IRS e-file Signature Authorization

OMB No. 1545-0074

Social coourity number

Department of the Treasury Internal Revenue Service

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taypayar'a nama

Taxpayer s hame	Social Security Humber				
MOHAN SIVA KRISHNA KONAKANCHI	736-06-9792				
Spouse's name	Spouse's social security number				
Dark L. Tou Datum Information Tou Vacu Ending December 21 0000 (Enter					
Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	r 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	1 344,917.				
2 Total tax	2 89,941.				
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 89,247.				
4 Amount you want refunded to you	4				
5 Amount you owe	0910				
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and I	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

				FBO firm name		Ē
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	_
		~~ ~ ~ ~ ~ ~				6

	6 Ent	9 er fiv n't en	7 /e dig	9 gits,	2 but	as my
	0 Ent	9	/	9		as my

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.

Your signature

Date

Spouse's	PIN:	check	one	box	only	
----------	------	-------	-----	-----	------	--

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name 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 E	ate					 		
Practitioner PIN Method Returns Only—continue	bel	ow						
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	 	 	3 all zer	 9	8 9	3

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 ► Date ►								
	ERO Must Retain This F Don't Submit This Form to the								
For Denergy and Deduction Act N				Earm 8879 (Bay, 01 2021)					

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		m 20	22	OMB No. 1545-	0074	IRS Use	e Only-	–Do not w	vrite or staple	in this space.
Filing Status Check only one box.		Single Married filing jointly u checked the MFS box, enter the na	_	d filing separate	,			,	,	spo	lifying sur use (QSS) s name if tl	0
	pers	on is a child but not your dependent	:									
Your first name	and mi	ddle initial	Last nam	le						Your so	cial securi	ty number
MOHAN SI	VA F	KRISHNA	KONAF	KANCHI						736-	06-979	2
lf joint return, sp	ouse's	first name and middle initial	Last nam	ie						Spouse'	's social se	curity number
Home address (numbe	er and street). If you have a P.O. box, see	instructior	ns.			A	pt. no.		Preside	ntial Electi	on Campaign
1669 STO	WERS	S TRAIL									here if you,	
City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete sp	aces below.	Sta	ite	ZIP co	ode			0,	ntly, want \$3 Checking a
HASLET					T	K	760	52		•	ow will not	0
Foreign country	name		Fo	oreign province/s	tate/coun	ty	Foreig	n postal c	ode	your tax	k or refund	
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as a	reward, award	d, or pay	nent for prope	ty or :	services	;); or	(b) sell,		·
Assets		ange, gift, or otherwise dispose of a					-				Yes	🗙 No
Standard	Som	eone can claim: 🗌 You as a de	pendent	🗌 Your sp	oouse as	a dependent						
Deduction	<u> </u>	Spouse itemizes on a separate retur	n or you v	were a dual-sta	atus alier	1						
Age/Blindness	You:	Were born before January 2, 1	958	Are blind	Spouse	: 🗌 Was bor	n befc	ore Janu	ary 2	, 1958	Is b	ind
Dependents	s (see	instructions):		(2) Social see		(3) Relationsh	ip (4	Check 1	he bo	ox if quali	fies for (see	instructions):
If more	(1) Fi	rst name Last name		number		to you		Child	tax cr	edit	Credit for ot	her dependents
than four												
dependents, see instructions												
and check												<u> </u>
here												
Income	1a	Total amount from Form(s) W-2, be		,				• •	• •	1a		01,447.
Attach Form(s)	b	Household employee wages not re					• •	• •	• •	1b		
W-2 here. Also	c	Tip income not reported on line 1a					· ·		• •	10		
attach Forms	d	Medicaid waiver payments not rep					• •		• •	1d		
W-2G and 1099-R if tax	e	Taxable dependent care benefits f		-			• •	• •	• •	1e		
was withheld.	f	Employer-provided adoption bene		-			• •	• •	•	1f		
If you did not get a Form	g	Wages from Form 8919, line 6 .					· ·	• •	• •	1g		0.
W-2, see	h	Other earned income (see instruction	,				· ·		• •	1h	1	0.
instructions.	i	Nontaxable combat pay election (s Add lines 1a through 1h		,		<u>1</u> i				1z	5	01,447.
	2		2a			· · · ·	• •		• •	2b		JI,44/.
Attach Sch. B if required.	2a 2a		2a 3a		-	axable interest Ordinary divider			• •	3b		
	<u>3a</u> 4a		3a 4a		-	axable amount			• •	4b		
Standard			та 5а		-	axable amount			• •	56		
Deduction for –	6a		6a		-	axable amount			• •	6b		
 Single or Married filing 	c	If you elect to use the lump-sum e		ethod check h					· .		, 	
separately,	7	Capital gain or (loss). Attach Scher					• •		· L	7		
\$12,950Married filing	8	Other income from Schedule 1, lin					• •		• -	8	_1	56,530.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9		44,917.
surviving spouse,	10	Adjustments to income from Sche				• • • • •				10		, > - / •
\$25,900 • Head of	11	Subtract line 10 from line 9. This is								11		44,917.
household,	12	Standard deduction or itemized	•	-						12		12,950.
\$19,400 • If you checked	13	Qualified business income deducti				95-A				13		,
any box under Standard	14	Add lines 12 and 13								14		12,950.
Deduction,	15	Subtract line 14 from line 11. If zer				taxable incom	е.			15		31,967.
see instructions.					-							

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	(s): 1 🗌 881	4 2 4972	3		16	89,941.
Credits	17	Amount from Schedule 2, lin	ne3					17	
	18	Add lines 16 and 17						18	89,941.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	89,941.
	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	89,941.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 89	,247.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	89,247.
If you have a	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return .			26	
If you have a ^I 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, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	otal payments				33	89,247.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	
nerana	35a	Amount of line 34 you want			is attached, che	ck here	. 🗆	35a	
Direct deposit?	b	Routing number X X X					Savings		
See instructions.	d	Account number X X X	XXXXX	XXXX	K X X X X	XX			
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe.					
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> u	//Payments or	see instructions			37	694.
	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?				_
Designee	ins	structions				Yes. C	omplete l	selow.	× No
	De nai	signee's		Phone no.			onal identi ber (PIN)	fication	
0.							. ,	Al	
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here	Yo	ur signature	-	Date	Your occupation		If the	e IRS se	nt you an Identity
							Prot	ection P	IN, enter it here
Joint return?					SOFTWARE I	ENGINEER	(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			nt your spouse an ection PIN, enter it here
your records.								inst.)	
	Ph	one no. (269)290-511	Λ	Email address		SHNA16@GMAIL.C		,	
		eparer's name	Preparer's signat		HOHANOTVAINT	Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM	· · · · · · · · · · · · · · · ·		GUPTA TALLAM		P0208	2703	Self-employed
Preparer		n's name GLOBAL TAX		TATH DUGUL	SOLIN INDAM	01/00/2023	· · · · ·		(678) 965-9522
Use Only			Y CT E BRU	INSWICK N.	т 08816			's EIN	84-3171965
Go to www.irc.a		a10/0 for instructions and the late			BAA		1		Eorm 1040 (2022)

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

BAA REV 03/22/23 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.

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

OMB No. 1545-0074 20

2 Attachment Sequence No. **01** Your social security number 736-06-9792

Internal Revenue Service		Go to www.irs.gov/Form1040 for instructions and the la
Name(s) shown on	Form 10	040, 1040-SR, or 1040-NR
MOHAN SIVA K	\ISHNA	KONAKANCHI

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	-156,530.
4	Other gains or (losses). Attach Form 4797		4	· ·
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	
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		
1	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	8p		
q	Taxable distributions from an ABLE account (see instructions)	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	-	
	Wages earned while incarcerated	8u	-	
Z	Other income. List type and amount:			
•		8z		
9	Total other income. Add lines 8a through 8z		9	156 500
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	, or 1040-NR, line 8	10	-156,530.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	e-basi	s gov	ernment		
	officials. Attach Form 2106				12	
13	Health savings account deduction. Attach Form 8889				13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
15	Deductible part of self-employment tax. Attach Schedule SE				15	
16	Self-employed SEP, SIMPLE, and qualified plans				16	
17	Self-employed health insurance deduction				17	
18	Penalty on early withdrawal of savings				18	
19a	Alimony paid				19a	
b	Recipient's SSN	· _				
С	Date of original divorce or separation agreement (see instructions):					
20	IRA deduction				20	
21	Student loan interest deduction				21	
22	Reserved for future use				22	
23	Archer MSA deduction				23	
24	Other adjustments:					
а	Jury duty pay (see instructions)	24a				
b	Deductible expenses related to income reported on line 8I from the					
	rental of personal property engaged in for profit	24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
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)	24h				
i	Attorney fees and court costs you paid in connection with an award					
	from the IRS for information you provided that helped the IRS detect					
	tax law violations	24i				
j	Housing deduction from Form 2555	24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
	1041)	24k				
z	Other adjustments. List type and amount:					
		24z				
25	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your adjustments to income	e. Ente	er here	and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA	REV	03/22/23 P	RO	Schedu	ile 1 (Form 1040) 2022

SCHEDULE C (Form 1040)

Department of the Treasury

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074
2022

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

	hent of the freasury		-		partnerships must generally file F		Attachment Sequence No. 09
Name	of proprietor		, , ,				security number (SSN)
	AN SIVA KRISHNA KON	AKAN	ICHI				06-9792
A	Principal business or profession			e instr	uctions)		code from instructions
	SOFTWARE SERVICES	-				5	1 9 2 0 0
С	Business name. If no separate	busin	ess name, leave blank.				oyer ID number (EIN) (see instr.)
	KONAKANCHI SOFTWAF					p	
E	Business address (including s			OWERS	S TRAIL		
	City, town or post office, state						
F	Accounting method: (1)						
G					2022? If "No," see instructions for li	mit on los	sses . 🗙 Yes 🗌 No
н							
1					n(s) 1099? See instructions		
J							
Par							
1					f this income was reported to you or d \ldots .	1 1	
2	Returns and allowances		,			. 2	
3							
4						. 4	
5						. 5	
6	Other income, including feder	al and	state gasoline or fuel tax cre	edit or	refund (see instructions)	. 6	
7	Gross income. Add lines 5 ar	nd 6				. 7	
Part	II Expenses. Enter ex	pense	es for business use of yo	our ho	ome only on line 30.		
8	Advertising	8		18	Office expense (see instructions)	. 18	0.
9	Car and truck expenses			19	Pension and profit-sharing plans	. 19	
	(see instructions)	9	6,050.	20	Rent or lease (see instructions):		
10	Commissions and fees .	10		a	Vehicles, machinery, and equipment		0.5
11	Contract labor (see instructions)	11		b	Other business property		27,600.
12	Depletion	12		21	Repairs and maintenance		
13	Depreciation and section 179 expense deduction (not			22	Supplies (not included in Part III)		
	included in Part III) (see			23	Taxes and licenses	. 23	
	instructions)	13		24	Travel and meals:		
14	Employee benefit programs (other than on line 19)	14		a b	Travel	. 24a	
15	Insurance (other than health)	15			instructions)	24b	
16	Interest (see instructions):			25	Utilities	. 25	2,880.
а	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)	26	
b	Other	16b		27a	Other expenses (from line 48) .	27a	120,000.
17	Legal and professional services	17		b	Reserved for future use	. 27b	
28	Total expenses before expen	ses fo	r business use of home. Add	l lines	8 through 27a	. 28	156,530.
29	Tentative profit or (loss). Subt	ract lin	e 28 from line 7			. 29	-156,530.
30	Expenses for business use of unless using the simplified me Simplified method filers only	thod.	See instructions.		enses elsewhere. Attach Form 882s ur home:)	
	and (b) the part of your home				. Use the Simplified	-	
	Method Worksheet in the inst			ter on		. 30	
31	Net profit or (loss). Subtract		0				
	• If a profit, enter on both Sch checked the box on line 1, set	edule	1 (Form 1040), line 3, and c			31	-156,530.
	 If a loss, you must go to lin 		,		,		-,
32	If you have a loss, check the b		at describes your investment	in this	s activity. See instructions.		
	 If you checked 32a, enter th SE, line 2. (If you checked the Form 1041, line 3. If you checked 32b, you mu 	box or	n line 1, see the line 31 instruc	tions.)	Estates and trusts, enter on	_	 All investment is at risk. Some investment is not at risk.

REV 03/22/23 PRO

Schedu	le C (Form 1040) 2022			Page 2
Part	III Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (atta	ach ex	olanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing invento If "Yes," attach explanation	ry?	. 🗌 Yes	🗌 No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	IN Information on Your Vehicle. Complete this part only if you are claiming car or are not required to file Form 4562 for this business. See the instructions for line Form 4562.			
43	When did you place your vehicle in service for business purposes? (month/day/year) 03/10/2021			
44	Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your	/ehicle	for:	
а	Business 10,000 b Commuting (see instructions) c C	Other		2,000
45	Was your vehicle available for personal use during off-duty hours?		🗌 Yes	🗙 No
46	Do you (or your spouse) have another vehicle available for personal use?		🗙 Yes	No No
47a	Do you have evidence to support your deduction?		🗙 Yes	No No
ه Part	If "Yes," is the evidence written?	 e 30.	🗌 Yes	X No
				100.000
BA	CK OFFICE OPERATIONS EXPENSES			120,000.
48	Total other expenses. Enter here and on line 27a	48		L20,000.

Form **896**

Department of the Treasury

Net Investment Income Tax— Individuals, Estates, and Trusts

OMB No. 1545-2227

2

20

Attach to your tax return.

	ent of the Treasury Revenue Service Go to www.irs.gov/Form8960 for instructions and the late:	st information.		Attachment Sequence No. 72
	shown on your tax return		Your social	security number or EIN
	AN SIVA KRISHNA KONAKANCHI		736-06	•
Part			,00000	
	Section 6013(h) election (see instructions)			
	☐ Regulations section 1.1411-10(g) election (see in	structions)		
1	Taxable interest (see instructions)		1	1
2	Ordinary dividends (see instructions)			
3	Annuities (see instructions)			
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see			
	instructions)	4a - 156,	530.	
b	Adjustment for net income or loss derived in the ordinary course of a non- section 1411 trade or business (see instructions)		530.	
c	Combine lines 4a and 4b		4	c 0.
5a	Net gain or loss from disposition of property (see instructions)	5a		
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
с	Adjustment from disposition of partnership interest or S corporation stock (see			
	instructions)	5c		
d	Combine lines 5a through 5c		5	d
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	i
7	Other modifications to investment income (see instructions)			,
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	B 0.
Part		cations		
9a	Investment interest expenses (see instructions)	9a		
b	State, local, and foreign income tax (see instructions)	9b		
С	Miscellaneous investment expenses (see instructions)	9c		
d	Add lines 9a, 9b, and 9c			d
10	Additional modifications (see instructions)			0
11	Total deductions and modifications. Add lines 9d and 10		1	1
Part	II Tax Computation			
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, o			
	Estates and trusts, complete lines 18a–21. If zero or less, enter -0		12	2 0.
	Individuals:	. 1		
13	Modified adjusted gross income (see instructions)		917.	
14	Threshold based on filing status (see instructions)		000.	
15	Subtract line 14 from line 13. If zero or less, enter -0		917.	
16	Enter the smaller of line 12 or line 15			6 0.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). En			_
	on your tax return (see instructions)		1	7 0.
	Estates and Trusts:	1		
18a	Net investment income (line 12 above)	18a		
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b		
С	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0	18c		
19a	Adjusted gross income (see instructions)	19a		
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b		
с	Subtract line 19b from line 19a. If zero or less, enter -0	19c		
20	Enter the smaller of line 18c or line 19c		2	0
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.0			
	include on your tax return (see instructions)			1
For Pa	perwork Reduction Act Notice, see your tax return instructions.	REV 03/22/23 PRO		Form 8960 (2022)

BAA

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 20b	Itemization Statement		
Description	Amount		
RENT(12M*\$2300PM)	27,600.		
Total	27,600.		

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business Line 25

Description	Amount
ELECTRICITY(12M*\$80PM)	960.
INTERNET(12M*\$75PM)	900.
TELEPHONE BILL(12M*\$85PM)	1,020.
Total	2,880.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 48 Other Expenses (1)

Line 48 Amount

Description	Amount
	120,000.
Total	120,000.

1

Itemization Statement

Itemization Statement

NJ-1040NR 2022 Page 1 040NV01220)	2022 NJ-1040N New Jersey Nonresident Inco For Privacy Act Notification, S able Year January 1, 2022 – Decemb ning, 2022 Endi	ome Tax Return iee Instructions per 31, 2022 or Other Tax Year ing, 2023	1555
Your Social Security Number 736069792 Spouse's/CU Partner's Social Security Number	Last Name, First Name, Initial (Joint filers KONAKANCHI MOHAN		pouse/CU partner last name only if different.)	
State of Residency (outside NJ) TEXAS	Home Address (Number and Street, inc 1669 STOWERS TRA	•		
Driver's License # (Voluntary) State 47589058 TX	City, Town, Post Office HASLET	State TX	ZIP Code 76052	
This is an amended return Federal extension application attached or enter The address above is a foreign address Your address has changed Death certificate for deceased taxpayer is attach I authorize the Division of Taxation to discuss n	ned (See instructions page 9)			
NJ Residency Status If you were a New Jersey resi give the period of New Jersey	ident for ANY part of the tax year, 7 residency.	From:	To:	
Elections Fund return, does your spouse/CU	of your taxes for this fund? If joint partner want to designate \$1? Note: s), it will not increase your tax or	Yes Yes		No No







Name(s) as shown on Form NJ-1040NR KONAKANCHI MOHAN SIVA KRISHNA

Your Social Security Number 736069792

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Filing Status (Check only ONE box)

1. X	Single						
2.	Married/CU Couple, filing joint return						
3.	Married/CU Partner, filing separate return						
4.	Head of Household		Name and SSN of Spouse/CU Partner				
5.	Qualifying Widow(er)/Surviving CU Partner						
Exemptions							
6. Regular	Se	elf	Spouse/CU Partner	Domestic	6.	1	

0.	Regulai	Sell	Spouse/CO I artifici	Domestie	0.	-		
7.	Age 65 or over	Self	Spouse/CU Partner	Partner	7.			
8.	Blind or Disabled	Self	Spouse/CU Partner		8.			
9.	Veteran Exemption	Self	Spouse/CU Partner					9.
10	Number of your qualified dependent children						10.	
11	Number of other dependents						11.	
12	Dependents attending colleges (See Instructions)				12.			
13	For line 13a – Add lines 6, 7, 8, and 12. For line 13b – Ad For line 13c – Enter amount from line 9.	ld lines 10 and 11.			13a.	1	13b.	13c.

Dependent Information

14. Dependent's Last Name, First Name, Middle Initial Dependent's Social Security Number Birth Year a. b. c. d.

COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE) COL. B - AMOUNT FROM NEW JERSEY SOURCES

15.	Wages, salaries, tips, and other employee compensation	15.	501447		15.	31868 .	
	Check box if you completed lines 69 through 75						
16.	Interest	16.		•	16.		
17.	Dividends	17.		•	17.		
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4)	18.	0	•	18.	0.	
19.	Net gains or income from disposition of property (From line 68)	19.			19.		
20.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4) $$	20.			20.	0.	
21.	Net gambling winnings (See Instructions)	21.			21.		
22.	Taxable pensions, annuities, and IRA distributions/withdrawals	22.		•			
23.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)	23.		•	23.		
24.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)	24.		•	24.		
25.	Alimony and separate maintenance payments received	25.					
26.	Other - State Nature and Source	26.		•	26.		
27.	TOTAL INCOME (Add lines 15 through 26)	27.	501447		27.	31868 .	



Name(s) as shown on Form NJ-1040NR KONAKANCHI MOHAN SIVA KRISHNA

Your Social Security Number 736069792

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28a.	Pension/Retirement Exclusion (See Instructions)	28a.		•	
28b.	Other Retirement Income Exclusion (See Worksheet and Instructions)	28b.		•	28b. •
28c.	Total Exclusion Amount (Add line 28a and line 28b)	28c.		•	28c. •
29.	Gross Income (Subtract line 28c from line 27)	29.	501447	•	29. 31868
30.	Total Exemption Amount (See Instructions)	30.	1000	•	
31.	Medical Expenses (See Worksheet and Instructions)	31.		•	
32.	Alimony and separate maintenance payments	32.			
33.	Qualified Conservation Contribution	33.			
34.	Health Enterprise Zone Deduction	34.		•	
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0		
36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.			
37a.	NJBEST Deduction	37a.			
37b.	NJCLASS Deduction	37b.			
37c.	NJ Higher Education Tuition Deduction	37c.			
38.	Total Exemptions and Deductions (Add lines 30 through 37c)	38.	1000		
39.	Taxable Income (Subtract line 38 from line 29, column A)	39.	500447		
40.	Tax on amount on line 39 (From Tax Table)	40.	29764		
41.	Income Percentage B. (line 29) / A. (line 29) = 6.36 %				
42.	New Jersey Tax (Multiply amount from line 40 by income percentage from line 41)				42. 1893 .
43.	Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)				43.
44.	Gold Star Family Counseling Credit (See Instructions)				44.
45.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)				45.
46.	Total Credits (Add lines 43, 44, and 45)				46.
47.	Balance of Tax After Credits (Subtract line 46 from line 42)				47. 1893 .
48.	Interest on Underpayment of Estimated Tax.				48
	Check box if Form NJ-2210NR is enclosed				
49.	Total Tax Due (Add line 47 and line 48)				49. 1893 ·
50.	Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) (Part-year nonresidents, see instructions)	50.	1661	•	
51.	New Jersey Estimated Tax Payments/Credit from 2021 return	51.			Also enter on line 51:
52.	Tax paid on your behalf by Partnership(s)	52.		•	 Payments made in connection with sale of NJ real property
53.	Excess NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	53.		•	 Payments by S corporation for
54.	Excess NJ Disability Insurance Withheld (Enclose Form NJ-2450)	54.			nonresident shareholder
55.	Excess NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	55.		•	
56.	Pass-Through Business Alternative Income Tax Credit (See instructions)	56.		•	

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Name(s) as shown on Form NJ-1040NR KONAKANCHI MOHAN SIVA KRISHNA

Your Social Security Number 736069792

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57.	Total Payments/Credits (Add lines 50 through 56)				57.	1661 .	
58.	If line 57 is less than line 49, you have tax due. Subtract line 57 f If you owe tax, you can still make a donation on line 61A through		58.	232 .			
59.	If line 57 is more than line 49, you have an overpayment. Subtract		59.				
60.	Amount from line 59 you want to credit to your 2023 tax		60.				
61.	Amount you want to credit to:						
	(A) N.J. Endangered Wildlife Fund		61A.	•	NOTE:		
	(B) N.J. Children's Trust Fund		61B.	•	An entry on lines 60 reduce your tax refur		
	(C) N.J. Vietnam Veterans' Memorial Fund		61C.		reduce your ant retur		
	(D) N.J. Breast Cancer Research Fund		61D.	•			
	(E) U.S.S. N.J. Educational Museum Fund		61E.	•			
	(F) Designated Contribution	Code	61F.	•			
62.	Total Adjustments to Tax Due/ Overpayment (Add lines 60 through	gh 61F)			62.		
63.	Balance due (If line 58 is more than zero, add line 58 and 62)				63.	232 •	
64.	Refund amount (If line 59 is more than zero, subtract line 62 from		64.				

my knowledge	es of perjury, I e and belief, it f which the pre	Pay amount on line 63 in full. Write Social Security number(s) on check or money order and make payable to:							
>Your Signate	ure	Г	Date		> Spouse's/	CU Partner's Signature (if filing jointly, BOTH must sign)	State of New Jersey - TGI Division of Taxation Revenue Processing Center PO Box 244 Trenton, NJ 08646-0244		
Paid Preparer's Signature					Federal Identification Number	Trenton, 105 08040-0244			
SYAM	PRIYA	RAM	SAGAR	GUPTA	TALLAM	P02082703	You can also make a payment on our website: nj.gov/taxation		
						Firm's Federal Employer Identification Number	1		
Firm's Name	GLOBAL	TAXE	IS LLC			84-3171965			

____4 _____

____5 ____

____6___

8

7_

Division Use: 1

_ 2 _

3_

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						,		-10401NR (2022) Pa	-
	n on Form NJ-1040NR							Social Security Nun	nber
KONAKANCH	I MOHAN SIVA KRIS							69792	
Part I	Net Gains or Income Fron Disposition of Property	dispo		income, less net ty including real o D.					orted
(a) Kind of p	property and description	(b) Date aquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales	price	(e) Cost or ot basis as adjus (see instructio and expense of	ted ns)	(f) Gain or (lo: (d less e)	ss)
65.									
					1	İ			İ
66. Capital Gair	ns Distribution						66.		
67. Other Net G	ains						67.		
68. Net Gains (Add lines 65, 66, and 67) (Ei	nter here and or	n line 19) (If los	s, enter zero)			68.		
Part II	Allocation of Wage and Sa Income Earned Partly Insi Outside New Jersey	do and (U)		if compensation d her basis of alloca			me of t	ousiness	
69. Amount rep	orted on line 15 in column A	required to be a	allocated				69.		
70. Total days ir	n taxable year						70.		
71. Deduct non	working days (Sundays, Sat	urdays, holidays	s, sick leave, va	cation, etc.)			71.		
72. Total days w	vorked in taxable year (subtr	act line 71 from	line 70)				72.		
73. Deduct days	s worked outside New Jerse	y					73.		
74. Days worke	d in New Jersey (subtract lir	ne 73 from line 7	/2)				74.		
75. Allocation	Formula	x (Ente	er amount from I	ine 69) (Salary	/ earne	ed inside N.J.)	•	le this amount on 5, col. B)	
	Allocation of Business Income to New Jersey	(S	ee instructions	if other than Form	nula Ba	asis of allocation i	s used.	.)	
Business Alloca	tion Percentage (From Sche	edule NJ-NR-A)							
	line number and amount of entage to determine amount				n A tha	at is required to be	e alloca	ated and multiply	by
From	Line No \$. x	% = \$					
From	Line No \$. x	% = \$					
From	Line No \$. x	% = \$					

	e(s) as shown on Form NJ-1040NR								Social Security Nu	
KON	AKANCHI MOHAN SIVA KRISHNA Schedule NJ-BUS-1 (Form NJ-1040NR)		ew Jerse usiness I				Tax / Schedu	le	<u>736-06-979</u> 2022	2
Pa	Int I Net Profits From Busine	ess		List the n	et profit	(loss) from busin	iess(es). S	See Instructions.	
	Business Name			Social Security Number/ Federal EIN			Profit or (Loss)			
1.	KONAKANCHI SOFTWARE SERVICE	IS	736069	792			-156,530.			
2. 3.		<u> </u>			+					
4.	Net Profit or (Loss). (Add lines 1, 2, and line 18, column A. If loss, enter zero on			on	4.			-156,530.		
Part IINet Gains or Income From Rents, Royalties, Patents, and CopyrightsList the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1–Rental real estate 2–Royalties 3–Patents 4–Copyrights								ne		
	Source of Income or Loss. If rental real enter physical address of property	,	Social Se Fe	ecurity Nu deral EIN		nur	be – Enter mber from st above	Inc	come or (Loss)	
1. 2.										
2. 3.										
4.	Net Income or (Loss). (Add lines 1, 2, ar (Enter here and on line 20, column A. If		er zero on l	ine 20, co	olumn A	.)	4.			
Pa	rt III Distributive Share of Pa				L	ist th	e distributiv partnership(s		income (loss) tructions.	
	Partnership Name Federal EIN				Income or (Loss) on your l			of tax paid behalf by erships		ess
1.				1						
2. 3.										
4.	Distributive Share of Partnership Income or ((Add lines 1, 2, and 3.) (Enter here and on lin If loss, enter zero on line 23, column A.)	Loss). le 23, colu	ımn A.							
5.	Total Share of tax paid on your behalf by Part 2, and 3.) Enter total here and include on line		(Add lines 1,							
6.	Total Share of Pass-Through Business Altern lines 1, 2, and 3.) (Enter here and include on		me Tax (Add							
Pa	art IV Net Pro Rata Share of	S Corp	ooration	Income					come (usable See instructions	
	S Corporation Name	Fe	deral EIN		ata Share come or		Corporation le Loss)		Pass-Through Busi native Income Tax	
1.				_						
2. 3.				_						
4.	Net Pro Rata Share of S Corporation Income (Add lines 1, 2, and 3.) (Enter here and on lin If loss, enter zero on line 24, column A.)		umn A.	4.						
5.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 56.)									

Name(s) as shown on Form NJ-1040NR	Social Security Number
KONAKANCHI MOHAN SIVA KRISHNA	736-06-9792

Schedule NJ-BUS-2

(Form NJ-1040NR)

New Jersey Gross Income Tax Alternative Business Calculation Adjustment

2022

			Column A			Column B	
Part I Income (Loss)			Reportable Regular Business Income	Alternative Business Income (Loss)			
1.	Net Profits From Business	1a.	0.		1b.	-156,530.	
2.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	2a.	0.		2b.	0.	
3.	Distributive Share of Partnership Income	3a.	0.		3b.	0.	
4.	Net Pro Rata Share of S Corporation Income	4a.	0.		4b.	0.	
5.	Loss Carryforward From Tax Year 2021				5b.	(121,780.)
6.	Totals	6a.	0.		6b.	-278,310.	
Par	t II Adjustment Calculation					• •	
7.	Total Regular Business Income	7.	0.				
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.				
9.	Business Increment (Subtract line 8 from line 7)	9.	0.		*		
10.	Adjustment Percentage	10.	().50			
11.	Alternative Business Calculation Adjustment (line 9 x 0.50)	11.	0.				
Par	tIII Loss Carryforward to Tax Year 202	3					
12.	Loss Carryforward to Tax Year 2023	12.	(278,310.)			

Instructions

- Line 1a. Enter the amount from line 18, column A, Form NJ-1040NR.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 2a. Enter the amount from line 20, column A, Form NJ-1040NR.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 3a. Enter the amount from line 23, column A, Form NJ-1040NR.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 4a. Enter the amount from line 24, column A, Form NJ-1040NR.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 5b. Enter the amount from line 12 of your 2021 Schedule NJ-BUS-2 (Form NJ-1040NR).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and on line 35 of Form NJ-1040NR, and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2022 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040NR.
- Line 12. If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.