.)	IN, enter it here	
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa		If th	ne IRS se	nt your spouse an
Keep a copy for		, ,	J					ntity Prot	ection PIN, enter it here
your records.							(se	e inst.)	
		one no. (682)701-824		Email address	SREEJAPALUI				
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	1 03/02/202	3 P0208	32703	Self-employed
Use Only	Fire	m's name GLOBAL TA					Pho	one no. ((678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firr	n's EIN	84-3171965
Go to www.irs.g	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/24/23 PF	RO		Form 1040 (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment

Department of the Treasury Internal Revenue Service

SREEJA PALURI

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. U1
Your soc	ial security number
826-78	-1430

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**

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