

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 SAGAR ADIMULAM	Social security number 649-27-4817
Spouse's name SAI SIRISHA RACHAMADUGU	Spouse's social security number APPLIED FOR

Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	28,767.
2	Total tax	2	229.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	4,376.
4	Amount you want refunded to you	4	4,147.
5	Amount you owe	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

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

7	4	8	1	7
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- 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 GLOBAL TAXES LLC to enter or generate my PIN

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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- 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 PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-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 Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Filing Status [] Single [X] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying surviving spouse (QSS)
Check only one box. If you 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 person is a child but not your dependent:

Form fields for personal information: Your first name and middle initial (SAGAR), Last name (ADIMULAM), Your social security number (649-27-4817), Spouse's social security number (APPLIED FOR), Home address (1800 SILAS DEANE HWY), City (ROCKY HILL, HARTFORD), State (CT), ZIP code (06067).

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 [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1958 [] Are blind Spouse: [] Was born before January 2, 1958 [] Is blind

Table for Dependents with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents.

Main income table with rows 1a through 15. Includes sub-rows for tax-exempt interest, qualified dividends, IRA distributions, pensions, and social security benefits. Total income is 28,767. Adjusted gross income is 28,767. Standard deduction is 25,900. Taxable income is 2,867.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	286.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	286.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	57.
	21	Add lines 19 and 20	21	57.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	229.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	229.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	4,376.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	4,376.
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	4,376.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,147.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	4,147.
	b	Routing number 011900254 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 385030796669		
	36	Amount of line 34 you want applied to your 2023 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation HOME MAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (860) 436-1044	Email address SAGARTABLEAU478@GMAIL.COM		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/23/2023	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Phone no. (678) 965-9522
Firm's EIN				84-3171965

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

2022
Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SAGAR ADIMULAM & SAI SIRISHA RACHAMADUGU

Your social security number
649-27-4817

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	57.
5	Residential energy credits. Attach Form 5695	5	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	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	
l	Amount on Form 8978, line 14. See instructions	6l	
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-SR, or 1040-NR, line 20	8	57.

(continued on page 2)

Part 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:			
a	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		
c	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
e	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Reserved for future use	13g		
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	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-SR, or 1040-NR, line 31		15	

Credit for Qualified Retirement Savings Contributions

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8880 for the latest information.

2022
Attachment
Sequence No. **54**

Name(s) shown on return

Your social security number

SAGAR ADIMULAM & SAI SIRISHA RACHAMADUGU

649-27-4817



You **cannot** take this credit if **either** of the following applies.

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$34,000 (\$51,000 if head of household; \$68,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2005; (b) is claimed as a dependent on someone else's 2022 tax return; or (c) was a **student** (see instructions).

- 1 Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2022. **Do not** include rollover contributions
- 2 Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2022 (see instructions)
- 3 Add lines 1 and 2
- 4 Certain distributions received **after** 2019 and **before** the due date (including extensions) of your 2022 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception
- 5 Subtract line 4 from line 3. If zero or less, enter -0-
- 6 In each column, enter the **smaller** of line 5 or \$2,000
- 7 Add the amounts on line 6. If zero, **stop**; you can't take this credit
- 8 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11*
- 9 Enter the applicable decimal amount from the table below.

	(a) You	(b) Your spouse
1		
2	113.	
3	113.	
4		
5	113.	
6	113.	
7		113.
8	28,767.	

If line 8 is—		And your filing status is—		
Over—	But not over—	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying surviving spouse
Enter on line 9—				
---	\$20,500	0.5	0.5	0.5
\$20,500	\$22,000	0.5	0.5	0.2
\$22,000	\$30,750	0.5	0.5	0.1
\$30,750	\$33,000	0.5	0.2	0.1
\$33,000	\$34,000	0.5	0.1	0.1
\$34,000	\$41,000	0.5	0.1	0.0
\$41,000	\$44,000	0.2	0.1	0.0
\$44,000	\$51,000	0.1	0.1	0.0
\$51,000	\$68,000	0.1	0.0	0.0
\$68,000	---	0.0	0.0	0.0

Note: If line 9 is zero, **stop**; you can't take this credit.

10	Multiply line 7 by line 9	10	57.
11	Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions	11	286.
12	Credit for qualified retirement savings contributions. Enter the smaller of line 10 or line 11 here and on Schedule 3 (Form 1040), line 4	12	57.

* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074

For tax year
20 _____

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return SAGAR ADIMULAM & SAI SIRISHA RACHAMADUGU		Taxpayer identification number 649-27-4817
Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM		Preparer tax identification number P02082703

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 1. A copy of this Form 8867.
 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

► For use by individuals who are not U.S. citizens or permanent residents.
► See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

Application type (check one box):
 Apply for a new ITIN
 Renew an existing ITIN

Before you begin:

• Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).

Reason you're submitting Form W-7. Read the instructions for the box you check. **Caution:** If you check box **b, c, d, e, f,** or **g,** you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions).

- a Nonresident alien required to get an ITIN to claim tax treaty benefit
- b Nonresident alien filing a U.S. federal tax return
- c U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return
- d Dependent of U.S. citizen/resident alien } If d, enter relationship to U.S. citizen/resident alien (see instructions) ► _____
- e Spouse of U.S. citizen/resident alien } If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ►
 SAGAR ADIMULAM 649-27-4817
- f Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
- g Dependent/spouse of a nonresident alien holding a U.S. visa
- h Other (see instructions) ► _____

Additional information for **a** and **f**: Enter treaty country ► _____ and treaty article number ► _____

Name (see instructions) Name at birth if different . . . ►	1a First name SAI SIRISHA	Middle name	Last name RACHAMADUGU
	1b First name	Middle name	Last name

Applicant's Mailing Address

2 Street address, apartment number, or rural route number. **If you have a P.O. box, see separate instructions.**
 1800 SILAS DEANE HWY
 City or town, state or province, and country. Include ZIP code or postal code where appropriate.
 ROCKY HILL, HARTFORD CT USA 06067

Foreign (non-U.S.) Address
(see instructions)

3 Street address, apartment number, or rural route number. **Don't use a P.O. box number.**
 City or town, state or province, and country. Include postal code where appropriate.

Birth Information	4 Date of birth (month / day / year) 09 / 20 / 1993	Country of birth INDIA	City and state or province (optional)	5 <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
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Other Information

6a Country(ies) of citizenship
INDIA

6b Foreign tax I.D. number (if any)

6c Type of U.S. visa (if any), number, and expiration date

6d Identification document(s) submitted (see instructions) Passport Driver's license/State I.D.
 USCIS documentation Other _____
 Issued by: INDIA No.: Z6418036 Exp. date: 10/12/2031 Date of entry into the United States (MM/DD/YYYY): _____

6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?
 No/Don't know. Skip line 6f.
 Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).

6f Enter ITIN and/or IRSN ► **ITIN** _____ **IRSN** _____ and name under which it was issued ► _____
 First name Middle name Last name

6g Name of college/university or company (see instructions) ► _____
 City and state ► _____ Length of stay ► _____

Sign Here
 Keep a copy for your records.

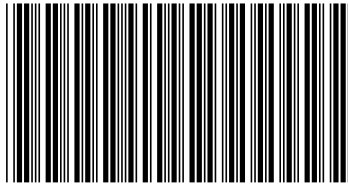
Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.

Signature of applicant (if delegate, see instructions)	Date (month / day / year)	Phone number
Name of delegate, if applicable (type or print)	Delegate's relationship to applicant	<input type="checkbox"/> Parent <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Power of attorney
Signature	Date (month / day / year)	Phone Fax
Name and title (type or print)	Name of company	EIN Office code
		PTIN

2022 NJ-1040NR
New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

NJ-1040NR
2022
Page 1



040NV01220

For Taxable Year January 1, 2022 – December 31, 2022 or Other Tax Year
Beginning _____, 2022 Ending _____, 2023

1555

Your Social Security Number
649274817

Last Name, First Name, Initial (Joint filers enter first name and middle initial of each. Enter spouse/CU partner last name only if different.)
ADIMULAM SAGAR & RACHAMADUGU SAI SI

Spouse's/CU Partner's Social Security Number
APPLIED FOR

State of Residency (outside NJ)
CONNECTICUT

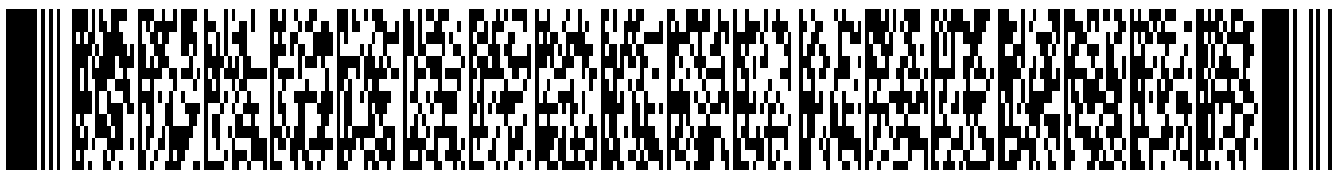
Home Address (Number and Street, incl. apt. # or rural route)
1800 SILAS DEANE HWY

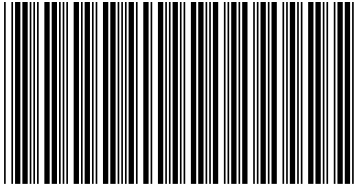
Driver's License # (Voluntary)	State	City, Town, Post Office	State	ZIP Code
		ROCKY HILLHARTFORD	CT	06067

This is an amended return
Federal extension application attached or enter confirmation number _____
The address above is a foreign address
Your address has changed
Death certificate for deceased taxpayer is attached (See instructions page 9)
I authorize the Division of Taxation to discuss my return and enclosures with my preparer

NJ Residency Status If you were a New Jersey resident for ANY part of the tax year, give the period of New Jersey residency. From: To:

Gubernatorial Elections Fund	Do you want to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner want to designate \$1? Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.	Yes	No
		Yes	No





040NV02220

Name(s) as shown on Form NJ-1040NR
ADIMULAM SAGAR & RACHAMADUGU SAI SI

Your Social Security Number
649274817

1555

Filing Status
(Check only ONE box)

- 1. Single
 - 2. Married/CU Couple, filing joint return
 - 3. Married/CU Partner, filing separate return
 - 4. Head of Household
 - 5. Qualifying Widow(er)/Surviving CU Partner
- _____ Name and SSN of Spouse/CU Partner

Exemptions

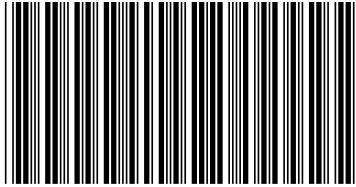
6. Regular	Self	Spouse/CU Partner	Domestic Partner	6.	2		
7. Age 65 or over	Self	Spouse/CU Partner		7.			
8. Blind or Disabled	Self	Spouse/CU Partner		8.			
9. Veteran Exemption	Self	Spouse/CU Partner				9.	
10. Number of your qualified dependent children						10.	
11. Number of other dependents						11.	
12. Dependents attending colleges (See Instructions)				12.			
13. For line 13a – Add lines 6, 7, 8, and 12. For line 13b – Add lines 10 and 11. For line 13c – Enter amount from line 9.				13a.	2	13b.	13c.

Dependent Information

14. Dependent's Last Name, First Name, Middle Initial	Dependent's Social Security Number	Birth Year
a. _____		
b. _____		
c. _____		
d. _____		

COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE) COL. B - AMOUNT FROM NEW JERSEY SOURCES

15. Wages, salaries, tips, and other employee compensation Check box if you completed lines 69 through 75	15.	51292 .	15.	29295 .
16. Interest	16.	.	16.	.
17. Dividends	17.	.	17.	.
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4)	18.	.	18.	.
19. Net gains or income from disposition of property (From line 68)	19.	.	19.	.
20. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4)	20.	.	20.	.
21. Net gambling winnings (See Instructions)	21.	.	21.	.
22. Taxable pensions, annuities, and IRA distributions/withdrawals	22.	.		
23. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)	23.	.	23.	.
24. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)	24.	.	24.	.
25. Alimony and separate maintenance payments received	25.	.		
26. Other – State Nature and Source _____	26.	.	26.	.
27. TOTAL INCOME (Add lines 15 through 26)	27.	51292 .	27.	29295 .



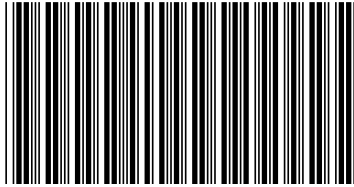
040NV03220

Name(s) as shown on Form NJ-1040NR
ADIMULAM SAGAR & RACHAMADUGU SAI SI

Your Social Security Number
649274817

1555

28a. Pension/Retirement Exclusion (See Instructions)	28a.	.	.
28b. Other Retirement Income Exclusion (See Worksheet and Instructions)	28b.	.	28b. .
28c. Total Exclusion Amount (Add line 28a and line 28b)	28c.	.	28c. .
29. Gross Income (Subtract line 28c from line 27)	29.	51292 .	29. 29295
30. Total Exemption Amount (See Instructions)	30.	2000 .	
31. Medical Expenses (See Worksheet and Instructions)	31.	.	
32. Alimony and separate maintenance payments	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 Education Tuition Deduction	37c.	.	
38. Total Exemptions and Deductions (Add lines 30 through 37c)	38.	2000 .	
39. Taxable Income (Subtract line 38 from line 29, column A)	39.	49292 .	
40. Tax on amount on line 39 (From Tax Table)	40.	792 .	
41. Income Percentage B. (line 29) / A. (line 29) = <u>57.11</u> %			
42. New Jersey Tax (Multiply amount from line 40 by income percentage from line 41)	42.		452 .
43. Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)	43.		.
44. Gold Star Family Counseling Credit (See Instructions)	44.		.
45. Credit for Employer of Organ/Bone Marrow Donor (See instructions)	45.		.
46. Total Credits (Add lines 43, 44, and 45)	46.		.
47. Balance of Tax After Credits (Subtract line 46 from line 42)	47.		452 .
48. Interest on Underpayment of Estimated Tax.	48.		.
Check box if Form NJ-2210NR is enclosed			
49. Total Tax Due (Add line 47 and line 48)	49.		452 .
50. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) (Part-year nonresidents, see instructions)	50.	1424 .	
51. New Jersey Estimated Tax Payments/Credit from 2021 return	51.	.	Also enter on line 51:
52. Tax paid on your behalf by Partnership(s)	52.	.	• Payments made in connection with sale of NJ real property
53. Excess NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	53.	.	• Payments by S corporation for nonresident shareholder
54. Excess NJ Disability Insurance Withheld (Enclose Form NJ-2450)	54.	.	
55. Excess NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	55.	.	
56. Pass-Through Business Alternative Income Tax Credit (See instructions)	56.	.	



040NV04220

Name(s) as shown on Form NJ-1040NR
ADIMULAM SAGAR & RACHAMADUGU SAI SI

Your Social Security Number
649274817

1555

57.	Total Payments/Credits (Add lines 50 through 56)	57.	1424 .
58.	If line 57 is less than line 49, you have tax due. Subtract line 57 from line 49 and enter the amount you owe. If you owe tax, you can still make a donation on line 61A through 61F	58.	.
59.	If line 57 is more than line 49, you have an overpayment. Subtract line 49 from line 57 and enter the overpayment	59.	972 .
60.	Amount from line 59 you want to credit to your 2023 tax	60.	.
61.	Amount you want to credit to:		
	(A) N.J. Endangered Wildlife Fund	61A.	.
	(B) N.J. Children's Trust Fund	61B.	.
	(C) N.J. Vietnam Veterans' Memorial Fund	61C.	.
	(D) N.J. Breast Cancer Research Fund	61D.	.
	(E) U.S.S. N.J. Educational Museum Fund	61E.	.
	(F) Designated Contribution	Code	61F.
62.	Total Adjustments to Tax Due/ Overpayment (Add lines 60 through 61F)	62.	.
63.	Balance due (If line 58 is more than zero, add line 58 and 62)	63.	.
64.	Refund amount (If line 59 is more than zero, subtract line 62 from line 59)	64.	972 .

NOTE:
An entry on lines 60 through 61F will reduce your tax refund

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

> _____
Your Signature Date

> _____
Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)

Paid Preparer's Signature

Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM

P02082703

Firm's Federal Employer Identification Number

Firm's Name GLOBAL TAXES LLC

84-3171965

Pay amount on line 63 in full. Write Social Security number(s) on check or money order and make payable to:

State of New Jersey - TGI
Division of Taxation
Revenue Processing Center
PO Box 244
Trenton, NJ 08646-0244

You can also make a payment on our website:
nj.gov/taxation

Name(s) as shown on Form NJ-1040NR **ADIMULAM SAGAR & RACHAMADUGU SAI SIRISHA** Your Social Security Number **649274817**

Part I Net Gains or Income From Disposition of Property List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible as reported on federal Schedule D.

(a) Kind of property and description	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price	(e) Cost or other basis as adjusted (see instructions) and expense of sale	(f) Gain or (loss) (d less e)
65.					
66. Capital Gains Distribution					66.
67. Other Net Gains.....					67.
68. Net Gains (Add lines 65, 66, and 67) (Enter here and on line 19) (If loss, enter zero)					68.

Part II Allocation of Wage and Salary Income Earned Partly Inside and Outside New Jersey (See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.)

69. Amount reported on line 15 in column A required to be allocated	69.	
70. Total days in taxable year.....	70.	
71. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.)	71.	
72. Total days worked in taxable year (subtract line 71 from line 70)	72.	
73. Deduct days worked outside New Jersey.....	73.	
74. Days worked in New Jersey (subtract line 73 from line 72).....	74.	

75. Allocation Formula _____ x _____ = _____ (Include this amount on line 15, col. B)
 (Enter amount from line 69) (Salary earned inside N.J.)

Part III Allocation of Business Income to New Jersey (See instructions if other than Formula Basis of allocation is used.)

Business Allocation Percentage (From Schedule NJ-NR-A)
 Enter below the line number and amount of each item of business income reported in column A that is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.

From Line No. _____ \$ _____ x _____ % = \$ _____

From Line No. _____ \$ _____ x _____ % = \$ _____

From Line No. _____ \$ _____ x _____ % = \$ _____

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.
9. 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.

10401222V011555



Form CT-1040 - 2022
Connecticut Resident Income Tax Return
(Rev. 12/22)

Page 1 of 4

Other tax year, beginning: and ending:

N S Y FJ N MFS N HOH N QSS

649 - 27 - 4817 APP - LI - ED F

SAGAR ADIMULAM N Dec.

SAI SIRISHA RACHAMADUGU N Dec.

1800 SILAS DEANE HWY N CT-8379 N CT-2210 N CT-19IT

USA N CT-1040 CRC N Federal Form 1310 N Schedule CT-Dependent

ROCKY HILLHARTFORD CT 06067 - •

1. Federal adjusted gross income (from federal Form 1040, Line 11, or federal Form 1040-SR, Line 11)	1.	28767
2. Additions to federal adjusted gross income (from Schedule 1, Line 38)	2.	0
3. Add Line 1 and Line 2	3.	28767
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.	28767
6. Income tax	6.	36
7. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 59)	7.	36
8. Line 7 subtracted from Line 6. If Line 7 is greater than Line 6, "0" is entered.	8.	0
9. Connecticut alternative minimum tax (from Form CT-6251)	9.	0
10. Add Line 8 and Line 9.	10.	0
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.	0
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.	0
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.	0

Clip check here. Do not use staples. Do not send Forms W-2 or 1099, or Schedules CT K-1.



10401222V011555

Form CT-1040, Page 2 of 4

10401222V021555



• 649274817

17. Amount from Line 16

17. 0

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.	94 - 3326476	• 21997	496
18b.	-	• 0	0
18c.	-	• 0	0
18d.	-	• 0	0
18e.	-	• 0	0

18f. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) 18f. 0

18. Total Connecticut income tax withheld: Amounts in Column C.	18.	496
19. All 2022 estimated tax payments and any overpayments applied from a prior year	19.	0
20. Payments made with Form CT-1040 EXT	20.	0
20a. Earned income tax credit (from Schedule CT-EITC, Line 16).	20a.	0
20b. Claim of right credit (from Form CT-1040 CRC, Line 6).	20b.	0
20c. Pass-through entity tax credit: (from Schedule CT-PE, Line 1). Schedule must be attached.	20c.	0
21. Total payments and refundable credits: Add Lines 18, 19, 20, 20a, 20b and 20c.	21.	496
22. Overpayment: If Line 21 is more than Line 17, Line 17 subtracted from Line 21.	22.	496

23. Amount of Line 22 you want applied to your 2023 estimated tax	23.	0
24. Amount of Line 22 you want applied as a CHET contribution (from Schedule CT-CHET, Line 4)	24.	0
24a. Total contributions of refund to designated charities (from Schedule 5, Line 70)	24a.	0

25. Refund: Lines 23, 24, and 24a subtracted from Line 22. **25.** 496
 If you have not elected to direct deposit, a refund check will be issued and processing may be delayed.

25a. Acct. type Y Ck. N Sv. 25b. Rout. # 011900254 25c. Acct. # 385030796669

25d. Refund going to a bank account outside the U.S.	25d.	<input checked="" type="checkbox"/> N
26. Tax due: If Line 17 is more than Line 21, Line 21 subtracted from Line 17.	26.	0
27. If late: Penalty entered. Line 26 multiplied by 10% (.10).	27.	0
28. If late: Interest entered. Line 26 multiplied by number of months or fraction of a month late, then by 1% (.01).	28.	0
29. Interest on underpayment of estimated tax (from Form CT-2210)	29.	0
30. Total amount due: Add Lines 26 through 29.	30.	0.00

Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Your signature	Date	Home/cell telephone number	
•	•	8604361044	
Spouse's signature (if joint return)	Date	Daytime telephone number	
•	•	•	
Paid preparer's signature	Date	Telephone number	Paid Preparer's PTIN
• SYAM PRIYA RAM SAGAR GUPT	• 022323	• 6789659522	P02082703
Paid preparer's name	FEIN		
SYAM PRIYA RAM SAGAR GUPTA TALL	843171965		
Firm's name, address and ZIP code	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	Telephone number	Personal identification number (PIN)
•	•	•

10401222V021555

Sign Here
Keep a copy for your records.

10401222V031555



• 649274817

Schedule 1 - Modifications to Federal Adjusted Gross Income

31. Interest on state and local government obligations other than Connecticut	31.	0
32. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	32.	0
33. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	33.	0
34. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater 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 year.	36.	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.S. government obligations	40.	0
41. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet)	41.	0
42. Refunds of state and local income taxes	42.	0
43. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	43.	0
44. Military retirement pay	44.	0
45. 50% of income received from Connecticut Teachers' Retirement System	45.	0
46. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero.	46.	0
47. Gain on sale of Connecticut state and local government bonds	47.	0
48. CHET contributions made in 2022 or an excess carried forward from a prior year Acct. #:	48.	0
48a. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding 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

51. Modified Connecticut adjusted gross income	51.	28767	
			Col. A
			Col. B
52. Qualifying jurisdiction's name and two-letter code	52.	NEW JERSEY NJ	
53. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return (from Schedule 2 worksheet)	53.	29295	0
54. Line 53 divided by Line 51	54.	1.0000	0.0000
55. Income tax liability: Line 11 subtracted from Line 6.	55.	36	0
56. Line 54 multiplied by Line 55	56.	36	0
57. Income tax paid to a qualifying jurisdiction	57.	452	0
58. Lesser of Line 56 or Line 57	58.	36	0
59. Total credit: Add Line 58, all columns.	59.		36

10401222V031555

10401222V041555



649274817

Schedule 3 - Property Tax Credit

<i>Qualifying Property</i>	<i>Primary Residence</i>	<i>Auto 1</i>	<i>Auto 2</i>
Name of Connecticut Tax Town or District	•	•	•
Description of Property	•	•	•
Date(s) Paid	•	•	•
Amount Paid	60.	0 61.	0 62.
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 amount: If zero, the amount from Line 65 is 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 Individual Use Tax Worksheet, Section A, Column 7)	69a.	0
69b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)	69b.	0
69c. Use tax at 7.75% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)	69c.	0
69d. Use tax at 2.99% (from Connecticut Individual Use Tax Worksheet, Section D, Column 7)	69d.	0
69. Individual use tax: Add Lines 69a, 69b, 69c, and 69d.	69. •	0

Schedule 5 - Contributions to Designated Charities

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 through 70h.	70.	0

Taxpayer email

10401222V041555

Connecticut
**Summary of Credit for Income Taxes Paid
to Qualifying Jurisdictions**

2022

▶ Keep for your records

Name as Shown on Return S ADIMULAM & S RACHAMADUGU	Social Security Number 649-27-4817
Qualifying jurisdiction's name	New Jersey
Qualifying jurisdiction's two-letter code	NJ
A Non-Connecticut income included in modified Connecticut adjusted gross income and reported on qualifying jurisdiction's income tax return (from Schedule 2 worksheet) ▶	29,295.
B Divide line A by modified Connecticut adjusted gross income (may not exceed 1.0000) ▶	1.0000
C Income tax liability from Form CT-1040 or Form CT-1040NR/PY ▶	36.
D Multiply line B by line C ▶	36.
E Income tax paid to other jurisdiction ▶	452.
F Enter the smaller of line D or line E ▶	36.
Qualifying jurisdiction's name	
Qualifying jurisdiction's two-letter code	
A Non-Connecticut income included in modified Connecticut adjusted gross income and reported on qualifying jurisdiction's income tax return (from Schedule 2 worksheet) ▶	
B Divide line A by modified Connecticut adjusted gross income (may not exceed 1.0000) ▶	
C 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 ▶	
Qualifying jurisdiction's name	
Qualifying jurisdiction's two-letter code	
A Non-Connecticut income included in modified Connecticut adjusted gross income and reported on qualifying jurisdiction's income tax return (from Schedule 2 worksheet) ▶	
B Divide line A by modified Connecticut adjusted gross income (may not exceed 1.0000) ▶	
C 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 ▶	