

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name SHRAVYA KADUR	Social security number 098-15-9113
Spouse's name	Spouse's social security number

## Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter 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	77,964.
2	Total tax . . . . .	2	9,919.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	12,305.
4	Amount you want refunded to you . . . . .	4	2,386.
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 perjury, 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

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

5	9	1	1	3
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 as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros
- 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 

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 as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros
- 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 – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

2	2	2	4	9	6	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

  
Don't enter all zeros

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**

Filing Status [X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Personal information section including name, social security numbers, and home address (836 MANOR AVENUE NORTH, CLAYMONT, DE 19703).

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset... [ ] Yes [X] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent [ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1958 [ ] Are blind Spouse: [ ] Was born before January 2, 1958 [ ] Is blind

Table for Dependents with columns for (1) First name, Last name, (2) Social security number, (3) Relationship to you, and (4) Child tax credit/Credit for other dependents.

Main income table with rows 1a through 15, including taxable income of 65,014. Includes sub-tables for Tax-exempt interest, Taxable interest, and Standard Deduction.

<b>Tax and Credits</b>	<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	9,919.
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b>	Add lines 16 and 17	<b>18</b>	9,919.
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
	<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
	<b>21</b>	Add lines 19 and 20	<b>21</b>	
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	9,919.
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
	<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	9,919.

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	12,305.
	<b>b</b>	Form(s) 1099	<b>25b</b>	
	<b>c</b>	Other forms (see instructions)	<b>25c</b>	
	<b>d</b>	Add lines 25a through 25c	<b>25d</b>	12,305.
	<b>26</b>	2022 estimated tax payments and amount applied from 2021 return	<b>26</b>	
	<b>27</b>	Earned income credit (EIC)	<b>27</b>	
	<b>28</b>	Additional child tax credit from Schedule 8812	<b>28</b>	
	<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
	<b>30</b>	Reserved for future use	<b>30</b>	
	<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
	<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
	<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	12,305.

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	2,386.
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	2,386.
	<b>b</b>	Routing number 2 1 1 3 9 1 8 2 5 <b>c</b> Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings		
	<b>d</b>	Account number 6 3 7 3 1 8 9		
	<b>36</b>	Amount of line 34 you want <b>applied to your 2023 estimated tax</b>	<b>36</b>	

<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	<b>37</b>	
	<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation ANALYST	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (413) 695-7029	Email address SHRAVYA11.KADUR@GMAIL.COM		

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/22/2023	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816		Phone no. (678) 965-9522	Firm's EIN 84-3171965

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **01**

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

Your social security number  
098-15-9113

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .		<b>1</b>	
<b>2a</b>	Alimony received . . . . .		<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions): _____			
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .		<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .		<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .		<b>5</b>	-9,810.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .		<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .		<b>7</b>	
<b>8</b>	Other income:			
<b>a</b>	Net operating loss . . . . .	<b>8a</b> ( )		
<b>b</b>	Gambling . . . . .	<b>8b</b>		
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>		
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b> ( )		
<b>e</b>	Income from Form 8853 . . . . .	<b>8e</b>		
<b>f</b>	Income from Form 8889 . . . . .	<b>8f</b>		
<b>g</b>	Alaska Permanent Fund dividends . . . . .	<b>8g</b>		
<b>h</b>	Jury duty pay . . . . .	<b>8h</b>		
<b>i</b>	Prizes and awards . . . . .	<b>8i</b>		
<b>j</b>	Activity not engaged in for profit income . . . . .	<b>8j</b>		
<b>k</b>	Stock options . . . . .	<b>8k</b>		
<b>l</b>	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 . . . . .	<b>8l</b>		
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8m</b>		
<b>n</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8n</b>		
<b>o</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8o</b>		
<b>p</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8p</b>		
<b>q</b>	Taxable distributions from an ABL account (see instructions) . . . . .	<b>8q</b>		
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 . . . . .	<b>8r</b>		
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .	<b>8s</b> ( )		
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .	<b>8t</b>		
<b>u</b>	Wages earned while incarcerated . . . . .	<b>8u</b>		
<b>z</b>	Other income. List type and amount: _____	<b>8z</b>		
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .		<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		<b>10</b>	-9,810.

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

Schedule 1 (Form 1040) 2022

**Part II Adjustments to Income**

<b>11</b>	Educator expenses . . . . .	<b>11</b>	
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>12</b>	
<b>13</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>13</b>	
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>14</b>	
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>15</b>	
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>16</b>	
<b>17</b>	Self-employed health insurance deduction . . . . .	<b>17</b>	
<b>18</b>	Penalty on early withdrawal of savings . . . . .	<b>18</b>	
<b>19a</b>	Alimony paid . . . . .	<b>19a</b>	
<b>b</b>	Recipient's SSN . . . . .		
<b>c</b>	Date of original divorce or separation agreement (see instructions): _____		
<b>20</b>	IRA deduction . . . . .	<b>20</b>	
<b>21</b>	Student loan interest deduction . . . . .	<b>21</b>	1,005.
<b>22</b>	Reserved for future use . . . . .	<b>22</b>	
<b>23</b>	Archer MSA deduction . . . . .	<b>23</b>	
<b>24</b>	Other adjustments:		
<b>a</b>	Jury duty pay (see instructions) . . . . .	<b>24a</b>	
<b>b</b>	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .	<b>24b</b>	
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .	<b>24c</b>	
<b>d</b>	Reforestation amortization and expenses . . . . .	<b>24d</b>	
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	<b>24e</b>	
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans . . . . .	<b>24f</b>	
<b>g</b>	Contributions by certain chaplains to section 403(b) plans . . . . .	<b>24g</b>	
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	<b>24h</b>	
<b>i</b>	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 . . . . .	<b>24i</b>	
<b>j</b>	Housing deduction from Form 2555 . . . . .	<b>24j</b>	
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	<b>24k</b>	
<b>z</b>	Other adjustments. List type and amount: _____	<b>24z</b>	
<b>25</b>	Total other adjustments. Add lines 24a through 24z . . . . .	<b>25</b>	
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .	<b>26</b>	1,005.

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**  
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.  
Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return  
SHRAVYA KADUR

Your social security number  
098-15-9113

**Part I Income or Loss From Rental Real Estate and Royalties**

**Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

**1a** Physical address of each property (street, city, state, ZIP code)

**A** #37/82, OUTER RING ROAD BANGALORE KARNATAKA IN 560058

**B**  
**C**

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days	QJV
		A	B	C	
<b>A</b> 3		365		0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental  
 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe) \_\_\_\_\_

Income:		Properties:		
		A	B	C
<b>3</b>	Rents received . . . . .	3	625.	
<b>4</b>	Royalties received . . . . .	4		
<b>Expenses:</b>				
<b>5</b>	Advertising . . . . .	5		
<b>6</b>	Auto and travel (see instructions) . . . . .	6		
<b>7</b>	Cleaning and maintenance . . . . .	7	1,897.	
<b>8</b>	Commissions . . . . .	8		
<b>9</b>	Insurance . . . . .	9		
<b>10</b>	Legal and other professional fees . . . . .	10		
<b>11</b>	Management fees . . . . .	11	1,723.	
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	12		
<b>13</b>	Other interest . . . . .	13		
<b>14</b>	Repairs . . . . .	14	2,248.	
<b>15</b>	Supplies . . . . .	15	1,966.	
<b>16</b>	Taxes . . . . .	16		
<b>17</b>	Utilities . . . . .	17	2,601.	
<b>18</b>	Depreciation expense or depletion . . . . .	18		
<b>19</b>	Other (list) _____	19		
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	20	10,435.	
<b>21</b>	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	21	-9,810.	
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	22	( 9,810. )	( )
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	23a	625.	
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	23b		
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	23c		
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	23d		
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	23e	10,435.	
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	24		
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	25	( 9,810. )	
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	26		-9,810.



**Health Savings Accounts (HSAs)**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

**2022**  
Attachment  
Sequence No. **52**

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

Social security number of HSA beneficiary.  
If both spouses have HSAs, see instructions.  
098-15-9113

SHRAVYA KADUR

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

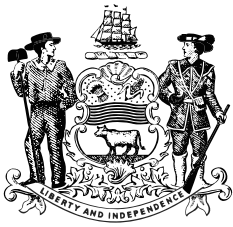
<b>1</b>	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions . . . . .	<input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family
<b>2</b>	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .	2 0.
<b>3</b>	If you were under age 55 at the end of 2022 and, on the first day of <b>every</b> month during 2022, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,650 (\$7,300 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	3 3,650.
<b>4</b>	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs . . . . .	4 0.
<b>5</b>	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	5 3,650.
<b>6</b>	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter . . . . .	6 3,650.
<b>7</b>	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions . . . . .	7 0.
<b>8</b>	Add lines 6 and 7 . . . . .	8 3,650.
<b>9</b>	Employer contributions made to your HSAs for 2022 . . . . .	9 1,000.
<b>10</b>	Qualified HSA funding distributions . . . . .	10
<b>11</b>	Add lines 9 and 10 . . . . .	11 1,000.
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	12 2,650.
<b>13</b>	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13 0.

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

<b>14a</b>	Total distributions you received in 2022 from all HSAs (see instructions) . . . . .	14a 456.
<b>b</b>	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . .	14b
<b>c</b>	Subtract line 14b from line 14a . . . . .	14c 456.
<b>15</b>	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	15 456.
<b>16</b>	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f . . . . .	16 0.
<b>17a</b>	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . <input type="checkbox"/>	
<b>b</b>	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c . . . . .	17b

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

<b>18</b>	Last-month rule . . . . .	18
<b>19</b>	Qualified HSA funding distribution . . . . .	19
<b>20</b>	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f . . . . .	20
<b>21</b>	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d . . . . .	21



# DELAWARE 2022

DIVISION OF REVENUE F O R M PIT-RES

## DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN



For Fiscal Year beginning \_\_\_\_\_ and ending \_\_\_\_\_

Your Taxpayer ID  
0 9 8 1 5 9 1 1 3

Spouse Taxpayer ID

Amended Return  
Must include page 3

Your First Name M.I. Last Name Suffix  
SHRAVYA KADUR

Spouse First Name M.I. Last Name Suffix

**Filing Status (Must check one)**

1.  Single, Divorced, Widow(er) 2.  Joint 3.  Married & Filing Separate Forms
4.  Married & Filing Combined Separate on this form 5.  Head of Household

Present Home Address (Number and Street) Apartment # Form PIT-UND  
836 MANOR AVENUE NORTH

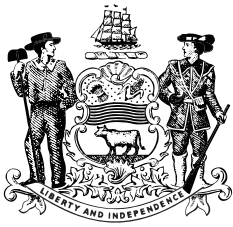
City State Zip Code Attached  
CLAYMONT DE 19703

If you were a part-year resident in 2022, give the dates you resided in Delaware:  
mm-dd-yyyy mm-dd-yyyy

Column A is for Spouse information, Filing status 4 only. All other filing status use Column B.

	COLUMN A	COLUMN B
<b>+</b> SECTION A - ADDITIONS		
1. FEDERAL AGI AMOUNT FROM FEDERAL FORM 1040	.00 1.	77964 .00
2. INTEREST ON STATE & LOCAL OBLIGATIONS OTHER THAN DELAWARE	.00 2.	.00
3. FIDUCIARY ADJUSTMENT, OIL DEPLETION	.00 3.	.00
4. TOTAL - Add Lines 1 through 3	.00 4.	77964 .00
<b>-</b> SECTION B - SUBTRACTIONS		
5. INTEREST RECEIVED ON U.S. OBLIGATIONS	.00 5.	.00
6. PENSION/RETIREMENT EXCLUSIONS (For a definition of eligible income, see instructions)	.00 6.	.00
7. DELAWARE STATE TAX REFUND, FIDUCIARY ADJUSTMENT, WORK OPPORTUNITY TAX CREDIT, DELAWARE NOL CARRYFORWARD, ETC. (See instructions)	.00 7.	.00
8a. TAXABLE SOCIAL SECURITY/RR RETIREMENT BENEFITS/HIGHER EDUCATION EXCLUSION/CERTAIN LUMP SUM DISTRIBUTIONS (See instructions)	.00 8a.	.00
8b. 529 CONTRIBUTION TO DELAWARE-SPONSORED TUITION PROGRAM OR ABLE PROGRAM	.00 8b.	.00
9. Add Lines 5 through 8b	.00 9.	.00
10. Subtract Line 9 from Line 4	.00 10.	77964 .00
11. EXCLUSION FOR CERTAIN PERSONS 60 AND OVER OR DISABLED (See instructions)	.00 11.	.00
12. DELAWARE ADJUSTED GROSS INCOME. Subtract Line 11 from Line 10. Enter here.	.00 12.	77964 .00
<b>≡</b> SECTION C - DEDUCTIONS		
If columns A and B are used and you are unable to specifically allocate deductions between spouses, you must prorate in accordance with income.		
13. TOTAL ITEMIZED DEDUCTIONS FROM DELAWARE SCHEDULE A (Must attach PIT-RSA)	.00 13.	.00
14. FOREIGN TAXES PAID (See instructions)	.00 14.	.00
15. CHARITABLE MILEAGE DEDUCTION (See instructions)	.00 15.	.00
16. SUBTOTAL - Add Line 13 through Line 15	.00 16.	.00
17. FORM PIT-CRS TAX CREDIT ADJUSTMENT (See instructions)	.00 17.	.00
18. NET ITEMIZED DEDUCTIONS - Subtract Line 17 from Line 16. Enter here and on Line 19 (See instructions)	.00 18.	.00
19. If you elect the DELAWARE STANDARD DEDUCTION check here		
a. <input checked="" type="checkbox"/> Filing Statuses 1, 3, & 5 enter \$3250 in Column B; Filing Status 2 enter \$6500 in Column B; Filing Status 4 enter \$3250 in Column A and in Column B		
If you elect DELAWARE ITEMIZED DEDUCTIONS check here		
b. Filing Statuses 1, 2, 3, and 5, enter itemized deductions from Line 18 in Column B; Filing Status 4 enter itemized deductions from Line 18 in Columns A and B		
	.00 19.	3250 .00
20. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - see instructions)		
Multiply the number of boxes checked below by \$2500. If you are filing a combined separate return (Filing status 4), enter the total for each appropriate column. All others enter total in Column B.		
Column A - if Spouse was: 65 or over blind Column B - if You were: 65 or over blind	.00 20.	.00
21. TOTAL DEDUCTIONS - Add Line 19 and Line 20 and enter here.	.00 21.	3250 .00
<b>□□</b> SECTION D - CALCULATIONS		
22. TAXABLE INCOME - Subtract Line 21 from Line 12, and compute tax on this amount	.00 22.	74714 .00
23. TAX LIABILITY FROM TAX RATE TABLE/SCHEDULE (See instructions)	.00 23.	3915 .00
24. TAX ON LUMP SUM DISTRIBUTION (Form PIT-STC)	.00 24.	.00





# DELAWARE 2022

DIVISION OF REVENUE PIT-RES

## DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN



Column A is for Spouse information, Filing status 4 only. All other filing status use Column B.

	COLUMN A		COLUMN B
25. <b>TOTAL TAX</b> - Add Line 23 and Line 24	25.	.00	25. 3915 .00
26a. <b>PERSONAL CREDITS</b> Enter number of exemptions <u>1</u> x \$110 On Line 26a, enter the number of exemptions for: Column A      Column B <u>1</u>	26a.	.00	26a. 110 .00
26b. <b>CHECK BOXES</b> Spouse 60 or over (Column A)      Self 60 or over (Column B) Enter number of boxes checked on Line 26b      x \$110	26b.	.00	26b. .00
27. <b>TAX IMPOSED BY OTHER STATES</b> (Must attach copy of PIT-RSS and other state return.)	27.	.00	27. .00
28. <b>VOLUNTEER FIREFIGHTER CO. #</b> Spouse (Column A)      Self (Column B)      Enter credit amount	28.	.00	28. .00
29. <b>OTHER NON-REFUNDABLE CREDITS</b> (See instructions)	29.	.00	29. 0 .00
30. <b>CHILD CARE CREDIT</b> . Must attach Form 2441. (Enter 50% of Federal credit)	30.	.00	30. .00
31. <b>TOTAL NON-REFUNDABLE CREDITS</b> (See instructions)	31.	.00	31. 110 .00
32. <b>BALANCE</b> - Subtract Line 31 from Line 25. If Line 31 is greater than Line 25, enter 0.	32.	.00	32. 3805 .00
33. <b>EARNED INCOME TAX CREDIT</b> . <b>REFUNDABLE</b> <b>NON-REFUNDABLE</b> (See instructions)	33.	.00	33. .00
34. <b>DELAWARE TAX WITHHELD</b> (Attach W2s/1099s)	34.	.00	34. 4625 .00
35. <b>ESTIMATED TAX PAID &amp; PAYMENTS WITH EXTENSIONS</b>	35.	.00	35. .00
36. <b>S CORP PAYMENTS</b>	36.	.00	36. .00
37. <b>REFUNDABLE BUSINESS CREDITS</b>	37.	.00	37. .00
38. <b>CAPITAL GAINS TAX PAYMENTS</b> (Attach Form REW-EST)	38.	.00	38. .00
39. <b>TOTAL REFUNDABLE CREDITS</b> For amended return, enter Line 39 then proceed to Line 47 on page 3 (All else, see instructions)	39.	.00	39. 4625 .00
40. <b>BALANCE DUE</b> If Line 33 plus Line 39 is less than or equal to Line 32, <b>Subtract</b> the sum of Line 33 and Line 39 from Line 32.	40.	.00	40. 0 .00
41. <b>OVERPAYMENT</b> If Line 33 plus Line 39 is greater than Line 32, <b>Subtract</b> Line 32 from the sum of Line 33 and Line 39.	41.	.00	41. 820 .00
42. <b>CONTRIBUTIONS TO SPECIAL FUNDS</b> . If electing a contribution, complete and attach PIT-RSS.	42.	.00	42. .00
43. <b>AMOUNT OF LINE 41 TO BE APPLIED TO 2023 ESTIMATED TAX ACCOUNT</b>	43.	.00	43. .00
44. <b>PENALTIES AND INTEREST DUE</b> . If Line 40 is greater than \$800, see estimated tax instructions	44.	.00	44. .00
45. <b>NET BALANCE DUE</b> . For Filing Status 4, see instructions. For all other filing statuses <b>Add</b> Line 40, Line 42, and Line 44.	45.	.00	45. .00
46. <b>NET REFUND</b> . For Filing Status 4, see instructions. For all other filing statuses, <b>Subtract</b> Line 42, Line 43, and Line 44 from Line 41.	46.	.00	46. 820 .00

**SECTION E - DIRECT DEPOSIT INFORMATION**

If you would like your refund deposited directly to your checking or savings account, complete Section E below. See instructions for details.

ACCOUNT TYPE	ROUTING NUMBER	ACCOUNT NUMBER
<input checked="" type="checkbox"/> CHECKING		
<input checked="" type="checkbox"/> SAVINGS	2 1 1 3 9 1 8 2 5	6 3 7 3 1 8 9

Is this refund going to or through an account that is located outside of the United States?  
 YES  NO

**DMV STATE ID #**

**BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS**  
 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete.

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SPOUSE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ BUSINESS PHONE NUMBER 413-695-7029

EMAIL ADDRESS \_\_\_\_\_

**PAID PREPARER INFORMATION**

SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/22/2023

PAID PREPARER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS

245 ROONEY CT

CITY STATE ZIP CODE

E BRUNSWICK NJ 08816

EIN, SSN or PTIN PHONE NUMBER

843171965 678-965-9522

EMAIL ADDRESS

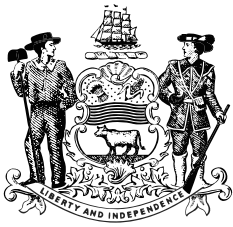
SYAM@GTAXFILE.COM

**BALANCE DUE WITH PAYMENT ENCLOSED (LINE 45)**  
**MAIL COMPLETED FORM TO:**  
 Delaware Division of Revenue  
 PO Box 508, Wilmington, DE 19899-0508  
 Make check payable to: Delaware Division of Revenue

**REFUND (LINE 46)**  
**MAIL COMPLETED FORM TO:**  
 Delaware Division of Revenue  
 PO Box 8710  
 Wilmington, DE 19899-8710

**ALL OTHER RETURNS**  
**MAIL COMPLETED FORM TO:**  
 Delaware Division of Revenue  
 PO Box 8711  
 Wilmington, DE 19899-8711

PLEASE REMEMBER TO ATTACH W-2, 1099-R AND APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN



# DELAWARE 2022

DIVISION OF REVENUE FORM  
PIT-RES

## DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN



**FOR AMENDED RETURNS ONLY**

COLUMN A

COLUMN B

<b>47. TOTAL REFUNDABLE CREDITS</b> - Add Line 39 and any EITC on Line 33.	<b>47.</b>	.00		47.		.00
<b>48. AMOUNT PAID ON ORIGINAL RETURN</b>	<b>48.</b>	.00		48.		.00
<b>49. SUBTOTAL.</b> Add Lines 47 and 48.	<b>49.</b>	.00		49.		.00
<b>50. REFUND RECEIVED</b> (If any, see instructions)	<b>50.</b>	.00		50.		.00
Estimated tax carryover and/or Special Funds contributions as shown on original return	<b>51.</b>	.00		51.		.00
<b>52. Subtract</b> Line 50 and Line 51 from Line 49.	<b>52.</b>	.00		52.		.00
<b>53. BALANCE DUE.</b> If Line 32 is greater than Line 52, Subtract 52 from 32.	<b>53.</b>	.00		53.		.00
<b>54. OVERPAYMENT.</b> If Line 52 is greater than Line 32, Subtract 32 from 52.	<b>54.</b>	.00		54.		.00
<b>55. AMOUNT OF LINE 54 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT</b> (See instructions)				55.		.00
<b>56. PENALTIES AND INTEREST DUE</b>				56.		.00
<b>57. NET BALANCE DUE</b> For Filing Status 4, see instructions. For all other filing statuses <b>Add</b> Line 53, Line 55, and Line 56.				57.		.00
<b>58. NET REFUND</b> For Filing Status 4, see instructions. For all other filing statuses, <b>Subtract</b> Line 55 and Line 56 from Line 54.				58.		.00

**59. Is an amended Federal return being filed?** **Yes** **No**  
 If no, please explain. If the changes pertain to the DE return only, list the line numbers being amended.

**60. Has the Delaware Division of Revenue advised you your original return is being audited?** **Yes** **No**  
**61. Is this amended return being filed as a protective claim?** **Yes** **No**

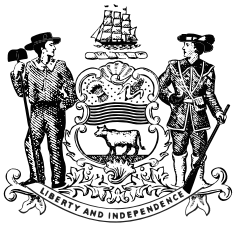
A detailed explanation of all changes must be provided in this space. All supporting schedules and/or documentation must be attached.

**NET BALANCE DUE WITH  
 PAYMENT ENCLOSED (LINE 57)**   
**MAIL COMPLETED FORM TO:**  
 Delaware Division of Revenue  
 PO Box 508, Wilmington, DE 19899-0508  
 Make check payable to: Delaware Division of Revenue

**NET REFUND (LINE 58)**   
**MAIL COMPLETED FORM TO:**  
 Delaware Division of Revenue  
 PO Box 8710  
 Wilmington, DE 19899-8710

**ALL OTHER RETURNS**   
**MAIL COMPLETED FORM TO:**  
 Delaware Division of Revenue  
 PO Box 8711  
 Wilmington, DE 19899-8711

**PLEASE REMEMBER TO ATTACH W-2, 1099-R AND APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN**



# DELAWARE 2022

DIVISION OF REVENUE FORM  
PIT-RSS

## DELAWARE RESIDENT SCHEDULES



<b>FIRST NAME</b>	<b>LAST NAME</b>	<b>TAXPAYER ID</b>
SHRAVYA	KADUR	0 9 8 1 5 9 1 1 3

**Columns:** Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See instructions for worksheet.) Taxpayers using filing statuses 1,2,3, or 5 are to complete Column B only.

### DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE

Enter the credit in the highest to lowest amount order.

See the instructions and complete the worksheet prior to completing DE Schedule I.

		Filing Status 4 ONLY Spouse Information <b>COLUMN A</b>	All other filing statuses You or You plus Spouse <b>COLUMN B</b>
1. Tax imposed by State of (Enter 2 character state name)	1.	.00	1. .00
2. Tax imposed by State of (Enter 2 character state name)	2.	.00	2. .00
3. Tax imposed by State of (Enter 2 character state name)	3.	.00	3. .00
4. Tax imposed by State of (Enter 2 character state name)	4.	.00	4. .00
5. Tax imposed by State of (Enter 2 character state name)	5.	.00	5. .00
6. Enter the total here and on Form PIT-RES Page 2, Line 27. <b>You must attach a copy of the other state return(s) with your Delaware tax return</b>	6.	.00	6. .00

### DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)

Complete the Earned Income Tax Credit for each child YOU CLAIMED the Earned Income Credit for on your federal return.

#### QUALIFYING CHILD INFORMATION

<b>7a. CHILD'S FIRST NAME</b>	<b>7b. CHILD'S LAST NAME</b>	<b>8. CHILD'S SSN</b>	<b>9. CHILD'S DATE OF BIRTH</b>
-------------------------------	------------------------------	-----------------------	---------------------------------

	<b>CHILD 1</b>	<b>CHILD 2</b>	<b>CHILD 3</b>
10. Was the child under age 24 at the end of 2022, a student, and younger than you (or your spouse, if filing jointly)?	Yes No	Yes No	Yes No
11. Was the child permanently and totally disabled during any part of 2022?	Yes No	Yes No	Yes No
12. <b>DELAWARE STATE INCOME TAX LESS NON-REFUNDABLE CREDITS</b> - Enter the higher tax amount from Column A or Column B of Form PIT-RES Line 32		12.	.00
13. <b>FEDERAL EARNED INCOME TAX CREDIT (EITC)</b> - Enter amount from IRS form 1040 or 1040-SR, Line 27		13.	.00
14. <b>REFUNDABLE EITC CALCULATION</b> - Multiply Line 13 x 0.045 and enter here		14.	.00
15. <b>NON-REFUNDABLE EITC CALCULATION</b> - Multiply Line 13 x 0.20 and enter here		15.	.00
16. <b>REFUNDABLE EITC</b> - If Line 14 is greater than or equal to Line 12, enter the amount from Line 14 here and on Line 33 of Form PIT-RES and check the refundable box on Line 33 of Form PIT-RES		16.	.00
17. <b>NON-REFUNDABLE EITC</b> - If Line 14 is less than Line 12, compare Line 12 to Line 15, enter the smaller amount here and on Line 33 of Form PIT-RES, and check the non-refundable box on Line 33 of Form PIT-RES		17.	.00

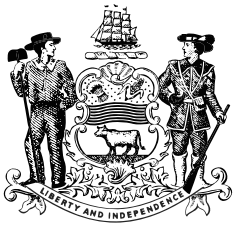
### DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

See the instructions for ALL required documentation to attach.

See instructions for a description of each worthwhile fund listed below.

18. A. Non-Game Wildlife	.00 H. DE National Guard	.00 O. Senior Trust Fund	.00
B. Beau Biden Fund	.00 I. Juvenile Diabetes Fund	.00 P. Veterans Trust Fund	.00
C. Emergency Housing	.00 J. Multiple Sclerosis Soc.	.00 Q. Protect DE's Child Fund	.00
D. Breast Cancer Edu.	.00 K. Ovarian Cancer Fndn	.00 R. Food Bank of DE	.00
E. Organ Donations	.00 L. 21st Fund for Children	.00 S. DE Hab For Humanity	.00
F. Diabetes Education	.00 M. White Clay Creek	.00 T. B+ Childhood Cancer	.00
G. Veterans Home	.00 N. Home of the Brave	.00 U. Combined Campaign for Justice	.00
19. Enter the total Contribution amount here and on Form PIT-RES, Line 42		19.	.00

**This page MUST be sent in with your Delaware return if any of the schedules (above) are completed.**



**DELAWARE** 2022  
 DIVISION OF REVENUE F O R M  
 PIT-RSS  
**DELAWARE RESIDENT SCHEDULES**



**DE SCHEDULE IV - W-2 AND 1099-R INFORMATION**

Complete this Schedule listing all of your, and if applicable, your spouse's, forms W-2 and 1099-R showing Delaware Income Tax withheld. Forms W-2 and 1099-R showing income tax withheld must still be attached to the front of your return if you elect to file by paper. Failure to do so may delay the processing of your return.

TYPE	EMPLOYER NAME	EMPLOYER TAXPAYER ID	STATE	STATE WAGES	STATE WITHHOLDING	TAXPAYER OR SPOUSE
IRSW2	BLACKROCK FINANCIAL MANAGEMENT INC	133806691	DE	88733	4625	X Taxpayer Spouse Taxpayer Spouse Taxpayer Spouse Taxpayer Spouse Taxpayer Spouse Taxpayer Spouse Taxpayer Spouse Taxpayer Spouse Taxpayer Spouse Taxpayer Spouse Taxpayer Spouse Taxpayer Spouse Taxpayer Spouse

**DE SCHEDULE V - DELAWARE S CORPORATION PAYMENTS**

Complete this Schedule by listing all estimated Delaware tax payments made by an S Corporation on behalf of you or your spouse. Failure to do so may delay the processing of your return.

S CORPORATION FEIN	NAME OF S CORPORATION	PAYEE ID	AMOUNT OF ESTIMATED PAYMENT
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