E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

_	s 🗌 s	Single Married filing jointly	Marrie	ed filing separately (M	/IFS)	Head of	household (H0	OH)				iving	
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or						OSS boy on	tor			se (QSS)	o auglifying		
one box.		on is a child but not your dependent		SI KIRAN PAR			QOO DOX, EII	LEI	lile Cili	iiu S	name ii uii	= qualifying	
				me	1011				Your social security number				
KOTI JAY	ZASRI	Г	VEER	ΔΤ.Τ.Δ					807-74-3332				
		s first name and middle initial	Last na						_	Spouse's social security number			
,											5-3869		
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Apt. no.					n Campaigi	
1144 FIF	,						'		- 1		ere if you,		
		ce. If you have a foreign address, also co	mplete si	paces below.	Stat	е	ZIP code				0,	lly, want \$3	
Justin		,			TX		76247		-		this fund. (w will not (Checking a	
Foreign country	/ name		F	Foreign province/state/o			Foreign postal	code	_		or refund.	Jilarige	
				, , , , , , , , , , , , , , , , , , ,		'	3				You	Spouse	
 Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward award or	navm	ent for prope	rty or service	3). (or (b) s	ell			
Assets		ange, gift, or otherwise dispose of a									Yes	⊠ No	
Standard		eone can claim: You as a de					, (-,			
Deduction		Spouse itemizes on a separate retur	•	-									
									0.40				
	-	Were born before January 2, 1	958 _	<u> </u>	use:		n before Janu				ls bli		
Dependents	,	*		(2) Social security number		(3) Relationsh				- 1		instructions):	
If more	(1) Fi	irst name Last name		number		to you	Child	tax	credit	- (Credit for oth	er dependent	
than four dependents,								<u> </u>			L		
see instructions	s ——							<u> </u>			L		
and check	, —							$\frac{\sqcup}{\Box}$			L		
here	<u>.</u>							Ш					
Income	1a	Total amount from Form(s) W-2, b	,	,				٠	.	1a	5	3,301.	
Attach Form(s)	b	Household employee wages not re						٠	.	1b			
W-2 here. Also	С	Tip income not reported on line 1a	•	•					.	1c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							.	1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							.	1e			
was withheld.	f	Employer-provided adoption bene							.	1f			
If you did not	g	Wages from Form 8919, line 6 .							.	1g			
get a Form W-2, see	h	Other earned income (see instruct	,							1h		0.	
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<u>1i</u>			_		4 _		
	Z	Add lines 1a through 1h							.	1z	5	3,301.	
Attach Sch. B	2a	· -	2a			axable interest		٠	.	2b			
if required.	<u>3a</u>		3a			rdinary divide		٠	.	3b			
	4a -		4a			axable amoun			.	4b			
Standard Deduction for—	5a		5a			axable amoun			.	5b			
Single or	6a	,	6a			axable amoun	t	٠	$\dot{\vdash}$	6b	_		
Married filing separately,	C	If you elect to use the lump-sum e			•	,		٠	片上		4		
\$12,950	7	Capital gain or (loss). Attach Sche							\sqcup	7			
 Married filing jointly or 	8	Other income from Schedule 1, lin						٠	.	8		6,031.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•				٠	.	9	 6	9,332.	
\$25,900	10	Adjustments to income from Sche						٠	.	10	_		
 Head of household. 	11	Subtract line 10 from line 9. This is	-	-				٠	.	11		9,332.	
\$19,400	12	Standard deduction or itemized						٠	.	12	$+\frac{1}{}$	2,950.	
If you checked any box under	13	Qualified business income deduct							.	13			
Standard	14	Add lines 12 and 13							.	14		2,950.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is y	our t a	axable incom	ie		. [15	5	6,382.	

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌		16	8,020.
Credits	17	Amount from Schedule 2, lin	ie 3				.	17	
	18	Add lines 16 and 17						18	8,020.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	8,020.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	8,020.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a	5,564		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	5,564.
If you have a	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	e 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and re	fundable credit	s	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	5,564.
Refund	34	If line 33 is more than line 24	I, subtract line 2	4 from line 33.	This is the amo	unt you overpai	d	34	
nerana	35a	Amount of line 34 you want	refunded to you	ار. If Form 8888	is attached, ch	eck here	🗆	35a	
Direct deposit?	b	Routing number X X X	X X X X	XX	c Type:	Checking [Savings	3	
See instructions.	d	Account number X X X							
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount vou owe.					
You Owe		For details on how to pay, g		•				37	2,524.
	38	Estimated tax penalty (see in	nstructions) .			38	68		
Third Party	Do	you want to allow another	person to disc	cuss this retu	n with the IRS	? See			
Designee	ins	structions				Tes.	Complete	below.	⋉ No
		signee's		Phone			ersonal ider		
	naı			no.			ımber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		ur signature	protor Boolaranon (Date	Your occupation	1		ent you an Identity	
	10	ui signature		Date	Tour occupation			PIN, enter it here	
Joint return?					SOFTWARE	DEVELOPER	(se	e inst.)	
See instructions.	Sp	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupa	ation			nt your spouse an
Keep a copy for your records.							I .	entity Prote e inst.)	ection PIN, enter it here
,		(015) 412 500		For all and done					
		one no. (217)413-798 eparer's name	Preparer's signat	Email address	JAYASRI.VEEL	RALLA@OUTLOOK Date	PTIN		Check if:
Paid		•	' "		CIIDMA MATTA	1		00700	Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAI	M 02/17/202		82703	
Use Only		m's name GLOBAL TAX		INTOTAT OTC. 37	T 00016				(678)965-9522
			Y CT E BRU	INSWICK No			Fin	m's EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/10/23 PR	0		Form 1040 (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

KOTI JAYASRI VEERALLA

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

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

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

	Sequence No. 01
Your soc	ial security number
807-74	-3332

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	16,031.
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 ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	_		
_		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR,	, or 1040-NR, line 8	10	16,031.

Schedule 1 (Form 1040) 2022 Page **2**

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

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

Caution: The IBS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1	

			,												
KOTI	TI JAYASRI VEERALLA 8								807	807-74-3332					
Cautio	on: The IRS compares amounts	reported	on your ta	x retur	n with a	mount	s shov	vn or	n Sch	nedule(s) K-	1.				
Part	II Income or Loss From	Partne	rships an	d S C	orpora	tions									
	Note: If you report a loss, re														
	the box in column (e) on line amount is not at risk, you m	28 and at	tach the rec	quired ba	asis com	putatio	n. If you	repo	ortal	oss from an	at-risk	act	tivity for w	hich a	ny
27	Are you reporting any loss not														
	passive activity (if that loss wa														
	see instructions before comple	eting this	section												
28	(a) Name				ter P for ership; S		neck if eign			mployer			heck if mputation		neck if nount is
	`,				orporation		ership	ide	entifica	tion number	is required				at risk
Α	JSP IT SERVICES LLC				S			8	37-3	140503		[
В												[
С												[
D												[
	Passive Income	and Los	ss				N	onp	assiv	e Income	and I	_os	S		
	(g) Passive loss allowed		assive income		(i) Nonpa			ed		Section 179 ex			(k) Nonpa		
Α.	(attach Form 8582 if required)	trom	Schedule K-	1	(see	Schedu	le K-1)	-	aeau	ction from Fo	rm 456	12	from Sc	chedule	
Α_														16,0	J31.
В								_							
С															
D															
29a	Totals													16,0	J31.
b	Totals														
30	Add columns (h) and (k) of line										-	30		16,0	031.
31	Add columns (g), (i), and (j) of li											31	()
32	Total partnership and S corp			<u> </u>	Combir	ne lines	s 30 an	id 31	<u> </u>		. 3	32		16,0)31.
Part	III Income or Loss From	Estates	s and Tru	sts											
33			(a) N	Name								i	(b) Emp identificatio		or
Α													dentinoatio	II II II II II I	
В															
	Passive	Income a	and I nee						No	npassive Ir	com	<u> </u>	nd I oss		
	(c) Passive deduction or loss allo			Passive i	income		-	(e) De		n or loss			f) Other inc	ome fro	 m
	(attach Form 8582 if required	d)	fron	n Sched ı	ule K-1			from	Sched	lule K-1			Schedu	le K-1	
Α															
В															
34a	Totals														
b	Totals														
35	Add columns (d) and (f) of line	34a .									. 3	35			
36	Add columns (c) and (e) of line										. 3	36	()
37	Total estate and trust income											37			
Part	V Income or Loss From	Real Es	state Moi	rtgage	Inves	tment	t Cond	duits	s (RI	EMICs) — F	Resid	dua	I Holde	r	
38	(a) Name		(b) l	Employer	r (ss inclusi ules Q , li			(d) Taxable in (net loss) f			(e) Ind	come fro	om
	(a) Harris		identific	ation nur	mber		instruction			Schedules Q		b	Schedul	les Q, lir	ne 3b
39	Combine columns (d) and (e) o	nly. Ente	r the result	here a	and inclu	ıde in 1	the tota	al on	line	41 below	. 3	39			
Part	V Summary														
40	Net farm rental income or (loss) from Fc	rm 4835.	Also, c	omplete	line 4	2 belov	Ν.			. 4	Ю			
41	Total income or (loss). Combi	ne lines 2	26, 32, 37,	39. and	d 40. En	ter the	result l	here	and	on Schedul	e \square				
												11		16,0	031.
42	Reconciliation of farming a	ınd fishi	ng incom	e. Ent	er vour	gros	s								
-	farming and fishing income rep														
	(Form 1065), box 14, code B; S														
	AD; and Schedule K-1 (Form 10						. 42	:							
43	Reconciliation for real estate	profess	ionals. If y	ou we	re a rea	l estat	е								
	professional (see instructions														
	reported anywhere on Form	1040, Fo	rm 1040-S	R, or	Form 1	040-NI	R								
	from all rental real estate activ	ities in v	vhich you r	materia	ally parti	cipate	d								

43

under the passive activity loss rules . .

Schedule K-1 (Form 1120S)

Shareholder's Share of Income, Credits, Deductions, etc. ► Keep for your records

2022

	holder's Name JAYASRI VEERALLA	Social Security Number 807-74-3332								
Part	I Information About the Corporation									
A B	Corporation's Employer Identification Number	140503								
D	ZIP Code · · · · · · · · · · · · · · · · · · ·									
Part	II Information About the Shareholder									
	Shareholder is Taxpayer ▶ X Spouse ▶ At-Risk Status (check one): All investment in corporation is at-risk									
Fina	Final / Amended Final K-1 and Amended K-1 Checkboxes									
	Final K-1 Amended K-1									
Part	Shareholder's Share of Current Year Income, Deductions, Cre	edits, Other Items								
1	Ordinary business income (loss)	▶ X								
2	Check if "materially" participated in rental real estate activities	-								
	Other net rental income (loss)	• — — — — — — — — — — — — — — — — — — —								
	Interest income from U.S. obligations included in box 4	· · · · · <u> </u>								
6	Royalties	<u> </u>								

Part	: III	Shareholder's Share of Current Year Income, Deductions, Other Iten	ns (continued)
8 b	Net long Collecti Unreca Net sec Other in	ction 1231 gain (loss)	
	Code	Description	Amount
11 12		179 deduction	Amount
13	Credits Code	& credit recapture Description	Amount
14		n transactions ıle K-3 is attached if checked	
15	Alterna	tive minimum tax (AMT) items Description	Amount
16	Items a Code	ffecting shareholder basis Description Nondeductible expenses	Amount 234.
17	Other in	nformation Description	Amount

Sec	Section C Income and Loss Reported on Schedule E, Supplemental Income or Loss											
		Passive Inco	me and Loss	Nonpas	nd Loss							
#	Description	(f) Loss K-1	(g) Income K-1	(h) Loss K-1	(i) Section 179	(j) Income K-1						
<u>1</u>	A JSP IT SERVICES LLC					16,031.						

Section D1 Qualified Business Income Deduction - Statement A Information

Enter information below from "Statement A - QBI Pass Through Entity Reporting"

IMPORTANT: If the statement reports information from more than one trade or business, please enter each activity on a separate K-1 entry worksheet.

Trade or Business: EIN: PTP Note: PTP income is reported on partnership k-1 (1065) worksheet (see help) Aggregated SSTB			
Shareholder's share of QBI or qualified PTP items subject to shareholder-specific determinations:			
Ordinary business income (loss)			
Section 199A dividends			

	oration Name JSP IT SERVICES LLC	JZ rago	
Section D2 Qualified Business Income Deduction Info			
Α			
	QBI worksheet to report (double click to link)		
_			
В	Trade or Business Name		
С	Trade or Business ID Number		
	If no ID number available, select reason ▶		
D 1	Is this a Specified Service Trade or Business (SSTB)? Yes No		
2	Is this a Specified Service Trade or Business (SSTB)? Yes No If No, is income attributable to a SSTB? (see help) Yes No		
3	QBI worksheet for SSTB income (this will auto-populate if Yes)		
	Percentage of qualified income attributable to SSTB	%	
E 1	Starting business income		
2	Adjustments		
	a Section 179 expenses		
	b Reduced Sec 179 expenses, if deduction is limited		
	c RESERVED		
	d Other adjustments business income		
•	e Total allowable QBI sec 179 expenses and other adjustments		
_	a Calculated QBI allowed after passive/at-risk limits		
+	b Adjustments to allowed QBI		
	c Allowable QBI after loss limits		
5	Additional deductions related to this business reported on separate schedules		
6	Net profit (loss) after adjustments, limitations, and deductions		
	Allowable QBI allocated to SSTB		
8	Allowable QBI from this business		
_			
F 1	Short term gain (loss) from qualified business assets (not included in Row E)		
2	Adjustments to short term gain (loss)		
	a Calculated QBI allowed after passive/at-risk limits		
4	b Adjustments to allowed QBI		
	c Allowable short term qualified gain (loss) after passive/at-risk limits		
5	Allowable short term gain (loss) allocated to SSTB		
6	Allowable short term gain (loss) from this business		
	Section 1231 gain (loss) from qualified business assets		
	Adjustments to section 1231 gain (loss)		
	a Calculated QBI allowed after passive/at-risk limits		
•	b Adjustments to allowed QBI		
	c Allowable ordinary 1231 qualified gain (loss)		
	Allowable ordinary 1231 gain (loss) allocated to SSTB		
6	Allowable ordinary 1231 gain (loss) from this business		
	All 11 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Allowable qualified business income (line E8 plus F6 plus G6)		
	a Previously disallowed losses freed up in current year		
•	b Adjustments to previously disallowed losses		
	c Previously disallowed QBI losses to be reported as separate business		
	d QBI wksht for previously disallowed losses, if present		
	Tentative wages		
	Adjustments		
3	Qualified wages		
4	Qualified wayes allocated to 301D		
.J 1	Tentative Unadjusted Basis Immediately after Acquisition (UBIA)		
2	Adjustments		
	Qualified UBIA		
4	Qualified UBIA allocated to SSTB		
	Net income allocable to qualified payments from agricultural or horticultural coop		
	Wages allocable to qualified payments from coop		
	Form 1099PATR line 6 (DPAD) from coop(s) with tax year starting before 1/1/2018 Form 1099PATR line 6 (DPAD) from coop(s) with tax year starting after 12/31/2017		
4	1 om 10331 ATX line o (D1 AD) nom coop(s) with tax year starting after 12/31/2017	J	

KOTI JAYASRI VEERALLA 807-74-3332 1

Additional Information From 2022 Federal Tax Return

Sch K-1 Wks-S Corporations (JSP IT SERVICES LLC)

Box 1 Itemization Statement

Description	Amount
	16,031.
Total	16,031.