Form <b>8879</b>
(Rev. January 2021)
Department of the Treesury

#### Department of the Treasury 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)

T.....

Тахрау	er's name	Social securit	ty numb	er
SHI	VA KUMAR MALLAPAREDDY	776-86	-8393	3
Spouse	o's name	Spouse's soc	ial secu	rity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2022 (Ente	r year you a	re aut	horizing.)
Enter	whole dollars only on lines 1 through 5.			
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		1	40,663.
2	Total tax		2	3,122.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	3,136.
4	Amount you want refunded to you		4	14.
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

GLOBAL TAXES	LLC	to enter or generate my PIN

	6	8	3	9	3	as	
Enter five digits, but don't enter all zeros							

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

X 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 Method Returns Only—continue below					
Part III Certification and Authentication – Practitioner P	N Method Only				
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit s	elf-selected PIN. 2 2 2 4 9 6 6 1 9 8 9 Don't enter all zeros				

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

ERO's signature >	Date 🕨	
ERO Don't Submit	0	
For Denominary Deduction Act Nation and Vour		Earm 8879 (Bay, 01 2021)

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

E <b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn 202	22	OMB No. 1545	5-0074	IRS U	se Only	–Do not v	write or stap	le in this space.
Filing Status Check only one box.	lf yc	ou checked the MFS box, enter the n	ame of y	0 . ,	,			,	,	spc	ouse (QSS	6)
Your first name	and m	iddle initial	Last na	me						Your se	ocial secu	rity number
SHTVA KI	IMAR		MAT.T.	APAREDDY								-
-		s first name and middle initial										
-												
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				Apt. no.		Preside	ential Elec	tion Campaigr
521 WATE	RFO	RD DRIVE										
			mplete s	paces below.	Sta	te	ZIP	code				
EDISON					N	Г	08	817				0
Foreign country	name		F	oreign province/stat	e/count	ty	Fore	ign postal	code	1		0
											🗌 You	I Spouse
Digital Assets											_	s 🛛 No
Standard Deduction				— .								
Age/Blindness	You	: 🗌 Were born before January 2, 1	958	Are blind S	pouse	: 🗌 Was bo	rn be	fore Jan	uary 2	2, 1958	Is	blind
Dependents	s (see	instructions):		(2) Social secu	rity	(3) Relationsh	qir	(4) Check	the b	ox if qual	lifies for (se	e instructions):
If more	UPUU U.S. Individual Income Tax Return       Implement of the construction of addee on the construction of a defide on the constru	other dependents										
than four												
dependents,												
and check	>											
here 🗌												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions) .						. 1:	a	44,961.
	b	Household employee wages not re	eported	on Form(s) W-2 .						. 11	b	
	С	Tip income not reported on line 1a	a (see ins	structions)						. 10	c	
attach Forms	d	Medicaid waiver payments not rep	orted o	n Form(s) W-2 (see	e instru	ictions)				. 10	d	
W-2G and	е	Taxable dependent care benefits f	rom For	m 2441, line 26						. 10	e	
was withheld.	f	Employer-provided adoption bene	fits from	n Form 8839, line 2	29.					. <u>1</u>	f	
lf you did not	g	Wages from Form 8919, line 6 .								. 19	g	
get a Form	h	Other earned income (see instruct	ions) .				÷			. 11	h	0.
instructions.	i		see instr	ructions)		<u>1</u> i	i					
			· · ·						•			44,961.
Attach Sch. B									•			
If required.									·		_	
									•			
									·		_	
<ul> <li>Single or</li> </ul>							it.		г	. 61	0	
		, I				,	·		. L	$\exists$		
\$12,950							•		. L			4 000
jointly or							•		·			-4,298.
Qualifying spouse,							·		•			40,663.
W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. Attach Sch. B if required. Standard Deduction for— • Single or Married filing separately, \$12,950 • Married filing jointly or Qualifying surviving spouse, \$25,900 • Head of household,			-				·		•			10 662
household,			•				·		·			40,663.
\$19,400					,		•		·			12,950.
any box under							•		•			12 050
Standard Deduction,									•			<u>12,950.</u> 27,713.
see instructions.			0 01 100	o, ontor o . mið k	your i				•			<i>د</i> ו, <i>ו</i> בס.

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

Form **1040** (2022)

Form 1040 (2022	2)									Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	3,	,122.
Credits	17	Amount from Schedule 2, lin	ne3					17		
	18	Add lines 16 and 17						18	3,	,122.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ne8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	3,	,122.
	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	3,	,122.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25a 3	3,136.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	3,	,136.
If you have a	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 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				
	31	Amount from Schedule 3, lir				31				
	32	Add lines 27, 28, 29, and 31				undable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	3,	,136.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	int you <b>overpaid</b>		34		14.
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached, che	ck here	🗆	35a		14.
Direct deposit?	b	Routing number 0 2 1					Savings			
See instructions.	d	Account number 3 8 1	0 5 9 6	2 5 3	9 1		-			
	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 <b>amo</b>	ount vou owe						
You Owe	•	For details on how to pay, g						37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another				? See				
Designee		structions					omplete	below.	X No	
-		signee's		Phone			onal ident	fication		
	na			no.			iber (PIN)			
Sign		der penalties of perjury, I declare t			1 2 0		,		,	0
Here		ief, they are true, correct, and com	ipiete. Declaration (		1	ased on an informati	1	· ·		
	Yo	ur signature		Date	Your occupation				nt you an Idei IN, enter it he	
Joint return?					PROJECT L	EAD		inst.)		
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat		If the	e IRS sei	nt your spous	e an
Keep a copy for your records.									ection PIN, er	ter it here
your records.							(see	inst.)		
		one no. (908)333-760		Email address	SHIVAKUMAR.	BSC58@GMAIL.C			<b>.</b>	
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:	
Preparer	SYAN	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	1 01/30/2023	P0208	2703	Self-em	ıployed
Use Only	Fir	m's name GLOBAL TA					Pho	ne no. (	678)965	-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	's EIN	88-21	45487
Go to www.irs.ge	ov/Form	n1040 for instructions and the late	st information.		BAA	REV 01/24/23 PRO			Form <b>1(</b>	<b>)40</b> (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

# Additional Income and Adjustments to Income

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

OMB No. 1545-0074 2 2

Department of the Treasury Internal Revenue Service	al Revenue Service Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. <b>01</b>
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
SHIVA KUMAR MA	LLAPAREDDY	776-86	-8393

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-4,298.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n	-	
0	Section 951A(a) inclusion (see instructions)	80	-	
р	Section 461(I) excess business loss adjustment	8p	-	
q	Taxable distributions from an ABLE account (see instructions)	8q	-	
r	Scholarship and fellowship grants not reported on Form W-2	8r	-	
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (	4	
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	4 000
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	, or 1040-NR, line 8	10	-4,298.

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

Schedule 1 (Form 1040) 2022

11       Educator expenses       11         12       Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106       12         13       Health savings account deduction. Attach Form 8889       13         14       Moving expenses for members of the Armed Forces. Attach Form 3903       14         15       Deductible part of self-employment tax. Attach Schedule SE       15         16       Self-employed SEP, SIMPLE, and qualified plans       16         17       Temployed health insurance deduction       17         19       Alimony paid       19a         19       Alimony paid       19a         20       IRA deduction       21         21       Reserved for future use       22         23       Archer MSA deduction       21         24       Actor fush customer reported on line 8 from the rental of personal property engaged in for profit       24a         24       24a       24a         24d       24a       24a	Par	t II Adjustments to Income					8
officials. Attach Form 2106       12         13       Health savings account deduction. Attach Form 8889       13         14       15         15       Deductible part of self-employment tax. Attach Schedule SE       15         16       Self-employed SEP, SIMPLE, and qualified plans       16         17       18       Penalty on early withdrawal of savings       18         19a       Alimony paid       19a       19a         19a       Alimony paid       12       20         21       Student loan interest deduction       21       22         23       Acted of ruture use       22       22         24       Other adjustments:       23       24a         24       24a       24a       24a         24       24a       24a       24a         25       Archer MSA deduction       23       24a         24       24a       24a       24a         24a       24a       24a       24a </th <th>11</th> <th>Educator expenses</th> <th></th> <th></th> <th></th> <th>11</th> <th></th>	11	Educator expenses				11	
officials. Attach Form 2106       12         13       Health savings account deduction. Attach Form 8889       13         14       15         15       Deductible part of self-employment tax. Attach Schedule SE       15         16       Self-employed SEP, SIMPLE, and qualified plans       16         17       18       Penalty on early withdrawal of savings       18         19a       Alimony paid       19a       19a         19a       Alimony paid       12       20         21       Student loan interest deduction       21         22       Reserved for future use       22         23       Archer MSA deduction       23         24       Other adjustments:       23         25       Represent MSA deduction of the value of Olympic and Paralympic medias and USOC prize money reported on line 81 from the rental of personal property engaged in for profit       24a         24a       24a       24a         24d       24a	12	Certain business expenses of reservists, performing artists, and fee	-basi	is governi	ment		
13       Health savings account deduction. Attach Form 3889       13         14       Moving expenses for members of the Armed Forces. Attach Form 3903       14         15       Deductible part of self-employment tax. Attach Schedule SE       15         16       17       Self-employed SEP, SIMPLE, and qualified plans       16         17       Renalty on early withdrawal of savings       18         19a       Alimony paid       19a         b       Recipient's SSN       18         c       Date of original divorce or separation agreement (see instructions):       20         21       Student loan interest deduction       21         22       23       24         24       Other adjustments:       24         a       Jury duty pay (see instructions)       24a         b       Deductible expenses related to income reported on line 81 from the rental of personal property engaged in for profit       24b         c       Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m       24d         g       Contributions to section 501(c)(18)(D) pension plans       24d         g       Contributions to section 501(c)(18)(D) pension plans       24d         i       Attorney fees and court costs for actions involving certain unlawful discrimination c		officials. Attach Form 2106				12	
15       Deductible part of self-employment tax. Attach Schedule SE       15         16       Self-employed SEP, SIMPLE, and qualified plans       16         17       Self-employed health insurance deduction       17         18       Penalty on early withdrawal of savings       18         19a       Alimony paid       18         19a       Pencipient's SSN       20         21       Student loan interest deduction       21         22       23       Archer MSA deduction       22         23       Archer MSA deduction       22         24       Other adjustments:       24         24       Other adjustments:       24         24       Other adjustments:       24         24       Other adjustments:       24         24       Archer MSA deduction       24         24       Other adjustments:       24         24       24       24         24       24       24         24       24d       24d         24	13					13	
15       Deductible part of self-employment tax. Attach Schedule SE       15         16       Self-employed SEP, SIMPLE, and qualified plans       16         17       Self-employed health insurance deduction       17         18       Penalty on early withdrawal of savings       18         19a       Alimony paid       18         19a       Pencipient's SSN       20         21       Student loan interest deduction       21         22       23       Archer MSA deduction       22         23       Archer MSA deduction       22         24       Other adjustments:       24         24       Other adjustments:       24         24       Other adjustments:       24         24       Other adjustments:       24         24       Archer MSA deduction       24         24       Other adjustments:       24         24       24       24         24       24       24         24       24d       24d         24	14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
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       19a         c       Date of original divorce or separation agreement (see instructions):       20         21       Student loan interest deduction       21         22       Reserved for future use       22         23       Archer MSA deduction       22         24       Other adjustments:       24a         a       Jury duty pay (see instructions)       24a         b       Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit       24a         c       Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m       24c         24d       24d       24d         24d       24d       24d         g       Contributions to section 501(c)(18)(D) pension plans       24d         g       Contributions to section 501(c)(18)(D) pension plans       24d         24h       24h       24d         24h       24d	15					15	
17       Self-employed health insurance deduction       17         18       Penalty on early withdrawal of savings       18         19a       Alimony paid       19a         b       Recipient's SSN       19a         c       Date of original divorce or separation agreement (see instructions):       20         21       Student loan interest deduction       21         22       Reserved for future use       22         23       Archer MSA deduction       23         24       Other adjustments:       23         a       Jury duty pay (see instructions)       24a         24       24b       24b         24       24d       24d         24d       24d       24d         24f       24	16					16	
18       Penalty on early withdrawal of savings       18         19a       Alimony paid       19a         b       Recipient's SSN       19a         c       Date of original divorce or separation agreement (see instructions):       20         20       IRA deduction       21         21       Student loan interest deduction       21         22       Reserved for future use       22         23       Archer MSA deduction       23         24       Other adjustments:       23         a       Jury duty pay (see instructions)       24a         b       Deductible expenses related to income reported on line 81 from the rental of personal property engaged in for profit       24a         c       Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m       24d         24d       24d       24d         24d       24d       24d         g       Contributions to section 501(c)(18)(D) pension plans       24g         f       Contributions by certain chaplains to section involving certain unlawful discrimination claims (see instructions)       24h         i       Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)       24i         j       Housing deductio	17						
19a Alimony paid 19a   b Recipient's SSN 19a   c Date of original divorce or separation agreement (see instructions): 20   20 IRA deduction 21   21 Student loan interest deduction 21   22 Reserved for future use 23   24 Other adjustments: 24a   a Jury duty pay (see instructions) 24a   b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24b   c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c   c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c   g Contributions by certain chaplains to section folls) plans 24g   f Contributions by certain chaplains to section folls) plans 24g   g Contributions by certain costs for actions involving certain unlawful discrimination claims (see instructions) 24g   j Housing deduction from Form 2555 24i   z 24i 24i   24i 24i   24i 24i   24i 24i   24i 24i	18					18	
b       Recipient's SSN	19a						
c       Date of original divorce or separation agreement (see instructions):       20         20       IRA deduction							
20       IRA deduction		Date of original divorce or separation agreement (see instructions):					
21       Student loan interest deduction       21         22       Reserved for future use       22         23       Archer MSA deduction       23         24       Other adjustments:       23         a Jury duty pay (see instructions)       24a         b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit       24a         c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m       24d         e Repayment of supplemental unemployment benefits under the Trade Act of 1974       24d         g Contributions to section 501(c)(18)(D) pension plans       24d         g Contributions to section 501(c)(18)(D) pension plans       24d         g Contributions by certain chaplains to section with an award from the IRS for information you provided that helped the IRS detect tax law violations       24i         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       24i       24i         24i       24i       24i         24i       24i       24i         25       Total other adjustments. Add lines 24a through 24z       25         26       Add lines 11 through 23 and 25. These are your adjustments to	20					20	
22       Reserved for future use       22         23       Archer MSA deduction       23         24       Other adjustments:       24a         a       Jury duty pay (see instructions)       24a         b       Deductible expenses related to income reported on line 8 from the rental of personal property engaged in for profit       24a         c       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         e       Repayment of supplemental unemployment benefits under the Trade Act of 1974       24d         g       Contributions to section 501(c)(18)(D) pension plans       24f         g       Contributions to section 501(c)(18)(D) pension plans       24g         i       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         z       Other adjustments. List type and amount:       24z         24z       24z       24z         24a       24z       24i         24i							
23       Archer MSA deduction       23         24       Other adjustments:       24         a       Jury duty pay (see instructions)       24a         b       Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit       24b         c       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         e       Repayment of supplemental unemployment benefits under the Trade Act of 1974       24f         g       Contributions to section 501(c)(18)(D) pension plans       24g         f       Contributions by certain chaplains to section 403(b) plans       24g         t       Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)       24h         j       Housing deduction from Form 2555       24i         j       Housing deduction sof section 67(e) expenses from Schedule K-1 (Form 1041)       24k         z       24k       24k         z4i       24k       24i         z4i       24k       24i         z4i       24k       24i         z4i       24k       24i         z4i       24i       24i							
24       Other adjustments:       a       Jury duty pay (see instructions)       24a         b       Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit       24b       24b         c       Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m       24c       24c         d       Reforestation amortization and expenses       24d       24d         e       Repayment of supplemental unemployment benefits under the Trade Act of 1974       24f       24e         g       Contributions to section 501(c)(18)(D) pension plans       24g       24g         g       Contributions by certain chaplains to section 403(b) plans       24g       24h         i       Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)       24h       24h         j       Housing deduction from Form 2555       24i       24i       24i         24i       24i       24i       24i       24k         zother adjustments. List type and amount:       24z       24i       24i         25       Total other adjustments. Add lines 24a through 24z       24z       24z         25       Total other adjustments. Add lines 24a through 24z       24z       24z       24z <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
a       Jury duty pay (see instructions)       24a         b       Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit       24b         c       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         e       Repayment of supplemental unemployment benefits under the Trade Act of 1974       24d         g       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)       24i         j       Housing deduction from Form 2555       24i         i       Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)       24k         i       Other adjustments. List type and amount:       24i         24i       24i       24i							
b       Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit       24b         c       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         e       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)       24i         j       Housing deduction from Form 2555       24i         j       Housing deduction from Form 2555       24i         z       Other adjustments. List type and amount:       24k         z4z       24z         z4z       24i		•	24a				
<ul> <li>rental of personal property engaged in for profit</li> <li>Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m</li> <li>d Reforestation amortization and expenses</li> <li>e Repayment of supplemental unemployment benefits under the Trade Act of 1974</li> <li>f Contributions to section 501(c)(18)(D) pension plans</li> <li>g Contributions by certain chaplains to section 403(b) plans</li> <li>h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)</li> <li>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</li> <li>j Housing deduction from Form 2555</li> <li>z Other adjustments. List type and amount:</li> <li>24i</li> <li></li></ul>	_						
<ul> <li>c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m</li></ul>			24b				
and USOC prize money reported on line 8m 24c   d Reforestation amortization and expenses   e Repayment of supplemental unemployment benefits under the Trade Act of 1974   Act of 1974 24e   f Contributions to section 501(c)(18)(D) pension plans   g Contributions by certain chaplains to section 403(b) plans   h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)   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   j Housing deduction from Form 2555   k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)   iOther adjustments. List type and amount:   24i   225   Total other adjustments. Add lines 24a through 24z   26	c						
d Reforestation amortization and expenses   e Repayment of supplemental unemployment benefits under the Trade Act of 1974   Act of 1974 24e   f Contributions to section 501(c)(18)(D) pension plans   g Contributions by certain chaplains to section 403(b) plans   h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)   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   j Housing deduction from Form 2555   i Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)   i Other adjustments. List type and amount:   24i 24i   24i 24i   24i 24i	· ·		24c				
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Act of 1974 24e   f Contributions to section 501(c)(18)(D) pension plans   g Contributions by certain chaplains to section 403(b) plans   h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)   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   j Housing deduction from Form 2555   k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)   z Other adjustments. List type and amount:   25 Total other adjustments. Add lines 24a through 24z   26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on							
<ul> <li>f Contributions to section 501(c)(18)(D) pension plans</li></ul>	Ũ		24e				
<ul> <li>g Contributions by certain chaplains to section 403(b) plans</li></ul>	f						
<ul> <li>h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions).</li> <li>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</li> <li>j Housing deduction from Form 2555.</li> <li>k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)</li> <li>z Other adjustments. List type and amount:</li> <li>24i</li> <li>24i<td>-</td><td></td><td></td><td></td><td></td><td></td><td></td></li></ul>	-						
<ul> <li>discrimination claims (see instructions)</li></ul>			9				
<ul> <li>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</li> <li>j Housing deduction from Form 2555</li> <li>k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)</li> <li>24i</li> <li>24j</li> <li>24k</li> <li></li></ul>			24h				
<pre>from the IRS for information you provided that helped the IRS detect tax law violations</pre>	i						
tax law violations 24i   j Housing deduction from Form 2555   k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)   z Other adjustments. List type and amount:   24j   24k   24k   24z     24z     24z     25   Total other adjustments. Add lines 24a through 24z   26   Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on		from the IRS for information you provided that helped the IRS detect					
<ul> <li>j Housing deduction from Form 2555</li></ul>			24i				
k       Excess deductions of section 67(e) expenses from Schedule K-1 (Form         1041)       24k         20       Other adjustments. List type and amount:         21       24k         22       24z         23       Total other adjustments. Add lines 24a through 24z         26       Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	i						
1041)       24k         Z       Other adjustments. List type and amount:         25       Total other adjustments. Add lines 24a through 24z         26       Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	J k						
<ul> <li>z Other adjustments. List type and amount:</li></ul>	r\		24k				
25       Total other adjustments. Add lines 24a through 24z       24z       25         26       Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on       25	7					-	
<ul> <li>25 Total other adjustments. Add lines 24a through 24z</li></ul>	~		247				
26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	25					25	
						20	
	20					26	
BAA REV 01/24/23 PRO Schedule 1 (Form 1040) 20							1 (Earm 1040) 00

SCHE	DULE E			Supplementa	l Inc	ome an	nd Lo	SS			OMB No	o. 1545-0074	
(Form	1040)	(From re	ental real	estate, royalties, partners	hips, S	corporati	ions, es	states,	trusts, REMI	Cs, etc.)	90	<b>199</b>	
Departm	ent of the Treasury			Attach to Form 1040,	1040-	SR, 1040-	NR, or		Attachment				
Internal	Revenue Service		Go to ı	www.irs.gov/ScheduleE for	r instru	uctions an	d the la	atest in	formation.		Sequen	ce No. <b>13</b>	
Name(s)	shown on return										al security		
_	A KUMAR MA									776-8	6-8393		
Part				Rental Real Estate an									
	Note: If yo rental inco	ou are in th ome or loss	ne busines s from <b>Fo</b> i	ss of renting personal proper r <b>m 4835</b> on page 2, line 40.	ty, use	Schedule	<b>e C</b> . See	e instru	ctions. If you	are an indiv	vidual, rep	ort farm	
Α				22 that would require you	to file	Form(s) 1	099? \$	See ins	structions .		. 🗌 Ye	s 🛛 No	
				quired Form(s) 1099?									
1a				erty (street, city, state, ZI									
	-							1127					
 	D.NO11/	114,PO	RANKI	PENAMALURU ANDHRA	A PRA	ADESH I	IN 52	1137					
С													
 1b	Type of Prope	urtu 0	For and	h rantal raal actata propa	urtu lio	tod		Ea	ir Rental	Person			
10	(from list below			h rental real estate prope report the number of fair				Га	Days	Da		QJV	
Α	3		persona	al use days. Check the Q	JV bo	x only	Α		365		0	$\square$	
B				neet the requirements to f			B						
С		_	qualifie	d joint venture. See instru	ictions	S.	C						
Туре	of Property:							1		1			
1	Single Family R	esidence	e 3 ۱	/acation/Short-Term Ren	tal	5 Land	1	7	Self-Rental				
2	Multi-Family Re	sidence	4 (	Commercial		6 Roya	alties	8	Other (desc	ribe)			
									Propert				
Incom	e.						Α		B	1031		С	
3		4			3			350.				•	
4					4			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Expen					<u> </u>								
5					5								
6	0			s)	6								
7		-		, 	7		5	510.					
8	-				8								
9					9								
10	Legal and othe	er profess	sional fee	es	10								
11	Management f	ees			11		8	352.					
12	Mortgage inter	rest paid	to banks	, etc. (see instructions)	12								
13					13			250.					
14					14		1,0	)36.					
15					15								
16					16								
17					17								
18 19	Other (list)	expense c	or depieti	on	18 19								
20					20		1 6	548.					
21				ts) and/or 4 (royalties). If	20		т,с	, UF					
21				s to find out if you must	1								
				· · · · · · · · · · ·	21		-4,2	298.					
22				s after limitation, if any,									
				· · · · · · · · · · ·	22	(	4,29	98.)	(	)	(		
<b>23</b> a	Total of all am	ounts rep	ported on	line 3 for all rental prope	rties			23a		350.			
b	Total of all am	ounts rep	orted on	line 4 for all royalty prop	erties			23b					
С				line 12 for all properties				23c					
d				line 18 for all properties				23d					
е				line 20 for all properties				23e	4	4,648.			
24		-		shown on line 21. Do no		-				. 24	1		
25				line 21 and rental real estat							(	4,298.)	
26	Total rental re	eal estat	e and ro	yalty income or (loss).	Comb	ine lines t	24 anc	125. E	inter the resi	ult			

here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 For Paperwork Reduction Act Notice, see the separate instructions.

-4,298.

26

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#### 2022 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)

1555

NJ-1040 2022 Page 1

 $\cap 4$ 

Your Social Security Number (required)

### 776868393

Spouse's/CU Partner's SSN (if filing jointly)

Home Address (Number and Street, including apartment number) 521 WATERFORD DRIVE

MALLAPAREDDY SHIVA KUMAR

### County/Municipality Code (See Table page 50) 1205

ZIP Code City, Town, Post Office State EDISON NJ 08817

Driver's License Number (Voluntary) (See instructions) M0292 70900 088

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

I authorize the Division of Taxation to discuss my return and enclosures with my preparer.

NJ-1040-O is enclosed.

**Gubernatorial Elections Fund** 

Do you want to designate \$1 to the Gubernatorial Elections Fund?	You			Yes	No
If joint return, does your spouse want to designate \$1?	Spouse/CU Partner			Yes	No
Direct Deposit Information					
dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)		dd1.	1		
dd2. Account type (C for checking, S for savings)		dd2.	С		
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States		dd3.			
dd4. Routing number		dd4.			021200339
dd5. Account number		dd5.		381	L059625391

Note: This does not reduce your refund or increase your balance due.



Γ			Name(s) as shown on MALLAPARE	Form NJ-1040 DDY SHIVA KU	MAR						
NJ-1 2022 Page				Your Social Security Number 776868393							
Part-	year residents, provide months/days you		sident during 2022.	Fiscal year	r filers only:						
From			20221		th of your year end	2023					
	g Status a only one.										
	<ul> <li>X Single Married/CU Couple, filing join Married/CU Partner, filing sepa Head of Household Qualifying Widow(er)/Survivir Indicate the year of your spouse</li> <li>nptions</li> <li>the ovals that apply. You must enter a total in</li> </ul>	rate return g CU Partner v's/CU partner's deat		Enter spouse's/CU partne	r's SSN						
6.	Regular	≺ Self	Spouse/CU Partner	Domestic Partner	1 x \$1,000 =	1000					
7.	Senior 65+ (Born in 1957 or earlier)	Self	Spouse/CU Partner	D onlobito T withor	x \$1,000 =						
8.	Blind/Disabled	Self	Spouse/CU Partner		x \$1,000 =						
9.	Veteran	Self	Spouse/CU Partner		x \$6,000 =						
10.	Qualified Dependent Children		-		x \$1,500 =						
11.	Other Dependents				x \$1,500 =						
12.	Dependents Attending Colleges (See in	structions)			x \$1,000 =						
13.	Total Exemption Amount (Add totals fr	rom the lines at 6 thro	ough 12)		13.	1000 .					
14.	Dependent Information. Provide the fo Last Name, First Name, Middle Initial	llowing information	for each dependent.	Social Security Number	Birth Year	No Health Insurance					
a.	· · ·			-							
b.											
c.											
d.											



**NJ-1040** 2022 Page 3

### Name(s) as shown on Form NJ-1040 MALLAPAREDDY SHIVA KUMAR

Your Social Security Number 776868393

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15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	44961 .
15. 16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	11901 .
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	•
17.	Dividends	17.	•
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	
19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	
20a.	Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)	20a.	•
20b.	Excludable pension, annuity, and IRA distributions/withdrawals	20b.	
21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.	•
22.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	
23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.	
24.	Net gambling winnings (See instructions)	24.	
25.	Alimony and separate maintenance payments received	25.	
26.	Other (Enclose documents) (See instructions)	26.	
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	44961 .
28a.	Pension/Retirement Exclusion (See instructions)	28a.	•
28b.	Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)	28b.	•
28c.	Total Exclusion Amount (Add lines 28a and 28b)	28c.	•
29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	44961 .
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	1000 .
31.	Medical Expenses (See Worksheet F and instructions)	31.	
32.	Alimony and separate maintenance payments (See instructions)	32.	
33.	Qualified Conservation Contribution	33.	
34.	Health Enterprise Zone Deduction	34.	
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0.
36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.	
37a.	NJBEST Deduction	37a.	•
37b.	NJCLASS Deduction	37b.	•
37c.	NJ Higher Ed. Tuition Deduction	37c.	•
38.	Total Exemptions and Deductions (Add lines 30 through 37c)	38.	1000 .
39.	Taxable Income (Subtract line 38 from line 29)	39.	43961 .
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	338 .
40b.	Indicate your residency status during 2022 (fill in only one) Homeowner Tenant	Both	
41.	Property Tax Deduction (From Worksheet H) (See instructions)	41.	•
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.	43961 .
43.	Tax on amount on line 42 (Tax Table page 52)	43.	937 .
44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	44.	•
	Enter Code		
45.	Balance of Tax (Subtract line 44 from line 43)	45.	937 .
46.	Sheltered Workshop Tax Credit	46.	•
47.	Gold Star Family Counseling Credit (See instructions)	47.	•
48.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)	48.	•
49.	Total Credits (Add lines 46 through 48)	49.	• • •
50.	Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry	50.	937 .
51.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51.	0.
52.	Interest on Underpayment of Estimated Tax	52.	•
50	Fill in if Form NJ-2210 is enclosed	<b>5</b> 2	0
53.	Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill in X	53.	0.



**NJ-1040** 2022 Page 4

#### Name(s) as shown on Form NJ-1040 MALLAPAREDDY SHIVA KUMAR

Your Social Security Number 776868393

1555

54.	Total Tax Due (Add lines 50 through 53)		54.	937	•
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)		55.	1987	•
56.	Property Tax Credit (See instructions page 24)		56.	50	
57.	New Jersey Estimated Tax Payments/Credit from 2021 tax return		57.		
58.	New Jersey Earned Income Tax Credit (See instructions)		58.		
	Fill in if you had the IRS calculate your federal earned income credit				
	Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit				
59.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)		59.		
60.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)		60.		
61.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)		61.		•
62.	Wounded Warrior Caregivers Credit (See instructions)		62.		
63.	Pass-Through Business Alternative Income Tax Credit (See instructions)		63.		
64.	Child and Dependent Care Credit (See instructions)		64.		•
	Fill in if you are a CU couple claiming the Child and Dependent Care Credit				
65.	New Jersey Child Tax Credit (See instructions)		65.		
	Number of dependents under age 6 on 12/31/2022				
66.	Total Withholdings, Credits, and Payments (Add lines 55 through 65)		66.	2037	
67.	If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you owe		67.		
	If you owe tax, you can still make a donation on lines 70 through 77.				
68.	If the total on line 66 is more than line 54, you have an overpayment. Subtract line 54 from line 66 and enter	he overpayment	68.	1100	
69.	Amount from line 68 you want to credit to your 2023 tax		69.		
70.	Contribution to N.J. Endangered Wildlife Fund		70.		•
71.	Contribution to N.J. Children's Trust Fund to Prevent Child Abuse		71.		
72.	Contribution to N.J. Vietnam Veterans' Memorial Fund		72.		
73.	Contribution to N.J. Breast Cancer Research Fund		73.		•
74.	Contribution to U.S.S. New Jersey Educational Museum Fund		74.		
75.	Other Designated Contribution (See instructions)	Enter Code	75.		•
76.	Other Designated Contribution (See instructions)	Enter Code	76.		•
77.	Other Designated Contribution (See instructions)	Enter Code	77.		•
78.	Total Adjustments to Tax Due/Overpayment amount (Add lines 69 through 77)		78.		
79.	Balance due (If line 67 is more than zero, add line 67 and line 78)		79.		•
80.	Refund amount (If line 68 is more than zero, subtract line 78 from line 68)		80.	1100	

Under penalties of perjury, I declare that I have examined the best of my knowledge and belief, it is true, correct, ar based on all information of which the preparer has any kn	Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to: State of New Jersey Division of Taxation						
Your Signature	Revenue Processing Center - Payments PO Box 111						
Paid Preparer's Signature			Federal Identification Number	Trenton, NJ 08645-0111 Include Social Security number and make check or money order payable to: State of New Jersey – TGI You can also make a payment on our website:			
SYAM PRIYA RAM SAGAR G	UPTA	TALLAM	P02082703	nj.gov/taxation Refund or No Tax Due Address			
Firm's Name			Firm's Federal Employer Identification Number	Use the labels provided with the envelope and mail to: New Jersey Division of Taxation			
GLOBAL TAXES LLC			88-2145487	Revenue Processing Center - Refunds PO Box 555 Trenton, NJ 08647-0555			

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REV 01/24/23 PRO

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3\_\_\_\_

Name(s) as shown on Form NJ-1040	Social Security Number
MALLAPAREDDY SHIVA KUMAR	776-86-8393

	Sch	redule NJ-BUS-1 (Form NJ-1040)		lew Jersey Business Inc					ule	2022	
Ρ	art I	Net Profits From Busines	S	Lis	st the ne	et p	rofit (lo	oss) from bus	iness(e	es). See Instructions	s.
		Business Name		Social Security Number/ Federal EIN			Profit or (Loss)				
1.											
2.											
3.											<u> </u>
4.		fit or (Loss). (Add lines 1, 2, and 3.) NJ-1040. If loss, make no entry on I					4.				
Р	art II	Distributive Share of Part	tner	rship Incom	е					are of income (loss) ee instructions.	
		Partnership Name		Federal Ell	N			re of Partners come or (Los		Share of Pass-Thro Business Alterna Income Tax	
1.											
2.											
3.	<b>D</b> : ( )					╀					
4.	(Add lin	tive Share of Partnership Income or es 1, 2, and 3.) (Enter here and on li nake no entry on line 21.)			4.						
5.	Total Sh (Add line	are of Pass-Through Business Alter es 1, 2, and 3.)(Enter here and inclu	nati\ de oi	/e Income Tax n line 63, NJ-10	)40.) 5.						
Ρ	art III	Net Pro Rata Share of S	Co	rporation In	come					of income (usable n(s). See instruction	IS.
		S Corporation Name		Federal EIN				S Corporation able Loss)		e of Pass-Through Busi Alternative Income Tax	
1.											
2.											
3.											
4.	(Add line	Rata Share of S Corporation Income or ( s 1, 2, and 3.) (Enter here and on line 22 ake no entry on line 22.)		/							
5.		are of Pass-Through Business Alternative s 1, 2, and 3.)(Enter here and include on									
P	art IV	Net Gains or Income From Rents, Royalties, Patents, and Copyrights		form of rer of Property	nts, roya y:	ltie	es, pate	ents, and cop	yrights	derived from or in the . See instructions. T nts 4 – Copyrights	
		of Income or Loss. If rental real estanter physical address of property.	ate,	Social Secu Feder	rity Num al EIN	ıbe	"/   n	ype – Enter umber from list above		Income or (Loss)	
1.	D.NO:	-11/114, PORANKI		776868393	3			1		-4,298.	
2.				ļ							
3.		<b>a</b>									
4.		ome or (Loss). (Add lines 1, 2, and 3 here and on line 23, NJ-1040. If loss	, ma	ke no entry on				4.		-4,298.	

Name(s) as shown on Form NJ-1040	Social Security Number
MALLAPAREDDY SHIVA KUMAR	776-86-8393

# Schedule NJ-BUS-2

(Form NJ-1040)

## New Jersey Gross Income Tax

Alternative Business Calculation Adjustment

2022

			Column A			Column B			
Part	I Income (Loss)		Reportable Regular Business Income		Alternative Business Income (Loss)				
1.	Net Profits From Business	1a.	0.		1b.	0.			
2.	Distributive Share of Partnership Income	2a.	0.		2b.	0.			
3.	Net Pro Rata Share of S Corporation Income	За.	0.		3b.	0.			
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	0.		4b.	-4,298.			
5.	Loss Carryforward From Tax Year 2021				5b.	(	)		
6.	Totals	6a.	0.		6b.	-4,298.			
Part	II Adjustment Calculation								
7.	Total Regular Business Income	7.	0.						
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.						
9.	Business Increment (Subtract line 8 from line 7)	9.	0.						
10.	Adjustment Percentage	10.	(	0.50					
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.						
Part	III Loss Carryforward to Tax Year 2023	3							
12.	Loss Carryforward to Tax Year 2023				12.	( 4,298.	)		

#### Instructions

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

2022

If your income on line 29 is at or below the filing threshold, do not complete this schedule.

Name as Shown on Return	Social Security No.
MALLAPAREDDY SHIVA KUMAR	776-86-8393

#### Part I

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

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

No. Continue to Part II.

### Part II

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

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Examplian Code													
Exemption Code		-		box if tl box if tl						•		nber .	
Exemption Code	 	_		box if ti box if ti						•		nber .	
Exemption Code			Check	box if t	his indi	vidual	has mo	ore than	n one e	xempti	on nun	nber .	
				box if t									
Exemption Code		-		box if tl box if tl							on nun 	nber .	
Exemption Code		-		box if ti box if ti						•	on nun	nber .	
Exemption Code				box if t							on nun	nber .	
				box if t									
Exemption Code		-		box if tl box if tl						•	on nun  		
Exemption Code		_		box if ti box if ti						•	on nun	nber	
Exemption Code				box if t							on nun	nber .	
Everation Cod-				box if t									
Exemption Code		_		box if tl box if tl						•			

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