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.

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7

as my

2

Submission Identification Number (SID)

Тахрау	ver's name	Social security r	number
SUS	HMITHA GEDDAM	896-88-8	927
Spouse	's name	Spouse's social	security number
Par	t I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	er year you are	authorizing.)
Enter	whole dollars only on lines 1 through 5.		
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1	Adjusted gross income		1 97,479.
2	Total tax	[2 14,213.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	[3 15,976.
4	Amount you want refunded to you	[4 1,763.
5	Amount you owe		5

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

X I authorize	GLOBAL TAXES	LLC	to enter or generate my PIN	
cianaturo a	n the income tax ret	ERO firm name	authorizing	Enter five digits, but don't enter all zeros

signature on the income tax return (original or amended) I am now authorizing.	
I will enter my PIN as my signature on the income tax return (original or amended) I am no	w authorizing. Check this box only
if you are entering your own PIN and your return is filed using the Practitioner PIN method	d. The ERO must complete Part III

below.			~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~	
Your signature 🕨	G. Swshmithe.	Date ►	03/08/2023	
Spouse's PIN: chec	k one box only			
I authorize		to enter or generate my PIN		as my
	ERO firm name	-	Enter five digits, but	
signature o	n the income tax return (original or amended) I am now	authorizing	don't enter all zeros	

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature 🕨	Date 🕨				
Practitioner PIN Method Returns Only—continue below					
Part III Certification and Authentication – P	ctitioner PIN Method Only				
ERO's EFIN/PIN. Enter your six-digit EFIN followed by y	ur five-digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8	9			

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature >	Date 🕨				
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So					
For Denergy Reduction Act Nation and your toy re		01 2021)			

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/24/23 PRO

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		n 20 2	2	OMB No. 1545	-0074	IRS Use O	nly—Dc	o not wi	rite or staple in	this space.
-		Single Married filing jointly] Married f	iling separately (N	MFS)	Head of	housel	hold (HOH)			ifying surviv ıse (QSS)	/ing
Check only one box.		u checked the MFS box, enter the nation is a child but not your dependent		r spouse. If you c	heck	ed the HOH or	QSS	box, enter	the c	•	· · ·	qualifying
Your first name	and mi	iddle initial	Last name						Yo	our soo	cial security	number
SUSHMITH	IA		GEDDAM	1					89	96-8	38-8927	
lf joint return, s	oouse's	s first name and middle initial	Last name						Sp	ouse'	s social secu	rity number
Home address	(numbe	er and street). If you have a P.O. box, see	instructions.				A	pt. no.			ntial Election	
1450 WOR								3506			ere if you, o if filing jointl	
		ce. If you have a foreign address, also co	mplete space	es below.	Sta		ZIP co				this fund. C	
FRAMINGH					MZ		017	-			ow will not c	hange
Foreign country	name		Fore	eign province/state/	coun	ty	Foreig	n postal coc	ie yo	ur tax	or refund.	Spouse
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a									Yes	X No
Standard		eone can claim: You as a de	-	Vour spous				. (
Deduction		Spouse itemizes on a separate return	n or you we	ere a dual-status	alier	1						
Age/Blindness	You:	Were born before January 2, 1	958 🗌 A	Are blind Spo	ouse	: 🗌 Was bor		ore Januar	,		🗌 Is blin	
Dependents				(2) Social security	/	(3) Relationsh	ip (4				ies for (see in	
If more	(1) Fi	irst name Last name		number		to you		Child ta	c credit	t	Credit for othe	r dependents
than four dependents,									<u>ן</u> ר]
see instructions	s ——								<u>ן</u> ר]
and check here									<u>ן</u> ר] 1
	10	Total amount from Form(s) W-2, bo		etructions)						1a	1.01	 7,829.
Income	1a b	Household employee wages not re		,					•	1b	10	1,029.
Attach Form(s)	c	Tip income not reported on line 1a	-	.,						1c		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep								1d		
W-2G and	е	Taxable dependent care benefits f				· · · ·				1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from Fc	orm 8839, line 29						1f		
If you did not	g	Wages from Form 8919, line 6								1g		
get a Form	h	Other earned income (see instructi	ions) .							1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instruct	ions)		1i						
	z	Add lines 1a through 1h								1z	10'	7,829.
Attach Sch. B	2a	Tax-exempt interest	2a		bТ	axable interest	: .			2b		
if required.	3a	Qualified dividends	3a		b C	Ordinary divide	nds .			3b		
	4a	IRA distributions	4a		bΤ	axable amoun	t			4b		
Standard	5a	Pensions and annuities	5a		bΤ	axable amoun	t			5b		
• Single or	6a	Social security benefits	6a		bΤ	axable amoun	t			6b		
Married filing	с	If you elect to use the lump-sum e	lection met	hod, check here	(see	instructions)						
separately, \$12,950	7	Capital gain or (loss). Attach Schee	dule D if rec	quired. If not requ	uired	, check here				7		
Married filing iointly or	8	Other income from Schedule 1, line	e10							8	-10	0,350.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8. This	s is your total in d	com	e				9	9'	7,479.
surviving spouse, \$25,900	10	Adjustments to income from Sche								10		
Head of household,	11	Subtract line 10 from line 9. This is	•	-						11		7,479.
\$19,400	12	Standard deduction or itemized								12		2,950.
 If you checked any box under 	13	Qualified business income deducti		orm 8995 or Form	ı 899	5-A				13		
Standard Deduction,	14	Add lines 12 and 13					• •		•	14		<u>2,950.</u>
see instructions.	15	Subtract line 14 from line 11. If zer	o or less, e	enter -U This is y	our	axable incom	e.		·	15	84	4,529.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 🗌 881	4 2 4972	3		. 1	6	14,213.
Credits	17	Amount from Schedule 2, lir	ne3					. 1	7	
	18	Add lines 16 and 17						. 1	8	14,213.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			. 1	9	
	20	Amount from Schedule 3, lir	ne8					. 2	0	
	21	Add lines 19 and 20						. 2	1	
	22	Subtract line 21 from line 18						. 2	2	14,213.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			. 2	3	0.
	24	Add lines 22 and 23. This is	your total tax					. 2	4	14,213.
Payments	25	Federal income tax withheld								
2	а	Form(s) W-2				25a	15,9	76.		
	b	Form(s) 1099				25b				
	с	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						. 25	id	15,976.
K	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return			. 2	6	
If you have a ¹ qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir				31				
	32	Add lines 27, 28, 29, and 31				undable cr	edits .	. 3	2	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments	· · · · ·			. 3	3	15,976.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you ove i	rpaid .	. 3	4	1,763.
neiuliu	35a	Amount of line 34 you want	refunded to you	u. If Form 8888	is attached, che	ck here .		35	ia	1,763.
Direct deposit?	b	Routing number 0 4 4				Checking				
See instructions.	d	Account number 9 0 8	1 5 5 8	8 5						
	36	Amount of line 34 you want	applied to your	2023 estimate	edtax	36				
Amount	37	Subtract line 33 from line 24	. This is the am	ount vou owe						
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> u	v/Payments or	see instructions			. 3	7	
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See				
Designee	ins	structions				ום	es. Comp	olete belo	N. 🗙	No
		signee's		Phone			Personal number (identificati	on 🖂	
	nai			no.				. ,		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com			1 2 0		,			, ,
Here		ur signature		Date	Your occupation					u an Identity
	10	al oignaturo		Duto						nter it here
Joint return?					SOFTWARE I	ENGINEE	R	(see inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat	ion				ur spouse an
your records.								(see inst.)		PIN, enter it here
	Dh	one no. (937)956-977	E	Email address			T COM			
		one no. (937)956-977 eparer's name	5 Preparer's signat		SGEDDAM513	Date		ΓΙΝ	Che	eck if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM)208270		Self-employed
Preparer		m's name GLOBAL TA		TAUAL UNDAGAR	OUFIA IAUUAM	103/00/.				3)965-9522
Use Only			Y CT E BRU	NGWICK N	J 08816			Firm's Ell		
		m's address 245 ROOME		MONTCK IN	00010					<u>1040</u>

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

BAA REV 02/24/23 PRO

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 2

Department of the Treasury Internal Revenue Service		Attachment Sequence No. 01			
Name(s) shown on Fo	Your social security number				
SUSHMITHA GEDDAM 896-88-8					

Par	t Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2 a	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	ach S	Schedule E .	5	-10,350.
6	Farm income or (loss). Attach Schedule F.			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a	()	
b	Gambling	8b			
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	()	
е	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
I	Income from the rental of personal property if you engaged in the rental				
	for profit but were not in the business of renting such property	81		_	
m	Olympic and Paralympic medals and USOC prize money (see				
	instructions)	8m		_	
n	Section 951(a) inclusion (see instructions)	8n		_	
0	Section 951A(a) inclusion (see instructions)	80		_	
р	Section 461(I) excess business loss adjustment	8 p		_	
q	Taxable distributions from an ABLE account (see instructions)	8 q		_	
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			
	Wages earned while incarcerated	8u			
Z	Other income. List type and amount:				
		8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	t, or 1	040-NR, line 8	10	-10,350.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2022

	Educator expenses					
2					11	
	Certain business expenses of reservists, performing artists, and fee	-basi	is qov	ernment		
	officials. Attach Form 2106				12	
	Health savings account deduction. Attach Form 8889				13	
4	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
	Deductible part of self-employment tax. Attach Schedule SE				15	
	Self-employed SEP, SIMPLE, and qualified plans				16	
	Self-employed health insurance deduction				17	
	Penalty on early withdrawal of savings				18	
	Alimony paid				19a	
	Recipient's SSN					
С	Date of original divorce or separation agreement (see instructions):					
	IRA deduction				20	
	Student loan interest deduction				21	
	Reserved for future use				22	
	Archer MSA deduction				23	
	Other adjustments:					
	Jury duty pay (see instructions)	24a				
	Deductible expenses related to income reported on line 8l from the					
	rental of personal property engaged in for profit	24b				
	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
	Reforestation amortization and expenses	24d				
	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
	Contributions to section 501(c)(18)(D) pension plans	24f				
	Contributions by certain chaplains to section 403(b) plans	24g				
	Attorney fees and court costs for actions involving certain unlawful	- 19			-	
	discrimination claims (see instructions)	24h				
	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	24i				
	Housing deduction from Form 2555	24j				
	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
		24k				
	Other adjustments. List type and amount:	2-11			-	
-		24z				
25 [±]	Total other adjustments. Add lines 24a through 24z				25	
	Add lines 11 through 23 and 25. These are your adjustments to income				20	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA		02/24/23 F			le 1 (Form 1040) 202

	EDULE E 1040)	l estat							ome an corporati		
	nent of the Treasury		_								SR, 1040-
	Revenue Service		Go to	www.	irs.go	ov/So	chedi	uleE	for ins	stru	ctions an
Name(s) shown on return										
SUSE	IMITHA GEDD										
Part											
	Note: If yo rental inco	ou are in t ome or los	he busine s from Fo	ess of re 0 rm 48	enting 35 or	g per n pag	sona le 2. l	l prop ine 4(berty, ι 0.	use	Schedule
Α	Did you make an									file	Form(s) ¹
	f "Yes," did you										
1a	Physical addr	,		· ·		,			ZIP co	ode)
A	MUDIGOLAM			ANDHI							
B	MODIGOLAM	СПІТІ	OUR 1	нирні	KA I	PRA.	062.			. / ⊥	24
<u>с</u>											
1b	Type of Prope	rtv 2	For on	oh ron	tolro		ototo	nro	norty	lict	od
10	(from list below		For ea above,								
Α	3		person								
B			if you r								
			qualifie	ed join	t ven	nture	. See	e inst	tructio	ons	
	of Property:										
	Single Family R	esidence	ə 3	Vacat	ion/S	Shor	t-Ter	m Re	ental		5 Lanc
	Multi-Family Re			Comn	nerci	al					6 Roya
		0.001100	•								
Incon										_	
3	Rents received			• •	·	• •	• •	•		3	
	Royalties recei	ved .			•			•	. 4	4	
Expe										_	
5	Advertising .				·		• •	•	· -	5	
6	Auto and trave	-		s) .	·	• •		•		6	
7	Cleaning and r	naintena	ance	• •		• •		•	-	7	
8	Commissions			• •				•		B	
9	Insurance			• •				•		9	
40	I agal and athe	w profoo	alanal fa	~~					- I 4		

Supplemental	Income	and	Loss
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OMB No. 1545-0074

Your social security number

ions, estates, trusts, REMICs, etc.)

NR, or 1041.

d the latest information.

2022
Attachment Seguence No. 13

	SHMITHA GEDDAM					896-88	3-89	27		
Pa	rt I Income or Loss From Rental Real Estate and I								_	
	Note: If you are in the business of renting personal property, rental income or loss from Form 4835 on page 2, line 40.			instruct	ions. If you a	re an indiv	ridual,	report	farn	n
Α	Did you make any payments in 2022 that would require you to	file Form(s)	1099? 5	See instr	uctions .			Yes	X	No
В	If "Yes," did you or will you file required Form(s) 1099?									No
1a										
A										
		1/124								
<u>В</u> С										
					D					
1b	Type of Property (from list below) 2 For each rental real estate property above, report the number of fair ren			-	Rental Days	Person Da		e	Q,	JV
A			Α		365	Du	0		<u> </u>	
B	if you meet the requirements to file		B		305		0			╡──
В	qualified joint venture. See instruction	ons.	C							╡──
			C							
	e of Property:	E L en		7 0	alf Dantal					
	Single Family Residence 3 Vacation/Short-Term Rental				elf-Rental					
2	Multi-Family Residence 4 Commercial	6 R0	alties	8 (ther (descr	ibe)				
					Propertie	es:				
Inco	me:		Α		В			C	;	
3	Rents received	3	б	00.						
4	Royalties received	4								
Exp	enses:									
5		5								
6		6								
7		7	1,0	00.						
8		8								
9		9								
10		10								
11		11	8	00.						
12		12	0							
13		13								
14		14	2,8	40						
15	· · –	15	2,3							
16		16	2,5	50.						
17		17	3,9	80						
18	——————————————————————————————————————	18	575							
19	Other (list)	19								
20		20	10,9	50						
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If		10,7	50.						
~ I	result is a (loss), see instructions to find out if you must									
		21	-10,3	50.						
22	Deductible rental real estate loss after limitation, if any,		.,0							
		22 (10,35	50. 10			(
23 a			,	23a		600.	\			
k				23b						
Ċ				23c						
c				23d						
e				23e	10	,950.				
24	Income. Add positive amounts shown on line 21. Do not in			200	±0	. 24				
25	Losses. Add royalty losses from line 21 and rental real estate lo	-		nter tot	 al losses her		(1 () 21	50.
26								<u> </u>	, , , ,	
20	Total rental real estate and royalty income or (loss). Con here. If Parts II, III, IV, and line 40 on page 2 do not ap									
	Schedule 1 (Form 1040), line 5. Otherwise, include this amo					. 26		-1	.0,3	350.

Form 8582
Department of the Treasury

Internal Revenue Service

Passive Activity Loss Limitations

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041.

Go to www.irs.gov/Form8582 for instructions and the latest information.

20 Attachment Sequence No. 858

8582 (2022)

Identifying number 896-88-8927

Name(s) shown on	return
SUSHMITHA	GEDDAM

Pa	t I 2022 Passive Activity Loss Caution: Complete Parts IV and V before completing Part I.				1		
	Il Real Estate Activities With Active Participation (For the definition of active par ance for Rental Real Estate Activities in the instructions.)	ticipat	tion,	see Sp	ecial		
1a	Activities with net income (enter the amount from Part IV, column (a))	1a			0.		
b	Activities with net loss (enter the amount from Part IV, column (b))	1b	(10,3	350.)		
с	Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	()		
d	Combine lines 1a, 1b, and 1c					1d	-10,350.
All Ot	her Passive Activities						
2a	Activities with net income (enter the amount from Part V, column (a))	2a					
b	Activities with net loss (enter the amount from Part V, column (b))	2b	()		
С	Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	()		
d	Combine lines 2a, 2b, and 2c					2d	
3 Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the							
	losses on the forms and schedules normally used					3	-10,350.

If line 3 is a loss and: • Line 1d is a loss, go to Part II.

• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10.

	Part II Special Allowance for Ren	ital Real Estate	Activities With	Active Pa	rticipa	ition				
	Note: Enter all numbers in Part II as positive amounts. See instructions for an example.									
	4 Enter the smaller of the loss on line 10		4	10,350.						
	5 Enter \$150,000. If married filing separa	ately, see instructi	ons	5	1	50,000.				
	6 Enter modified adjusted gross income	, but not less thar	n zero. See instruc	tions 6	1	07,829.				
	Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7.	to line 5, skip line	s 7 and 8 and ent	er -0-						
	7 Subtract line 6 from line 5			7		42,171.				
	8 Multiply line 7 by 50% (0.50). Do not er	nstructions	8	21,086.						
9 Enter the smaller of line 4 or line 8								10,350.		
F	Part III Total Losses Allowed									
1	0 Add the income, if any, on lines 1a and	d 2a and enter the	etotal				10	0.		
1	1 Total losses allowed from all passive	e activities for 20	22. Add lines 9 an	id 10. See in	struction	ons to find				
	out how to report the losses on your ta						11	10,350.		
F	Part IV Complete This Part Before	e Part I, Lines 1	a, 1b, and 1c. S	ee instruct	ions.					
	Name of activity	Currer	Prior yea	Prior years Ove			ain or loss			
	Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallo loss (line		(d) Gain	1	(e) Loss		
М	UDIGOLAM	0.	10,350.					10,350.		

For Paperwork Reduction Act Notice, see instru-	ctions. BAA		REV 02/24	4/23 PRO	Form
Total. Enter on Part I, lines 1a, 1b, and 1c	0.	10,350.			

OMB No. 1545-1008

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Part V Complete This Part B	efore Part I, Lines 2	2a, 2b,	and 2c. S	ee instruc	tions.		
	Curre	ent year		Prior ye	ears	Overal	l gain or loss
Name of activity	(a) Net income (line 2a)	(b) (lii	Net loss ne 2b)	(c) Unallo loss (line	allowed (d) Gain		(e) Loss
	((
otal. Enter on Part I, lines 2a, 2b, and 2					P		
Part VI Use This Part if an An			Line 9. S	ee instruc	tions.		
Name of activity	Form or schedule and line number to be reported or (see instructions)	(a) Loss	(b) Ra	tio	(c) Special allowance	(d) Subtract column (c) from column (a).
MUDIGOLAM	E Ln 22		10,350.	1.0000	0000	10,35	0. 0
otal			10,350.	1.00		10.25	
Part VII Allocation of Unallow	ed Losses. See inst			1.00	,	10,35	0. 0
	Form or sch						
Name of activity	and line nu to be repor (see instruc	ted on	(a) l	_oss		(b) Ratio	(c) Unallowed loss
otal						1.00	
Part VIII Allowed Losses. See i							
Name of activity	Form or sch and line nu to be report (see instruct	Imber ted on	(a) I	_oss	(b) Ui	nallowed loss	(c) Allowed loss
	(000						
	1						
otal							Farma 9590 (00)

REV 02/24/23 PRO

Form **8582** (2022)

E-file Signature Authorization (Arizona Forms 140, 140A, 140EZ, 140NR and 140PY)

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.

Your First Name and Initial	Last Name		Your Social Security Number*
SUSHMITHA	GEDDAM	Enter	896 88 8927
Your Spouse's First Name and Initial (if filed joint)	Last Name	your SSN(s).	Spouse's Social Security No.*

PART 1 – PURPOSE (If you are e-filing a Small Business Income Tax Return, also complete Form AZ-8879 SBI)*Do Not Truncate

• To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.

• To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

PART 2 – TAX RETURN INFORMATION		PART 3 – FINANCIAL INSTITUTION INFORMATION					
		Must be present when reques	sting direct debit or deposit.				
1 Arizona Adjusted Gross Income 42,35	0 00	Foreign Account Deposit/	Debit: See instructions below.				
2 Balance Of Tax	2 00	TYPE OF ACCOUNT					
3 Arizona Income Tax Withheld 10	00 00	Checking Savings					
Check box 4 <u>or</u> box 5:		ACCOUNT NUMBER					
4 REFUND: Enter the amount of refund	00						
5 AMOUNT YOU OWE: Enter the amount owed	872 00	DIRECT DEBIT REQUEST DATE	\$				

Box 4 Checkbox – Refund: You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

Box 5 Checkbox – Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your account. If you are due a refund, we will send you a check instead. If you owe tax, you must mail a check to the Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2022, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

- **6a** I consent that my refund be directly deposited as designated in the electronic portion of my 2022 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- **6b** I do not want direct deposit of my refund or I am not receiving a refund.
- **6c** I authorize the Arizona Department of Revenue (ADOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of my tax liability by April 18, 2023, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, my state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.

I authorize GLOBAL TAXES LLC

(ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2022. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return. I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

ERE	→		DATE	
SE SIGN HERE	→	YOUR PEN AND INK SIGNATURE	DATE	
PLEASE		SPOUSE'S PEN AND INK SIGNATURE	DATE	

RETURN.			Arizona Form 140NR Nonresident Per	rsonal In	come Ta	x Return		F	_	LENDAR YEAR	2
RET	82F		Check box 82F f filing under extension OR FISCAL YEAR BEGINNING	3	12.0.2.2				L I		. 66F
뷤	,			ast Name				Your	Socia	I Security Nu	umber
	1	SUS	НМІТНА	GEDDAM			ter	896	5 1	88 892	27
2	_;	Spous	se's First Name and Middle Initial (if box 4 or 6 checked)	ast Name		уо		Spou		ocial Securi	ty No.
	1		, , , , , , , , , , , , , , , , , , ,			SS	N(s).		I.	1	
Ē		Curre	nt Home Address - number and street, rural route		Apt. No.	Da	aytime Pl	hone	(with	area code)	
E	2	145	0 WORCESTER RD		8506	94	1				
ANY ITEMS			own or Post Office State	ZIP Code		Last Names U					ferent)
	3	FRA	MINGHAM MA	01702							97
STAPLE	ω	4	Married filing joint return 4a Injured Spouse Protect	tion of Joint Ov	ornovmont	REVENUE US	E ONLY.		ОТ МА	RK IN THIS A	AREA.
ST ^A	Ĩ	5	Head of household: Enter name of qualifying child or depender		erpayment	88R					
Ĕ	ST/	5		nit on next line.							
NOT	FILING STATUS	6	Married filing separate return: Enter spouse's name and Socia	al Security Numb	er above						
20	분	7	Single								
	و ا		↓ Enter the number claimed. Do not put a check mark.			I					
	d 10b	8	Age 65 or over (you and/or spouse) If completing lines 8 a			81P PM			80R	RCVD	
	and	9	Blind (you and/or spouse)	and 10b, compl	ete line 59.						
	10a	10a	Dependents: Under age of 17. 10b Dependen	its: Age 17 and	over.						
	ents	11_13	Residency Status (check one): 11 X Nonresident 12 No				e Return) (600	inetru	ctions - nage	20)
	Ĕ	11-10	(Box 10a and 10b): Dependent Information. See instructions								; 23)
	Depe		(a)	(b)	(c)			(e)	age 4	•. (f)	
	1-6			SECURITY NO.	RELATIONSH	IP NO. OF MONT	HS V Dep	endent	Age	✓ if you did no	ot claim
	and		(Do not list yourself or spouse.)			LIVED IN YOU HOME IN 202	22 1		2	this person or federal return	due to
	œ							0a) (Bo		educational c	realis
	tion						┤┢		븜	— <u> </u>	
	Exemptions						┤岩		片	<u> </u>	
R	Exe	10e 10f					┤岩		H	— <u> </u>	
after Form 140NR			Check box 14 if married and you are the spouse of an active du	ity militany mor	mbor	2022 FEI		- '	20	22 ARIZON	
n 1		14	who qualifies for relief under the Military Spouses Residency Re	• •		Amount from Fe		urn		Irce Amount C	
or		15	Wages, salaries, tips, etc			15 10	7,829	00		42,35	0 00
LL L			Interest			16	,	00			00
fte		17	Dividends		F	17		00			00
ts a	e	18	Arizona income tax refunds		[18		00			00
	Cor	19	Business income or (loss) from federal Schedule C			19		00			00
Ĕ	na Inco	20	Gains or (losses) from federal Schedule D. See instructions for AR	RIZONA column		20		00			00
C	izor	21	Rents, royalties, partnerships, estates, trusts, small business corporation	ns from federal S	chedule E	21 -1	0,350	00			0 00
rd	Ā	22	Other income reported on your federal return. Include your own	n schedule		22		00			000
he			Total income: Add lines 15 through 22				7,479			42,35	
g			Other federal adjustments: Include your own schedule					00			00
00			Federal adjusted gross income: Subtract line 24 from line 23 in the				7,479			40.25	
lles			Arizona gross income: Subtract line 24 from line 23 in the ARIZONA							42,35	
sdL		27	Arizona income ratio: Divide line 26 by line 25, and enter the result							0.43	
che			Small Business Income: 288 check the box if you are filing Arizona Fo							42,35	
SZ			Modified Arizona gross income. Subtract line 28 from 26							42,33	00
A	ion	30 This I	Fotal depreciation included in Arizona gross income box may be blank or may contain a printed barcode of data from your retu			justment. See in					00
anc	Additic		ne ing haa ka paana kaala pirang parang barkara ing herita i			me. See instruct					00
al	∢					29, <u>30, 31 and 3</u>		Г		42,35	
Jer	2				ced gain/loss			00			100
fe	age				erm gain/loss			00			
ed	ong				rm gain/loss			00			
uir	nt.				ain. See instr.			00			
req	50		252 NEXTEMPTER A BOLKER DE DATA ANTRAS MAXIMISTA PRESE ANZ FREMATEN (SE	38 Multiply	line 37 by 25%			. 38			00
Ž	suc		e de la terre de la compositio de la compo	39 Net cap	ital gain from q	ualified small bu	siness	. 39			00
e al	actic		szere negiszer interdiente designa kerendetek kerendietek hannen dietek hanne betrebende biske beschieber. Het Eine	IIII 40 Recalcu	lated Arizona o	lepreciation		. 40			00
Place any required federal and AZ schedules or other docume	Subtractions – cont. on page 2				•	See instructions					00
đ	ึง			42 Subtrac	t lines 38 throu	gh 41 from line 3	3	. 42		42,35	0 00

[Your	Name (as shown on page 1) Your Social Securi	ity Numbe	er		
	SU	SHMITHA GEDDAM 896-88-8	927			
1.0	43	Interest on U.S. obligations such as U.S. savings bonds and treasury bills	43	3		00
ctions m pag	44	Agricultural crops contributed to Arizona charitable organizations				00
Subtractions cont. from pag	45	Other Subtractions from Income: Complete Other Subtractions from Arizona Gross Income schedule on page 6		5		00
	46	Subtract lines 43 through 45 from line 42. Enter the difference		5	42,350	
	47	Age 65 or over: Multiply the number in box 8 by \$2,100		0		
ຊ	48	Blind: Multiply the number in box 9 by \$1,500	0	0		
Exemptions	49	Other Exemptions: See instructions49E Multiply the number in box 49E by \$2,300 49	0	0		
due	50	Add lines 47, 48, and 49. Enter the total 50	0	0		
ш	51	Multiply line 50 by the Arizona ratio on line 27	51			00
	52	Arizona adjusted gross income: Subtract line 51 from line 46. If less than zero, enter "0"		2	42,350	00
	53	Deductions: Check box and enter amount. See instructions		3	5,620	00
	54	If you checked box 53S and claim charitable contributions, check 54C Complete page 3. See instructions		۱		00
	55	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0"			36,730	
Тах	56	Compute the tax using amount from line 55 and Tax TableS X and Y	56	3	972	00
of T	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 32		,		00
	58	Subtotal of tax: Add lines 56 and 57. Enter the total		3	972	00
Balance	59	Dependent Tax Credit. See instructions	59)		00
ß	60	Nonrefundable credits from Arizona Form 301, Part 2, line 64	60)		00
	61	Balance of tax: Subtract lines 59 and 60 from line 58. If the sum of lines 59 and 60 is more than line 58, enter "0"			972	00
	62	2022 AZ income tax withheld	62	2	100	00
and	63	2022 AZ estimated tax payments 63a 00 Claim of Right 63b 00 Add 63a and	63b. 63	Bc		00
Total Payments and Refundable Credits	64	2022 AZ extension payment (Form 204)				00
aym	65	Other refundable credits: Check the box(es) and enter the total amount	349 65	5		00
fun.	66	Total payments and refundable credits: Add lines 62 through 65. Enter the total	66	3	100	
₽æ	67	TAX DUE: If line 61 is larger than line 66, subtract line 66 from line 61. Enter amount of tax due. Skip lines 68, 69 and 70	67	/	872	00
or Tent	68	OVERPAYMENT: If line 66 is larger than line 61, subtract line 61 from line 66. Enter amount of overpayment	68	3		00
Due or paymen	69	Amount of line 68 to be applied to 2023 estimated tax	69)		00
Tax Due or Overpayment	70	Balance of overpayment: Subtract line 69 from line 68. Enter the difference)		00
	71	- 81 Voluntary Gitts to: Assigned to Schools71 UU Arizona Wildlife	00			
Gifts		Child Abuse Prevention	00			
5		Neighbors Helping Neighbors76 OO Special Olympics	00			
Inta	~~		00			
Voluntary	82	Political Party (if amount is entered on line 75 - check only one): 821 Democratic 822 Libertarian 823 Republican				00
	83	Estimated payment penalty	83			00
nalty	84 95	841 Annualized/Other 842 Farmer or Fisherman 843 Form 221 included Add lines 71 through 81 and 83. Enter the total	0-			00
Pena	85	REFUND: Subtract line 85 from line 70. If less than zero, enter amount owed on line 87				00
1	86	Direct Deposit of Refund: Check box 86Å if your deposit will be ultimately placed in a foreign account; see instructions. 86Å)		100
or wed		C Checking or ROUTING NUMBER ACCOUNT NUMBER	_			
nnd.						
Refund or Amount Owed	87	AMOUNT OWED: Add lines 67 and 85. Make check payable to Arizona Department of Revenue; write your SSN on payment	nt 87	,	872	00
		Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my				e
		true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which pre	parer na	as any l	knowieage.	
l W	→	SOFTWARE E	NGINE	EER		
Ψ		YOUR SIGNATURE DATE OCCUPATION				-
Ż	_					
Q	≯	SPOUSE'S SIGNATURE DATE SPOUSE'S OCCUPAT				_
PLEASE SIGN HERE						
SE		SYAM PRIYA RAM SAGAR GUPTA TALLAM 03082023 GLOBAL TAXES LLC				_
►		PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED	,			
		245 ROONEY CT 84-317 PAID PREPARER'S STREET ADDRESS PAID PREPAR				_
-				500		
		E BRUNSWICK NJ 08816 (678) 9 PAID PREPARER'S CITY STATE ZIP CODE PAID PREPAR			IBER	-

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode). If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

Arizona Individual Income Tax Payment Voucher for Electronic Filing of Form 140, 140PY or 140NR

`	Your First Name and Middle Initial	·	Last Name				ial Securi	ity Number
1	SUSHMITHA		GEDDAM		Ente	896	88	8927
	Spouse's First Name and Middle Initial		Last Name		you	Spouses	s Social S	Security No.
1					SSN	N(S).		
	Current Home Address - number and st	treet, rural route		Apt. No.	Day	ytime Phone (wit	th area co	ode)
2	1450 WORCESTER RD			8506	94	(937)956-	9775	
	City, Town or Post Office	State	ZIP Code	·		E ONLY. DO NOT	MARK IN	THIS AREA.
3	FRAMINGHAM	MA	01702		88			
	ase indicate the filing status Married filing joint return Head of household: Enter name		pendent on next line.					
	Married filing separate return: Single	Enter spouse's name an	d Social Security Nu	nber above.	81 PM	8	30 RCVD)
Enf	ter the amount of navment e	anclosed				۹ 🗌		872 00

If you are mailing this payment

To ensure proper application of this payment, be sure that you:

- ✓ Do not send cash.
- \checkmark Make your check or money order payable to Arizona Department of Revenue.
- ✓ Write your SSN, "2022 Tax" and 140 on your payment.
- \checkmark Include your payment with this form.
- ✓ **Mail to** Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

If you are making an electronic payment

You can make this 140V payment by eCheck or credit card! American Express ♦ Visa ♦ Discover Card ♦ MasterCard

www.AZTaxes.gov

- ✓ Click on "Make a Payment" and select "140V" as the Payment Type.
- \checkmark Do not mail this form. We will apply this payment to your account.

NOTE: To avoid interest and penalties you must pay the full amount of your tax by April 18, 2023. You will not receive an additional notice from the Arizona Department of Revenue unless an error exists with your return.

EPV

2022

	Do not staple or paper clip. Ohio Department of Taxation 03 08 23	2022 Ohic of Individual Incom Use only black ink/UPPERCASE I	ne Tax Return	nly. 2	2000198 Sequence No. 1
	AMENDED RETURN - Check here	and include Ohio IT RE.	NOL CARRYBACK - C	heck here and inc	lude Schedule IT NOL.
	Primary taxpayer's SSN (required) 896 88 8927	✓ If deceased Spouse's SSN (if f	iling jointly) 🗸 If	deceased	School district # 0203
	First name SUSHMITHA	M.I. Last name GEDDAN	1		
	Spouse's first name (if filing jointly)	M.I. Last name			
	Address line 1 (number and street) or P.C 1450 WORCESTER RD Address line 2 (apartment number, suite r APT 8506				
	City		State ZIP code	Ohio county (first four letters)
	FRAMINGHAM		MA 01702	FRAN	
	Foreign country (if the mailing address is	outside the U.S.)	Foreign postal code		
	Residency Status – Check only one	e for primary	Filing Status - Check	cone (as reported o	on federal income tax return)
	Resident X Part-year resident	Nonresident >> MA Indicate state	✗ Single, head of hou	isehold or qualifyir	g widow(er)
	Check only one for spouse (if filing jointly Resident Part-year resident) Nonresident >> Indicate state	Married filing jointly Married filing separ		Spouse's SSN
	Ohio Nonresident Statement – Primary meets the five criteria for irrel Spouse meets the five criteria for irrel	buttable presumption as nonresident.		n you (or your spou	ise if filing jointly) as a
Do not staple or paper clip.	1. Federal adjusted gross income (fed if negative			1.	97479
er pa	2a.Additions – Ohio Schedule of Adjustm	ents, line 10 (include schedule)		2a.	
staple	2b.Deductions – Ohio Schedule of Adjust	tments, line 39 (include schedule)		2b.	
Do not	3. Ohio adjusted gross income (line 1 pl	us line 2a minus line 2b). Place a "-" ii	n the box if negative	3.	97479
	4. Exemption amount (include Schedul Number of exemptions including you ar			4.	1900
	5. Ohio income tax base (line 3 minus lir		-	5.	95579
	6. Taxable business income – Ohio Sche	edule IT BUS, line 13 (include sched	ule)	6.	
	7. Taxable nonbusiness income (line 5 n	ninus line 6; if negative, enter zero)		7.	95579
			2 I II		

ų,

REV 02/14/23 PRO 2022 IT 104

2022 IT 1040 - page 1 of 2

Code

MM-DD-YY

2022 Ohio IT 1040 Individual Income Tax Return



SSN	8	896	88	8927		111∎ 11∎ 11∎ ■ 111 ■■1 22000298	Sequence No. 2
7a.Am	ount	from I	line 7	on page '	۰	7a.	95579
8a.Noi	nbusi	iness i	incom	e tax liab	lity on line 7a (see instructions for tax tables)	8a.	2527
8b.Bus	sines	s inco	me ta	x liability	– Ohio Schedule IT BUS, line 14 (include schedule)	8b.	
8c. Inc	ome	tax lia	bility b	before cre	edits (line 8a plus line 8b)	8c.	2527
9. Ohi	io noi	nrefur	ndable	e credits –	Ohio Schedule of Credits, line 35 (include schedule)	9.	2427
10.Tax	liabi	lity aft	er nor	nrefundat	e credits (line 8c minus line 9; if negative, enter zero)	10.	100
11. Inte	erest	penal	ty on ι	underpay	ment of estimated tax (include Ohio IT/SD 2210)	11.	
12.Unj	paid ι	use ta	x (see	e instructio	ons)	12.	
13. Tot	al Oh	hio ta	x liabi	ility befor	e withholding or estimated payments (add lines 10, 11 and 12)	13.	100
14.Ohi inc	io inc ome	ome t state	ax wit ments	hheld – S s)	chedule of Ohio Withholding, part A, line 1 (include schedule and	14.	117
					ments (from Ohio IT 1040ES and IT 40P), and credit carryforward	15.	
16.Ref	funda	able cr	edits -	– Ohio So	chedule of Credits, line 41 (include schedule)	16.	
17. <u>Am</u>	ende	ed ret	urn o	nly – amo	ount previously paid with original and/or amended return	17.	
18. Tot	al Oł	hio ta	х рауі	ments (a	dd lines 14, 15, 16 and 17)	18.	117
19. <u>Am</u>	ende	ed ret	urn o	<u>nly</u> – ove	rpayment previously requested on original and/or amended return	19.	
2 <u>0. Line</u>	e 18 r				'-" in the box if negative	20.	117
					HAN line 13, skip to line 24. OTHERWISE, continue to line 21.		
					0). If line 20 is negative, ignore the "-" and add line 20 to line 13		
22. Inte	erest	due o	n late	payment	of tax (see instructions)		
					e 21 plus line 22). Include Ohio IT 40P (if original return) or and make check payable to "Ohio Treasurer of State" AMOUNT E	DUE ▶ 23.	
24.Ove	erpay	/ment	(line 2	20 minus	line 13)	24.	17
	ginal	l retui		y – portio	n of line 24 carried forward to next year's tax liability n of line 24 you wish to donate: b. Military Injury Relief c. Ohio History Fund	25.	
d. Nat	ure F	Preser	ves/Se	cenic Riv	ers e. Breast/Cervical Cancer f. Wishes for Sick Children	otal26g.	
27. RE	FUN	D (line	e 24 m	ninus line:	s 25 and 26g)YOUR REFL	JND ▶ 27.	17
Sian I	Here	(rea	uired): I have r	ead this return. Under penalties of perjury, I declare that, to the best of my knowledge es are true, correct and complete.	If your refund is \$1.00 or less, no If you owe \$1.00 or less, no pay	
					Phone number (937)956-9775	NO Payment Include	d – Mail to:
					Date	Ohio Department o P.O. Box 26	f Taxation
-		-			eparer to discuss this return with the Department.	Columbus, OH 43	
Prepare	er's pri	inted n	ame	SYAM P	RIYA RAM SAGAR GUP (678)965-9522	Payment Included Ohio Department o P.O. Box 20	f Taxation
					Preparer's TIN (PTIN) P 02082703	Columbus, OH 43	



2022 Ohio Schedule of Credits Use only black ink. Use whole dollars only. Primary taxpayer's SSN 896 88 8927



Sequence No. 7

03 08 23

Many of these credits must be calculated using a worksheet and/or be supported by additional required documentation. See the instructions for worksheets and information on supporting documentation.

	Nonrefundable Credits	
1.	Tax liability before credits (from Ohio IT 1040, line 8c)1.	2527
2.	Retirement income credit (include 1099-R forms)2.	
3.	Lump sum retirement credit (include a copy of the worksheet and 1099-R forms)	
4.	Senior citizen credit (must be 65 or older to claim this credit)4.	
5.	Lump sum distribution credit (include a copy of the worksheet and 1099-R forms)	
6.	Child care & dependent care credit (include a copy of the worksheet)6.	
7.	Displaced worker training credit (include a copy of the worksheet and all required documentation)7.	
8.	Campaign contribution credit for Ohio statewide office or General Assembly	0
9.	Income-based exemption credit9.	0
10.	Total (add lines 2 through 9)10.	0
11.	Tax less credits (line 1 minus line 10; if negative, enter zero)	2527
12.	Joint filing credit (see instructions for table). % times line 11, up to \$650	0
13.	Earned income credit	
14.	Home school expenses credit (include copies of all required documentation)14.	
15.	Scholarship donation credit (include copies of all required documentation)15.	
16.	Nonchartered, nonpublic school tuition credit (include copies of all required documentation)	
17.	Vocational job credit (include a copy of the credit certificate)	
18.	Ohio adoption credit18.	
19.	Nonrefundable job retention credit (include a copy of the credit certificate)	
20.	Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate)	
21.	Grape production credit	
22.	InvestOhio credit (include a copy of the credit certificate)	
23.	Lead abatement credit (include a copy of the credit certificate)	
24.	Opportunity zone investment credit (include a copy of the credit certificate)	



2022 Ohio Schedule of Credits	
Primary taxpayer's SSN	
896 88 8927	22280298 Sequence No. 8
25. Technology investment credit carryforward (include a copy of the credit certificate)	
26. Enterprise zone day care & training credits (include a copy of the credit certificate)	
27. Research & development credit (include a copy of the credit certificate)	
28. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)	
29. Total (add lines 12 through 28)	
30. Tax less additional credits (line 11 minus line 29; if negative, enter zero)	
Nonresident Credit	
Dates of Ohio residency010122to063022Other state of residency	MA
31. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy)	
32. Ohio adjusted gross income (Ohio IT 1040, line 3)	
33a. Divide line 31 by line 32 (four decimals; do not round; if greater than 1, enter 1.0000)	
33. Nonresident credit (line 30 times line 33a)	
Resident Credit	
34. Resident credit – Ohio IT RC, line 7 (include a copy)	
35. Total nonrefundable credits (add lines 10, 29, 33 and 34; enter here and on Ohio IT 1040, line 9)	35. 2427
Refundable Credits	
36. Refundable Ohio historic preservation credit (include a copy of the credit certificate)	

41. Total refundable credits (add lines 36 through 40; enter here and on Ohio IT 1040, line 16)......41.



hio Department of Taxation

2022 Schedule of Ohio Withholding



22350198

Use only black ink/UPPERCASE letters. Use whole dollars only.

Primary taxpayer's SSN

Sequence No. 11

896 88 8927

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms **only if they have Ohio withholding**. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies if necessary. **Place state copies of your income statements after the last page of your return**.

Part A - Total Withholding

 1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 1040
 117

<u>Part B -</u> 1. P/S P	- <u>W-2s</u> Box b - EIN 834447532	Box 1 - Wages, tips, other compensation 46200	Box 2 - Federal income tax withheld 6552
	Box 15 - Employer's Ohio ID number 54131057	Box 16 - Ohio wages, tips, etc. 3850	Box 17 - Ohio income tax 117
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax



|--|

2022 Schedule of Ohio Withholding Primary taxpayer's SSN



No. 12

		Primary taxpayer's SSN		22350298
Devit O	4000 D-	896 88 8927		Sequence No.
-	<u>1099-Rs</u>			Sequence No.
1. P/S	Payer's TIN	Box 1 - Gross distribution	Total	Box 7 -
			distribution	Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	B	ox 14 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Gross distribution		
2. 175			Total	Box 7 -
			distribution	Distribution code
			_	
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	B	ox 14 - Ohio tax withheld
3. P/S	Payer's TIN	Box 1 - Gross distribution	Total	Box 7 -
			distribution	Distribution code
			alouibadon	Distribution obdo
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	B	ox 14 - Ohio tax withheld
4. P/S	Payer's TIN	Box 1 - Gross distribution		
4. 170			Total	Box 7 -
			distribution	Distribution code
	Dev 45 Devenie Obie newskam	Dev 4. Es devel in encoderation in the		
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	B	ox 14 - Ohio tax withheld
Part D -	<u>W-2Gs</u>			
1. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fe	ederal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	B	ox 15 - Ohio income tax withheld
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fe	ederal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	P	ox 15 - Ohio income tax withheld
	Box 13 - Onio state in number	Box 14 - Onio state winnings	D'	ox 15 - Onio income tax withheid
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fe	ederal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	B	ox 15 - Ohio income tax withheld
Part E -	<u>1099-NECs</u>			
1. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Fe	ederal income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income	B	ox 5 - Ohio tax withheld
	-			
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Fe	ederal income tax withheld
2.170				
	Roy 6 Povor's Obio pumbor	Box 7 - State income	п	ox 5 - Ohio tax withheld
	Box 6 - Payer's Ohio number	DOX / - STATE INCOME	В	





Form M-8453 Individual Income Tax Declaration for Electronic Filing

2022
Massachusetts
Department of
Revenue

Your first name and initial	Last	name		Your Social Security number	
SUSHMITHA GEDDAM	896888927				
If a joint return, spouse's first name and initial	Last	name	Spouse's Social Security number		
Present street address (and apartment number)					
1450 WORCESTER RD APT NO 8506					
City/Town/Post Office	State	Zip	Filing status:		O Married filing jointly
FRAMINGHAM	MA	01702		 Married filing separately 	O Head of household

1 Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12) 1	J12/9
2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36) 2	2252
3 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38)	
4 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42)	2001
5 Refund amount (from Form 1, line 53, or Form 1-NR/PY, line 57)5	6.00
6 Tax due (from Form 1, line 54, or Form 1-NR/PY, line 58)	

Part 2. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2022 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signature	Date	Spouse's signature	Date

Part 3. Declaration and Signature of Electronic Return Originator (ERO)

I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

ERO's signature and SSN or PTIN		Date	EIN		O Fill in if
		03082023	882145487		self-employed
Firm name (or yours, if self-employed) and address		City/Town	State	Zip	○ Fill in if also
GLOBAL TAXES LLC	245 ROONEY CT	E BRUNSWICK	NJ	08816	paid preparer

Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Paid preparer's signature and SSN or PTIN	Date	EIN		○ Fill in if self-employed
P02082703	03082023	843171	843171965	
Firm name (or yours, if self-employed) and address	City/Town	State	Zip	
SYAM PRIYA RAM SAGAR GUPTA TALLAM 245 ROONEY CT	E BRUNSWICK	NJ	08816	





2022 Form 1-NR/PY

MA22006011555 Massachusetts Nonresident/Part-Year Resident

Income Tax Return

For the year January 1-December 31, 2022 or other taxable Ending Year beginning

SUSHI	MITHA	GEDDAM	8968889	27	
1450	WORCESTER RD)	FRAMINGHAM		MA 01702 8506
Fill in if:	Amended return	, 0	Enter date of change		
	Federal amendment	Amended return due to	IRS BBA Partnership Audit		
State Election	n Campaign Fund:			\$1 You	\$1 Spouse TOTAL
Fill in if vetera	n of Operations Enduring Fr	reedom, Iraqi Freedom, Noble	e Eagle or Sinai Peninsula	You	Spouse
Taxpayer dece	eased			You	Spouse
Fill in if under	age 18			You	Spouse
Fill in if name	change			You	Spouse
Check one:	Nonresident	Filing as both nonre	esident and part-year resident		
2	K Part-year resident	Nonresident compo	site	Fill in if non	custodial parent
a. Total fe	deral income	974	79	Fill in if filing	g Schedule TDS
b. Federal	adjusted gross income	974	79	Fill in if filing	g Schedule FCI
1. Filing	g status (select one only):	X Single Married filing jointly Married filing separ		Fill in if repo	orting crypto currency
		Head of household	You are a custodial parent	who has released claim	to exemption for child(ren)
2. Part-	year residents. Enter dates	s as Massachusetts resident:	From 07012022 To	12312022	
3. Total	days as Massachusetts res	ident 184 ÷ 365 =	5041 3		
SIGN HERE	Under penalties of perju	ry, I declare that to the bes	t of my knowledge and belief this r	eturn and enclosures ar	e true, correct and complete.
Your signatu		Date	Spouse's signature	Date	
-			-		

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

937-956-9775



2022 Form 1-NR/PY, pg. 2

MA22006021555 Massachusetts Nonresident/ Part-Year Resident Income Tax Return 896888927

4.	Exemptions:						
	a. Personal exemptions					4a	4400
	b. Number of dependents. (Do not	include your	self or your spouse.)	Enter number		× \$1,000 = 4b	
	c. Age 65 or over before 2023	You +	Spouse =			× \$700 = 4c	
	d. Blindness	You +	Spouse =			× \$2,200 = 4d	
	e. Medical/dental					4e	
	f. Adoption					4f	
	g. Total exemptions. Add items 4a t	through 4f. E	nter here and on line	e 22a		4g	4400
5.	Wages, salaries, tips					5	61629
6.	Taxable pensions and annuities					6	
7.	Mass. bank interest: a.		– b. exemp	otion		= 7	
8.	Business/profession income/loss a	ι.	+ b. Farmi	ng income/loss	6		
						= 8	
9.	Rental, royalty and REMIC, partner	ship, S corp.	, trust income/loss			9	-10350
10a.	Unemployment					10a	
10b.	Mass. lottery winnings					10b	
11.	Other income					11	
12.	TOTAL 5.0% INCOME					12	51279
13.	NONRESIDENT APPORTIONMEN	IT WORKSH	IEET. You cannot app	portion Mass. v	vages as showr	n on Form W-2. Do not use this	worksheet if you know the
	exact amount of your Mass. source	income. On	ly use when income		ent/business is o	earned both inside and outside	Mass. and the exact
	Mass. amount is not known. Basis:		working days	miles	sales	other:	
	Working days (or other basis) outside Massachusetts					13a	
	Working days (or other basis) inside Massachusetts					13b	
	Total working days					13c	
	Nonworking days (holidays, weeke	nds, etc.)				13d	
	Massachusetts ratio					13e	
	Total income being apportioned. Yo	u cannot app	portion Massachuset	ts wages as sh	own on Form V	V-2 13f	
	Massachusetts income					13g	

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1

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2022 Form 1-NR/PY, pg. 3

MA22006031555 Massachusetts Nonresident/ Part-Year Resident Income Tax Return

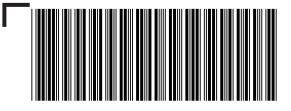
St	JSHMITHA	GEDDAM	896888927		
14. 15a. 15b. 16. 17.	 a. Total 5.0% income b. Interest income c. Total capital gain ind d. Total income this refe e. Non-Massachusetts f. Total income g. Deduction and exent Amount paid to Soc. S 	turn source income. Not less than "0" nption ratio ec. Medicare, R.R., U.S. or Mass. Retiremer aid to Soc. Sec., Medicare, R.R., U.S. or Ma e		14a 14b 14c 14d 14e 14f 14g 15a 15b 16 17	2000
18.	Rental deduction.	l.		÷ 2 = 18	

Nonresidents, fill in if during 2022 you did not have a family home or any dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future 19. Other deductions from Schedule Y, line 19 19 20. Total deductions. Add lines 15 through 19 20 2000 21. 5.0% INCOME AFTER DEDUCTIONS. Subtract line 20 from line 12. Not less than "0" 21 49279 4400 22 2218 22. Exemption amount. a. 23. 5.0% INCOME AFTER EXEMPTIONS. Subtract line 22 from line 21. Not less than "0" 23 47061 24. INTEREST AND DIVIDEND INCOME 24 25 47061

TOTAL TAXABLE 5.0% INCOME. Add lines 23 and 24
 TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the

amount in Schedule D, line 21 by .0585

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2022 Form 1-NR/PY, pg. 4

MA22006041555 Massachusetts Nonresident/ Part-Year Resident Income Tax Return 896888927

27.	12% INCOME. Not less than "0." a.		× .12 = 27	
28.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Sche	dule D-IS	28	
	Fill in if any excess exemptions were used in calculating lines 24, 27 or 28			
29.	Credit recapture amount (from Credit Recapture Schedule)		29	
30.	Additional tax on installment sale		30	
31.	If you qualify for No Tax Status, fill in and enter "0" on line 32			
32.	TOTAL INCOME TAX. Add lines 26 through 30.		32	2353
33.	Limited Income Credit		33	
34.	Income tax due to another state or jurisdiction		34	
35.	Other credits (from Credit Manager Schedule)		35	
36.	INCOME TAX AFTER CREDITS. Subtract the total of lines 33 through 35 from	line 32. Not less than "0"	36	2353
37.	Voluntary Contributions			
	a. Endangered Wildlife Conservation		37a	
	b. Organ Transplant Fund		37b	
	c. Massachusetts Public Health HIV and Hepatitis Fund		37c	
	d. Massachusetts U.S. Olympic Fund		37d	
	e. Massachusetts Military Family Relief Fund		37e	
	f. Homeless Animal Prevention and Care		37f	
	Total. Add lines 37a through 37f		37	
38.	Use tax due on Internet, mail order and other out-of-state purchases		38	
39.	Health care penalty a. You + b. Spouse		39	
40.	Amended return only. Overpayment from original return		40	
41.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add	d lines 36 through 40	41	2353
42.	a. Massachusetts income tax withheld from Form(s) W-2	42a 2	981	
	b. Massachusetts income tax withheld from Form(s) 1099	42b		
		42c		
	Total. Add lines 42a through 42c		42	2981

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2022 Form 1-NR/PY, pg. 5

MA22006051555 Massachusetts Nonresident/ Part-Year Resident Income Tax Return 896888927

43.	2021 overpayment applied to your 2022 estimated tax			43	
44.	2022 Massachusetts estimated tax payments			44	
45.	Payments made with extension			45	
46.	Amended return only. Payments made with original return. Not les	ss than "0"		46	
47.	Earned Income Credit. a. Number of qualifying children b. A Part-year residents, multiply line 47c by line 3 Note: You cannot claim the Earned Income Credit if your filing statu for an exception (see instructions). Fill in if you qualify for this except	·		.30 = c. 47 bu qualify	
48.	Senior Circuit Breaker Credit			48	
49.	Child under age 13, or disabled dependent/spouse credit			49	
50.	Dependent member(s) of household under age 12, or dependent(s) as of December 31, 2022 credit. Not more than two. a. x \$180 = b.	-	t you or your spous s multiply line 50b		
51.		i all'year resident	S multiply line 500	51	
52.				52	
53.	Excess Paid Family Leave Withholding			53	
54.	TOTAL. Add lines 42 through 46 and lines 52 and 53			54	2981
55.	Overpayment. Subtract line 41 from line 54			55	628
56.	Amount of overpayment you want applied to your 2023 estimated	l tax		56	
57.			ston, MA 02204	57	628
F	Direct deposit of refund. Type of account X checking savings RTN # 044000037 account # 908155885				
58.	Tax due. Pay online at www.mass.gov/dor/payonline. Mail to: Ma	ass. DOR, PO Box /I-2210 amt.	7003, Boston, MA	02204 58	EX enclose Form M-2210
l do n Print SYA	he Department of Revenue discuss this return with the preparer show ot want preparer to file my return electronically paid preparer's name M PRIYA RAM SAGAR GUPTA TALLAM preparer's signature		Yes (this may delay you Date 0 3 0 8 2 0 2 3 Paid preparer's phr 6 7 8 – 9 6 5 – 9	Check if self-employed	Paid preparer's SSN/PTIN P02082703 Paid preparer's EIN 84-3171965

SYAM PRIYA RAM SAGAR BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1

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2022 Schedule INC

MA22INC011555

SUSHMITHA	ISHMITHA GEDDAM		89688892	896888927			
Form W-2 and 1099 Information							
A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING		
462108777	2981	61629	4715		W2		

TOTALS

2981

61629

4715

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2

97479

2022 Schedule HC

MA22029011555

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions). **Note:** Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return. SUSHMITHA GEDDAM

896888927

1a.	Date of birth	10051995	1b. Spouse's date of birth	1c. Family size	1

2. Federal adjusted gross income

3. Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. Note: MassHealth, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions.

See instructions if, during 2022, you turned 18, you	3a You:	X Full-year MCC	Part-year MCC	No MCC/None
were a part-year resident or a taxpayer was deceased.	3a Spouse:	Full-year MCC	Part-year MCC	No MCC/None
If you filled in the full-year or part-year MCC oval, go to line 4. If you	ou filled in No MC	C/None, go to line 6.		

4. Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2022, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were enrolled in private insurance and MassHealth or Commonwealth Care and enter your private insurance information in line(s) 4f and/or 4g and go to line 5.

4a. Private insurance, including ConnectorCare (completes line(s) 4f and/or 4g below)	You	Spouse
4b. MassHealth. Fill in and go to line 5	X You	Spouse
4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5	You	Spouse
4d. U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5	You	Spouse
4e. Other program (enter the program name(s) only in lines 4f and/or 4g below). Note: Health Safety Net	You	Spouse
is not considered insurance or minimum creditable coverage.		

- 4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.
- 4g. Spouse Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.
- 5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Other wise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2022, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.





2022 Schedule HC, pg. 2

896888927 MA22029021555

You might be eligible for low- or no-cost health insurance coverage.

If you (and/or your spouse, if married filing jointly) do not have health insurance coverage, you might be eligible for health insurance coverage programs made available by the Commonwealth of Massachusetts. By filling in the oval below, you authorize DOR to share information from your tax return and attached schedules with the Health Connector. If you are married filing jointly, both spouses must check the box for the Health Connector to receive all of your information. The Health Connector will assess your eligibility for those coverage options, including low- or no-cost coverage, and contact you with information. See instructions.

You: I authorize DOR to share this tax return including attached schedules with the Massachusetts Health Connector for the purpose of assessing my eligibility for insurance affordability programs and contacting me with information about the same.

Spouse: I authorize DOR to share this tax return including attached schedules with the Massachusetts Health Connector for the purpose of assessing my eligibility for insurance affordability programs and contacting me with information about the same.

Your Health Insurance

6. Was your income in 2022 at or below 150% of the federal poverty level? 6 Yes No If you answer Yes, you are not subject to a penalty in 2022. Skip the remainder of this schedule and complete your tax return. If you answer No and you were enrolled in a health insurance plan that met the MCC requirements for part, but not all, of 2022, go to line 7. If you answer No and you had no insurance or you were enrolled in a plan that did not meet the MCC requirements during the period that the mandate applied, go to line 8a.

7. Complete this section only if you, and/or your spouse if married filing jointly, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2022. Fill in below the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, fill in the months you were covered by a plan that met the MCC requirements at least 15 days or more. If, during 2022, you turned 18, you were a part-year resident or a taxpayer was deceased, fill in the oval(s) below for the month(s) that met the MCC requirements during the period that the mandate applied. See instructions.

You may only fill in the month(s) you had health insurance that met MCC requirements. If you had health insurance, but it did not meet MCC requirements, you must skip this section and go to line 8a.

Months Covered By Health Insurance

You:	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Spouse:	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
If you had four or more consecutive months either with no insurance or insurance that did not meet the MCC requirements (four or more blank months in a row),												

go to line 8a. Otherwise, a penalty does not apply to you in 2022. Skip the remainder of this schedule and complete your tax return.

Religious Exemption and Certificate of Exemption

8a.	Religious exemption: Are you claiming an exemption from the requirement to purchase health insurance based	8a You	Yes	No
	on your sincerely held religious beliefs that cause you to object to substantially all forms of treatment covered by			
	health insurance?	Spouse	Yes	No
If you a	nswer Yes, go to line 8b. If you answer No, go to line 9.			
8b.	If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2022 tax year?	8b You	Yes	No
		Spouse	Yes	No
If you a	nswer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to li	ne 8b, go to line 9		
9.	Certificate of exemption: Have you obtained a Certificate of Exemption issued by the Massachusetts Health	9 You	Yes	No
	Connector for the 2022 tax year?	Spouse	Yes	No
If you a	nswer Yes, enter the certificate number, skip the remainder of this schedule and continue completing your tax			

return. If you answer No to line 9, go to line 10.





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Affordability as Determined By State Guidelines

Note: This section will require the use of worksheets and tables found in the instructions. You must complete the worksheet(s) to determine if health insurance was affordable to you during the 2022 tax year.

10. Did your employer offer affordable health insurance that met minimum creditable coverage requirements	10 You	Yes	No
as determined by completing the Schedule HC Worksheet for Line 10 in the instructions?	Spouse	Yes	No
Fill in No if your employer did not offer health insurance that met minimum creditable coverage requirements, you were not eligit	ole for health insu	irance offere	ed by
your employer, you were self-employed or you were unemployed.			
11. Were you eligible for government-subsidized health insurance as determined by completing the Schedule HC	11 You	Yes	No
Worksheet for Line 11 in the instructions?	Spouse	Yes	No
If you answer No, go to line 12. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your	penalty amount.		
12. Were you able to purchase affordable private health insurance that met minimum creditable coverage requirements	12 You	Yes	No
as determined by completing the Schedule HC Worksheet for Line 12 in the instructions?	Spouse	Yes	No
If you answer No, you are not subject to a penalty. Continue completing your tax return. If you answer Yes, go to the Health Care	e Penalty Worksh	eet in the	

instructions to calculate your penalty amount.

Complete Only If You Are Filing An Appeal

You must complete the Health Care Penalty Worksheet to determine your penalty amount before completing this section.

You may have grounds to appeal if you were unable to obtain affordable insurance that meets the minimum creditable coverage requirements in 2022 due to a hardship or other circumstances. The grounds for appeal are explained in more detail in the instructions. If you believe you have grounds for appealing the penalty, fill in the field(s) below. The appeal will be heard by the Massachusetts Health Connector. By filling in the field below, you (or your spouse if married filing jointly) are authorizing DOR to share information from your tax return, including this schedule, with the Massachusetts Health Connector for purposes of deciding your appeal. **You will receive a follow-up letter asking you to state your grounds for appeal in writing, and submit supporting documentation. Failure to respond to that letter within the time specified in the letter will lead to dismissal of your appeal and will result in a future assessment of a penalty.** Once your documentation is received, it will be reviewed by the Massachusetts Health Connector and you may be required to attend a hearing on your case. You will be required to file your claims under the pains and penalties of perjury.

Note: If you are filing an appeal, make sure you have calculated the penalty amount that you are appealing, but do not assess yourself or enter a penalty amount on your Form 1 or Form 1-NR/PY. Also, do not include any hardship documentation with your original return. You will be required to submit substantiating hardship documentation at a later date during the appeal process.

You: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

Spouse: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

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2022 Schedule NTS-L-NRPY

MA22021011555 No Tax Status and Limited Income Credit 896888927

Schedule NTS-L-NRPY. No Tax Status and Limited Income Credit

1.	Total 5.0% income	1	51279
2.	Adjustments to income	2	
3.	Adjusted 5.0% income. Subtract line 2 from line 1. Do not enter if less than "0"	3	51279
4.	Interest exemption used	4	
5.	Adjusted gross interest, dividends and certain capital gains	5	
6.	Long-term capital gain	6	
7.	Additional income/loss while a nonresident/part-year resident	7	46200
8.	Total income. Combine lines 3 through 7	8	97479
9.	Additional adjustments to income while a nonresident/part-year resident	9	
10.	Massachusetts Adjusted Gross Income (AGI)	10	97479
	If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status		
11.	If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and		
	add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b)		
	by \$1,000 and add \$14,400 to that amount	11	
12.	If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependents	(from Form 1-NR/PY, line	e 4b)
	by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-Ne	R/PY, line 4b) by \$1,750	
	and add \$25,200 to that amount	12	
13.	No Tax Status threshold	13	
14.	Income for Limited Income Credit	14	
15.	Tax before adjustments	15	
16.	Tax for Limited Income Credit	16	
17.	Limited Income Credit	17	





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23

24

3980

10950

10950

-10350

-10350

-10350

-10350

2022 Schedule E

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14. Taxes

15. Utilities

16. Other expenses

17. Add lines 3 through 16

18. Depreciation expense or depletion

21. Deductible rental real estate loss

19. Total expenses. Add lines 17 and 18

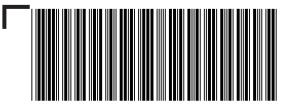
20. Income or loss from rental real estate or royalty properties

23. Losses. Add royalty losses from line 20 and real estate losses from line 21

22. Income. Enter positive amounts shown on line 20

24. Rental real estate and royalty income or loss

SUSHMITHA GEDDAM 896888927 Income or Loss from Real Estate and Royalties Income 600 1. Rents received 1 2. Royalties received 2 Expenses 3. Advertising 3 4. Auto and travel 4 1000 5. Cleaning and maintenance 5 6. Commissions 6 7 7. Insurance 8. Legal and other professional fees 8 800 9 9. Management fees 10. Mortgage interest paid to banks, etc. 10 11. Other interest 11 2840 12. Repairs 12 13. Supplies 2330 13



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Income or Loss from Partnerships and S Corporations 25. Passive loss allowed

Passive loss allowed	25
Passive income	26
Non-passive loss	27
Section 179 expense deduction	28
Non-passive income	29
Combine lines 26 and 29	30
Combine lines 25, 27 and 28	31
Partnership and S corporation income or loss. Combine lines 30 and 31	32
Interest (other than MA banks) and dividends if included in line 32	33
Interest from Massachusetts banks if included in line 32	34
Total income or loss from partnerships and S corporations	35
Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year	
disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses	
ome or Loss from Estates and Trusts	
Passive deduction or loss allowed	37
Passive income	38
Non-passive deduction or loss	39
Non-passive other income	40
Add lines 38 and 40	41
Add lines 37 and 39	42
Estate and trust income or loss. Combine lines 41 and 42	43
Estate or non-grantor-type trust income	44
Grantor-type trust and non-Massachusetts estate and trust income	45
Interest and dividends if included in line 45	46
Adjustments to 5.0% income	47
Subtotal. Combine lines 46 and 47	48
	49
ome or Loss from REMICs	
Excess inclusion	50
Taxable income or loss	51
Income	52
Combine lines 51 and 52	53
	Passive income Non-passive loss Section 179 expense deduction Non-passive income Combine lines 25, 27 and 28 Partnership and S corporation income or loss. Combine lines 30 and 31 Interest (other than MA banks) and dividends if included in line 32 Interest from Massachusetts banks if included in line 32 Interest from Massachusetts banks if included in line 32 Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 5582) or un-reimbursed partnership expenses Ome or Loss from Estates and Trusts Passive deduction or loss allowed Passive income Non-passive other income Add lines 37 and 39 Estate and trust income or loss. Combine lines 41 and 42 Estate or non-grantor-type trust income Grantor-type trust and non-Mass estates and trust income Interest and dividends if included in line 45 Adjustments to 5.0% income Subtotal. Combine lines 46 and 47 Income or loss from REMICS Excess inclusion Taxable income or loss Income





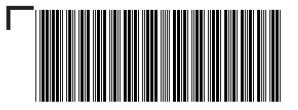
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Farm Income

	Net farm rental income or loss	54	
55.	Income or loss. Combine lines 24, 35, 49, 53 and 54	55	-10350
56.	Massachusetts differences Enclose statements	56	
57.	Abandoned building renovation deduction	57	
58.	Total income or loss. Combine lines 55 through 57	58	-10350





2022 Schedule E-1

MA22013011555

SUSHMITHAGEDDAM896888927H.NO-2-1/1E.CHAVATAPALLIMUDIGOLAMCHITTOORCheck one:XReal estateRoyaltyXRental property used for short-term rentals

Income or Loss from Real Estate and Royalties

Inco	ome		
1.	Rents received	1	600
2.	Royalties received	2	
Exp	enses		
3.	Advertising	3	
4.	Auto and travel	4	
5.	Cleaning and maintenance	5	1000
6.	Commissions	6	
7.	Insurance	7	
8.	Legal and other professional fees	8	
9.	Management fees	9	800
10.	Mortgage interest paid to banks, etc	10	
11.	Other interest	11	
12.	Repairs	12	2840
13.	Supplies	13	2330
14.	Taxes	14	
15.	Utilities	15	3980
16.	Other expenses	16	
17.	Add lines 3 through 16	17	10950
18.	Depreciation expense or depletion	18	
19.	Total expenses. Add lines 17 and 18	19	10950
20.	Income or loss from rental real estate or royalty properties	20	-10350
21.	Deductible rental real estate loss	21	-10350
22.	Income. Enter positive amounts shown on line 20	22	
23.	Losses. Enter royalty losses from line 20 or rental real estate loss from line 21	23	-10350
24.	Rental real estate and royalty income or loss	24	-10350
25.	Check if this rental property was used by you or your family for more than 14 days or more than		

25. Check if this rental property was used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value