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

| Submission Identification Number (SID) | | |
|--|--|--|
| Taxpayer's name | Social security | y number |
| SPURTHI PATNAM | 311-95- | -5857 |
| Spouse's name | Spouse's soci | ial security number |
| Part I Tax Return Information — Tax Year Ending December 31, 2022 | Enter year you a | re 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 51,888. |
| 2 Total tax | | 2 4,466. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 8,770. |
| 4 Amount you want refunded to you | | 4 4,304. |
| 5 Amount you owe | | 5 |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you ge | t and keep a copy | y of your return) |
| my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Pareturn (original or amended) I am now authorizing. I consent to allow my intermediate service provider to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reaso for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorized to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution acc payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancella business days prior to the payment (settlement) date. I also authorize the financial institutions involve taxes to receive confidential information necessary to answer inquiries and resolve issues related personal identification number (PIN) below is my signature for the income tax return (original or amer Electronic Funds Withdrawal Consent. | r, transmitter, or electron for rejection of the traze the U.S. Treasury arount indicated in the tainstitution to debit the terminate the authorization requests must be do in the processing of to the payment. I furtile | anic return originator (ERO) ansmission, (b) the reason of its designated Financial ax preparation software for entry to this account. This ation. To revoke (cancel) as received no later than 2 the electronic payment of her acknowledge that the |
| Taxpayer's PIN: check one box only | | |
| <u></u> | enerate my PIN | 5 8 5 7 as my |
| ERO firm name signature on the income tax return (original or amended) I am now authorizing. | ř Ent | er five digits, but n't enter all zeros |
| I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN and your return is filed using the Practitioner PI below. | | |
| Your signature ▶D | ate ▶ | |
| Spouse's PIN: check one box only | | |
| • — | enerate my PIN | ac my |
| ERO firm name | _ | er five digits, but |
| signature on the income tax return (original or amended) I am now authorizing. | | n't enter all zeros |
| I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN and your return is filed using the Practitioner PI below. | | |
| Spouse's signature ▶ D | ate ► | |
| 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 3 1 9 8 9 er all zeros |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic individual in authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I a requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Provided in the provided in | am submitting this retu | rn in accordance with the |
| ERO's signature ▶ D. | ate ► | |
| ERO Must Retain This Form — See Instruct | | |

Don't Submit This Form to the IRS Unless Requested To Do So

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

2022

OMB No. 1545-0074

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 on is a child but not your depender | name of y | ed filing separately | , , | | household (| , | spo | lifying sunuse (QSS) name if th | Ü |
|--|--------|--|---------------|----------------------|------------|------------------|----------------|-------------|---------------|---|------------------|
| Your first name | and mi | ddle initial | Last na | me | | | | | Your so | cial securi | ty number |
| SPURTHI | | | PATN | MAI | | | | | 311- | 95-585 | 7 |
| | | | | | | | | | curity number | | |
| Home address | numbe | er and street). If you have a P.O. box, se | e instruction | ons. | | | Apt. no | L | Preside | ntial Flection | on Campaign |
| 555 W MA | | | | 0.1.0. | | | 2510 | | ł | here if you, | |
| | | ce. If you have a foreign address, also o | omplete s | naces helow | Sta | te | ZIP code | | spouse | if filing join | ntly, want \$3 |
| CHICAGO | 00.0 | 50 you have a loloigh address, also c | , op.o.to o | pacco 20.0 | II | | 60661 | | | this fund. ow will not | Checking a |
| Foreign country | name | | | Foreign province/sta | | | Foreign post | al code | 1 | k or refund. | U |
| r oroigir ocurray | Патто | | | oroign province, ora | 10,00011 | ., | r oroigir poor | u: 0000 | , , , | You | Spouse |
| Digital | | ny time during 2022, did you: (a) re | • | | | | , | , . | ` ' | | |
| Assets | exch | ange, gift, or otherwise dispose of | a digital | asset (or a financi | al inter | est in a digital | asset)? (Se | e instru | ıctions.) | Yes | ⊠ No |
| Standard Deduction | | eone can claim: | • | • | | a dependent | | | | | |
| | You: | Were born before January 2, | 1958 F | Are blind S | Spouse | : Was bor | n before Ja | nuarv 2 | 2. 1958 | ls bl | lind |
| Dependents | | | | (2) Social secu | • | (3) Relationsh | (4) Ob - | | | | instructions): |
| • | • | rst name Last name | | number | iity | to you | b , , | ld tax c | • | · ` | ther dependents |
| If more than four | (1) | | | | | | | | | | |
| dependents, | | | | | | | | 一一 | | | |
| see instructions and check | · —— | | | | | | | 百 | | | |
| here | | | | | | | | Ē | | | |
| Income | 1a | Total amount from Form(s) W-2, | box 1 (se | e instructions) . | | | | | . 1a | 1 ! | 58 , 956. |
| moome | b | Household employee wages not | reported | on Form(s) W-2 . | | | | | . 1b |) | |
| Attach Form(s) W-2 here. Also | С | c Tip income not reported on line 1a (see instructions) | | | | | | . 10 | ; | | |
| attach Forms | d | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | | | . 10 | I | | |
| W-2G and | е | Taxable dependent care benefits from Form 2441, line 26 | | | | | . 1e | • | | | |
| 1099-R if tax was withheld. | f | Employer-provided adoption benefits from Form 8839, line 29 | | | | | | . <u>1f</u> | | | |
| If you did not | g | Wages from Form 8919, line 6 . | | | | | | | . 10 | 1 | |
| get a Form | h | Other earned income (see instruc | tions) | | | | | | . <u>1</u> h | 1 | 0. |
| W-2, see instructions. | i | Nontaxable combat pay election | (see instr | ructions) | | <u>1</u> i | | | | | |
| | Z | Add lines 1a through 1h | | | | | | | . 1z | : ! | 58 , 956. |
| Attach Sch. B | 2a | Tax-exempt interest | 2a | | b T | axable interes | t | | . 2b |) | |
| if required. | 3a | Qualified dividends | 3a | | | ordinary divide | | | . 3b |) | |
| | 4a | IRA distributions | 4a | | | axable amoun | | | | | |
| Standard Deduction for— | 5a | Pensions and annuities | 5a | | | axable amoun | | | _ | | |
| Single or | 6a | Social security benefits | 6a | | | axable amoun | | - | . 6b |) | |
| Married filing separately, | С | If you elect to use the lump-sum | | • | ` | , | | L | ╡┞┋ | | |
| \$12,950 | 7 | Capital gain or (loss). Attach Sch | | ' | | * | | L | 7 | | |
| Married filing jointly or | 8 | Other income from Schedule 1, li | | | | | | | . 8 | | -7 , 068. |
| Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, | | | | | | | . 9 | | 51,888. |
| surviving spouse, \$25,900 10 Adjustments to income from Schedule 1, line 26 | | | | | _ | | | | | | |
| Head of household, | 11 | Subtract line 10 from line 9. This | | | | | | | . 11 | | 51,888. |
| \$19,400 | 12 | Standard deduction or itemized | | ` | , | | | | _ | | 12,950. |
| If you checked any box under | 13 | Qualified business income deduc | | | | | | | | | 10 050 |
| Standard Deduction, | 14 | Add lines 12 and 13 | | | | | | | | | 12 , 950. |
| see instructions. | 15 | Subtract line 14 from line 11. If ze | ero or ies | s, enter -U This is | s your i | laxable incom | i e | | . 15 | <u>, </u> | 38,938. |

| Form 1040 (2022 | 2) | | | | | | | | Page 2 |
|---------------------------------|---------|---|------------------------|-------------------|-------------------|------------------------|----------------|---------|--------------------------|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 881 | 4 2 7 4972 | 3 🗍 | | 16 | 4,466. |
| Credits | 17 | Amount from Schedule 2, lir | - | | | | | 17 | · |
| | 18 | Add lines 16 and 17 | | | | | [| 18 | 4,466. |
| | 19 | Child tax credit or credit for | other dependent | ts from Sched | ule 8812 | | [| 19 | · |
| | 20 | Amount from Schedule 3, lir | ne 8 | | | | [| 20 | |
| | 21 | Add lines 19 and 20 | | | | | [| 21 | |
| | 22 | Subtract line 21 from line 18 | B. If zero or less, | enter -0 | | | [| 22 | 4,466. |
| | 23 | Other taxes, including self-e | employment tax, | from Schedule | e 2, line 21 | | [| 23 | 0. |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | [| 24 | 4,466. |
| Payments | 25 | Federal income tax withheld | | | | | | | |
| | а | Form(s) W-2 | | | | 25a 8 | ,770. | | |
| | b | Form(s) 1099 | | | | 25b | | | |
| | С | Other forms (see instruction | s) | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | 2 | 25d | 8,770. |
| If | 26 | 2022 estimated tax paymen | ts and amount a | pplied from 20 | 21 return | | [| 26 | · |
| If you have a qualifying child, | 27 | Earned income credit (EIC) | | | No | 27 | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from | m Schedule 8812 | | | 28 | | | |
| | 29 | American opportunity credit | from Form 8863 | 3, line 8 | | 29 | | | |
| | 30 | Reserved for future use . | | | | 30 | | | |
| | 31 | Amount from Schedule 3, lir | ne 15 | | | 31 | | | |
| | 32 | Add lines 27, 28, 29, and 31 | . These are your | total other pa | ayments and refu | ındable credits | | 32 | |
| | 33 | Add lines 25d, 26, and 32. T | | | | | | 33 | 8,770. |
| Refund | 34 | If line 33 is more than line 24 | 4, subtract line 2 | 4 from line 33. | This is the amou | nt you overpaid | | 34 | 4,304. |
| neiulia | 35a | Amount of line 34 you want | refunded to you | ı. If Form 8888 | is attached, chec | ck here | . 🗆 🖫 | 35a | 4,304. |
| Direct deposit? | b | Routing number 0 1 1 | 0 0 0 1 | 3 8 | c Type: 🛛 | Checking S | Savings | | |
| See instructions. | d | Account number 4 6 6 | 0 0 2 4 | 9 7 3 7 | 7 8 | | - 1 | | |
| | 36 | Amount of line 34 you want | applied to your | 2023 estimate | ed tax | 36 | | | |
| Amount You Owe | 37 | Subtract line 33 from line 24 For details on how to pay, g | | | | | | 37 | |
| | 38 | Estimated tax penalty (see in | nstructions) . | | | 38 | | | |
| Third Party Designee | | you want to allow another | • | | rn with the IRS? | | mplete bel | ow. | ⊠ No |
| Ü | De | signee's | | Phone | | | nal identifica | ıtion _ | |
| | na | ne | | no. | | numb | er (PIN) | | |
| Sign Here | | der penalties of perjury, I declare tief, they are true, correct, and com | | | | | | | |
| TICIC | Yo | ur signature | | Date | Your occupation | | I | | you an Identity |
| Latinat waste was O | | | | | SOFTWARE | יאור דאוביבים | (see ins | | N, enter it here |
| Joint return? See instructions. | Sn | ouse's signature. If a joint return, | both must sign | Date | Spouse's occupati | | If the IB | S sent | your spouse an |
| Keep a copy for your records. | - Op | ouco o olginaturor ir a joint roturi, i | 2011 aot oig.ii | Jaio | opouco o occupan | | | Protec | ction PIN, enter it here |
| | Ph | one no. (857) 991-737 | 5 | Email address | SPURTHIP28 | @GMAIL.COM | | | |
| Doid | Pre | eparer's name | Preparer's signat | ure | | Date | PTIN | | Check if: |
| Paid | SYAN | I PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA | RAM SAGAR | GUPTA TALLAM | 03/28/2023 | P020827 | 03 | Self-employed |
| Preparer | Fin | m's name GLOBAL TA | XES LLC | | | | Phone r | 10. (6 | 578) 965-9522 |
| Use Only | Fin | m's address 245 ROONE | Y CT E BRU | NSWICK N | J 08816 | | Firm's E | ΞIN | 84-3171965 |
| Go to www.irs.go | ov/Forn | n1040 for instructions and the late | est information. | | BAA | REV 03/18/23 PRO | | | Form 1040 (2022) |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Seguence 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.

| | | | Sequence No. O I |
|------------------|--------------------------------|----------|---------------------|
| Name(s) shown on | Form 1040, 1040-SR, or 1040-NR | Your soc | ial security number |
| SPURTHI PATN | AM | 311-95 | -5857 |
| Part I Addi | tional Income | | |

| Par | Additional income | | | |
|-----|--|----------------------|------------|---------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | |
| 2a | Alimony received | | 2 a | |
| 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 E . | 5 | -7,068. |
| 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 | | |
| ı | Income from the rental of personal property if you engaged in the rental | | | |
| | for profit but were not in the business of renting such property | 81 | | |
| m | Olympic and Paralympic medals and USOC prize money (see | | | |
| | 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 | | |
| u | Wages earned while incarcerated | 8u | | |
| Z | Other income. List type and amount: | | | |
| | | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR | . or 1040-NR. line 8 | 10 | -7,068. |

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

| Par | t II Adjustments to Income | | |
|----------|--|--------|--|
| 11 | Educator expenses | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis gov | | |
| | 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) | | |
| b | Deductible expenses related to income reported on line 8l from the | | |
| | rental of personal property engaged in for profit | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | |
| | and USOC prize money reported on line 8m | | |
| d | Reforestation amortization and expenses | - | |
| е | Repayment of supplemental unemployment benefits under the Trade | | |
| | Act of 1974 | - | |
| f | Contributions to section 501(c)(18)(D) pension plans | | |
| g | Contributions by certain chaplains to section 403(b) plans | - | |
| h | Attorney fees and court costs for actions involving certain unlawful | | |
| | discrimination claims (see instructions) | - | |
| - 1 | 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 | | |
| | tax law violations | | |
| J | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | |
| k | 1041) | | |
| - | Other adjustments. List type and amount: | | |
| Z | 04- | | |
| 25 | Total other adjustments. Add lines 24a through 24z | 25 | |
| 25 26 | Add lines 11 through 23 and 25. These are your adjustments to income . Enter here | 23 | |
| 20 | Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | 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 Name(s) shown on return

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

Attachment Sequence No. 13

Your social security number

| SPU | RTHI PATNAM | | | | | | 311-9 | 5-5857 | |
|----------|---|--|--------|----------------|--------|--------------------|--------------|-------------|----------|
| Par | Note: If you are in the business of renting personal proper | rtv, use | | C . See | instru | ıctions. If you | are an indiv | vidual, rep | ort farm |
| | rental income or loss from Form 4835 on page 2, line 40. | | _ () | | | | | | 571 |
| | Did you make any payments in 2022 that would require you | | | | | | | | es 🛚 No |
| <u>B</u> | If "Yes," did you or will you file required Form(s) 1099? . | | | | | | | . ∐ Ye | es No |
| 1a | Physical address of each property (street, city, state, ZIF | P code |) | | | | | | |
| Α | 45-503, PRASHANTH NAGAR MALKAJGIRI, HYI | DERAB | AD TEI | LANGAI | NA I | N 500040 | | | |
| В | | | | | | | | | |
| С | | | | | | | | | |
| 1b | Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair | | | | F | air Rental Days | Person Da | | QJV |
| Α | personal use days. Check the Q | | | Α | | 365 | | 0 | П |
| В | if you meet the requirements to f qualified joint venture. See instru | | | В | | | | | |
| С | quained joint venture. See instru | JCLIONS | | С | | | | | |
| Туре | of Property: | | | | | | • | | • |
| 1 | Single Family Residence 3 Vacation/Short-Term Ren | ntal | 5 Lanc | ł | 7 | Self-Rental | | | |
| 2 | Multi-Family Residence 4 Commercial | | 6 Roya | alties | 8 | Other (desc | ribe) | | |
| | | | | | | Propert | | | |
| Incor | ne. | - | | Α | | В | 103. | | С |
| 3 | Rents received | 3 | | | 05. | | | | |
| 4 | Royalties received | _ | | | ••• | | | | |
| Expe | | | | | | | | | |
| 5 | Advertising | 5 | | | | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | | | | |
| 7 | Cleaning and maintenance | 7 | | 1,2 | 64. | | | | |
| 8 | Commissions | 8 | | · · | | | | | |
| 9 | Insurance | 9 | | | | | | | |
| 10 | Legal and other professional fees | 10 | | | | | | | |
| 11 | Management fees | 11 | | 1,4 | 89. | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | | | | |
| 13 | Other interest | 13 | | | | | | | |
| 14 | Repairs | 14 | | 1,0 | 71. | | | | |
| 15 | Supplies | 15 | | 1,8 | 96. | | | | |
| 16 | Taxes | 16 | | | | | | | |
| 17 | Utilities | 17 | | 1,9 | 53. | | | | |
| 18 | Depreciation expense or depletion | 18 | | | | | | | |
| 19 | Other (list) | 19 | | | | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 7,6 | 73. | | | | |
| 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 | | -7, 0 | 68. | | | | |
| 22 | Deductible rental real estate loss after limitation, if any, | | , | | | , | , | , | |
| | on Form 8582 (see instructions) | 22 | (| 7,06 | | (|) | (| |
| 23a | Total of all amounts reported on line 3 for all rental prope | | | | 23a | | 605. | | |
| b | Total of all amounts reported on line 4 for all royalty prop | | | | 23b | | | | |
| C | Total of all amounts reported on line 12 for all properties | | | | 23c | | | | |
| d | Total of all amounts reported on line 18 for all properties | | | | 23d | | 7 (7) | | |
| e | Total of all amounts reported on line 20 for all properties | | | | 23e | | 7,673. | | |
| 24 | Income. Add positive amounts shown on line 21. Do no | | - | | nto- | | . 24 | 1 | 7 000 |
| 25 | Losses. Add royalty losses from line 21 and rental real estat | | | | | | | (| 7,068. |
| 26 | Total rental real estate and royalty income or (loss). here. If Parts II, III, IV, and line 40 on page 2 do not | | | | | | | | |
| | Schedule 1 (Form 1040), line 5. Otherwise, include this ar | | | | | | . 26 | | -7,068. |



Form M-8453 Individual Income Tax Declaration for Electronic Filing

| 2022 |
|---------------|
| Massachusetts |
| Department of |
| Revenue |

 α

| Please print or type. Privacy Act Notice available | upon request. For | the year January | 1-December 31, 20 |)22. | |
|--|--|---|---|---|--|
| Your first name and initial | first name and initial Last name You | | r Social Security number | | |
| SPURTHI PATNAM | | | | 1955857 | |
| If a joint return, spouse's first name and initial | Last | Last name Spouse's Social Security | | use's Social Security nu | mber |
| Present street address (and apartment number) | | | | | |
| 555 W MADISON ST APT NO 2510 | | | | | |
| City/Town/Post Office | State | Zip | Filing status: ⊗ Single | | Married filing jointly |
| CHICAGO | IL | 60661 | Ом | arried filing separately | O Head of household |
| Massachusetts use tax (from Form 1, line 34, of 4 Massachusetts income tax withheld (from Form 5 Refund amount (from Form 1, line 53, or Form 6 Tax due (from Form 1, line 54, or Form 1-NR/P | n 1, line 38, or Form 1-NR/PY, line 57) 'Y, line 58) | 1-NR/PY, line 42) | | | 120 120 |
| Part 2. Declaration and Signature Under pains and penalties of perjury, I declare that Return Originator and that the amounts above agre- this information is true, correct and complete. I cons sent to the Massachusetts Department of Revenue the transmitter when my electronic return has been the return can be corrected and re-transmitted. If I h my tax liability, I will remain liable for the tax liability Your signature | I have reviewed the in e with the amounts s ent that my return, in by my Electronic Ret accepted. In the ever ave filed a balance d | hown on my 2022 cluding this decla urn Originator. I and that it is rejected ue return, I undersnalties and interes | Massachusetts returnation and accompanuthorize DOR to inform I, I authorize DOR to stand that if DOR does | n. To the best of my k ying schedules, forms m my Electronic Retu identify the reasons for | nowledge and belief s and statements be rn Originator and/or or rejection so that |
| Tour Signature | Date | | opouses signature | Date | |

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

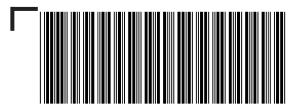
I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.)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

| ERO's signature and SSN or PTIN | | Date | EIN | O Fill in if | |
|--------------------------------------|----------------|-------------|--------|--------------|-------------------|
| | | 03282023 | 882145 | 5487 | self-employed |
| Firm name (or yours, if self-employe | d) and address | City/Town | State | Zip | O Fill in if also |
| GLOBAL TAXES LLC | 245 ROONEY CT | E BRUNSWICK | NJ | 08816 | paid preparer |

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

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

| Paid preparer's signature and SSN or PTIN | Date | EIN | | O Fill in if | |
|--|-------------|--------|-------|---------------|--|
| P02082703 | 03282023 | 843171 | 1965 | self-employed | |
| Firm name (or yours, if self-employed) and address | City/Town | State | Zip | | |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM 245 ROONEY CT | E BRUNSWICK | NJ | 08816 | | |





2022 Form 1-NR/PY

MA22006011555

Massachusetts Nonresident/Part-Year Resident Income Tax Return

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

3. Total days as Massachusetts resident

SPURTHI PATNAM 311955857

555 W MADISON ST CHICAGO IL 60661

2510

Fill in if: Amended return Federal amendment Amended return due to IRS BBA Partnership Audit

State Election Campaign Fund: \$1 You \$1 Spouse TOTAL

Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula You Spouse Taxpayer deceased You Spouse Fill in if under age 18 You Spouse Fill in if name change You Spouse

Check one: X Nonresident Filing as both nonresident and part-year resident

> Part-year resident Nonresident composite Fill in if noncustodial parent

a. Total federal income 51888 Fill in if filing Schedule TDS b. Federal adjusted gross income 51888 Fill in if filing Schedule FCI

1. Filing status (select one only): X Single Fill in if reporting crypto currency

Married filing jointly

Married filing separate return

Head of household You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents. Enter dates as Massachusetts resident: From

 $\div 365 =$

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature Date Spouse's signature Date

857-991-7375

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST





2022 Form 1-NR/PY, pg. 2

MA22006021555
Massachusetts Nonresident/
Part-Year Resident Income Tax Return
311955857

| 4. | Exemptions: a. Personal exemptions | | | | | 4a | 4400 |
|------|---------------------------------------|----------------|-----------------------------|----------------|---------------------|---------------------------------|-------------------------|
| | b. Number of dependents. (Do not | • | • • • | nter number | | \times \$1,000 = 4b | |
| | c. Age 65 or over before 2023 | You + | Spouse = | | | \times \$700 = 4c | |
| | d. Blindness | You + | Spouse = | | | \times \$2,200 = 4d | |
| | e. Medical/dental | | | | | 4e | |
| | f. Adoption | | | | | 4f | |
| | g. Total exemptions. Add items 4a t | hrough 4f. Er | nter here and on line | 22a | | 4g | 4400 |
| 5. | Wages, salaries, tips | | | | | 5 | 2405 |
| 6. | Taxable pensions and annuities | | | | | 6 | |
| 7. | Mass. bank interest: a. | | b. exempt | | | = 7 | |
| 8. | Business/profession income/loss a | l. | + b. Farmin | g income/loss | | | |
| | | | | | | = 8 | |
| 9. | Rental, royalty and REMIC, partner | ship, S corp., | trust income/loss | | | 9 | -7068 |
| 10a. | Unemployment | | | | | 10a | |
| 10b. | Mass. lottery winnings | | | | | 10b | |
| 11. | Other income | | | | | 11 | |
| 12. | TOTAL 5.0% INCOME | | | | | 12 | -4663 |
| 13. | NONRESIDENT APPORTIONMEN | IT WORKSH | EET. You cannot app | ortion Mass. v | ages as shown o | n Form W-2. Do not use this wo | rksheet if you know the |
| | exact amount of your Mass. source | income. Onl | y use when income fr | rom employme | ent/business is ear | rned both inside and outside Ma | ss. and the exact |
| | Mass. amount is not known. Basis: | | working days | miles | sales | other: | |
| | Working days (or other basis) outside | de Massachu | isetts | | | 13a | |
| | Working days (or other basis) inside | e Massachus | etts | | | 13b | |
| | Total working days | | | | | 13c | |
| | Nonworking days (holidays, weeker | nds, etc.) | | | | 13d | |
| | Massachusetts ratio | | | | | 13e | |
| | Total income being apportioned. Yo | u cannot app | ortion Massachusett | s wages as sh | own on Form W-2 | 2 13f | |
| | Massachusetts income | | | | | 13g | |

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





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2022 Form 1-NR/PY, pg. 3

MA22006031555 Massachusetts Nonresident/ Part-Year Resident Income Tax Return

| SPURTHI | | PATNAM | 311955857 | | |
|----------------------------|--|--------------------------------|--|---|-----------------------|
| 14. | NONRESIDENT DEDUCTION AND a. Total 5.0% income b. Interest income c. Total capital gain income d. Total income this return e. Non-Massachusetts source incom f. Total income | | | 14a 14b 14c 14d 14e 14f | 56551 56551 |
| 15a. 15b. 16. 17. | g. Deduction and exemption ratio Amount paid to Soc. Sec. Medicare, Amount your spouse paid to Soc. Se Reserved for future use Reserved for future use | | | 14g 15a 15b 16 17 | 332 |
| 18. | Rental deduction. a. Nonresidents, fill in if during 2022 you intend to return in the future | ou did not have a family home | e or any dwelling outside Massachusetts | $\div 2 = 18$ to which you generally or cus | stomarily returned or |
| | Other deductions from Schedule Y, I | | | 19 | |
| 20. 21. | Total deductions. Add lines 15 thro 5.0% INCOME AFTER DEDUCTION | • | o 12 Not less than "0" | 20 21 | 332 |
| 22. | Exemption amount. a. | 4400 | e 12. Not less than V | 22 | |
| 23. | 5.0% INCOME AFTER EXEMPTION | NS. Subtract line 22 from line | e 21. Not less than "0" | 23 | |
| 24. | INTEREST AND DIVIDEND INCOM | | | 24 | |
| 25. 26. | TOTAL TAXABLE 5.0% INCOME. A TAX ON 5.0% INCOME. Note: If che | | x rate, fill in and multiply line 25 and the | 25 | |

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

amount in Schedule D, line 21 by .0585





2022 Form 1-NR/PY, pg. 4

MA22006041555
Massachusetts Nonresident/
Part-Year Resident Income Tax Return 311955857

| 27. | 12% INCOME. Not less than "0." a. | | × .12 = 27 | | |
|-----|--|---------------------|-------------------|-----|--|
| 28. | TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS | | | | |
| | Fill in if any excess exemptions were used in calculating lines 24, 27 or 28 | | | | |
| 29. | Credit recapture amount (from Credit Recapture Schedule) | | 29 | | |
| 30. | Additional tax on installment sale | | 30 | | |
| 31. | If you qualify for No Tax Status, fill in and enter "0" on line 32 | | | | |
| 32. | TOTAL INCOME TAX. Add lines 26 through 30. | | 32 | | |
| 33. | Limited Income Credit | | 33 | | |
| 34. | Income tax due to another state or jurisdiction | | 34 | | |
| 35. | Other credits (from Credit Manager Schedule) | | 35 | | |
| 36. | INCOME TAX AFTER CREDITS. Subtract the total of lines 33 through 35 through 3 | rom line 32. Not le | ss than "0" 36 | | |
| 37. | 37. Voluntary Contributions | | | | |
| | a. Endangered Wildlife Conservation | | | | |
| | b. Organ Transplant Fund | | | | |
| | c. Massachusetts Public Health HIV and Hepatitis Fund | | | | |
| | d. Massachusetts U.S. Olympic Fund | 37d | | | |
| | e. Massachusetts Military Family Relief Fund | | | | |
| | f. Homeless Animal Prevention and Care | | | | |
| | Total. Add lines 37a through 37f | | 37 | | |
| 38. | Use tax due on Internet, mail order and other out-of-state purchases | | 38 | | |
| 39. | Health care penalty a. You + b. Spouse | | | | |
| 40. | Amended return only. Overpayment from original return | | | | |
| 41. | INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX | • | | | |
| 42. | a. Massachusetts income tax withheld from Form(s) W-2 | 42a | 120 | | |
| | b. Massachusetts income tax withheld from Form(s) 1099 | 42b | | | |
| | c. Massachusetts income tax withheld from other forms | 42c | | | |
| | Total. Add lines 42a through 42c | | 42 | 120 | |

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





2022 Form 1-NR/PY, pg. 5

MA22006051555
Massachusetts Nonresident/
Part-Year Resident Income Tax Return 311955857

| 43. | 2021 overpayment applied to your 2022 estimated tax | | | 43 | | | |
|--|---|-------------------------------------|-----------------------|-----------------------|---------------------|--|--|
| 44. | 14. 2022 Massachusetts estimated tax payments | | | | | | |
| 45. | Payments made with extension | | | 45 | | | |
| 46. | Amended return only. Payments made with original return. No | ot less than "0" | | 46 | | | |
| 47. | Earned Income Credit. a. Number of qualifying children Part-year residents, multiply line 47c by line 3 | b. Amount from U.S. | | .30 = c. 47 | | | |
| | Note: You cannot claim the Earned Income Credit if your filing | - | separately unless yo | ou quality | | | |
| 40 | for an exception (see instructions). Fill in if you qualify for this e | exception | | 40 | | | |
| 48. | Senior Circuit Breaker Credit | | | 48 | | | |
| 49. | Child under age 13, or disabled dependent/spouse credit | | | 49 | | | |
| 50. | Dependent member(s) of household under age 12, or dependent | ent(s) age 65 or over (r | not you or your spous | se) | | | |
| | as of December 31, 2022 credit. | | | | | | |
| | Not more than two. a. \times \$180 = b. | Part-year reside | nts multiply line 50b | • | | | |
| 51. | Other Refundable Credits | | | 51 | | | |
| 52. | Total Refundable Credits. Add lines 47 through 51 | | | 52 | | | |
| 53. | Excess Paid Family Leave Withholding | | | 53 | | | |
| 54. | TOTAL. Add lines 42 through 46 and lines 52 and 53 | | | 54 | 120 | | |
| 55. | Overpayment. Subtract line 41 from line 54 | | | 55 | 120 | | |
| 56. | 56. Amount of overpayment you want applied to your 2023 estimated tax | | | | | | |
| 57. | Refund. Subtract line 56 from line 55. Mail to: Massachusetts | DOR, PO Box 7000, B | oston, MA 02204 | 57 | 120 | | |
| | | | | | | | |
| | Direct deposit of refund. Type of account X checking | | | | | | |
| | savings | | | | | | |
| F | TTN# 011000138 account# 4660024 | 97378 | | | | | |
| 58. | Tax due. Pay online at www.mass.gov/dor/payonline. Mail t | o: Mass DOP PO Po | v 7002 Roston MA | 02204 58 | | | |
| 50. | , | о. wass. DOn, FO вол M-2210 amt. | X 7003, DOSION, IVIA | 02204 30 | EX enclose | | |
| | Interest Penalty | M-2210 ami. | | | Form M-2210 | | |
| May t | May the Department of Revenue discuss this return with the preparer shown here? Yes | | | | | | |
| I do not want preparer to file my return electronically (this may delay your refund) | | | | ır refund) | Paid preparer's | | |
| | | | | Check if self-employe | | | |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM 03282023 | | | | | P02082703 | | |
| Paid preparer's signature Paid preparer's phone | | | | | Paid preparer's EIN | | |
| 678-965-9522 | | | | | 84-3171965 | | |
| | | | | | | | |

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





2022 Schedule INC MA22INC011555

SPURTHI PATNAM 311955857

Form W-2 and 1099 Information

A FEDERAL ID NUMBER B. STATE TAX WITHHELD C. STATE WAGESINCOME D. TAXPAYER SS WITHHELD E. SPOUSE SS WITHHELD F. SOURCE OF WITHHOLDING 041679980 120 2405 W2

TOTALS 120 2405





2022 Schedule NTS-L-NRPY

MA22021011555 No Tax Status and Limited Income Credit 311955857

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

| 1. | Total 5.0% income | 1 | |
|-----|---|----------------------------|--------|
| 2. | Adjustments to income | 2 | |
| 3. | Adjusted 5.0% income. Subtract line 2 from line 1. Do not enter if less than "0" | 3 | |
| 4. | Interest exemption used | 4 | |
| 5. | Adjusted gross interest, dividends and certain capital gains | 5 | |
| 6. | Long-term capital gain | 6 | |
| 7. | Additional income/loss while a nonresident/part-year resident | 7 | 56551 |
| 8. | Total income. Combine lines 3 through 7 | 8 | 56551 |
| 9. | Additional adjustments to income while a nonresident/part-year resident | 9 | |
| 10. | Massachusetts Adjusted Gross Income (AGI) | 10 | 56551 |
| | If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status | | |
| 11. | If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and | | |
| | add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) | | |
| | by \$1,000 and add \$14,400 to that amount | 11 | |
| 12. | If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependent | s (from Form 1-NR/PY, li | ne 4b) |
| | by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-N | IR/PY, line 4b) by \$1,750 | |
| | and add \$25,200 to that amount | 12 | |
| 13. | No Tax Status threshold | 13 | |
| 14. | Income for Limited Income Credit | 14 | |
| 15. | Tax before adjustments | 15 | |
| 16. | Tax for Limited Income Credit | 16 | |
| 17. | Limited Income Credit | 17 | |





2022 Schedule E MA22013041555

SPURTHI PATNAM 311955857

Income or Loss from Real Estate and Royalties

Income

| 1. | Rents received | 1 | 605 |
|------|---|----|-------|
| _ 2. | Royalties received | 2 | |
| Exp | enses | | |
| 3. | Advertising | 3 | |
| 4. | Auto and travel | 4 | |
| 5. | Cleaning and maintenance | 5 | 1264 |
| 6. | Commissions | 6 | |
| 7. | Insurance | 7 | |
| 8. | Legal and other professional fees | 8 | |
| 9. | Management fees | 9 | 1489 |
| 10. | Mortgage interest paid to banks, etc. | 10 | |
| 11. | Other interest | 11 | |
| 12. | Repairs | 12 | 1071 |
| 13. | Supplies | 13 | 1896 |
| 14. | Taxes | 14 | |
| 15. | Utilities | 15 | 1953 |
| 16. | Other expenses | 16 | |
| 17. | Add lines 3 through 16 | 17 | 7673 |
| 18. | Depreciation expense or depletion | 18 | |
| 19. | Total expenses. Add lines 17 and 18 | 19 | 7673 |
| 20. | Income or loss from rental real estate or royalty properties | 20 | -7068 |
| 21. | Deductible rental real estate loss | 21 | -7068 |
| 22. | Income. Enter positive amounts shown on line 20 | 22 | |
| 23. | Losses. Add royalty losses from line 20 and real estate losses from line 21 | 23 | -7068 |
| 24. | Rental real estate and royalty income or loss | 24 | -7068 |





2022 Schedule E, pg. 2

MA22013051555

311955857

| Inco | ome or Loss from Partnerships and S Corporations | |
|------|--|----|
| 25. | • | 25 |
| 26. | Passive income | 26 |
| 27. | Non-passive loss | 27 |
| 28. | Section 179 expense deduction | 28 |
| 29. | Non-passive income | 29 |
| 30. | Combine lines 26 and 29 | 30 |
| 31. | Combine lines 25, 27 and 28 | 31 |
| 32. | Partnership and S corporation income or loss. Combine lines 30 and 31 | 32 |
| 33. | Interest (other than MA banks) and dividends if included in line 32 | 33 |
| 34. | Interest from Massachusetts banks if included in line 32 | 34 |
| 35. | Total income or loss from partnerships and S corporations | 35 |
| 36. | Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year | |
| | disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses | |
| Inco | ome or Loss from Estates and Trusts | |
| 37. | Passive deduction or loss allowed | 37 |
| 38. | Passive income | 38 |
| 39. | Non-passive deduction or loss | 39 |
| 40. | | 40 |
| 41. | Add lines 38 and 40 | 41 |
| 42. | Add lines 37 and 39 | 42 |
| 43. | Estate and trust income or loss. Combine lines 41 and 42 | 43 |
| 44. | | 44 |
| 45. | Grantor-type trust and non-Massachusetts estate and trust income | 45 |
| 46. | Interest and dividends if included in line 45 | 46 |
| | Adjustments to 5.0% income | 47 |
| | Subtotal. Combine lines 46 and 47 | 48 |
| | Income or loss from grantor type and non-Mass estates and trusts | 49 |
| | ome or Loss from REMICs | |
| | Excess inclusion | 50 |
| | Taxable income or loss | 51 |
| 52. | | 52 |
| 53. | Combine lines 51 and 52 | 53 |





2022 Schedule E, pg. 3

MA22013061555

311955857

Farm Income

| 54. Net farm rental income or loss | 54 | |
|--|----|-------|
| Summary | | |
| 55. Income or loss. Combine lines 24, 35, 49, 53 and 54 | 55 | -7068 |
| 56. Massachusetts differences Enclose statements | 56 | |
| 57. Abandoned building renovation deduction | 57 | |
| 58. Total income or loss. Combine lines 55 through 57 | 58 | -7068 |





2022 Schedule E-1 MA22013011555

SPURTHI PATNAM 311955857

45-503, PRASHANTH NAGAR, MA

45-503, PRASHANTH NAGAR MALKAJGIRI, HYDERABAD

Check one: X Real estate Royalty X Rental property used for short-term rentals

Income or Loss from Real Estate and Royalties

| n | CO | m | |
|---|----|---|---|
| | | | _ |

| 1. | Rents received | 1 | 605 |
|-----|---|----|-------|
| 2. | Royalties received | 2 | |
| Ехр | enses | | |
| 3. | Advertising | 3 | |
| 4. | Auto and travel | 4 | |
| 5. | Cleaning and maintenance | 5 | 1264 |
| 6. | Commissions | 6 | |
| 7. | Insurance | 7 | |
| 8. | Legal and other professional fees | 8 | |
| 9. | Management fees | 9 | 1489 |
| 10. | Mortgage interest paid to banks, etc | 10 | |
| 11. | Other interest | 11 | |
| 12. | Repairs | 12 | 1071 |
| 13. | Supplies | 13 | 1896 |
| 14. | Taxes | 14 | |
| 15. | Utilities | 15 | 1953 |
| 16. | Other expenses | 16 | |
| 17. | Add lines 3 through 16 | 17 | 7673 |
| 18. | Depreciation expense or depletion | 18 | |
| 19. | Total expenses. Add lines 17 and 18 | 19 | 7673 |
| 20. | Income or loss from rental real estate or royalty properties | 20 | -7068 |
| 21. | Deductible rental real estate loss | 21 | -7068 |
| 22. | Income. Enter positive amounts shown on line 20 | 22 | |
| 23. | Losses. Enter royalty losses from line 20 or rental real estate loss from line 21 | 23 | -7068 |
| 24. | Rental real estate and royalty income or loss | 24 | -7068 |
| 25. | Check if this rental property was used by you or your family for more than 14 days or more than | | |
| | 10 percent of the total number of days that the property was rented at fair market value | | |