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.

Submission Identification Number (SID)

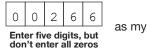
Taxpay	er's name	Social securit	y numb	er
SUR	YA BHANU GAJAVALLI	719-50-	-0266	6
Spouse	's name	Spouse's soc	ial secu	irity number
Part	Tax Return Information – Tax Year Ending December 31, 2022 (Ente	r year you a	re aut	horizing.)
Enter	whole dollars only on lines 1 through 5.	<u> </u>		
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		1	88,949.
2	Total tax		2	12,332.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	14,478.
4	Amount you want refunded to you		4	2,146.
5			5	•

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

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

Taxpay	er's PIN: che	eck one bo	x only	
X	I authorize	GLOBAL	TAXES	LLC

to enter or generate my PIN



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

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

Your signature

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date

		as my
er fiv n't er		

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

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

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

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

ERO's signature 🕨	Date 🕨									
	t Retain This Form — Seast S									
For Dependent Poduction Act Nation and your tax re	turn instructions	REV 01/14/22 RBO	Earm 8879 (Pay 01 2021)							

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn	202	2	OMB No. 1545	-0074	IRS Use C	Dnly—[Do not w	rite or staple	in this space.
Filing Status Check only one box.	lf yo	Single Arried filing jointly	ame of y	0	separately (N use. If you cl	,			,	,	spou	lifying surv use (QSS) name if th	0
Your first name		on is a child but not your dependent										ciel ecouri	
		iddie mittai	Last na									cial securit	-
SURYA BH		s first name and middle initial	Last na	VALLI						_		50-026 s social sec	o curity number
n joint return, sp	Jouse a		Lastina	ine						ľ	pouse	3 300101 300	Junty number
Home address (ínumbe	er and street). If you have a P.O. box, see	instructi	ons.				A	pt. no.	P	Preside	ntial Electio	on Campaign
		SOUARE BLVD		0.101					404			nere if you,	
		ce. If you have a foreign address, also co	mplete s	paces bel	ow.	Sta	te	ZIP co		s	pouse	if filing join	ntly, want \$3
Frisco		,,				ТΣ		750			0	this fund. ow will not	Checking a
Foreign country	name			Foreian pr	ovince/state/o		-		n postal co			or refund.	•
0 ,				0 1			5	0				You	Spouse
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a							,		· · · ·	Yes	🗙 No
Standard	Som	eone can claim: 🗌 You as a de	penden	t 🗌	Your spouse	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status a	alien	l						
Age/Blindness	You:	Were born before January 2, 1	958 [Are bl	ind Spo	ouse	: 🗌 Was bor	n befc	ore Janua	rv 2.	1958	Is bl	ind
Dependents				T	Social security		(3) Relationsh			-			instructions):
If more		irst name Last name		(2)	number		to you		Child ta:		· · ·		her dependents
than four												[
dependents,										1		[
see instructions and check	;]		[
here												[
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instruc	tions)						1a	(98,545.
meome	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 in:	(see instructions)							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 f	rom For	rm 2441,	line 26 .						1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits fron	n Form 8	839, line 29						1f		
lf you did not	g	Wages from Form 8919, line 6 .				•					1g		
get a Form	h	Other earned income (see instruction	ions)			•		· ·			1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see insti	ructions)		•	1 i						
	Z		• •							•	1z		98,545.
Attach Sch. B	2 a	· · -	2a				axable interest			•	2b	-	
if required.	<u>3a</u>		3a				ordinary divider			•	3b	-	
	4a		4a				axable amoun			•	4b	-	
Standard Deduction for –	5a		5a				axable amoun			•	5b		
Single or	6a	, _	6a				axable amoun	t		·	6b		
Married filing separately,	c _	If you elect to use the lump-sum e						• •			-		
\$12,950	7	Capital gain or (loss). Attach Scher						• •			7	_	0 500
 Married filing jointly or 	8	Other income from Schedule 1, lin						• •		•	8		<u>-9,596.</u>
Qualifying spouse,	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								•	9		88,949.
\$25,900	10	Adjustments to income from Sche								•	10		00 040
 Head of household, 	11 12	Subtract line 10 from line 9. This is	-					• •		•	11		<u>88,949.</u> 12,950
\$19,400 • If you checked	13	Standard deduction or itemized Qualified business income deduction					····	• •		·	13		12,950.
any box under	13 14	Add lines 12 and 13						• •		·	13		12 950
Standard Deduction,	14	Subtract line 14 from line 11. If zer			 -0- This is v			 e		·	14		<u>12,950.</u> 75,999.
see instructions.	10		5 01 108	o, onter -	• • • • • • • • • •	Jui		• .		·	15	·	

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

Form **1040** (2022)

Form 1040 (2022	2)							Page 2
Tax and	16	Tax (see instructions). Check if any from Fo	orm(s): 1 🗌 881	4 2 4972	3 🗌		16	12,332.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	12,332.
	19	Child tax credit or credit for other depend	lents from Scheo	lule 8812			19	
	20	Amount from Schedule 3, line 8					20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18. If zero or les	s, enter -0				22	12,332.
	23	Other taxes, including self-employment ta	ax, from Schedul	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is your total tax	с				24	12,332.
Payments	25	Federal income tax withheld from:						
	а	Form(s) W-2			25a 14	,478.		
	b	Form(s) 1099			25b]	
	с	Other forms (see instructions)			25c]	
	d	Add lines 25a through 25c					25d	14,478.
If you have a	26	2022 estimated tax payments and amoun	t applied from 20	021 return			26	
If you have a ^I qualifying child,	27	Earned income credit (EIC)			27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 88			28		1	
	29	American opportunity credit from Form 88	363, line 8		29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15			31		1	
	32	Add lines 27, 28, 29, and 31. These are ye	our total other p	ayments and refu	undable credits		32	
	33	Add lines 25d, 26, and 32. These are your	r total payments	.			33	14,478.
Refund	34	If line 33 is more than line 24, subtract line	e 24 from line 33	. This is the amou	nt you overpaid		34	2,146.
neruna	35a	Amount of line 34 you want refunded to		8 is attached, che	ck here	. 🗆	35a	2,146.
Direct deposit?	b	Routing number 0 2 2 3 0 0		c Type: 🛛 🗙	Checking	Savings		
See instructions.	d	Account number 3 5 2 3 1 7	2 5 6					
	36	Amount of line 34 you want applied to yo	ur 2023 estimat	ed tax	36			
Amount	37	Subtract line 33 from line 24. This is the a	mount you owe					
You Owe		For details on how to pay, go to www.irs.	37					
	38	Estimated tax penalty (see instructions)			38			
Third Party	Do	you want to allow another person to c	liscuss this retu	rn with the IRS?				_
Designee	ins	tructions				omplete k		X No
	De nai	signee's	Phone no.	•		onal identif oer (PIN)	ication	
0:000		der penalties of perjury, I declare that I have exan		d accompanying sch		. ,	the bor	t of my knowlodgo and
Sign		ief, they are true, correct, and complete. Declaration						
Here	Yo	ur signature	Date	Your occupation		If the	IRS se	nt you an Identity
		- -						IN, enter it here
Joint return?				SOFTWARE B		(see	,	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.						(see		
	Ph	one no. (857) 498-7651	Email address	SURYA13BHA	NU@GMAIL.CO	 M		
		parer's name Preparer's sig			Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIY	A RAM SAGAR	GUPTA TALLAM	01/23/2023	P02082	2703	Self-employed
Preparer		n's name GLOBAL TAXES LLC						(678)965-9522
Use Only		n's address 245 ROONEY CT E B	RUNSWICK N	J 08816			's EIN	88-2145487
Co to unuu iro a		1040 for instructions and the latest information		DAA		I		Earm 1040 (2022)

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

BAA REV 01/14/23 PRO

Form **1040** (2022)

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 for instructions and the latest information.

OMB No. 1545-0074

2 Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
SURYA BHANU GAJAVALLI	719-50-0266
Part L Additional Income	

Par				
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. Att	ach Schedule E .	5	-9,596.
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		8n		
ο	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-SF	l, or 1040-NR, line 8	10	-9,596.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	e-basi	s gov	ernment		
	officials. Attach Form 2106				12	
13	Health savings account deduction. Attach Form 8889				13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
15	Deductible part of self-employment tax. Attach Schedule SE				15	
16	Self-employed SEP, SIMPLE, and qualified plans				16	
17	Self-employed health insurance deduction				17	
18	Penalty on early withdrawal of savings				18	
19a	Alimony paid				19a	
b	Recipient's SSN	•				
С	Date of original divorce or separation agreement (see instructions):					
20	IRA deduction				20	
21	Student loan interest deduction				21	
22	Reserved for future use				22	
23	Archer MSA deduction				23	
24	Other adjustments:					
а	Jury duty pay (see instructions)	24a				
b	Deductible expenses related to income reported on line 8I from the					
	rental of personal property engaged in for profit	24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
g	Contributions by certain chaplains to section 403(b) plans	24g				
h	Attorney fees and court costs for actions involving certain unlawful					
	discrimination claims (see instructions)	24h				
i	Attorney fees and court costs you paid in connection with an award					
	from the IRS for information you provided that helped the IRS detect					
	tax law violations	24i				
j	Housing deduction from Form 2555	24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
	1041)	24k				
z	Other adjustments. List type and amount:					
		24z				
25	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your adjustments to income	e. Ente	er here	and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	<u>.</u> .		<u> </u>	26	
	ВАА	REV	01/14/23 P	RO	Schedu	le 1 (Form 1040) 2022

(Form	Form 1040) (From rental real estate, royalties, partnerships						corporati	2022						
	nent of the Treasury Revenue Service				0, 1040-SR, 1040-NR, or 1041. or instructions and the latest information.							Attachment Sequence No. 13		
Name(s) shown on return										Your soci	al security i	number	
	A BHANU GA										719-5	0-0266		
Part					Real Estate an ng personal proper				instruc	tions If you	are an indi	vidual rep	ort farm	
	rental inco	ome or l	oss f	from Form 4835	on page 2, line 40.	ty, use	Schedule	U . 366	; instruc	alons. Il you		vicual, repo		
Α [Did you make ar	ny payn	nent	s in 2022 that v	vould require you	to file	Form(s) 1	099? \$	See ins	tructions .		. 🗌 Ye	s 🛛 No	
BI	f "Yes," did you	or will	you	I file required Fo	orm(s) 1099? .							. 🗌 Ye	s 🗌 No	
1a	Physical addr	ress of	eac	h property (stre	et, city, state, ZIF	P code	e)							
Α	DORNALA M	D POS	ST,1	PRAKASAM DO	ORNALA ANDHF	ra pf	RADESH	IN 5	23331	-				
В														
С									I		1			
1b	Type of Prope				real estate prope				_	r Rental		nal Use	QJV	
-	(from list below	w)			e number of fair ys. Check the Q					Days	Da	iys		
 	3		i	f you meet the	requirements to f	file as	a	A B		365		0		
<u>С</u>			C	qualified joint ve	enture. See instru	ictions	s	C						
	of Property:							0						
	Single Family R	esiden	се	3 Vacation	/Short-Term Ren	tal	5 Land		7	Self-Rental				
	Multi-Family Re			4 Commer			6 Roya			Other (desc	ribe)			
	,						,							
Incon								Α		Propert B	ies:		С	
3		4				3			10.	D			C	
4						4			10.					
Exper			•	<u></u>										
5						5								
6						6								
7						7		1,8	43.					
8						8								
9						9								
10	Legal and othe	er profe	essio	onal fees		10								
11	Management f	ees .				11		1,6	59.					
12	Mortgage inter	rest pa	id to	banks, etc. (se	e instructions)	12								
13	Other interest					13								
14			·			14			79.					
15			·			15		1,9	89.					
16	Taxes		·			16			20					
17				 depletion		17 18		Ζ,Ζ	36.					
18 19	Other (list)	expense	e or	depietion		19								
20						20		10,3	0.6					
21	•			•	or 4 (royalties). If	20		10,0						
21				· · · ·	out if you must									
	file Form 6198					21		-9,5	96.					
22					imitation, if any,									
				-		22	(9,59	96.)()	()	
23a					or all rental prope				23a		710.			
b					or all royalty prop				23b					
С			-		for all properties				23c					
d					for all properties				23d					
e					for all properties				23e		D,306.			
24 25		-			on line 21. Do no		-		 Intor to		. 24	(0 500	
25 26					nd rental real estat							\	9,596.)	
26	i utai rental re	cai est	ale	and royally In	come or (loss).	COLLID		∠4 anc	ı∠J. ⊑I	ILEI LIE IES	uit	1		

Supplemental Income and Loss

26 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 For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

L

26

.

-9,596.

OMB No. 1545-0074

NJ-1040 2022 Page 1 040MP01220 Your Social Security Number (required) 719500266 Spouse's/CU Partner's SSN (if filing jointly)	Last Name, First Name, Initial (Joint Filers e GAJAVALLI SURYA	BHANU	me Tax Return See Instructions	1555 ONLY if different.)
County/Municipality Code (See Table page 50) 0906	Home Address (Number and Street, inclu 6255 FRISCO SQUA City, Town, Post Office FRISCO Driver's License Number (Voluntary) (So 148030642	RE BLVD APT 24 State TX	404 ZIP Code 75034	
Federal extension filed. The address above is a foreign address. Your address has changed. Death certificate is enclosed. Do not want a paper form next year. I authorize the Division of Taxation to discuss n NJ-1040-O is enclosed.	ny return and enclosures with my preparer.	ΟΝ	LY	F
Gubernatorial Elections Fund Note: This does not be preserved and the preserved and the signate set of the signat set of the signate set of the signate set o	r no direct deposit)	ice due. You Spouse/CU Partner dd dd: dd. dd. dd. dd. dd. dd.	2. C 3. 4.	No No 022300173 352317256



2022	 Married/CU Couple, filing joint return Married/CU Partner, filing separate return Head of Household Enter spouse's/CU partner's SSN Qualifying Widow(er)/Surviving CU Partner Indicate the year of your spouse's/CU partner's death: 2020 2021 Exemptions Fil in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation. 6. Regular X Self Spouse/CU Partner Domestic Partner 1 x \$1,000 = 10000 x \$1,000 =					
Fron Filin	To:	u were a New Jersey resi	dent during 2022:			2 0 2 3
	Married/CU Couple, filing joi Married/CU Partner, filing sep Head of Household Qualifying Widow(er)/Surviv Indicate the year of your spou	parate return ring CU Partner ıse's/CU partner's death:			ıer's SSN	
 6. 7. 8. 9. 10. 11. 12. 13. 	Senior 65+ (Born in 1957 or earlier) Blind/Disabled Veteran Qualified Dependent Children Other Dependents Dependents Attending Colleges (See	Self Self Self	Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner	Domestic Partner	x \$1,000 = x \$1,000 = x \$6,000 = x \$1,500 = x \$1,500 = x \$1,000 =	
14. a. b. c. d.	Last Name, First Name, Middle Initia		LE	Social Security Number	Birth Year	T

DO NOT MAIL

	Name(s) as shown on Form NJ-1040 GAJAVALLI SURYA BHZ	ANU		
		-		
-	Your Social Security Number			
NJ-1 2022				1555
Page				
U	040MP03220		-	
15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instruc	tions)	15.	93545 .
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)		16a.	
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a		16b.	
17.	Dividends		17.	
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)		18.	
19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)		19.	•
20a.	Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)		20a.	•
20b.	Excludable pension, annuity, and IRA distributions/withdrawals		20b.	•
21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal	í.	21.	•
22.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or fede	eral Schedule K-1)	22.	•
23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)		23.	•
24.	Net gambling winnings (See instructions)		24. 25.	•
25. 26.	Alimony and separate maintenance payments received Other (Enclose documents) (See instructions)		23. 26.	•
20.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)		20.	93545 .
27. 28a.	Pension/Retirement Exclusion (See instructions)		28a.	55515
28b.	Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)		28b.	•
28c.	Total Exclusion Amount (Add lines 28a and 28b)		28c.	
29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)		29.	93545 .
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)		30.	1000 .
31.	Medical Expenses (See Worksheet F and instructions)		31.	
32.	Alimony and separate maintenance payments (See instructions)		32.	
33.	Qualified Conservation Contribution		33.	
34.	Health Enterprise Zone Deduction		34.	
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)		35.	0.
36.	Organ/Bone Marrow Donation Deduction (See instructions)		36. F	•
37a.	NJBEST Deduction		37a.	•
	NJCLASS Deduction		37b.	•
	NJ Higher Ed. Tuition Deduction		37c.	. 1000
38.	Total Exemptions and Deductions (Add lines 30 through 37c) Taxable Income (Subtract line 38 from line 29)		38. 39.	92545 .
39. 40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)		40a.	1440 .
40a.	Indicate your residency status during 2022 (fill in only one) Homeowner Ten	ant Both	40a.	1440 .
41.	Property Tax Deduction (From Worksheet H) (See instructions)		41.	1440 .
42.	New Jersey Taxable Income (Subtract line 41 from line 39)		42.	91105 .
43.	Tax on amount on line 42 (Tax Table page 52)		43.	3678 .
44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)		44.	•
	Enter Code			
45.	Balance of Tax (Subtract line 44 from line 43)		45.	3678 .
46.	Sheltered Workshop Tax Credit		46.	
47.	Gold Star Family Counseling Credit (See instructions)		47.	
48.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)		48.	
49.	Total Credits (Add lines 46 through 48)		49.	• •
50.	Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry		50.	3678 .
51.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0		51.	0.
52.	Interest on Underpayment of Estimated Tax		52.	•
52	Fill in if Form NJ-2210 is enclosed		50	\circ
53.	Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC	and fill in	53.	0.
1				

Γ	Name(s) as shown on Form NJ-1040 GAJAVALLI SURYA BHAN Your Social Security Number		٦
NJ-1 2022 Page		1555	
54. 55.	, , , , , , , , , , , , , , , , , , ,	54. 3678 55. 4072	•
56.	Property Tax Credit (See instructions page 24)	56.	
57.	New Jersey Estimated Tax Payments/Credit from 2021 tax return	57.	
58.	New Jersey Earned Income Tax Credit (See instructions)	58.	
	Fill in if you had the IRS calculate your federal earned income credit		
	Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit		
59.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)	59.	
60.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)	60.	
61.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)	61.	•
62.	Wounded Warrior Caregivers Credit (See instructions)	62.	
63.	Pass-Through Business Alternative Income Tax Credit (See instructions)	63.	•
64.	Child and Dependent Care Credit (See instructions)	64.	•
	Fill in if you are a CU couple claiming the Child and Dependent Care Credit		
65.	New Jersey Child Tax Credit (See instructions)	65.	•
	Number of dependents under age 6 on 12/31/2022		
66.	Total Withholdings, Credits, and Payments (Add lines 55 through 65)	66. 4072	•
67.	If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you owe	67.	•
	If you owe tax, you can still make a donation on lines 70 through 77.		
68.	If the total on line 66 is more than line 54, you have an overpayment. Subtract line 54 from line 66 and enter the overpayment.	payment 68. 394	•
69.		69.	•
70.		70	•
71.		71.	•
72.		72.	•
73.		73.	•
74.		74. F	·
75.		Code 75.	•
76.		Code 76.	•
77.		Code 77.	•
78.		78.	•
79.		79.	•
80.	Refund amount (If line 68 is more than zero, subtract line 78 from line 68)	80. 394	•

Under penalties of perjury, I declare that I the best of my knowledge and belief, it is t based on all information of which the prep	to Tax Due Address Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to: State of New Jersey Division of Taxation			
Your Signature	Date S _F	oouse's/CU Partner's Signature (requi	ired if filing jointly) Date	Revenue Processing Center - Payments PO Box 111
Paid Preparer's Signature		Federal Identifi	cation Number	Trenton, NJ 08645-0111 Include Social Security number and make check or money order payable to: State of New Jersey – TGI You can also make a payment on our website:
SYAM PRIYA RAM SA	AGAR GUPTA TAI	LLAM PO2	2082703	nj.gov/taxation Refund or No Tax Due Address
Firm's Name			Employer Identification Number	Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Revenue Processing Center - Refunds PO Box 555
GLOBAL TAXES LLC		88-	-2145487	Trenton, NJ 08647-0555
Division Use: 1	2	34	5 6_	7

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Name(s) as shown on Form NJ-1040	Social Security Number
GAJAVALLI SURYA BHANU	719-50-0266

	Schedule NJ-BUS-1 (Form NJ-1040)New Jersey Gross Income Tax Business Income Summary Schedule2022								
Pa	rt I Net Profits From Business	Lis	t the net	profit (le	oss) from busir	ness(e:	s). See Instructions	;.	
	Business Name	Social Secu Fede	urity Num ral EIN	ber/		Profit	or (Loss)		
1.								<u> </u>	
2. 3.									
4. N	Net Profit or (Loss). (Add lines 1, 2, and 3.) (I ine 18, NJ-1040. If loss, make no entry on lin			4.					
Pa	rt II Distributive Share of Partr	ership Incom	e		t the distributiv m partnership(e of income (loss) e instructions.		
	Partnership Name	Federal EIN	N		re of Partnersh come or (Loss	np	Share of Pass-Thro Business Alternat Income Tax		
1.								<u> </u>	
2. 3.								<u> </u>	
4. D (A	Distributive Share of Partnership Income or (L Add lines 1, 2, and 3.) (Enter here and on lin f loss, make no entry on line 21.)		4.						
	otal Share of Pass-Through Business Altern Add lines 1, 2, and 3.)(Enter here and include		40.) 5.		NI I				
Pa	rt III Net Pro Rata Share of S C	Corporation Inc	come				f income (usable (s). See instruction	IS.	
	S Corporation Name	Federal EIN			S Corporation able Loss)		of Pass-Through Busi Iternative Income Tax		
1.									
2. 3.		_							
4. No	let Pro Rata Share of S Corporation Income or (Us Add lines 1, 2, and 3.) (Enter here and on line 22, f loss, make no entry on line 22.)								
	otal Share of Pass-Through Business Alternative Ir Add lines 1, 2, and 3.)(Enter here and include on lir								
Pai	rt IV Net Gains or Income From Rents, Royalties, Patents, and Copyrights	form of ren of Property	ts, royalti ′:	es, pat	ents, and copy	rights.	erived from or in the See instructions. T ts 4 – Copyrights		
S	Source of Income or Loss. If rental real estat enter physical address of property.	e, Social Secur Federa			ype – Enter umber from list above		Income or (Loss)		
1. _D	ORNALA MD POST, PRAKASAM	719500266			1		-9,596.		
3.			1						
4. N	Net Income or (Loss). (Add lines 1, 2, and 3.) Enter here and on line 23, NJ-1040. If loss, r		ine 23.)	-	4.		-9,596.		

Name(s) as shown on Form NJ-1040	Social Security Number
GAJAVALLI SURYA BHANU	719-50-0266

Schedule NJ-BUS-2 New Jersey Gross Income Tax 2022 (Form NJ-1040) Alternative Business Calculation Adjustment Column A Column B **Reportable Regular** Alternative Business Part I Income (Loss) **Business Income** Income (Loss) 1. Net Profits From Business 1a 1b. 0. 0. 2. Distributive Share of Partnership Income 2a. 2b. 0. 0. Net Pro Rata Share of 3. S Corporation Income 3b. 3a. 0. 0 Net Gain or Income From Rents, 4. Royalties, Patents, and Copyrights 4a 4h 0. -9,596. Loss Carryforward From 5. Tax Year 2021 5b. 6. Totals 6a. 6b. -9,596 0 Part II Adjustment Calculation 7. 7. **Total Regular Business Income** 0 8. Total Alternative Business Income/(Loss) (If loss, enter zero) 8. 0. 9. **Business Increment** (Subtract line 8 from line 7) 9. 0. 0.50 Adjustment Percentage 10. 10. Alternative Business Calculation 11. Adjustment (Line 9 x 0.50) 11. 0. Part III Loss Carryforward to Tax Year 2023 12. Loss Carryforward to Tax Year 2023 12. 9,596.

Instructions

- Line 1a. Enter the amount from line 18, Form NJ-1040. Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040). Line 2a. Enter the amount from line 21, Form NJ-1040. Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040). Line 3a. Enter the amount from line 22, Form NJ-1040. Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040). Line 4a. Enter the amount from line 23, Form NJ-1040. Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040). Enter the amount from line 12 of your 2021 Schedule NJ-BUS-2 (Form NJ-1040). Line 5b. Line 6a. Enter the total of lines 1a through 4a. Line 6b. Enter the total of lines 1b through 5b, netting gains with losses. Enter the amount from line 6a of this schedule. Line 7. Enter the amount from line 6b of this schedule. If loss, enter zero here. l ine 8. Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2022 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040.
- Line 12. If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

2022

If your income on line 29 is at or below the filing threshold,

do not complete this schedule.

Name as Shown on Return	Social Security No.
GAJAVALLI SURYA BHANU	719-50-0266

Part I

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2022 (See instructions for line 53, NJ-1040.) Part-year residents include only months as a New Jersey resident.

 Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53, NJ-1040, and enclose this schedule with your return.

No. Continue to Part II.

Part II

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 53, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Exemption Code		_	Check							•		nber -	
Exemption Code		-	Check							•	on nur	nber .	
			Check	box if t	his indi	vidual	is unde	r 18 .					
Exemption Code		-	Check							•		nber .	
			Check	box if t	his indi	vidual	is unde	r 18 .					
Exemption Code		_	Check							•	on nur	nber -	
			Check	box if t			s unde	r 18 .					
Exemption Code		-	Check									nber .	
			Check										
Exemption Code		-	Check							•	on nur	nber .	
			Check				s unde						
Exemption Code		_	Check							•	on nur	nber .	
			Check				s unde	r 18 .					
Exemption Code		_	Check								on nur	nber .	
			Check	box if t	his indi		s unde	r 18 .					
Exemption Code		_	Check								on nur	nber .	
			Check	box if t	his indi	vidual	is unde	r 18 .					
Exemption Code		_	Check Check							•			

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