Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpaye	er's name	Social securi	ty numbe	er
SRE	EKANTH KAVURI	082-45	-5384	
Spouse	's name	Spouse's soc	cial secur	rity number
Dout	Toy Deturn Information Toy Very Ending December 01 0000 (Ente			
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Ente	r year you a	ire auti	norizing.)
Enter	whole dollars only on lines 1 through 5.			
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		1	33,810.
2	Total tax		2	2,300.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	5,410.
4	Amount you want refunded to you		4	3,110.
5	Amount you owe		5	

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

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.

Taxpayer's PIN: check one box only

X	Lauthorize	GLOBAL TAXES LLC	to enter or generate my PIN
12.21	I ddullolizo		

5	5	3	8	4	
Ent don	er fiv i't er	ve di nter a	gits, all ze	but	as

my

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.

Your signature

Date 🕨

Spouse's PIN: check one box only

I authorize

to	enter	or	generate	my	PIN

as mv Enter five digits, but don't enter all zeros

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 Me	hod Returns Only—continue below
Part III Certification and Authentication – Prac	titioner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by you	r 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 ►	O's signature ► Date ►								
Don't S	ERO Must Retain This Form — See ubmit This Form to the IRS Unless								
For Denominarily Deduction Act Nation of	very tex veture instructions	DEV 01/21/22 DBO	Earm 8879 (Bay, 01 2021)						

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 01/24/23 PRO

E 1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn 20	22	OMB No. 1545	5-0074	4 IRS Us	e Only	–Do not	write or staple	e in this space.
Filing Status Check only one box.	lf yo	Single Married filing jointly	ame of y	ed filing separately vour spouse. If you						spc	alifying su buse (QSS s name if t)
Your first name	•		Last na	me						Your s	ocial secur	ity number
SREEKANT			KAVU								45-538	-
		s first name and middle initial	Last na									ecurity numbe
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				Apt. no.		Preside	ential Elect	tion Campaigr
3 NATION	IAL I	DRIVE									here if you	
		ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP	code				intly, want \$3
WINDSOR	LOCI	KS			СЛ	1	06	096		Ŭ Ŭ	low will no	. Checking a t change
Foreign country	name		F	Foreign province/sta	te/count	У	Fore	ign postal	code	1	x or refund	0
											🗌 You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec nange, gift, or otherwise dispose of a										X No
Standard	Som	eone can claim: 🗌 You as a de	pendent	t 🗌 Your spo	use as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-statu	us alien							
Age/Blindness	Vou	: Were born before January 2, 1	058 F	Are blind	pouse		rn ho	fore Janu	anv '	2 1058		olind
			330 L	1						-		e instructions):
Dependents		instructions): irst name Last name		(2) Social secu number	rity	(3) Relationsh to you	np	Child			i È	other dependent
lf more than four	(1)	Lasthane				,		Onid		Tour		
dependents,									\exists			
see instructions and check	s ——								$\overline{\Box}$			
here									$\overline{\Box}$			\square
Incomo	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions) .						. 1	a	33,810.
Income	b	Household employee wages not re								. 11	b	
Attach Form(s)	с	Tip income not reported on line 1a	•	• •						. 10	c	
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep								. 10	d	
W-2G and	е	Taxable dependent care benefits f	rom For	m 2441, line 26						. 10	e	
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	n Form 8839, line 2	29.					. 1	f	
If you did not	g	Wages from Form 8919, line 6 .								. 1	g	
get a Form	h	Other earned income (see instruct	ions)				•			. 1	h	0.
W-2, see instructions.	i	Nontaxable combat pay election (see instr	uctions)		1 i	i					
	z	Add lines 1a through 1h	• •							. 1:	z	33,810.
Attach Sch. B	2a	· · -	2a			axable interes			•	. 21	-	
if required.	3a		3a			rdinary divide			·	. 3		
	4a		4a			axable amoun			•	. 4		
Standard Deduction for—	5a		5a			axable amoun			·	. 5		
 Single or 	6a	,	6a			axable amoun	τ.		г	. 6	0	
Married filing separately,	c 7	If you elect to use the lump-sum e		-		,	·		• L		,	
\$12,950	7 8	Capital gain or (loss). Attach Scher Other income from Schedule 1, lin		·	•		·		. L	7 . 8		
 Married filing jointly or 	о 9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		This is your total			·		•	. <u>c</u>		33,810.
Qualifying surviving spouse,	9 10	Add lifes 12, 20, 30, 40, 50, 60, 7 Adjustments to income from Sche				*	·		•	· •		JJ, UIU.
\$25,900 • Head of	11	Subtract line 10 from line 9. This is					•		•	· ·		33,810.
household,	12	Standard deduction or itemized					•			· 1		<u>12,950.</u>
\$19,400 If you checked	13	Qualified business income deduct				5-A.				. 1;		<u></u>
any box under Standard	14									. 14		12,950.
Deduction,	15	Subtract line 14 from line 11. If zer								. 1		20,860.
see instructions.					-							.,

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): 1 🗌 881	4 2 4972	3		16	2	,300.
Credits	17	Amount from Schedule 2, lin	ie3					17		
	18	Add lines 16 and 17						18	2	,300.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ie8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	2	,300.
	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 total tax					24	2	,300.
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a	5,410.			
	b	Form(s) 1099				25b		7		
	с	Other forms (see instructions	s)			25c		-		
	d	Add lines 25a through 25c						25d	5	,410.
15	26	2022 estimated tax payment	ts and amount a	pplied from 20	021 return .			26		
If you have a l qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from				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		1		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits								
	33	Add lines 25d, 26, and 32. T	hese are your to	otal payments				33	5	,410.
Defund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	. This is the amou	int you overpaid		34	3	,110.
Refund	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached, che	eck here	🗆	35a	3	,110.
Direct deposit?	b	Routing number 0 1 1					Savings			
See instructions.	d	Account number 3 8 5 0 2 9 4 1 3 0 5 0								
	36	Amount of line 34 you want a				36				
Amount	37	Subtract line 33 from line 24								
You Owe	0.	For details on how to pay, g						37	ĺ	
	38	Estimated tax penalty (see in	-			38				
Third Party	Do	you want to allow another				? See				
Designee		structions	•				omplete	below.	X No	
U	De	signee's		Phone			sonal ident	ification		
	nai	ne		no.		num	ber (PIN)			
Sign		der penalties of perjury, I declare t			1 2 0		,		,	0
Here		ief, they are true, correct, and com	piete. Declaration of		1	ased on all mormat				
	Yo	ur signature		Date	Your occupation				nt you an Ide IN, enter it h	
Joint return?					ASSOCIATE			inst.)		
See instructions.	Sp	ouse's signature. If a joint return, t	Date	Spouse's occupat	tion	lf th	e IRS se	nt your spou	se an	
Keep a copy for your records.							Ider	ntity Prote	ection PIN, e	
your records.								e inst.)		
		one no. (469)943-720		Email address	SREEKANTHKAV	URI123@GMAIL.C	1			
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:	
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	1 01/27/2023	P0208	2703	Self-ei	mployed
Use Only	Fir	m's name GLOBAL TAX					Pho	ne no. (678)965	5-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	n's EIN	88-21	L45487
Go to www.irs.ge	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/24/23 PRO			Form 1	040 (2022)

Form CT-1040 Required Fields

The following fields are required to be automatically populated or completed for taxpayers to continue filing, or must be completed in response to the selection of other fields.

Required to be Automatically-Populated Fields

Each page of each form submitted to DRS must include the following automatically populated fields:

- 1. **Document Identification Numbers -** Three occurrences of the Document Identification Number (DIN) must be on each page. The QR Code and two DINs must be on each scannable page. (See Document Identification Number and Quick Reference (QR) Code, on Page 4.)
- 2. **Social Security Number -** The Social Security Number must appear at the top of Form CT-1040, Pages 2, 3, and 4.
- 3. In addition, the following **Checklist for filing your Connecticut income tax return** must be included when hard copies of the form are printed. Taxpayers should not send the checklist to DRS with the return.

Do not send this sheet with your return.

Checklist for filing your Connecticut income tax return:

- 1. Be sure that Page 1 of your return is not printed on the back of this sheet.
- 2. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
- 3. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
- 4. Do not attach or send copies of forms W-2 or 1099.
- 5. Verify that the address lines on the return are correct and proper abbreviations are used.
- 6. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 18a through 18e, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
- 7. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
- 8. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return.
- Send all completed pages of CT-1040, Schedule CT-EITC, Schedule CT-CHET, Supplemental Schedule CT-1040WH, Schedule CT-IT Credit, Schedule CT-PE, Schedule CT-Dependent, and Form CT-6251. Send all four pages of your completed return, both pages of your completed CT-EITC schedule, the completed Schedule CT-CHET, and any other supporting schedules.
- 10. Make check payable to: Commissioner of Revenue Services
- 11. To ensure proper posting, write your SSN(s) (optional) and "2022 Form CT-1040" on your check.
- 12. To mail your return, use the following addresses:

For all tax returns with payment: Department of Revenue Services PO Box 2977 Hartford CT 06104-2977 For refunds and tax returns without payment: Department of Revenue Services PO Box 2976 Hartford CT 06104-2976

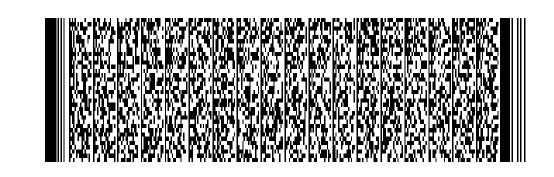
- 13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
- 14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 25a through 25d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited. Alpha characters are not allowed in Routing or Account Number fields.
- 15. When making payment using Form CT-1040V, **DO NOT** attach copies of your previously filed Form CT-1040.

Do not send this sheet with your return.

	10401222V01155	5			Cor	orm CT-1				Re	turn		
Page 1	of 4				(Rev.	. 12/22)							
Othe	r tax year, beginning:			and end	ling:								
Y S	N FJ]	N	MFS			Ν	НОН	Ν	QS	S		
082 -	45 - 5384	-		-									
SREEK	ANTH	KAVU	RI								N	0	Dec.
											N	0	Dec.
3 NAT	IONAL DR						N	CT-8379		Ν	CT-2210	Ν	CT-19IT
						USA	Ν	CT-1040	CRC	Ν	Federal Form 1310	Ν	Schedule CT-Dependent
WINDS	SOR LOCKS	СТ	(06096	-		•						·

1. Federal adjusted gross income (from federal Form 1040, Line 11, or federal Form 1040-SR, Line 11)	1.	33810
2. Additions to federal adjusted gross income (from Schedule 1, Line 38)	2.	0
3. Add Line 1 and Line 2	3.	33810
4. Subtractions from federal adjusted gross income (from Schedule 1, Line 50)	4.	0
5. Connecticut adjusted gross income: Line 4 subtracted from Line 3.	5.	33810
6. Income tax	6.	847
7. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 59)	7.	439
8. Line 7 subtracted from Line 6. If Line 7 is greater than Line 6, "0" is entered.	8.	408
9. Connecticut alternative minimum tax (from Form CT-6251)	9.	0
10. Add Line 8 and Line 9.	10.	408
11. Credit for property taxes paid on your primary residence, motor vehicle, or both (from Schedule 3, Line 68)	11.	0
12. Line 11 subtracted from Line 10. If less than zero, "0" is entered.	12.	408
13. Total allowable credits (from Schedule CT-IT Credit, Part 1, Line 11)	13.	0
14. Connecticut income tax: Line 13 subtracted from Line 12. If less than zero, "0" is entered.	14.	408
15. Individual use tax (from Schedule 4, Line 69). If no tax is due, "0" is entered.	15.	0
16. Total tax: Add Line 14 and Line 15.	16.	408





10401222V011555

Col. A - Employer or Payer's Fed. ID # Col. B - CT Wages, Tips, etc. Col. C - CT Income Tax Withheld 18a. 13 - 3924155 16288 1362 18b. - 0 0 18c. - 0 0 18d. - 0 0 18e. - 0 0 18e. - 0 0 18e. - 0 0 18e. - 0 0 18. Total Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) 18f. 0 18. Total 2002 enteration approxements and any overspyments applied from a prior year 19. 0 20. Payments made with Form CT-1040 EXT 20a. 0 0 20a. Earned income tax credit (from Schedule CT-EITC, Line 19). 20a. 0 0 21. Total payments and refundable credits: Add Lines 18, 19, 20, 20a, 20b and 20c. 21. 1362 21. Total payments and refundable credits: Add Lines 14, 19, 20, 20a, 20b and 20c. 21. 1362 22. Overspayment: If Line 21 is more than Line 17, Line 17 subtracted from L	E#				
Forms W-2, W-2G, and 1099 Information Col. A - Employer or Payer's Fed. ID # Col. B - CT Wages, Tips, etc. Col. C - CT Income Tax Withheld 18a. 13 - 3924155 16288 1362 18b. - 0 0 18a. - 0 0 19a. 0 20. 0 20a. Payments made any apyments and any overpayments applied from a prior year 19. 0 20b. Claim of right cedit (from Schedule CT+EL, Line 1). 20a. 0 0 20b. Claim of right cedit (from Schedule CT+EL, Line 1). Schedule must be attached. 20c. 0 21b. Total payments and refundable cradits: Add Lines 16, 19. 20, 20a, 20b and 20c. 21. 1362 22. 22. Overpayments methy axy cradit (from Schedule CT+EL, Line 1). Schedule must be attached. 22. 954	10401222V021555		• 08245	5384	
Col. A - Employer or Payer's Fed. ID # Col. B - CT Wages, Tips, etc. Col. C - CT Income Tax Withheld 18a. 13 - 3924155 16288 1362 18b. - 0 0 18c. - 0 0 18e. - 0 0 20. Payments made with holding (from Supplemental Schedule CT-1040WH, Line 3) 18f. 0 20. Examption come tax withheld: Amounts in Column C. 18. 1362 20. August and the top of CT-1040 EXT 20a. 0 20a. Earned income tax within Schedule CT-ETC, Line 19. 20b. 0 21. Total payments and refundable credits: 4d0 Lines 14, 19.20, 20a, 20a, 20a and 20a. 1. 1352 22. Overpayment: If Line 21 is more than Line 17, Line 17 subtracted from Line 21. 22. 954 23. Amount of Line 22 you want applied as a CHET contribution (from Schedule CT-CHET, Line 4) 24. 0 24. Anount of Line 23, 24, and 24a subtracted from Line 2. 25. 954	17. Amount from Line 16	1	7.	408	
18a. 13 - 3924155 16288 1362 18b. - 0 0 18c. - 0 0 18c. - 0 0 18d. - 0 0 18d. - 0 0 18d. - 0 0 18e. - 0 0 20. 0 0 0 20. 0 0 0 20. 0 0 0 20. 0 0 0 20. 0 0 0 20. 0 0 0 21. 1362 0 0 22. 0 0 0 23. 0 0 0 0 24. 0 0 0 0	Forms W-2, W-2G, and 1099 Information				
18b. • 0 0 18c. • 0 0 18d. - • 0 0 20. Payments made with Form CT-1040 EXT. 20. 0 0 20a. Earset income tax credit (from Schedule CT-ETC, Line 16). 20b. 0 0 20c. Caasest-through entity tax credit (from Schedule CT-ETC, Line 13). Schedule must be attached. 20c. 0 21. Total payments and refundable credits: Add Lines 18, 19, 20, 20a. 20b and 20c. 21. 1.366.2 22. 22. Overpayments made payled as a CHETC contribution (from Schedule CT-CHET, Line 4) 24. 0 24. 0 24. Amount Of Line 22 you want applied as an CHETC contribution (from Schedule CT-CHET, Line 4) 24. 0 24.	Col. A - Employer or Payer's Fed. ID # Col. B - CT Wages	, Tips, etc. C	ol. C - CT Incom	e Tax Withheld	
18c. - • 0 0 18d. - • 0 0 18e. - • 0 0 18f. Additional Connecticut withheld: Amounts in Column C. 18. 1362 19. All 2022 estimated tax symmets and any overpayments applied from a prior year 19. 0 20. Payments made with Form CT-1440 EXT 20. 0 20a. Earned income tax criticity from Schedule CT-ETC, Line 19. 20a. 0 20a. Earned income tax criticity from Schedule CT-ETC, Line 19. 20b. 0 21. Total payments and erufnable credits: x401 Lines 18, 19.20, 20a, 20b and 20c. 21. 1362 21. Total payments and erufnable credits: x401 Lines 14, 19.20, 20a, 20b and 20c. 21. 1362 22. Overpayment: If Line 21 is more than Line 17, Line 17 subtracted from Line 21. 22. 954 23. Amount of Line 22 you want applied ta sa CHET contribution (from Schedule CT-CHET, Line 4) 24. 0 24. Amount of Line 22 you want applied ta sa CHET contribution (from Schedule CT-HET, Line 4) 24. 0 24. Total contributions of refund to designated charities (from Schedule CT-HET, Line 4) 24. 0 25. Refund: Line 23, 24, and 24a subtracted from Line 22. 954<	18a. 13 - 3924155 • 1	6288		1362	
18d. - • 0 0 18e. - • 0 0 18f. - • 0 0 18f. - • 0 0 18f. - 0 0 0 18f. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) 18f. 0 18. 1362 0 0 0 0 20a. Earned income tax withhold: Amounts in Column C. 18. 1362 0 0 20a. Earned income tax credit (from Schedule CT-EITC, Line 16). 20a. 0 </td <td>18b. – •</td> <td>0</td> <td></td> <td>0</td> <td></td>	18b. – •	0		0	
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• SYAM PRIYA RAM SAGAR GUPT • 012723 • 6789659522 P02082703 Paid preparer's name SYAM PRIYA RAM SAGAR GUPTA TALL FEIN SYAM PRIYA RAM SAGAR GUPTA TALL 882145487 Firm's name, address and ZIP code GLOBAL TAXES LLC Self-employed • 245 ROONEY CT E BRUNSWI NJ 08816 - N Third Party Designee - Complete the following to authorize DRS to contact another person about this return. Designee's name	Spouse's signature (if joint return)			elephone number	
• SYAM PRIYA RAM SAGAR GUPT • 012723 • 6789659522 P02082703 Paid preparer's name SYAM PRIYA RAM SAGAR GUPTA TALL FEIN SYAM PRIYA RAM SAGAR GUPTA TALL 882145487 Firm's name, address and ZIP code GLOBAL TAXES LLC Self-employed • 245 ROONEY CT E BRUNSWI NJ 08816 - N Third Party Designee - Complete the following to authorize DRS to contact another person about this return. Designee's name	Paid preparer's signature Date	Telephone number	Paid Prep	arer's PTIN	
SYAM PRIYA RAM SAGAR GUPTA TALL 882145487 Firm's name, address and ZIP code GLOBAL TAXES LLC Self-employed • 245 ROONEY CT E BRUNSWI NJ 08816 - N Third Party Designee - Complete the following to authorize DRS to contact another person about this return. Personal identification number (PIN)					
Firm's name, address and ZIP code GLOBAL TAXES LLC Self-employed • 245 ROONEY CT E BRUNSWI NJ 08816 - N Third Party Designee - Complete the following to authorize DRS to contact another person about this return. Designee's name	Paid preparer's name SVAM DRIVA RAM SAGAR CIIDTA TALL.			2145487	
• 245 ROONEY CT E BRUNSWI NJ 08816 - N Third Party Designee - Complete the following to authorize DRS to contact another person about this return. Designee's name Personal identification number (PIN)					
Third Party Designee - Complete the following to authorize DRS to contact another person about this return. Designee's name Telephone number Personal identification number (PIN)		IJ 08816 -		-	
	Third Party Designee - Complete the following to authorize DRS to contact	ct another person about th			
• • •	Designee's name Telephone number	er Person	al identification number	r (PIN)	
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Schedule 1 - Modifications to Federal Adjusted Gross Income				
31. Interest on state and local government obligations other than Connect	icut		31.	0
32. Mutual fund exempt-interest dividends from non-Connecticut state or r		government		
obligations			32.	0
33. Taxable amount of lump-sum distributions from qualified plans not incl	uded in fe	ederal adjusted		
gross income			33.	0
34. Beneficiary's share of Connecticut fiduciary adjustment: Entered only i	f greater t	than zero.	34.	0
35. Loss on sale of Connecticut state and local government bonds			35.	0
36. Section 168(k) federal bonus depreciation deduction allowed for property	placed in	service during this yea		0
36a. 80% of Section 179 federal deduction.			36a.	0
37. Other - specify ●			37.	0
38. Total additions: Add Lines 31 through 37.			38.	0
39. Interest on U.S. government obligations	-		39.	0
40. Exempt dividends from certain qualifying mutual funds derived from U.	-	-	40.	0
41. Social Security benefit adjustment (from Social Security Benefit Adjust	ment wo	rksheet)	41.	0
42. Refunds of state and local income taxes			42.	0
43. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuitie	es		43. 44.	0
44. Military retirement pay45. 50% of income received from Connecticut Teachers' Retirement Syste	m		44. 45.	0 0
46. Beneficiary's share of Connecticut fiduciary adjustment: Entered only i		n zero	4 <u>5</u> . 46.	0
47. Gain on sale of Connecticut state and local government bonds	1033 114	11 2010.	40.	0
48. CHET contributions made in 2022 or				0
an excess carried forward from a prior year Acct. #:			48.	0
				C C
48a. 25% of Section 168(k) federal bonus depreciation deduction added ba	ack in pred	ceding four years.	48a.	0
48b. 100% of pension or annuity income.			48b.	0
49. Other - specify •			49.	0
50. Total subtractions: Add Lines 39 through 49.			50.	0
Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions	5			
51. Modified Connecticut adjusted gross income			51.	33810
		Col. A		Col. B
52. Qualifying jurisdiction's name and two-letter code 52.	MA	SSACHUSETT MA		
53. Non-Connecticut income included on Line 51 and reported on a				
qualifying jurisdiction's income tax return (from Schedule 2 worksheet)	53.	17522		0
54. Line 53 divided by Line 51	54.	0.5182		0.0000
55. Income tax liability: Line 11 subtracted from Line 6.	55.	847		0
56. Line 54 multiplied by Line 55	56.	439		0
57. Income tax paid to a qualifying jurisdiction	57.	761		0
58. Lesser of Line 56 or Line 57	58.	439		0
59. Total credit: Add Line 58, all columns.			59.	439

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Schedule 3 - Property Tax Credit

<i>Qualifying Property</i> Name of Connecticut Tax Town or District Description of Property Date(s) Paid	Primary Res	idence	• •	Auto 1	• •		Auto 2
Amount Paid	• 60.	0	• 61.	C	• 62.		0
63. Total property tax paid: Add Lines 60	, 61, and 62.				63.		0
64. Maximum property tax credit allowed					64.	•	300
65. Lesser of Line 63 or Line 64.					65.	•	0
66. Property tax credit limitation decimal ar	nount: If zero, the amo	ount from L	ine 65 is e	entered on Line 68.	66.	•	0.00
67. Line 65 multiplied by Line 66.					67.	•	0
68. Line 67 subtracted from Line 65.					68.		0
Schedule 4 - Individual Use Tax							
69a. Use tax at 1% (from Connecticut Inc	dividual Use Tax Work	sheet, Se	ction A, Co	olumn 7)	69a.		0
69b. Use tax at 6.35% (from Connecticut	Individual Use Tax W	′orksheet,	Section B	, Column 7)	69b.		0
69c. Use tax at 7.75% (from Connecticut	Individual Use Tax W	′orksheet,	Section C	, Column 7)	69c.		0
69d. Use tax at 2.99% (from Connecticut	Individual Use Tax W	′orksheet,	Section D	, Column 7)	69d.		0
69. Individual use tax: Add Lines 69a, 6 Schedule 5 - Contributions to Designa					69. •		0
70a. AR					70a.		0
70b. OT					70b.		0
70c. ES/W					70c.		0
70d. BCR					70d.		0
70e. SNS					70e.		0
70f. MR					70f.		0
70g. CBS					70g.		0
70h. MHCIA					70h.		0
70. Total Contributions: Add Lines 70a Taxpayer email	a through 70h.				70.		0

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Connecticut

Name	as Shown on Return	Social Security Number
	KANTH KAVURI	082-45-5384
OREE	INANTII NAVONI	002 15 5501
Q	ualifying jurisdiction's name	Massachusetts
	ualifying jurisdiction's two-letter code	
Α	Non-Connecticut income included in modified	
~	Connecticut adjusted gross income and reported	
	on qualifying jurisdiction's income tax return (from	
	Schedule 2 worksheet)	17,522.
в	Divide line A by modified Connecticut adjusted	
D	gross income (may not exceed 1.0000)	0.5182
с	Income tax liability from Form CT-1040 or	0.5182
C	Form CT-1040NR/PY	0.4.7
-	Multiply line B by line C	
D		
E	Income tax paid to other jurisdiction	
	Enter the smaller of line D or line E	439.
	ualifying jurisdiction's name	
<u>_</u>	ualifying jurisdiction's two-letter code	
	Non-Connecticut income included in modified	
Α		
	Connecticut adjusted gross income and reported	
	on qualifying jurisdiction's income tax return (from	
-	Schedule 2 worksheet)	
В	Divide line A by modified Connecticut adjusted	
~	gross income (may not exceed 1.0000)	
С	Income tax liability from Form CT-1040 or Form CT-1040NR/PY	
~		
D	Multiply line B by line C	
E	Income tax paid to other jurisdiction	
<u> </u>	Enter the smaller of line D or line E	
	ualifying jurisdiction's name	
Q	ualifying jurisdiction's two-letter code	
Α	Non-Connecticut income included in modified	
	Connecticut adjusted gross income and reported	
	on qualifying jurisdiction's income tax return (from	
_	Schedule 2 worksheet)	
В	Divide line A by modified Connecticut adjusted	
~	gross income (may not exceed 1.0000)	
С	Income tax liability from Form CT-1040 or	
-	Form CT-1040NR/PY	
D	Multiply line B by line C	
E	Income tax paid to other jurisdiction	
F	_Enter the smaller of line D or line E \ldots	