## **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)

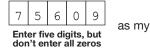
Taxpayer's name Social security number NAGA MAHESH PRAGADA 074-87-5609 Spouse's name Spouse's social security number 887-24-9018 ANUSHA MADABATTULA Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.) Part I Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. Adjusted gross income 116,739. 1 1 2 2 9,216. 3 3 18,994. 4 4 9,778. 5 5

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

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

#### Taxpayer's PIN: check one box only

			FBO firm name		En
X	I authorize	GLOBAL TAXE	S LLC	to enter or generate my PIN	
		-			



8

as mv

4 9

0

Enter five digits, but don't enter all zeros

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.

Date

to enter or generate my PIN

Your signature 🕨

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

X I authorize GLOBAL TAXES LLC 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 Method Returns Only—continue below												
Part III Certification and Authentication – P	ractitioner PIN Method Only											
ERO's EFIN/PIN. Enter your six-digit EFIN followed by	your five-digit self-selected PIN.	2	2							9	8	9
					Don	τen	iter a	ıll zer	os			

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 🕨			
ERO Must Retain This F Don't Submit This Form to the I			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 02/10/23 PRO	Form 8879 (Rev. 01-2021)

Filing Status       Outs/fing surviving         Filing Status       Single       Married filing jointy       Married filing separately (MFS)       Head of household (HOH)       Outs/fing surviving         One box       Prove Checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying surviving         Your fina tarms and middle initial       Last name       Var social security number         ANDSIA       MAHESB       PRAGA DA       Var social security number         ANDSIA       MAHESB       PRAGA DA       Prove social security number         ANDSIA       MAHESB       Res one       Prove social security number         ANDSIA       MAHESB       PRAGA MAHESB       Prove social security number         ANDSIA       MAHESB       PRAGA MAHESB       Prove social security number         ANDSIA       MAHESB       Prove social security number       Other here if you, ny our of the number of the nume of the nume of the number of the number of the nume of the numb	<b>1040</b>		rtment of the Treasury—Internal Revenue Service <b>5. Individual Income Tax</b>		<sub>rn</sub> 202	2	OMB No. 1545	-0074	IRS Use Only	—Do not w	vrite or staple in this space.
NAGA         MAHESH         PRAGADA         074-87-560-9           Hjört Hum, spose's first name and middle initial         Last name         Spouse's social security number         Spouse's social security number           ANUSHA         MADABATTULA         RADABATTULA         RAT-24-9018           Home address (number and street), Hyou have a PO, box, see instructions.         Apt. no.         Presidential Election Campaign Checken of you or your spouse filling jointly, want 35           39.9         EDIGITION DRIVEY BAST         Checken of you or your spouse filling jointly, want 35         Foreign country name         Foreign province/state/country         Foreign postal code         You is a creation of the fund. Checking a cochange gene address, gint, or otherwise dispose of a digital asset (or a financial interest in a digital asset) (See Instructions)         You is a creation of the spouse filling jointly, want 35           Standard         Spouse itemizes on a separate return or you were a dual-status allen         Age/Bindness You:         Yes is not spouse itemizes on a separate return or you were a dual-status allen           Dependents, see instructions;         (1) First name         Last name         Spouse (Instructions)         Ital           If a Total amount from Form(s) W-2, box 1 (see instructions)         Ital         Ital         Ital         1a           How is instructions         Ital amount from Form(s) W-2, box 1 (see instructions)         Ital         Ital	Check only	lf yo	u checked the MFS box, enter the na	ame of yo						spo	use (QSS)
If joint return, spouse's first name and middle initial       Last name       Bpouse's social security numbers and street). If you have a P.O. box, see instructions.       Apt. no.       Bpouse's social security numbers and street). If you have a P.O. box, see instructions.       Apt. no.       Breaddential Bectoin Campaign         COLUMBUS       COLUMBUS       Columbers       Ant any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services) or (b) sell, soc. change, gift, or otherwise dispose of a digital asset (r a financial interest in a digital asset)? (Cee instructions).       Ves       No         Assets       Schange, gift, or otherwise dispose of a digital asset (r a financial interest in a digital asset?) (Cee instructions).       Ves       No         Assets       Schange, gift, or otherwise dispose of a digital asset (r a financial interest in a digenerative).       Yes       No         Beduction       Spouse: temizes on a separate return or you were a dual-status alien       Age/Bindness       Yes       No         Age/Bindness       Yes born before January 2, 1958       Are bind       Spouse:       Immer       Immer         If or otherwise dispose or return or you were a dual-status alien       Age/Bindness       Immer       Immer       Immer       Immer         Age/Bindness       Yes       Immer       Immer       Immer       Immer       Immer       Immer       Immer         If the re	Your first name	and mi	ddle initial	Last name	e					Your so	cial security number
ANUSHA         MADABATULA         B87-24-9018           Home address (number and street). If you have a P.O. box, see instructions.         Apt. no.         Precidential Election Campaign Stress           City, tow, or post office. If you have a foreign address, also complete spaces below.         State         ZIP code         Spouse of filing joinity, want 89 post bits fund, or horking a post bits fund, or horking a post bits fund.         Precidential Election Campaign spouse of filing joinity, want 89 post bits fund, or horking a post bits fund.         Precidential Election Campaign spouse of filing joinity, want 89 post bits fund.           Digital Assets         At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)         Yes         No           Standard         Spouse itemizes on a separate return or you were a dual-status allen         Age/Elindhess         Yes         No           Dependents         (see instructions):         (1) First name         (a) Class ascentry (b) You         (b) Allestonation (b) You         (b) Otherk the box if qualifies for (see instructions)         (a) Class ascentry (b) You         (b) Allestonation (b) You         (b) Class ascentry (b) Allestonation (b) You         (c) Class ascentry (c) Allestonation (c) First name         (c) Class ascentry (c) Allestonation (c) You         (c) Class ascentry (c) Class ascentry (c) Allestonation (c) First name         (c) Class ascentry (c) First name	NAGA MAH	ESH		PRAGA	DA					074-	87-5609
Internet address (number and streek). If you have a P.O. box, see instructions.         Apt. no.         Previdential Election Campaignets (Bit)	lf joint return, sp	oouse's	first name and middle initial	Last name	e					Spouse	's social security numbe
B399 EDGINGTON DRIVE EAST       Check here if you, or you       Check here is you, or you       Check here is you, or you       Check here is you, or you       You       Soute is exclusionable, is you have a large here in the is you have a large here in the you       Soute is exclusionable, is you have a large here in the you       Check here is you, or you       Soute is exclusionable, is you have a large here in the you have is a dependent a pour here is you pour is her	ANUSHA			MADAB	ATTULA					887-	24-9018
CDUDUCTION       Direct in the instructions in	Home address (	(numbe	r and street). If you have a P.O. box, see	instruction	IS.			A	Apt. no.	Preside	ntial Election Campaig
Cuty, torup, to pose unice, input take a totegin adultes, and complete spaces betw.       Date       21 Wode       to go to this fund. Checking a box below will not change you tak or refund.         CILUMEUS       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county       You       Spouse         Digital Asset or a financial interest in a digital asset (or a financial interest in a digital asset) (See instructions).       Yes       No         Standard       Someone can calm:       You as a dependent       Yes       No         Standard       Someone can calm:       You as a dependent       Yes       No         Imore       Spouse itemizes on a separate return or you were a dual-status alien       (9) Check the box if qualifies for (see instructions);         Imore       Imore       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions);         Income       1a       Total amount from Form(s) W-2; box 1 (see instructions)       1a       132,2,428.         Natesh form(s)       4       12,2,428.       1b       1a       132,2,428.         Internet interported on line 1a (see instructions)       1a       132,2,428.       1b         W-20 and to bek       femployer-provided adpoption benefits from Form 2441, line 26       1a	8399 EDG	ING	TON DRIVE EAST								<i>, ,</i>
COLUMEUS       0Fil       43240       box below will not change <sup>®</sup> Foreign province/stativbourty       Foreign province/stativbourty       Foreign province/stativbourty       point as or chund.         Digital       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).       Yes       No         Standard       Someone can claim:       \over you as a dependent       Your spouse as a dependent       Your spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Age/Bilindeess       Yes       No         Age/Bilindeess       You:       (I) First name       Last name       number       (a) Check the box if qualifies for (see instructions);         If more than four dependents, see instructions;       (I) First name       Last name       Immeter	City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete spa	aces below.	Sta	ite	ZIP c	ode	•	
Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, Assets         Assets       Someone can claim:       You as a dependent       You spouse as a dependent       Yes       No         Standard Deduction       Someone can claim:       You as a dependent       You repose a dual-status alien         Age/Blindness       You:       Wes born before January 2, 1958       A re blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       Gee instructions):       (1) First name       Last name       (2) Social security       (3) Pelationship       (4) Check the box if qualifies for (see instructions):         I'morie       (1) First name       Last name       (2) Social security       (3) Pelationship       (4) Check the box if qualifies for (see instructions):         I'morie       (1) First name       Last name       (2) Social security       (3) Pelationship       (4) Check the box if qualifies for (see instructions):         I'morie       (1) First name       Last name       (2) Social security       (3) Pelationship       (4) Check the box if qualifies for (see instructions):         I'morie       (1) First name       Last name       (2) Social security       (3) Pelationship       (4) Check the box if qualifies for (see instructions):       (1)       (1)       (1)	COLUMBUS					OI	H	432	40	•	Ũ
Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Uves X No         Standard Deduction       Someone can claim:       You is a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (f) First name       Last name       (g) Social security       (a) Relationship       (d) Check the box if qualifies for (see instructions):         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions).       1a       132, 428.         Hwe? atter Aborned       C Tip income not reported on Form(s) W-2.       1b       1a       132, 428.         Ve? atter Aborned       9       Wedges from Form 9319, line 6       1a       132, 428.         We? asset       Add lines 1a through 1b       1a       132, 428.         Hyou did not ges at Porm W?       9       Wedges from Form 9319, line 6       1a       132, 428.         Medicaid waiver payments not reported on Form(s) W-2 (see instructions).       1a       132, 428.       1a         We? asset       Add lines 1a through 1b       1a </td <td>Foreign country</td> <td>name</td> <td></td> <td>Fo</td> <td>reign province/state</td> <td>'coun</td> <td>ty</td> <td>Foreig</td> <td>n postal code</td> <td></td> <td>•</td>	Foreign country	name		Fo	reign province/state	'coun	ty	Foreig	n postal code		•
Assets       exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)       Yes       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse instructions):       (4) Check the box if qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       (2) Social security number       (3) Relationship       (4) Check the box if qualifies for (see instructions);         If more than four dependents, see instructions       10       10       10         est instructions       11       132, 428.       14       132, 428.         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       132, 428.         If end dot of the dependent can benefits from Form (SW-2, box 1 (see instructions)       1a       132, 428.       1a         If end dot of the dependent can benefits from Form (SW-2, box 1 (see instructions)       1a       132, 428.       1a         If end dot of the dependent can benefits from Form (SW-2, box 1 (see instructions)       1a       132, 428.       1a         If end dot of the dependent can benefits from Form (SW-2, box 1 (see instructions)											You Spous
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Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions):         of provide dependents, see instructions       (1) First name       Last name       (1) First name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions):       Check the box if qualifies for (see instructions):         here       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions):         of provide data forms       (1) First name       Last name       (1) First name       (1) F		Som	eone can claim: 🗌 You as a de	pendent	Your spous	e as	a dependent				
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CPUENCENCE (both matrix docum).       (c) First name       (c) First name <td></td> <td></td> <td></td> <td></td> <td>•</td> <td></td> <td></td> <td>14</td> <td>,</td> <td></td> <td></td>					•			14	,		
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Itechnic       b       Household employee wages not reported on Form(s) W-2       1b         Attach Forms       c       Tip income not reported on line 1a (see instructions)       1c         W-2 here.Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and       e       Taxable dependent care benefits from Form 2441, line 26       1d         Wages from Form 8919, line 6       1g       1g         get a Form       h       Other earned income (see instructions)       1h       0.         W-2, see       i       Nontaxable combat pay election (see instructions)       1i       1       1         get a Form       h       Other earned income (see instructions)       1i       1		10	Total amount from Form(s) W/ 2, br	ov 1 (soo i	instructions)					10	
Attach Form(s) W-2 here. Also attach Form(s)       c       Tip income not reported on line 1a (see instructions)       1c         W-2 here. Also attach Form(s)       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 here. Also attach Form(s)       e       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       1f         get a Form       Mages from Form 8919, line 6       1g       1g         W-2, see       in Nontaxable combat pay election (see instructions)       1h       0.         W-2, see       in Nontaxable combat pay election (see instructions)       1t       1z       132, 428.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         attach form       3a       5.       b       Taxable amount       4b       5b         Beduction for- Single or Married fling separately. \$12,960       4a       IRA distributions       5a       b       Taxable amount       6b         Standard Deduction for Subfarding separately. \$12,950       Gal aeourity benefits       6a       b       Taxable amount       6b         Maried fling separately. \$12,950       Fou elect to use the lump-	Income			•	,						
W-2 here. Also attach Forms       Implification for regorded on mit algoed instructions)       Implification for regorded on mit algoed instructions)       Implification for regorded on mit algoed instructions)         W-26 and 1099-Ri ftax       e       Taxable dependent care benefits from Form 2441, line 26       Implifications)         was withheld, f       Employer-provided adoption benefits from Form 8839, line 29       Implifications)       Implifications)         get a form w-2, see instructions.       h       Other earned income (see instructions)       Implifications)       Implifications)         z       Add lines 1a through 1h       Implifications)       Implifications)       Implifications)         z       Add lines 1a through 1h       Implifications)       Implifications)       Implifications)         z       Add lines 1a through 1h       Implifications)       Implifications)       Implifications)         z       Add lines 1a through 1h       Implifications)       Implifications)       Implifications)         a       Qualified dividends       3a       5       Implifications)       Implifications)         a       IRA distributions       4a       Implifications)       Implifications)       Implifications)         segarately, stragearately, stragearately, stragearately, strageof       F       Capital gain or (loss). Attach Schedule D if required. If not	Attach Form(s)		. , , ,	•	( )						
W-26 and 1099-R if tax was withheld if you did not get a form W-2, see instructions.       Taxable dependent care benefits from Form 2441, line 26       1e         If       If         was withheld if you did not get a form W-2, see instructions.       Wages from Form 8919, line 6       1g         W-2, see instructions.       Nontaxable combat pay election (see instructions)       1h       0.         W-2, see instructions.       Nontaxable combat pay election (see instructions)       1i       1z       132, 428.         Attach Sch. B       2a       b       b       Tax-exempt interest       2b         if required.       3a       5.       b       Ordinary dividends       3b       5.         4a       Bensions and annuities       5a       b       Taxable amount       4b       4b         Standard Deduction for- Ga       Social security benefits       6a       b       Taxable amount       5b         6a       fr you elect to use the lump-sum election method, check here (see instructions)       7       -3,000.       7       -3,000.         8       Other income from Schedule 1, line 10       0       9       116,739.       11       116,739.         9       116,739.       11       116,739.       12       25,900.       13       25,900.       13 </td <td>W-2 here. Also</td> <td></td>	W-2 here. Also										
109-R if tax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       11         If you did not get a Form       Wages from Form 8919, line 6       11         W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       11         W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       11         Attach Sch. B       2a       Tax-exempt interest       2a         4d       instructions       3a       5.         4d       IRA distributions       4a       b         5a       Deduction for       6a       b         6a       Social security benefits       6a       b         Standard Deduction for       if you elect to use the lump-sum election method, check here (see instructions)       7         6b											
Was withined.       Wages from Form 8919, line 6       1         If you did not       9       Wages from Form 8919, line 6       1         W-2, see       i       Nontaxable combat pay election (see instructions)       1i         W-2, see       i       Nontaxable combat pay election (see instructions)       1i         Attach Sch. B       2a       Tax-exempt interest       2a         Attach Sch. B       2a       Tax-exempt interest       2b         If required.       3a       Qualified dividends       3b       5.         4a       IRA distributions       4a       b       Dranable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       6b         Standard beduction for-       6a       5a       b       Taxable amount       6b         Standard beduction for-       6a       5a       b       Taxable amount       6b         6a       social security benefits       6a       5b       6d       6d         Maried fling separately, \$12,950       *       ft you elect to use the lump-sum election method, check here (see instructions)       7       -3,000.         8       Other income from Schedule 1, line 10       7       -3,000.       8	1099-R if tax										
In you out Nut       0       0       0       1       0.         W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i       1i       0.         W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i       1i       0.         Attach Sch. B       2a       Add lines 1a through 1h       1       132,428.       2b         Attach Sch. B       3a       5.       b       Drdinary dividends       2b         4a       b       5a       b       Ordinary dividends       3b       5.         5a       Pensions and annuities       5a       b       Taxable amount       4b       5b         5a       Pensions and annuities       5a       b       Taxable amount       5b       6b         5a       Social security benefits       6a       b       Taxable amount       6b       6b         512,950       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7.3,000.       8       -12,694.         9       116,739.       10       Adjustments to income from Schedule 1, line 26       10       11       116,739.         10       Standard deduction or itemized deductions (from					,			• •			
W-2; see instructions.       i       Nontaxable combat pay election (see instructions)       1i         Attach Sch. B       2a       Add lines 1 a through 1h       12       132, 428.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Attach Sch. B       3a       Qualified dividends       3a       5.       b       Ordinary dividends       3b       5.         4a       IRA distributions       4a       b       Taxable amount       4b       5b         5a       Pensions and annuities       5a       b       Taxable amount       5b       6b         5single or       c       If you elect to use the lump-sum election method, check here (see instructions)       7       -3,000.         8       Other income from Schedule 1, line 10       Standard       8       -12,694.         9       116,739.       10       25,900       10       4duistrat line 10 from line 9. This is your adjusted gross income       11       116,739.         19 vurving spouse.       13       Standard deduction or itemized deductions (from Schedule A)       12       25,900.       13         9       116,739.       116,739.       10       25,900.       11       25,900.       12			0					• •			
Instructions.       z       Add lines 1a through 1h       132,428.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         if required.       3a       3a       5.       b       Ordinary dividends       3b       5.         4a       IRA distributions       4a       b       Taxable amount       4b       5b         5a       Pensions and annuities       5a       b       Taxable amount       5b       6b         6a       Social security benefits       6a       b       Taxable amount       6b       6b         Married filing separately, \$12,950       C       Gapital gain or (loss). Attach Schedule D if required. If not required, check here       7       7.3,000.         8       -12,694.       9       116,739.       9       116,739.         9       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       11       116,739.         10       Subtract line 10 from line 9. This is your adjusted gross income       11       116,739.         10       Standard deduction or itemized deductions (from Schedule A)       12       25,900.         11       116,739.       12       25,900.       13       14       25,900.       14 </td <td>-</td> <td>;</td> <td>,</td> <td>,</td> <td></td> <td></td> <td></td> <td>· ·</td> <td></td> <td></td> <td>· · ·</td>	-	;	,	,				· ·			· · ·
Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         if required.       3a       5.       b       Ordinary dividends       3b       5.         4a       IRA distributions       4a       b       b       Taxable amount       4b         5a       5a       b       Taxable amount       5b       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7.3,000.         8       Other income from Schedule 1, line 10       10       16,739.       9       116,739.         10       Adjustments to income from Schedule 1, line 26       10       11       116,739.       11         11       116,739.       11       116,739.       11       116,739.       11         12       25,900.	instructions.	-			,	• •	11			1-	132 / 28
if required.       3a       3a       5.       b       Ordinary dividends       3b       5.         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         • Single or Married filing separately, \$12,950       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       -3,000.         8       Other income from Schedule 1, line 10       7       -3,000.       8       -12,694.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       116,739.       10         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       11       116,739.       12       25,900.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       25,900.       13       14       25,900.		2		1	· · · · ·	 ьт	· · · ·	• •			,
4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         • Single or Married filing separately, \$12,950       c       If you elect to use the lump-sum election method, check here (see instructions)       c       6b         • Capital gain or (loss). Attach Schedule D if required. If not required, check here       c       7       -3,000.         • Married filing jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       116, 739.         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       11       116, 739.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       25, 900.         15       Subtract line 14 from line 11. If zero or less enter -0 This is your taxable income       15       90       839			· ·		5						
Standard Deduction for-       5a       Sa       b       Taxable amount       5b         • Single or Married filing separately, \$12,950       • Ga is a curity benefits       • Ga       b       Taxable amount       • Gb         • Married filing jointly or Qualifying surviving spouse, \$25,900       • Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       • In 200       • Adjustments to income from Schedule 1, line 26       • In 200       • In 100       • In 1000       • In 100       • In 1000       • In 10000       • In 10000       • In 10000       • In 10000       • In											
Deduction for-       6a       Social security benefits       6a       b Taxable amount       6b         • Single or Married filing separately, \$12,950       c       If you elect to use the lump-sum election method, check here (see instructions)       .       .       6b         • Married filing jointly or Qualifying surviving spouse, \$25,900       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       .       .       7       -3,000.         • Married filing jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       .       .       9       116,739.         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       .       .       11       116,739.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       .       .       13         • If you checked any box under Standard       14       25,900.       13       .       14       25,900.	<u></u>										
<ul> <li>Single or Married filing separately, \$12,950</li> <li>Married filing jointy or Qualifying surviving spouse. \$25,900</li> <li>Head of household, \$19,400</li> <li>Head of household, \$19,400</li> <li>Id Adjustments to income from Schedule 1, line 26</li> <li>Id Adjustments to income from Schedule 1, line 26</li> <li>Id Adjustments to income from Schedule 1, line 26</li> <li>Id Adjustments to income from Schedule 1, line 26</li> <li>Id Adjustments to income from Schedule 1, line 26</li> <li>Id Adjustments to income from Schedule 1, line 26</li> <li>Id Adjustments to income from Schedule 1, line 26</li> <li>Id Adjustments to income from Schedule 1, line 26</li> <li>Id Adjustments to income from Schedule 1, line 26</li> <li>Id Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Id Adjustments income deduction or itemized deductions (from Schedule A)</li> <li>Id Add lines 12 and 13</li> <li>Id Add lines 14 from line 11 If zero or less enter -0- This is your taxable income</li> </ul>											
separately, \$12,950       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       -3,000.         • Married filing jointly or Qualifying surviving spouse, \$25,900       8       Other income from Schedule 1, line 10       8       -12,694.         • Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       116,739.         • Married filing jointly or Qualifying surviving spouse, \$25,900       10       10         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       116,739.         • If you checked ary box under Standard Deduction,       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         • Add lines 12 and 13       • • • • • • • • • • • • • • • • • • •					athed aback have				 г	. 00	
Maried filing jointly or Qualifying surviving spouse, \$25,900       8       Other income from Schedule 1, line 10       8       -12,694.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       116,739.         9       116,739.       10         9       116,739.       10         9       116,739.       10         9       116,739.       10         9       116,739.       11         9       116,739.       11         9       12,694.       10         9       116,739.       11         11       116,739.       11         12       25,900.       12         9       12,694.       12         9       116,739.       12         9       116,739.       12         9       12,694.       11         11       116,739.       12         9       12       25,900.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       25,900.       14       25,900.         15       90,839       90,839			,			`	,	• •	· · · L		2 000
Jointly or Qualifying surviving spouse, \$25,9009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9116, 739.10Adjustments to income from Schedule 1, line 261011Subtract line 10 from line 9. This is your adjusted gross income11116, 739.12Standard deduction or itemized deductions (from Schedule A)1225, 900.13Qualified business income deduction from Form 8995 or Form 8995-A131425, 900.1425, 900.15Subtract line 14 from line 11. If zero or less enter -0-								• •	· · · L		
auryling spouse, \$25,900       10       Adjustments to income from Schedule 1, line 26       10         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       11       116,739.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       25,900.         • If you checked any box under Standard       14       25,900.       13       14       25,900.         • If you checked any box under Standard       14       25,900.       13       14       25,900.         • If you checked any box under Standard       14       25,900.       15       90,839	jointly or							• •			
\$25,900       10       Adjustments to income nom obligation of the due 1, inte 20       11       10         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       11       116,739.         • If you checked any box under standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       12       25,900.         • If you checked any box under standard       14       25,900.       13       14       25,900.         • If you checked any box under standard       14       25,900.       13       14       25,900.         • If you checked any box under standard       14       25,900.       13       14       25,900.         • If you checked any box under standard       15       Subtract line 14 from line 11.       15       90,839					•			• •			
household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       25,900.         If you checked any box under Standard Deduction,       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       25,900.         14       Add lines 12 and 13       14       25,900.       14       25,900.         15       Subtract line 14 from line 11. If zero or less enter -0 This is your taxable income       15       90.839	\$25,900		•					• •			
\$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       25,900.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         • If you checked any box under Standard       14       Add lines 12 and 13       14       25,900.         • Deduction, Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       90.839				•	-			• •			
any box under Standard       14       Add lines 12 and 13       14       25,900         Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       90.839	\$19,400					,		• •			
Standard         14         Add lines 12 and 13         14         25,900.           Deduction,         15         Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income         15         90.839				on from F	orm 8995 or Forn	1 899	ъ-А				
	Standard					• •					
		15	Subtract line 14 from line 11. If zer	o or less,	enter -u This is	/our	taxable incom	e.		. 15	90,839.

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

Form **1040** (2022)

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	11,2	216.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	11,2	216.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					20	2,0	.00
	21	Add lines 19 and 20						21	2,0	)00.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	9,2	216.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	9,2	216.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				<b>25a</b> 18	,994.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	18,9	994.
If you have a	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return			26		
qualifying child,	27	Earned income credit (EIC)			No	27				
attach Sch. EIC.	28	Additional child tax credit fror	n Schedule 8812	2		28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30		1		
	31	Amount from Schedule 3, lin				31				
	32	Add lines 27, 28, 29, and 31.	. These are your	total other pa	ayments and ref	undable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	18,9	994.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	9,7	778.
neiunu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached, che	ck here	. 🗆	35a	9,7	778.
Direct deposit?	b	Routing number 0 4 4	0 0 0 0	3 7	c Type: 🛛 🗙	Checking	Savings			
See instructions.	d	Account number 3 2 7	9 8 1 2	1 0						
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount vou owe						
You Owe		For details on how to pay, ge						37		
	38	Estimated tax penalty (see ir	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	' See				
Designee		structions	•				omplete k	below.	X No	
		signee's		Phone			onal identi	ication		
	nai			no.			ber (PIN)			
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		ur signature	pioto. Doolaration (	Date	Your occupation			• •	nt you an Identi	0
	10	ur signature		Date	Tour occupation				IN, enter it here	2
Joint return?					SOFTWARE :	ENGINEER	(see	inst.)		
See instructions.	Sp	ouse's signature. If a joint return, <b>k</b>	ooth must sign.	Date	Spouse's occupat	tion			nt your spouse	
Keep a copy for your records.								ity Prot inst.)	ection PIN, ente	r it here
,		(551) 005 000			SOFTWARE		,	1131.)		
		one no. (571)295-338		Email address	NAGAMPRAGA	DA@GMAIL.CO			Chaols !!	
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:	1 a 1
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	02/23/2023	P0208		Self-emp	-
Use Only		m's name GLOBAL TAX			- 0001.0				678)965-9	
			Y CT E BRU	INSWICK N	J 08816		Firm	's EIN	84-3171	
Go to www.irs.ge	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/10/23 PRO			Form <b>104</b>	<b>0</b> (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

n. Attachment Sequence No. 01 Your social security number

074-87-5609

Name(s) shown on Form 1040, 1040-SR, or 1040-NR										
NAGA	MAHESH	PRAGADA	&	ANUSHA	MADABATTULA					

Par	t 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		5	-12,694.
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		
ĥ	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		
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	<b>8s</b> ( )		
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	-12,694.

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	1
13	Health savings account deduction. Attach Form 8889				13	1
14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	1
15	Deductible part of self-employment tax. Attach Schedule SE				15	1
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	e and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA	REV	02/10/23 F	RO	Schedu	ile 1 (Form 1040) 2022

# **Additional Credits and Payments**

OMB No. 1545-0074

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.

2022 Attachment Sequence No. 03

	Name(s) shown on Form 1040, 1040-SR, or 1040-NRYour soNAGA MAHESH PRAGADA & ANUSHA MADABATTULA074-8						
Par			0,1	0,000			
1 2	Foreign tax credit. Attach Form 1116 if required			1 2			
3	Education credits from Form 8863, line 19		· · · ·	3	2,000.		
4	Retirement savings contributions credit. Attach Form 8880			4			
5	Residential energy credits. Attach Form 5695			5			
6	Other nonrefundable credits:						
а	General business credit. Attach Form 3800	6a					
b	Credit for prior year minimum tax. Attach Form 8801	6b					
С	Adoption credit. Attach Form 8839	6c					
d	Credit for the elderly or disabled. Attach Schedule R	6d					
е	Alternative motor vehicle credit. Attach Form 8910	6e					
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f					
g	Mortgage interest credit. Attach Form 8396	6g					
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h					
i	Qualified electric vehicle credit. Attach Form 8834	6i					
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j					
k	Credit to holders of tax credit bonds. Attach Form 8912	6k					
Ι	Amount on Form 8978, line 14. See instructions	61					
z	Other nonrefundable credits. List type and amount:	6z					
7	Total other nonrefundable credits. Add lines 6a through 6z			7			
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040 line 20	-SR, or 10	40-NR, 	8	2,000.		
			(co	ontinue	d on page 2)		
For Pa	perwork Reduction Act Notice, see your tax return instructions.	REV 02/10/2	3 PRO	Schedule	3 (Form 1040) 2022		

Schedule 3 (Form 1040) 2022

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
С	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g h	Reserved for future use	13g 13h		
z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31	-SR, or 1040-NR,	15	
	BAA REV	02/10/23 PRO	Schedule 3	(Form 1040) 202

#### SCHEDULE D (Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

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

Go to *www.irs.gov/ScheduleD* for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. 2022 Attachment Sequence No. 12

Internal Revenue Service Name(s) shown on return

Department of the Treasury

NAGA MAHESH PRAGADA & ANUSHA MADABATTULA

Your social security number 074-87-5609

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 
Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

#### Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss f		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, P line 2, column	art I,	combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	128,234.	139,454.		30.	-11,190.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	usts from	5			
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions	-	6	( )		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	-11,190.

#### Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, I line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
11 12	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		11 12			
13	Capital gain distributions. See the instructions	. ,	13			
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	-	14	( )		
15	Net long-term capital gain or (loss). Combine lines 8a on the back	•	.,		15	

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

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	-11,190.
	• If line 16 is a <b>gain</b> , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is <b>zero</b> , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 <b>both</b> gains?		
	<b>No.</b> Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	<ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</li> </ul>		
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	The loss on line 16; or     (\$3,000), or if married filing separately, (\$1,500)	21 (	3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.		
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

REV 02/10/23 PRO

Schedule D (Form 1040) 2022

Form **8949** 

Department of the Treasury

Internal Revenue Service

## **Sales and Other Dispositions of Capital Assets**

OMB No. 1545-0074

Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2022 Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
NAGA MAHESH PRAGADA & ANUSHA MADABATTULA	074-87-5609

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	<b>(b)</b> Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	<b>(f)</b> Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).	
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	128,234.	139,454.	W	30.	-11,190.	
2 Totals. Add the amounts in columnegative amounts). Enter each to Schedule D, line 1b (if Box A abor above is checked), or line 3 (if Box	tal here and inc ve is checked), <b>lin</b>	lude on your ne 2 (if Box B	128,234.	139,454.		30.	-11,190.	

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

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

SCHEDULE E Supplemental Income and Loss						OMB No. 1545-0074							
(Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, Department of the Treasury Attach to Form 1040, 1040-SR, 1040-NR, or 1041.								etc.)	20	)22			
	ent of the Treasury Revenue Service			Go to www	Attach to Form 1040 <i>v.irs.gov/ScheduleE</i> fo					formation.		Attachm	nent ce No. <b>13</b>
	shown on return										our socia	al security	
		AGAE	DA 8	& ANUSHA	MADABATTULA					0	74-8	7-5609	
Part	I Income	or L	.oss	From Ren	ntal Real Estate an	nd Ro	yalties						
	Note: If yo	ou are	in the	e business of	renting personal proper	rty, use	Schedul	e C. See	e instru	ctions. If you are	an indiv	idual, rep	ort farm
Α					<b>1835</b> on page 2, line 40. hat would require you		Form(s)	10002 0	See ing	structions			s X No
					ed Form(s) 1099?								
<b>1</b> a	Physical addr	ess o	of ead	ch property	(street, city, state, ZI	P code	e)						
A	8-11-25, 1	-25, MUNUSUB STREET BAPATLA ANDHRA PRADESH IN 523157											
B													
<u>C</u>													
1b	Type of Prope (from list below		2		ental real estate prope ort the number of fair				Fa	ir Rental F Days	Person Da		QJV
Α	3	<i>N</i> )			se days. Check the Q			Α		365	Da	<b>ys</b> 0	
B	5			if you meet	the requirements to	file as	a	B		303		0	
				qualified jo	int venture. See instru	uctions	5.	C					
Туре	of Property:	I						_	1				
1	Single Family R	eside	ence	3 Vaca	ation/Short-Term Ren	ntal	5 Lan	d	7	Self-Rental			
2	Multi-Family Re	siden	nce	4 Con	nmercial		6 Roy	alties	8	Other (describe	e)		
										Properties			
Incom	ie:							Α		В			С
3	Rents received	1				3		6	537.				
4	Royalties recei	ived .				4							
Expen	ISES:												
5						5							
6						6							
7						7		2,8	378.				
8						8							
9 10						10							
11						11		2.7	763.				
12					c. (see instructions)	12		-,,					
13						13							
14	Repairs					14		2,5	588.				
15	Supplies					15		2,4	123.				
16						16							
17						17		2,6	579.				
18		xpens	se o	r depletion		18							
19 20	Other (list)				19	19 20		13,3	221				
20	•			•	and/or 4 (royalties). If	20		13,3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
21					find out if you must								
						21		-12,6	594.				
22	Deductible ren	ital re	eal es	state loss a	fter limitation, if any,								
	on Form 8582	(see	instr	ructions) .		22	(	12,6	94.)	(	)	(	)
23a			-		e 3 for all rental prope				23a		637.		
b			-		e 4 for all royalty prop				23b				
C		bunts reported on line 12 for all properties											
d		bunts reported on line 18 for all properties								221			
е 24		pounts reported on line 20 for all properties       13,331.         positive amounts shown on line 21. Do not include any losses       13,331.											
24 25		•			21 and rental real esta				 Enter tr	tal losses here	24	( .	12,694.)
26					ty income or (loss).								<u>,                                   </u>
					) on page 2 do not								
					erwise, include this a					on page 2 .	26		-12,694.
For Pa	perwork Reduct	ion Ac	ct No	otice, see the	e separate instructions		N	PA		-12,694.	Sch	edule E (F	orm 1040) 2022

Form <b>8863</b>
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### **Education Credits** (American Opportunity and Lifetime Learning Credits)

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/Form8863 for instructions and the latest information.

Department of the Treasury Internal Revenue Service Name(s) shown on return

NAGA MAHESH PRAGADA & ANUSHA MADABATTULA

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.... - ....

. . . .

Attachment Sequence No. 50 Your social security number

OMB No. 1545-0074

2022

074-87-5609



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part	Refundable American Opportunity Credit					
1	After completing Part III for each student, enter the total of all amounts from all P	arts I	II, line 30		1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	2				
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	3				
4	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit	4				
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	5				
6	If line 4 is:					
	• Equal to or more than line 5, enter 1.000 on line 6					
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rou at least three places)				6	
7	Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of th conditions described in the instructions, you <b>can't</b> take the refundable America skip line 8, enter the amount from line 7 on line 9, and check this box	an op	portunity	credit;	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter	the a	amount he	ere and		
	on Form 1040 or 1040-SR, line 29. Then go to line 9 below.				8	
Part						
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	•		· ·	9	
10	After completing Part III for each student, enter the total of all amounts from a zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19				10	10,800.
11	Enter the smaller of line 10 or \$10,000				11	10,000.
12	Multiply line 11 by 20% (0.20)				12	2,000.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	13	180	,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	14	116	,739.		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on			7 1031		
10	line 18, and go to line 19	15	63	,261.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	16	20	,000.		
17	If line 15 is:					
	$\bullet$ Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 $~$ . $~$ .					
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (roun least three places)		17	1.000		
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet	(see	instructior	ns) .	18	2,000.
19	<b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit instructions) here and on Schedule 3 (Form 1040), line 3	Limit	Workshe	et (see	19	2,000.
For Pa		۵۵		REV 02/10/2	3 PRO	Form <b>8863</b> (2022)

NAGA MAHESH PRAGADA & ANUSHA MADABATTULA

CAUT	Complete Part III for each student for whom credit or lifetime learning credit. Use addition		
Par	Student and Educational Institution Information	n. See instructions.	
	Student name (as shown on page 1 of your tax return) ANUSHA	21 Student social security number (as s your tax return)	hown on page 1 of
	MADABATTULA	887-24-9018	
	Educational institution information (see instructions)	h Name of accord educational institut	ion (if on a)
a	UNIVERSITY OF THE CUMBERLANDS	<b>b.</b> Name of second educational institut	ion (ii any)
(	<ol> <li>Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</li> <li>6198 COLLEGE STATION DRIVE</li> </ol>	(1) Address. Number and street (or P. post office, state, and ZIP code. If instructions.	
	WILLIAMSBURG KY 40769		
(2	2) Did the student receive Form 1098-T from this institution for 2022?	(2) Did the student receive Form 1098 from this institution for 2022?	-T 🗌 Yes 🗌 No
(	<b>3)</b> Did the student receive Form 1098-T from this institution for 2021 with box ☐ Yes  imes No 7 checked?	<ul> <li>(3) Did the student receive Form 1098 from this institution for 2021 with k 7 checked?</li> </ul>	
(4	4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	<ul> <li>(4) Enter the institution's employer ide if you're claiming the American opp checked "Yes" in (2) or (3). You can 1098-T or from the institution.</li> </ul>	portunity credit or if you
	61-0470593		
23	Has the American opportunity credit been claimed for this student for any 4 prior tax years?	$\Box$ Yes - <b>Stop!</b> Go to line 31 for this student. X No	— Go to line 24.
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2022 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.		— <b>Stop!</b> Go to line 31 this student.
25	Did the student complete the first 4 years of postsecondary education before 2022? See instructions.	X Yes - Stop! On this student. No	– Go to line 26.
26	Was the student convicted, before the end of 2022, of a felony for possession or distribution of a controlled substance?		<ul> <li>Complete lines 27</li> <li>ugh 30 for this student.</li> </ul>
CAUT	You <b>can't</b> take the American opportunity credit and the la you complete lines 27 through 30 for this student, don't d		t in the same year. If
	American Opportunity Credit		
27	Adjusted qualified education expenses (see instructions). <b>Dor</b>		27
28 29	Subtract \$2,000 from line 27. If zero or less, enter -0 Multiply line 28 by 25% (0.25)		28 29
29 30	If line 28 is zero, enter the amount from line 27. Otherwise,		
	enter the result. Skip line 31. Include the total of all amounts f		30
	Lifetime Learning Credit		· · · · · · · · · · · · · · · · · · ·
31	Adjusted qualified education expenses (see instructions). Incl III, line 31, on Part II, line 10	ude the total of all amounts from all Parts	<b>31</b> 10,800.
			0000

	Do not staple or paper clip.							
	С	hio	Department of Taxation					
02	23	23	. ı					

## 2022 Ohio IT 1040



f Individual Income Tax Return Use only black ink/UPPERCASE letters. Use whole dollars only.

22000198 Sequence No. 1

AMENDED RETURN - Check h	ere and include Ohio	NOL CARRYBACK - Check here and include Schedule IT NOL.					
Primary taxpayer's SSN (required) 074 87 5609	✓ If deceased	Spouse's SSN (if fil 887 24 9		✓ If decea		I district #	
First name NAGA MAHESH		M.I. Last name PRAGAD	A				
Spouse's first name (if filing jointly) ANUSHA		M.I. Last name MADABA	TTULA				
Address line 1 (number and street) or 8399 EDGINGTON DRI							
Address line 2 (apartment number, sui	te number, etc.)						
City COLUMBUS Foreign country (if the mailing address	is outside the U.S.)			3240	Ohio county (first fou FRAN	ır letters)	
Residency Status – Check only						ral income tax return)	
Resident X Part-year resident Check only one for spouse (if filing join Resident X Part-year resident	Nonresident Indicate state ntly) Nonresident Indicate state	► TX	X Married	head of househol filing jointly filing separately	d or qualifying widc	w(er) se's SSN	
Ohio Nonresident Statement Primary meets the five criteria for i			Federal	extension filers	- check here.		
Spouse meets the five criteria for i	rrebuttable presumpti	on as nonresident.		one can claim you ent, check here.	(or your spouse if fil	ing jointly) as a	
1. Federal adjusted gross income ( if negative				1.		116739	
2a. Additions – Ohio Schedule of Adjus	stments, line 10 ( <b>inc</b>	ude schedule)		2a.			
<ul> <li>2a. Additions – Ohio Schedule of Adjus</li> <li>2b. Deductions – Ohio Schedule of Adj</li> <li>3. Ohio adjusted gross income (line 1</li> </ul>	ustments, line 39 ( <b>ir</b>	clude schedule)		2b.			
3. Ohio adjusted gross income (line 1	plus line 2a minus li	ne 2b). Place a "-" in	the box if negat	ive3.		116739	
4. Exemption amount (include Scheor Number of exemptions including you				4.		3800	
5. Ohio income tax base (line 3 minus	5 1	2 11	_	5.		112939	
6. Taxable business income – Ohio S	chedule IT BUS, line	13 ( <b>include schedu</b>	le)	6.			
7. Taxable nonbusiness income (line	5 minus line 6; if neg	ative, enter zero)		7.		112939	
					MM-DD-YY	Code	

## 2022 Ohio IT 1040



7a.Amount from line 7 on page 1	2200	II ∎∎I I ∎I∎ I∎I 0298 Sequence No. :
	7a.	112939
8a.Nonbusiness income tax liability on line 7a (see instructions for tax tables)	8a.	3167
8b.Business income tax liability – Ohio Schedule IT BUS, line 14 ( <b>include schedule</b> )	8b.	
8c. Income tax liability before credits (line 8a plus line 8b)		3167
		443
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 35 (include schedule)		
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)	10.	2724
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	11.	
12. Unpaid use tax (see instructions)	12.	
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)	13.	2724
14.Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	14.	3255
15.Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return	15	
16. Refundable credits – Ohio Schedule of Credits, line 41 ( <b>include schedule</b> )		
17. <u>Amended return only</u> – amount previously paid with original and/or amended return	17.	
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	18.	3255
19. <u>Amended return only</u> – overpayment previously requested on original and/or amended return	19.	
20. Line 18 minus line 19. Place a "-" in the box if negative	20.	3255
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21. 21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13	21	
22. Interest due on late payment of tax (see instructions) 23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original return) or	22.	
IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State" AMOUNT I	<b>DUE ▶</b> 23.	
24.Overpayment (line 20 minus line 13)	24.	531
<ul> <li>25. <u>Original return only</u> – portion of line 24 carried forward to next year's tax liability</li> <li>26. <u>Original return only</u> – portion of line 24 you wish to donate:         <ul> <li>a. Wildlife Species</li> <li>b. Military Injury Relief</li> <li>c. Ohio History Fund</li> </ul> </li> </ul>	25.	
d. Nature Preserves/Scenic Rivers e. Breast/Cervical Cancer f. Wishes for Sick Children	otal26g.	
27. REFUND (line 24 minus lines 25 and 26g)YOUR REFU	UND ▶ 27.	531
		less, no refund will be issued s, no payment is necessary.
Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.		ncluded – Mail to:
And belief, the return and all enclosures are true, correct and complete.         ▶Primary signature    Phone number (571) 295-3388		
and belief, the return and all enclosures are true, correct and complete.         Primary signature       Phone number (571)295-3388         Spouse's signature       Date	Ohio Depart P.O. I	Box 2679
And belief, the return and all enclosures are true, correct and complete.         ▶Primary signature    Phone number (571) 295-3388	Ohio Departı P.O. I Columbus, ( <b>Payment Inc</b> Ohio Depart P.O. I	



#### 2022 Ohio Schedule of Credits Use only black ink. Use whole dollars only. Primary taxpayer's SSN 074 87 5609



8 Sequence No. 7

02 23 23

Many of these credits <u>must</u> be calculated using a worksheet and/or be supported by additional required documentation. See the instructions for worksheets and information on supporting documentation.

	Nonrefundable Credits		
1.	Tax liability before credits (from Ohio IT 1040, line 8c)	1.	3167
2.	Retirement income credit (include 1099-R forms)	2.	
3.	Lump sum retirement credit (include a copy of the worksheet and 1099-R forms)	3.	
4.	Senior citizen credit (must be 65 or older to claim this credit)	4.	
5.	Lump sum distribution credit (include a copy of the worksheet and 1099-R forms)	5.	
6.	Child care & dependent care credit (include a copy of the worksheet)	6.	
7.	Displaced worker training credit (include a copy of the worksheet and all required documentation)	7.	
8.	Campaign contribution credit for Ohio statewide office or General Assembly	8.	0
9.	Income-based exemption credit	9.	0
10.	Total (add lines 2 through 9)	10.	0
11.	Tax less credits (line 1 minus line 10; if negative, enter zero)	11.	3167
12.	Joint filing credit (see instructions for table). 5 % times line 11, up to \$650		158
13.	Earned income credit	13.	
14.	Home school expenses credit (include copies of all required documentation)	14.	
15.	Scholarship donation credit (include copies of all required documentation)	15.	
16.	Nonchartered, nonpublic school tuition credit (include copies of all required documentation)	16.	
17.	Vocational job credit (include a copy of the credit certificate)	17.	
18.	Ohio adoption credit	18.	
19.	Nonrefundable job retention credit (include a copy of the credit certificate)	19.	
20.	Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate)	20.	
21.	Grape production credit	21.	
22.	InvestOhio credit (include a copy of the credit certificate)		
23.	Lead abatement credit (include a copy of the credit certificate)	23.	
24.	Opportunity zone investment credit (include a copy of the credit certificate)	24.	



REV 02/14/23 PRO

Primary taxpayer's SSN		
074 87 5609	2228	0298 Sequence No. 8
25. Technology investment credit carryforward (include a copy of the credit certificate)		
26. Enterprise zone day care & training credits (include a copy of the credit certificate)	26.	
27. Research & development credit (include a copy of the credit certificate)	27.	
28. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)	28.	
29. Total (add lines 12 through 28)	29.	158
30. Tax less additional credits (line 11 minus line 29; if negative, enter zero)		3009
Nonresident Credit		
Dates of Ohio residency040122to123122Other state of residency	/ TX	
31. Nonresident Portion of Ohio adjusted gross income -         Ohio IT NRC Section I, line 18 (include a copy)		
32. Ohio adjusted gross income (Ohio IT 1040, line 3)		
33a. Divide line 31 by line 32 (four decimals; do not round; if greater than 1, enter 1.0000)		
33. Nonresident credit (line 30 times line 33a)		285
Resident Credit		
34. Resident credit – Ohio IT RC, line 7 ( <b>include a copy</b> )		
35. Total nonrefundable credits (add lines 10, 29, 33 and 34; enter here and on Ohio IT 1040, line 9)	35.	443
Refundable Credits		

36.	Refundable Ohio historic preservation credit (include a copy of the credit certificate)	36.
37.	Refundable job creation credit & job retention credit (include a copy of the credit certificate)	37.
38.	Pass-through entity credit (include a copy of the Ohio IT K-1s)	38.
39.	Motion picture & Broadway theatrical production credit (include a copy of the credit certificate)	39.
40.	Venture capital credit (include a copy of the credit certificate)	40.
41.	Total refundable credits (add lines 36 through 40; enter here and on Ohio IT 1040, line 16)	41.



Department of Taxation

## 2022 Schedule of Ohio Withholding



22350198

Use only black ink/UPPERCASE letters. Use whole dollars only.

Primary taxpayer's SSN

Sequence No. 11

074 87 5609

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms **only if they have Ohio withholding**. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies if necessary. **Place state copies of your income statements after the last page of your return**.

#### Part A - Total Withholding

 1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 1040
 3255

<u>Part B -</u> 1. P/S P	<u>-W-2s</u> Box b - EIN 471855766	Box 1 - Wages, tips, other compensation 99098	Box 2 - Federal income tax withheld 14670
	Box 15 - Employer's Ohio ID number 54047294	Box 16 - Ohio wages, tips, etc. 99098	Box 17 - Ohio income tax 3069
2. P/S S	Box b - EIN 831168438	Box 1 - Wages, tips, other compensation 33330	Box 2 - Federal income tax withheld 4324
	Box 15 - Employer's Ohio ID number 54105477	Box 16 - Ohio wages, tips, etc. 6596	Box 17 - Ohio income tax 186
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax



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# 2022 Schedule of Ohio Withholding Primary taxpayer's SSN 074 87 5609



22350298

uence No. 12

		074 87 5609		Sequence No.
-	<u>1099-Rs</u> Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
3. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
4. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
<u>Part D -</u>	W-2Gs			
	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 -	Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 -	Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 -	Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
Part F -	1099-NECs			
	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 -	Federal income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 -	Federal income tax withheld

Box 7 - State income

Box 6 - Payer's Ohio number

Box 5 - Ohio tax withheld