Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

internal nevertue Service	
Submission Identification Number (SID)	
Taxpayer's name	Social security number
NITHIN REDDY KADARU	716-30-8244
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	
Total tax	
4 Amount you want refunded to you	1,001.
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 retu	
return (original or amended) I am now authorizing. I consent to allow my intermediate to send my return to the IRS and to receive from the IRS (a) an acknowledgement of for any delay in processing the return or refund, and (c) the date of any refund. If appl Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financia payment of my federal taxes owed on this return and/or a payment of estimated tax, a authorization is to remain in full force and effect until I notify the U.S. Treasury Fina payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Pa business days prior to the payment (settlement) date. I also authorize the financial instaxes to receive confidential information necessary to answer inquiries and resolve personal identification number (PIN) below is my signature for the income tax return (c) Electronic Funds Withdrawal Consent.	receipt or reason for rejection of the transmission, (b) the reason licable, I authorize the U.S. Treasury and its designated Financial al institution account indicated in the tax preparation software for and the financial institution to debit the entry to this account. This ancial Agent to terminate the authorization. To revoke (cancel) a syment cancellation requests must be received no later than 2 stitutions involved in the processing of the electronic payment of a issues related to the payment. I further acknowledge that the
Taxpayer's PIN: check one box only	
X lauthorize GLOBAL TAXES LLC	to enter or generate my PIN 0 8 2 4 4 a as my
ERO firm name	Enter five digits, but don't enter all zeros
signature on the income tax return (original or amended) I am now a	•
I will enter my PIN as my signature on the income tax return (original if you are entering your own PIN and your return is filed using the below.	
Your signature ▶	Date ▶
Spouse's PIN: check one box only	
I authorize	to enter or generate my PIN as my
ERO firm name	Enter five digits, but
signature on the income tax return (original or amended) I am now a	authorizing. don't enter all zeros
I will enter my PIN as my signature on the income tax return (original if you are entering your own PIN and your return is filed using the below.	
Spouse's signature ▶	Date ►
Practitioner PIN Method Returns On	lly—continue below
Part III Certification and Authentication — Practitioner PIN Me	ethod Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-sel	lected 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 electro authorized to file for tax year indicated above for the taxpayer(s) indicated above. I requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized	confirm that I am submitting this return in accordance with the
ERO's signature ▶	Date ►
ERO Must Retain This Form — S	See Instructions
Don't Submit This Form to the IRS Unle	

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

2022

OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single Married filing jointly u checked the MFS box, enter the non is a child but not your dependent	ame of y	ed filing separately (I	ŕ	☐ Head of ed the HOH or		`	,	spou	ifying surv ise (QSS) name if th	Ü
Your first name	and mi	ddle initial	Last nar	me					Y	our soc	cial securit	y number
NITHIN I	REDD'	Y	KADA	.RU					7	716-30-8244		
If joint return, s	pouse's	first name and middle initial	Last nar	me					S	oouse's	social sec	curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			А	ot. no.	Р	resider	ntial Election	on Campaign
116 AZA	LEA I	OR .							С	heck h	ere if you,	or your
		ce. If you have a foreign address, also co	omplete sp	paces below.	Stat	е	ZIP co	de				itly, want \$3
DOWNING'	TOWN				PA		193	35			tnis tuna. w will not	Checking a change
Foreign countr	y name		F	oreign province/state/	count	y	Foreigr	postal co			or refund.	U
											You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a	•				•	, .	` '		Yes	⊠ No
		eone can claim: You as a de		<u>_</u> _		a dependent	asset):	(566 1115	Structi	0113.)		
Standard Deduction		Spouse itemizes on a separate retur	•	·		а аерепаеті						
		Were born before January 2, 1			ouse:	☐ Was bor	n hefo	re .lanuai	n/2 1	958	☐ Is bli	ind
Dependent	-	<u> </u>	<u> </u>	(2) Social security		(3) Relationsh	(4)		_			instructions):
If more	•	rst name Last name		number	′	to you	iip ` ,	Child ta		· 1	,	her dependents
than four									7			_
dependents,								Ī				
see instruction and check	s							Ī				
here]]			
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .						1a		76,744.
moonic	b	Household employee wages not re	eported	on Form(s) W-2 .						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	structions)						1c		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d			
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26						1e				
1099-R if tax was withheld.	f	Employer-provided adoption bene	efits from	n Form 8839, line 29						1f		
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form	h	Other earned income (see instruct	ions) .							1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (see instr	ructions)		<u>1</u> i					4	
	Z	Add lines 1a through 1h	. , .							1z		76,744.
Attach Sch. B	2 a	Tax-exempt interest	2a		b Ta	axable interest	t.			2b		
if required.	3a	Qualified dividends	3a			rdinary divider				3b		
	4a	IRA distributions	4a		b Ta	axable amoun	t			4b		
Standard Deduction for—	5a	-	5a			axable amoun				5b		
Single or	6a	,	6a			axable amoun	t			6b		
Married filing separately,	С	If you elect to use the lump-sum e		*	•	,					4	
\$12,950	7	Capital gain or (loss). Attach Sche							Ш	7		
 Married filing jointly or 	8	Other income from Schedule 1, lin								8		-8 , 703.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•						9		68,041.
surviving spouse, \$25,900	10	Adjustments to income from Sche	•							10		
Head of household,	11	Subtract line 10 from line 9. This is	-							11		68 , 041.
\$19,400	12	Standard deduction or itemized		,	,					12	 	12 , 950.
If you checked any box under	13	Qualified business income deduct								13	+	
Standard Deduction,	14	Add lines 12 and 13								14		12 , 950.
see instructions.	15	Subtract line 14 from line 11. If zer	ro or less	s, enter -0 This is y	our t	axable incom	1е .			15		55,091.

18	Form 1040 (2022	2)								Page 2
Transport Tra	Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌	[16	7,734.
19	Credits	17	Amount from Schedule 2, lin	ne 3				· [17	
20		18	Add lines 16 and 17					[18	7,734.
21		19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
22 Subtract line 21 from line 18. If zero or less, enter -0-		20	Amount from Schedule 3, lin	ne 8				[20	
23		21	Add lines 19 and 20					[21	
Payments 25		22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	7,734.
Payments 24		23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21		[23	0.
Payments 25 Federal Income tax withheld from: 25a 9, 238		24	Add lines 22 and 23. This is	your total tax				[24	
a Form(s) W-2	Payments	25								<u> </u>
C Other forms (see instructions) 25c 25d 9,238	,	а	Form(s) W-2				25a 9	,238.		
Marchanger Company C		b	Form(s) 1099				25b			
You have a qualifying child, art and a payments and amount applied from 2021 return 26		С	Other forms (see instructions	s)			25c			
You have a qualifying child, art and a payments and amount applied from 2021 return 26		d	Add lines 25a through 25c						25d	9,238.
Part	16	26	2022 estimated tax payment	ts and amount a	pplied from 20)21 return		[26	· · · · · · · · · · · · · · · · · · ·
Additional child tax credit from Schedule 81/2 29 30 Reserved for future use 30 31 Amount from Schedule 3, line 15 31 31 32 34 31 31 32 33 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32 33 Add lines 275, 28, 29, and 32. These are your total payments 33 9, 238 33 Add lines 275, 28, 29, and 32. These are your total payments 33 39, 238 34 1, 504 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 36 35a 1, 504 35a 1, 504 35a 38 30 1 9 5 3 0 7 5 4			Earned income credit (EIC)			No .	27			
Amount from Schedule 3, line 15 31 31 32 32 34 dil lines 276, 28, 29, and 31. These are your total other payments and refundable credits 32 33 Add lines 276, 28, 29, and 32. These are your total payments 33 9, 238 33 9, 238 34 35 34 35 35 36 37 36 36 37 36 36 37 36 37 37	attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		28			
Amount from Schedule 3, line 15 31 31 32 32 34 dil lines 276, 28, 29, and 31. These are your total other payments and refundable credits 32 33 Add lines 276, 28, 29, and 32. These are your total payments 33 9, 238 33 9, 238 34 35 34 35 35 36 37 36 36 37 36 36 37 36 37 37		29	American opportunity credit	from Form 8863	3, line 8		29			
Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32		30					30			
Refund 34		31	Amount from Schedule 3, lin	ne 15			31			
Refund 34		32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ındable credits		32	
Sign Here Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Third Person to the best of my knowledge and the Ir William Third Person to the best of my knowl		33						[33	9,238.
Sign Here Sign Here Doy ou want to allow another person to discuss this return with the IRS? See instructions Doy ou want to allow another person to discuss this return with the IRS? See instructions Doy or signature Date Date Sopritive Sop	Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	1,504.
Account number 3 8 3 0 1 9 5 3 0 7 5 4	neiulia	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here						35a	1,504.
Amount You Owe 36 Amount of line 34 you want applied to your 2023 estimated tax		b					Checking	Savings		
Amount You Owe 37 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions. 38 Estimated tax penalty (see instructions) 39 Do you want to allow another person to discuss this return with the IRS? See instructions. Designee's name 19 Phone no. Designee's name 20 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 20 Joint return? See instructions. See instructions Keep a copy for your records. Phone no. (334) 372–9961 Email address NITHINREDDY1997@GMAIL.COM Preparer's name Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's name SYAM PRIYA RAM SACAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/21/2023 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965	See instructions.	d	Account number 3 8 3	0 1 9 5	3 0 7 !	5 4				
For details on how to pay, go to www.irs.gov/Payments or see instructions		36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36			
Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions	Amount You Owe	37							37	
Designee's name Date Phone no. (334) 372–9961 Preparer's name Preparer's signature Preparer's signature Preparer's name Preparer's signature Preparer's signature Preparer's name Preparer's name Preparer's signature Preparer's name Preparer's name Preparer's name Preparer's signature Prim's name GLOBAL TAXES LLC Firm's address Phone no. (678) 965–9522 Firm's EIN 84–3171965		38	Estimated tax penalty (see in	nstructions) .			38			
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 Sopritive See instructions. Keep a copy for your records. Phone no. (334) 372–9961 Preparer's name Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Firm's name GLOBAL TAXES LLC Firm's address Preparer's ENGINEER NITHINREDDY1997@GMAIL.COM Phone no. (678) 965–9522 Phone no. (678) 965–9522 Firm's address Phone no. (678) 965–9522 Firm's address Preparer's ENGINEER Spouse's occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) If the IRS sent you an Identity Protection PIN, enter it here (see inst.) If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Identity Protection PIN, enter it here (see inst.) Phone no. (334) 372–9961 Email address NITHINREDDY1997@GMAIL.COM Preparer's signature Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/21/2023 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678) 965–9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84–31765			,					omplete be	low.	× No
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 If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Phone no. (334) 372-9961 Email address NITHINREDDY1997@GMAIL.COM Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/21/2023 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965	•								ation _[
Here Your signature Date Your occupation Spouse's signature. If a joint return, both must sign. Spouse's signature. If a joint return, both must sign. Spouse's signature. If a joint return, both must sign. Phone no. (334) 372-9961 Preparer's name Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Firm's address Prim's address Prim's EIN R4-3171965		naı	ne		no.		numl	ber (PIN)		
Joint return? See instructions. Keep a copy for your records. Phone no. (334) 372-9961 Paid Preparer's name Preparer's SYAM PRIYA RAM SAGAR GUPTA TALLAM Preparer Use Only Proma Spouse's signature of the interest of the										
See instructions. Keep a copy for your records. Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Freparer's name Preparer's signature Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM	Tiere	Yo	ur signature		Date	Your occupation		Protec	tion PI	, ,
Keep a copy for your records. Phone no. (334) 372–9961 Preparer's name Preparer's signature Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Preparer Use Only Prim's name GLOBAL TAXES LLC Firm's address Q45 ROONEY CT E BRUNSWICK NJ 08816 Firm's name Preparer's signature Date PTIN Check if: Phone no. (678) 965–9522 Phone no. (678) 965–9522 Phone no. (678) 965–9522										
Preparer's name Preparer's signature Date PTIN Check if:	Keep a copy for	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupati	on	Identity	y Prote	
Preparer's name Preparer's signature Date PTIN Check if:		Ph	one no. (334) 372-996	1	Email address	NITHINREDDY1	L997@GMAIL.CO	 MC		
Preparer Use Only SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/21/2023 P02082/03 L. Self-employed									\Box	Check if:
Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965		SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/21/2023	P02082	703	Self-employed
Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965	•						1 2 2			678) 965-9522
10.00	Use Only				NSWICK N	J 08816				
	Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/09/23 PRO			Form 1040 (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

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

Name	s) shown on Form 1040, 1040-SR, or 1040-NR		Your so	cial se	curity number
NITH	IN REDDY KADARU		716-3	80-824	14
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule	Ε.	5	-8,703.
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	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				

8s

8t

8u

8z

u Wages earned while incarcerated

Other income. List type and amount:

1040, line 1a or 1d

Total other income. Add lines 8a through 8z

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

-8,703.

9

10

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b	asis governmen	t	
	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			
16	Self-employed SEP, SIMPLE, and qualified plans			
17	Self-employed health insurance deduction			
18	Penalty on early withdrawal of savings			
19a	Alimony paid			
b	Recipient's SSN	·	_	
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction			
21	Student loan interest deduction		_	
22	Reserved for future use			
23	Archer MSA deduction		23	
24	Other adjustments:	_		
а	, , , , , , , , , , , , , , , , , , ,	4a		
b	Deductible expenses related to income reported on line 8l from the			
		4b		
С	Nontaxable amount of the value of Olympic and Paralympic medals	4.		
-1	· · · · · · · · · · · · · · · · · · ·	4c		
d		4d		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	4e		
f		4f		
g		4g		
_	Attorney fees and court costs for actions involving certain unlawful			
		4h		
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			
		24i		
j		24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
		4k		
Z	Other adjustments. List type and amount:	_		
		4z		
25	Total other adjustments. Add lines 24a through 24z			
26	Add lines 11 through 23 and 25. These are your adjustments to income . E			
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	<u></u>	26	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

2022
Attachment Sequence No. 13

Name(s) shown on return Your social security number 716-30-8244 NITHIN REDDY KADARU Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions 1a Physical address of each property (street, city, state, ZIP code) H.NO 162/C, NEAR BK GUDA SR NAGAR, HYDERABAD TELANGANA IN 500038 Α В C 1b Type of Property For each rental real estate property listed **Fair Rental Personal Use** QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 628. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,978. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees 11 1,854. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 1,633. 14 14 Repairs . . . 2,276. 15 Supplies 15 16 16 Taxes 17 Utilities 17 1,590. 18 18 Depreciation expense or depletion Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 9,331. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -8,703. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 8,703.) 628. 23a Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 9,331. Total of all amounts reported on line 20 for all properties 23e 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 8,703. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on

26

-8,703.

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

PA-40 - 2022

Pennsylvania Income Tax Return

ENTER ONE LETTER OR NUMBER IN EACH BOX (05-22)

				N	Extension.	N	Amended Return.
71	5308244			R	Residency Stat	us.	
KA:	DARU						Part-Year Resident to
ΝI	THIN REDDY	Occupati	SULL TOWNING	2	Single, Marrie		
		Occupati	on	N	Deceased		
				N	Taxpayer Date	of Death	
				N	Spouse Date of	Death	
<u>н</u> Н	∆ AZALEA DR			l N	Farmers.		
DO	WNINGTOWN	PA	19335		School District	Name D	DUNINGTOWN A
	334-372-9961		15200	'			
1a	Gross Compensation. Do not include qualifying retirement benefits. See the			and	la		77070
1b 1c	Unreimbursed Employee Business E. Net Compensation. Subtract Line 1b		1a.		lb lc		0 77070
2 3 4	Interest Income. Complete PA Sched Dividend and Capital Gains Distributi Net Income or Loss from the Operation	ons Income	e. Complete PA Schedule B if re	equired.	2 3 4		0 0 0
5 6 7 8 9	Net Gain or Loss from the Sale, Excl Net Income or Loss from Rents, Roy Estate or Trust Income. Complete and Gambling and Lottery Winnings. Con Total PA Taxable Income. Add only 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD	alties, Pated submit P Amplete and the positive	nts or Copyrights. A Schedule J. submit PA Schedule T. we income amounts from Lines	1c,	5 6 7 8 9		0 0 0 0 77070
10	Other Deductions. Enter the appropriate the appropriate the appropriate the appropriate that the appropriate that the appropriate the appropriate that the a		for the type of deduction.	N	10		0
11	See the instructions for additional in Adjusted PA Taxable Income. Subtractions		0 from Line 9.		11		77070
1555	REV 03/01/23 PRO						





716308244 Name(s) NITHIN REDDY KADARU

	39659522			Firm FEIN Preparer's			43171965 02082703
	arer's Name and Telephone Number	Hipta tallam	Date 032123	E-File Op	t Out	N	
Your	Signature	Spouse's Signature, if fil	ling jointly				
_	ature(s). Under penalties of perjury, I (we) declar panying schedules and statements, and to the best						
36	Refund donation line. Enter the organ	nization code and donation	n amount. See instruc	tions.	36		
	Refund donation line. Enter the organ				35		
	Refund donation line. Enter the organ				34		
33	Refund donation line. Enter the organ				33		
32	Refund donation line. Enter the organ	nization code and donation	n amount. See instruc	tions.	32		
30 31	Refund – Amount of Line 29 you wan Credit – Amount of Line 29 you wan			REFUND	31		0
30	The total of Lines 30 through 36 mu	-	NII	DEFIND	30		п
	the difference here.	. 17. 40					
29	OVERPAYMENT. If Line 24 is more	e than the total of Line 12	L, Line 25 and Line 2	7, enter	29		Ō
28	TOTAL PAYMENT DUE. See the in				28		0
<i>-1</i>		V-1630/REV-1630A, mai		N	'		0
26 27	TAX DUE. If the total of Line 12 and Penalties and Interest. See the instruct			псе пеге.	26 27		0
	USE TAX. Due on internet, mail order	•		maa hama	25		0
	TOTAL PAYMENTS and CREDITS				24		53PP
23	Total Other Credits. Submit your PA S				23		0
22	Resident Credit. Submit your PA Sch	edule(s) G-L and/or RK-	1.		22		0
21	Tax Forgiveness Credit from Section				57		0
	Dependents, Section II, Line 2, PA Sc Total Eligibility Income from Section		e SP.		967 74P	00	п
	Filing Status: 01 Unmarried or S	-	d 03 Deceased		19a	00	
	Forgiveness Credit. Submit PA Sch				1.5		
	Total Estimated Payments and Cred		•		18		0
	Nonresident Tax Withheld from your	PA Schedule(s) NRK-1.	(Nonresidents only)		72 72		0
	2022 Estimated Installment Payments 2022 Extension Payment.	. KEV-459B included.		N	15 16		0
	Credit from your 2021 PA Income Tax				14		0
	PA Tax Liability. Multiply Line 11 by Total PA Tax Withheld. See the instruction				73 75		53PP 53PP
10	D. T	4 (0.0205)					

1555 REV 03/01/23 PRO

Page 2 of 2



PA SCHEDULE E

Rents and Royalty Income (Loss)

		PA-40 E (EX) 06-22 (I) PA Department of Revenue				OFFICI.	AL USE ONLY
		taxpayer filing this schedule I REDDY KADARU			Security No	umber (shown -8244	first) or EIN
Sales Tax I	Lice	nse Number (if applicable). See the instructions.	Are rental payments m	ade by lessees thro	ough a third pa	rty broker?	Yes No
of oil, ga	s a	ructions. Report the income and expenses for the use of your pers not other minerals from your property, and the use of your patent inerals from your property or producing products from your patents	ts and copyrights. Note:	If you are in the			
SECT	10	N I PROPERTY DESCRIPTION					
Enter the	typ	pe and complete address of each rental real estate property, and/o	r each source of royalty i	ncome. See the	instruction	S.	
Туре	•	Description of Property For Profit Prope	· · · · · · · · · · · · · · · · · · ·	Iress (street, cit	•		
A 3	H		H.NO 162/C, SR NAGAR,HYDERA				, India
В		NO O					
С		NO O					
Property	typ	pe: 1. Single family residence 3. Vacation/short-term rental 5. La 2. Multi-family residence 4. Commercial 6. Ro	nd 7. Self-rental by alties 8. Other, des				
SECT	10	N II INCOME & EXPENSES					
			Property A	Propert	у В	Prope	rty C
Line	e a:	Identify the property from Section I and indicate ownership (T/S/J)	T O S J	\bigcirc T \bigcirc	s — J	□ T	s 🔾 J
		Is the property rental location in PA?	YES NO	YES	O NO	YES	O NO
Line	e c:	Is the property rented for any period less than 30 days?	YES NO	YES	O NO	C YES	O NO
Income:	1.	Rent received	628				
	2.	Royalties received					
Expenses	s: 3.	Advertising					
	4.	Automobile and travel 4.					
	5.	Cleaning and maintenance 5.	1,978				
	6.	Commissions					
	7.	Insurance					
	8.	Legal and professional fees					
	9.	Management fees	1,854				
	10.	Mortgage interest					
	11.	Other interest					
	12.	Repairs	1,633				
	13.	Supplies	2,276				
	14.	Taxes - not based on net income					
	15.	Utilities	1,590				
	16.	Depreciation expense - See the instructions					
	17.	Other expenses (itemize):					
	18	Total Expenses - Add Lines 3 through 17	9,331				
Incomo		Income – Subtract Line 18 from Line 1 or 2	J , JJ 1				
Income or Loss:		Loss – Subtract Line 1 or 2 from Line 18. (fill in the oval, if a net loss) 20.					
		Net Income or Loss - Total Lines 19 and 20 for short-term rentals. See the ins			s) 21.		
		Net Income or Loss - Total Lines 19 and 20 for non short-term rentals. See the Rent or royalty income (loss) from PAS corporation(s) and partnerships from your	e instructions (fill in th	e oval, if a net loss	s) 22.		0
		PA Schedule(s) RK-1 or NRK-1.		e oval, if a net loss	s) 23.		
	24 .	Net Rent and Royalty Income (Loss). Add Lines 22 and 23. If submitting more that total all Line 22 and 23 amounts and include on Line 6 of your PA-40.			s) 24.		0



1555



PA-8879 (EX) 11-22

PENNSYLVANIA E-FILE SIGNATURE AUTHORIZATION

2022

Declaration Control Number/Submission ID	
Primary Taxpayer's Name NITHIN REDDY KADARU	Social Security Number 716-30-8244
Secondary Taxpayer's Name	Social Security Number
SECTION I TAX RETURN INFORMATION – TAX YEAR E	NDING DEC. 31, 2022 (whole dollars only)
1. Adjusted PA taxable income (Form PA-40, Line 11)	11.
2. PA tax liability (Form PA-40, Line 12)	
3. Total PA tax withheld (Form PA-40, Line 13)	3. <u>2,366</u>
4. Amount to be refunded (Form PA-40, Line 30)	4
5. Total payment (tax due) (Form PA-40, Line 28)	50
SECTION II DECLARATION AND SIGNATURE AUTHORI	ZATION OF TAXPAYER
agents to initiate an electronic funds withdrawal (direct debit) entry to my doinstitution to debit the entry to my account and the financial institutions involvinformation necessary to answer inquiries and resolve issues related to payrithe United States or one of its territories. I have selected a personal identicable, my electronic funds withdrawal consent. PRIMARY TAXPAYER'S PERSONAL IDENTIFICATION NUMBER (PIN) MOREOUS AUTOMOSTICAL TAXES LLC to electronically filed income tax return.	enter my PIN08244_ as my signature on my tax year 2022
I will enter my PIN as my signature on my tax year 2022 electronically	y filed income tax return.
Signature	Date
SECONDARY TAXPAYER'S PIN Mark one oval only. I authorize to e electronically filed income tax return. I will enter my PIN as my signature on my tax year 2022 electronically	enter my PIN as my signature on my tax year 2022 y filed income tax return.
Signature	Date
SECTION III CERTIFICATION AND AUTHENTICATION – I	PRACTITIONER PIN PROGRAM PARTICIPANTS ONLY
ERO'S EFIN/PIN Enter your six-digit EFIN followed by your five-digit self-se	elected PIN222496_ / 61989
	entry is my PIN, which is my signature on the tax year 2022 electronically filed cipating in the Practitioner PIN Program in accordance with the requirements
ERO's Signature	Date

The ERO must retain this form and supporting documents for three years. DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO.

2022

Name
NITHIN REDDY KADARU

Social Security Number
716-30-8244

Federal Forms W-2

# of W2	* N T / T X B L	TS	NRH	Employer Name Employer identification number from box B	Federal wages from box 1 Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax tax withheld from box 17	ST ID
		T T		TATA CONSULTANCY 98-0429806 Communications Test Design, Inc. 23-2015935	55,745. 20,999.	55,745. 1,711. 21,325. 655.	PA PA

Pennsylvania W-2	Taxpayer 77,070.	Spouse 0.
Pennsylvania W-2 to Schedule NRH, line 9		
Federal Form 4137, Unreported Tips, line 6		
Noncash tips		
Non-Pennsylvania W-2 to Schedule SP, line 6		
Withholding	2,366.	

Federal Forms W-2: Local Tax

# of W2	*	TS	Employer identification number from box B	Locality name	Local wages, tips, etc. (local) from box 18	Local income tax (local) from box 19	ST ID
<u>2</u> <u>2</u>		<u>T</u> <u>T</u>		150303-15 CHESTER TA 151202-15 CHESTER TA	19,690. 1,635.	16.	PA PA

Pennsylvania Local W-2	Taxpayer 21,325.	Spouse
Federal Form 4137, Unreported Tips, line 6		
Noncash tips		
Withholding	16.	

Excess Reimbursements

*	Description	Employer's EIN	T/S	Amount

	Taxpayer	Spouse
Excess Reimbursements		

NITHIN REDDY KADARU 716-30-8244 Page 2 Miscellaneous Compensation from Federal Forms 1099MISC, 1099K, 1099NEC, and other statements

	•••••	poouo	•.						,	,	
	* Payer Name		Pa	yer EIN	T/S	Code	PA Taxable Comp.	PA Tax Withheld	Fed. Income		
B Jury duty pay C Director's fee I D Expert witness fee J E Honorarium K						Other nonemployee compensation. Describe: Employer sponsored retirement/pension/deferred compensation plan Distribution from IRA (Traditional or Roth) Distribution from Life Insurance, Annuity or Endowment Contracts Distribution from Charitable Gift Annuities					
F G		venant not to compete mages or settlement fo								o Plan.	
lost wages, other than personal injury N Fiduciary fees from a trust O Other income not listed above											
N	Describe: Taxpayer Spouse Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC. Withholding										
			Co	mpe	nsati	on from	Fede	al For	ms 1099R		
				Ė							
	*	Payer's EIN Payer's Name	T S	Fed #	PA Type	Gros Distribu		E	Basis I	PA Taxable	PA Tax Withheld
	* [Inter an 'X' if this incom		l— Not		t to Donne	vlvoni	-	A Dort Voor	and Monroeide	ente Only
		enter an A il this incom	e is	NOL	subjec	t to Penns	yıvanı	a lax - F	A Part-Year a	and Nonreside	ents Only.
Pennsylvania Distribution type: N No entry I31 PA school, state, or municipal employee plan I11 United Mine Workers pension I32 Military pension I33 U.S. Civil service retirement/disability/annuity K1 Annuity or Non-civil service disability (including Qual Joint Survivorship Annuity) I21 Early distribution from a retirement plan I32 I'm not eligible yet; plan is eligible in PA I13 I'm eligible; plan is eligible in PA I14 Traditional or Roth IRA; I'm over 59.5 I25 Non-qualified deferred compensation plan I26 Life insurance or endowment I27 L Distribution from Charitable Gift Annuities I28 ESOP: Allocated ESOP Stock Dividend I29 ESOP: Non-Allocated ESOP Stock Dividend I20 ESOP: Taxable ESOP within a 401(k) I31 I'm eligible; plan is eligible (no PA tax) IVM ON ENDING IN IN TRADITION IN											
Taxpayer Spouse											
Distribution from Life Insurance, Annuity, Endowment Contracts or ineligible retirement plans (see Tax Help FAQ's for more info)											
Total Gross Compensation											
·											
	Tota Tota With	l gross compensation to I Schedule NRH gross holding to Form PA-40	o Fo com line	rm P pens	A-40 l ation t	ine 1a to PA-40, I	ine 12		77	ayer 7,070. 2,366.	0.
- .	.1	as someonaction to For	D	A 40) Ii	_					77 070

* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.