Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submi	ission Identification Number (SID)		-			
Taxpaye	er's name	Social sec	urity numl	er		
SAI	KIRAN BURAM	289-7	1-391	4		
Spouse'	's name	Spouse's s	social sec	urity nun	nber	
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Ent	er vear vou	ı are au	thorizi	na.)	
	whole dollars only on lines 1 through 5.	o. you. you				
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1		47,	033.
2	Total tax				3,8	384.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		8,	762.
4	Amount you want refunded to you		4			378.
_ 5	Amount you owe					
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and	l keep a co	ppy of y	our re	eturn)
to send for any Agent t payment authori payment business taxes t person	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, transit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the financial institution account in the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminant, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation resist adays prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended) I nic Funds Withdrawal Consent.	ejection of the U.S. Treasury adicated in the tion to debit the author equests must be processing payment. If	e transmis / and its e tax prepose the entry rization. To be received of the election	ssion, (k designa paration to this a To revol ved no ectronic knowle	ted Fi softwaccounted ke (ca later payr dge tl	reason nancial rare for the This ncel) a than 2 nent of the
		Г			_	
	yer's PIN: check one box only	DINI	1 3 9	9 1	4	
×	I authorize GLOBAL TAXES LLC to enter or generat	•	Enter five		ut	as my
	signature on the income tax return (original or amended) I am now authorizing.		don't ente	r all zer	os	
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.					
Your s	signature ▶ Date ▶					
Spous	se's PIN: check one box only	_			_	
	I authorize to enter or generat	e my PIN				as my
	ERO firm name	_	Enter five	digits, b		y
	signature on the income tax return (original or amended) I am now authorizing.		don't ente	r all zero	os	
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.					
Spous	se's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue belo	w				
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 4 9	1 - 1 -	1 9	8	9
		Don't 6	enter all ze	:10S		
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual income zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subsements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers or	mitting this r	eturn in a	accorda	nce w	
ERO's	s signature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To	Do So				

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.

Filing Status	\mathbf{X}	Single Married filing jointly [Marri	ed filing separately	(MFS)	Head of	hous	ehold (HOH	l)		ifying survi	ving
Check only one box.	If vo	u checked the MFS box, enter the r	name of	vour spouse. If voi	ı check	ed the HOH or	COS	Shox ente	r the c		se (QSS)	a gualifying
one box.		on is a child but not your depender		your opouco. If you	2 0110010		QO.	o box, onto		/ ma 0	riarrio il tric	quamymg
Your first name	and mi	ddle initial	Last na	ıme					Y	our so	cial security	number
SAI KIRAN BURAM 2							289-71-3914					
		first name and middle initial	Last na									urity number
Home address	numbe	r and street). If you have a P.O. box, see	e instructi	ons.				Apt. no.	Pı	esider	ntial Election	n Campaign
22 COUNT	'RY (CLUB DR						20			ere if you, o	
City, town, or p	ost offic	ce. If you have a foreign address, also c	omplete s	paces below.	Sta	te	ZIP	code			f filing joint this fund. C	•
MANCHEST	'ER				NH	I	03	102		_	w will not o	•
Foreign country	name			Foreign province/sta	te/count	у	Fore	eign postal co			or refund.	Ü
											You	Spouse
Digital	At an	y time during 2022, did you: (a) red	eive (as	a reward, award,	or payn	nent for prope	rty c	r services);	or (b)	sell,		
Assets	exch	ange, gift, or otherwise dispose of	a digital	asset (or a financi	al intere	est in a digital	asse	et)? (See ins	structi	ons.)	Yes	X No
Standard	Som	eone can claim: You as a de	ependen	t 🗌 Your spo	use as	a dependent						
Deduction		Spouse itemizes on a separate retu	rn or you	ı were a dual-statı	us alien							
Age/Blindness	You:	Were born before January 2,	1958 Г	Are blind	Spouse	. Was box	rn be	fore Janua	rv 2 1	958	☐ Is blir	nd
Dependents	_		.000 [(2) Social secu	•	(3) Relationsh		(4) Check th	, ,			
•	•	rst name Last name		number	iity	to you	"P	Child ta		· 1	,	er dependents
If more than four	()							Г	7		Γ	7
dependents,									-			<u>-</u> 1
see instructions and check	· ——							Ī	-		Ī	<u> </u>
here												<u></u>
Income	1a	Total amount from Form(s) W-2, b	oox 1 (se	e instructions) .						1a	4	7,033.
IIICOIIIC	b	Household employee wages not r	eported	on Form(s) W-2 .						1b		
Attach Form(s)	С	Tip income not reported on line 1	a (see in	structions)						1c		
W-2 here. Also attach Forms	d	Medicaid waiver payments not re	ported o	n Form(s) W-2 (se	e instru	ctions)				1d		
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26						1e				
1099-R if tax was withheld.	f	Employer-provided adoption bene	efits fron	n Form 8839, line	29 .					1f		
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form	h	Other earned income (see instruc	tions)							1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)										
	Z	Add lines 1a through 1h								1z	4	7,033.
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interes	t			2b		
if required.	3a	Qualified dividends	3a			rdinary divide				3b		
	4a	IRA distributions	4a		b Ta	axable amoun	t.			4b		
Standard Deduction for—	5a	Pensions and annuities	5a			axable amoun				5b		
Single or	6a	Social security benefits	6a			axable amoun	t.			6b		
Married filing separately,	С	If you elect to use the lump-sum e		*	•	,	٠			_		
\$12,950	7	Capital gain or (loss). Attach Sche		•			٠		Ш	7		
Married filing jointly or	8	Other income from Schedule 1, lin					٠			8	<u> </u>	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7					٠			9	4	7,033.
\$25,900	10	Adjustments to income from Scho								10	-	
 Head of household, 	11	Subtract line 10 from line 9. This i	•							11		7,033.
\$19,400	12	Standard deduction or itemized		•	,					12	+ 1	<u>2,950.</u>
If you checked any box under	13	Qualified business income deduc								13	+ -	0.050
Standard Deduction,	14	Add lines 12 and 13								14		<u>2,950.</u>
see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								15	3	4,083.

Form 1040 (2022	2)										Pa	age 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16		3,88	4.
Credits	17	Amount from Schedule 2, lir	ne 3						17			
	18	Add lines 16 and 17							18		3,88	4.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19			
	20	Amount from Schedule 3, lir	ne 8						20			
	21	Add lines 19 and 20							21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22		3,88	4.
	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	· I	3,88	4.
Payments	25	Federal income tax withheld										
,	а	Form(s) W-2				25a	8,	762.		ı		
	b	Form(s) 1099				25b				I		
	С	Other forms (see instruction	s)			25c				I		
	d	Add lines 25a through 25c							25d	I	8,76	2.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return				26			
If you have a qualifying child,	27	Earned income credit (EIC)				27						
attach Sch. EIC.	28	Additional child tax credit from				28				I		
	29	American opportunity credit	from Form 8863	3, line 8		29				I		
	30	Reserved for future use .				30				I		
	31	Amount from Schedule 3, lir				31				I		
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable cr	edits		32	I		
	33	Add lines 25d, 26, and 32. T	•	-	-				33		8,76	2.
Defund	34	If line 33 is more than line 24							34		4,87	8.
Refund	35a	Amount of line 34 you want	-			•	•	. 🗆 🗎	35a		4,87	8.
Direct deposit?	b	Routing number 0 1 1				Checking	□ Sa					
See instructions.	d	Account number 4 6 6						J		I		
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36				I		
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g		•					37			
	38	Estimated tax penalty (see in	nstructions) .			38						
Third Party Designee		you want to allow another	•				es. Con	nplete b	elow.	× No		
		signee's		Phone				al identifi	cation _i			$\overline{}$
	naı			no.			numbe	` '				Ш
Sign Here	bel	der penalties of perjury, I declare t ief, they are true, correct, and com		of preparer (othe	r than taxpayer) is b			of which	prepare	er has any	knowle	dge.
	Yo	ur signature		Date	Your occupation					nt you an IN, enter i		
Joint return?					SR TECHNIC	AL CONST	LTANT	(see ii		1, 611.61	TT	\Box
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat				ty Prote	nt your spection PIN		
	——Ph	one no. (857)777-997	1	Email address	SAI.BURAM	 а с мътт.	COM					
		eparer's name	Preparer's signat		DAT . DUNAM	Date		PTIN		Check if	:	
Paid		I PRIYA RAM SAGAR GUPTA TALLAM	'		GIIDTA TAI,I.AM			02082	703	_	-employ	ved
Preparer				TUTTI DUONIC	COLITY TABLIAN	. 102/13/2	.020 E			678)9		
Use Only								Firm's			21710	

245 ROONEY CT E BRUNSWICK NJ 08816

Firm's address

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

REV 02/05/23 PRO

BAA

84-3171965

Form **1040** (2022)

Firm's EIN



Form M-8453 Individual Income Tax Declaration for Electronic Filing

2022
Massachusetts
Department of
Revenue

			y 1-December	*			
Your first name and initial	Last	name	Your Social Security number				
SAI KIRAN BURAM	289713914			289713914			
If a joint return, spouse's first name and initial	eturn, spouse's first name and initial Last name S		Spouse's Social Security no	umber			
Present street address (and apartment number)							
22 COUNTRY CLUB DR APT NO 20							
City/Town/Post Office	State	Zip	Filing status:		Married filing jointly		
MANCHESTER	NH	03102		Married filing separately	O Head of household		
Dout 4 Tay Datum Information for F	lastusmis E	::: a.					
		_		1	17496		
1 Total 5.0% income (from Form 1, line 10, or Form	1-NR/PY, line 12)				17496 694		
1 Total 5.0% income (from Form 1, line 10, or Form 2 Income tax after credits (from Form 1, line 32, or F	1-NR/PY, line 12) Form 1-NR/PY, lin	e 36)		2			
 1 Total 5.0% income (from Form 1, line 10, or Form 2 Income tax after credits (from Form 1, line 32, or F 3 Massachusetts use tax (from Form 1, line 34, or F 	1-NR/PY, line 12) Form 1-NR/PY, line Form 1-NR/PY, line	e 36)		3			
 1 Total 5.0% income (from Form 1, line 10, or Form 2 Income tax after credits (from Form 1, line 32, or F 3 Massachusetts use tax (from Form 1, line 34, or F 4 Massachusetts income tax withheld (from Form 1, line 34) 	1-NR/PY, line 12) Form 1-NR/PY, line Form 1-NR/PY, line , line 38, or Form	e 36)	 	2 3 4	694		
2 Income tax after credits (from Form 1, line 32, or F3 Massachusetts use tax (from Form 1, line 34, or F	1-NR/PY, line 12) Form 1-NR/PY, line Form 1-NR/PY, line In ine 38, or Form NR/PY, line 57)	e 36)			694 808		

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2022 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signature	Date	Spouse's signature	Date

Part 3. Declaration and Signature of Electronic Return Originator (ERO)

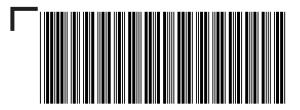
I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

ERO's signature and SSN or PTIN		Date	EIN		O Fill in if
		02152023 882145		5487	self-employed
Firm name (or yours, if self-employed	d) and address	City/Town	State	Zip	O Fill in if also
GLOBAL TAXES LLC	245 ROONEY CT	E BRUNSWICK	NJ	08816	paid preparer

Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and 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. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Paid preparer's signature and SSN or PTIN	Date EIN			O Fill in if
P02082703	02152023	8431719	965	self-employed
Firm name (or yours, if self-employed) and address	City/Town	State	Zip	
SYAM PRIYA RAM SAGAR GUPTA TALLAM 245 ROONEY CT	E BRUNSWICK	NJ	08816	





2022 Form 1-NR/PY

MA22006011555

Massachusetts Nonresident/Part-Year Resident Income Tax Return

For the year January 1-December 31, 2022 or other taxable Year beginning

SAI KIRAN **BURAM** 289713914

22 COUNTRY CLUB DR NH 03102 MANCHESTER

20

Fill in if: Amended return Other jurisdiction change

Enter date of change Amended return due to IRS BBA Partnership Audit Federal amendment

State Election Campaign Fund: \$1 You \$1 Spouse TOTAL

Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula You Spouse Taxpayer deceased You Spouse Fill in if under age 18 You Spouse Fill in if name change You Spouse

Check one: X Nonresident Filing as both nonresident and part-year resident

> Part-year resident Nonresident composite Fill in if noncustodial parent

Fill in if filing Schedule TDS a. Total federal income 47033 b. Federal adjusted gross income 47033 Fill in if filing Schedule FCI

1. Filing status (select one only): X Single Fill in if reporting crypto currency

Married filing jointly

3. Total days as Massachusetts resident

Married filing separate return

Head of household You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents. Enter dates as Massachusetts resident: From

 $\div 365 =$

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature Date Spouse's signature Date

857-777-9971

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST





MA22006021555 Massachusetts Nonresident/ Part-Year Resident Income Tax Return 289713914

Exemptions:						
a. Personal exemptions					4a	4400
b. Number of dependents. (Do not include yourself or your spouse.) Enter number					\times \$1,000 = 4b	
c. Age 65 or over before 2023	You +	Spouse =			\times \$700 = 4c	
d. Blindness	You +	Spouse =			\times \$2,200 = 4d	
e. Medical/dental					4e	
f. Adoption					4f	
g. Total exemptions. Add items 4a t	hrough 4f. Er	nter here and on line	22a		4g	4400
Wages, salaries, tips					5	17496
Taxable pensions and annuities					6	
Mass. bank interest: a.		b. exemp	tion		= 7	
Business/profession income/loss a		+ b. Farmiı	ng income/loss	i		
					= 8	
Rental, royalty and REMIC, partners	ship, S corp.,	trust income/loss			9	
Unemployment					10a	
Mass. lottery winnings					10b	
Other income					11	
TOTAL 5.0% INCOME					12	17496
NONRESIDENT APPORTIONMEN	T WORKSH	EET. You cannot app	oortion Mass. v	vages as shown	on Form W-2. Do not use	this worksheet if you know the
exact amount of your Mass. source	income. Only	y use when income f	from employme	ent/business is e	arned both inside and out	side Mass. and the exact
Mass. amount is not known. Basis:		working days	miles	sales	other:	
Working days (or other basis) outside	de Massachu	setts			13a	
Working days (or other basis) inside	Massachus	etts			13b	
Total working days					13c	
Nonworking days (holidays, weeker	nds, etc.)				13d	
Massachusetts ratio					13e	
Total income being apportioned. You	u cannot app	ortion Massachuset	ts wages as sh	own on Form W	-2 13f	
Massachusetts income					13g	
	a. Personal exemptions b. Number of dependents. (Do not in comparison of dependents.) c. Age 65 or over before 2023 d. Blindness e. Medical/dental f. Adoption g. Total exemptions. Add items 4a toward wages, salaries, tips Taxable pensions and annuities Mass. bank interest: a. Business/profession income/loss a Rental, royalty and REMIC, partners Unemployment Mass. lottery winnings Other income TOTAL 5.0% INCOME NONRESIDENT APPORTIONMEN exact amount of your Mass. source Mass. amount is not known. Basis: Working days (or other basis) outsid Working days (or other basis) inside Total working days Nonworking days (holidays, weeker Massachusetts ratio Total income being apportioned. Yo	a. Personal exemptions b. Number of dependents. (Do not include yours c. Age 65 or over before 2023 You + d. Blindness You + e. Medical/dental f. Adoption g. Total exemptions. Add items 4a through 4f. Er Wages, salaries, tips Taxable pensions and annuities Mass. bank interest: a. Business/profession income/loss a. Rental, royalty and REMIC, partnership, S corp., Unemployment Mass. lottery winnings Other income TOTAL 5.0% INCOME NONRESIDENT APPORTIONMENT WORKSH exact amount of your Mass. source income. Only Mass. amount is not known. Basis: Working days (or other basis) outside Massachus Working days (or other basis) inside Massachus Total working days Nonworking days (holidays, weekends, etc.) Massachusetts ratio Total income being apportioned. You cannot app	a. Personal exemptions b. Number of dependents. (Do not include yourself or your spouse.) c. Age 65 or over before 2023 You + Spouse = d. Blindness You + Spouse = e. Medical/dental f. Adoption g. Total exemptions. Add items 4a through 4f. Enter here and on line Wages, salaries, tips Taxable pensions and annuities Mass. bank interest: a b. exemp Business/profession income/loss a. + b. Farmi Rental, royalty and REMIC, partnership, S corp., trust income/loss Unemployment Mass. lottery winnings Other income TOTAL 5.0% INCOME NONRESIDENT APPORTIONMENT WORKSHEET. You cannot app exact amount of your Mass. source income. Only use when income Mass. amount is not known. Basis: working days Working days (or other basis) outside Massachusetts Working days (or other basis) inside Massachusetts Total working days Nonworking days (holidays, weekends, etc.) Massachusetts ratio Total income being apportioned. You cannot apportion Massachuset	a. Personal exemptions b. Number of dependents. (Do not include yourself or your spouse.) Enter number c. Age 65 or over before 2023 You + Spouse = d. Blindness You + Spouse = e. Medical/dental f. Adoption g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a Wages, salaries, tips Taxable pensions and annuities Mass. bank interest: a b. exemption Business/profession income/loss a. + b. Farming income/loss Unemployment Mass. lottery winnings Other income TOTAL 5.0% INCOME NONRESIDENT APPORTIONMENT WORKSHEET. You cannot apportion Mass. v exact amount of your Mass. source income. Only use when income from employmed mass. amount is not known. Basis: working days (or other basis) outside Massachusetts Working days (or other basis) inside Massachusetts Total working days Nonworking days (holidays, weekends, etc.) Massachusetts ratio Total income being apportioned. You cannot apportion Massachusetts wages as sh	a. Personal exemptions b. Number of dependents. (Do not include yourself or your spouse.) Enter number c. Age 65 or over before 2023 You + Spouse = d. Blindness You + Spouse = e. Medical/dental f. Adoption g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a Wages, salaries, tips Taxable pensions and annuities Mass. bank interest: a b. exemption Business/profession income/loss a. + b. Farming income/loss Rental, royalty and REMIC, partnership, S corp., trust income/loss Unemployment Mass. lottery winnings Other income TOTAL 5.0% INCOME NONRESIDENT APPORTIONMENT WORKSHEET. You cannot apportion Mass. wages as shown exact amount of your Mass. source income. Only use when income from employment/business is e Mass. amount is not known. Basis: working days miles sales Working days (or other basis) outside Massachusetts Working days (or other basis) inside Massachusetts Total working days (holidays, weekends, etc.) Massachusetts ratio Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W	a. Personal exemptions 4a b. Number of dependents. (Do not include yourself or your spouse.) Enter number x \$1,000 = 4b c. Age 65 or over before 2023 You + Spouse = x \$700 = 4c d. Blindness You + Spouse = x \$2,200 = 4d e. Medical/dental 4e f. Adoption 4f g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a 4g Wages, salaries, tips 5 Taxable pensions and annuities 6 Mass. bank interest: a. - b. exemption = 7 Business/profession income/loss a. + b. Farming income/loss 9 Unemployment 10a Mass. lottery winnings 10b Other income 11 TOTAL 5.0% INCOME 12 NONRESIDENT APPORTIONMENT WORKSHEET. You cannot apportion Mass. wages as shown on Form W-2. Do not use exact amount of your Mass. source income. Only use when income from employment/business is earned both inside and out Mass. amount is not known. Basis: working days working days other: Working days (or other basis) outside Massachusetts 13a Working days (or other basis) inside Massachusetts 13a Nonworking days (holidays, weekends, etc.) 13d Massachusetts ratio

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1





MA22006031555 Massachusetts Nonresident/ Part-Year Resident Income Tax Return

0.7	. T. 17 T. 7 7 7		200712014		
SF	AI KIRAN	BURAM	289713914		
14.	NONRESIDENT DEDUCTION	ON AND EXEMPTION RATIO			
	a. Total 5.0% income			14a	17496
	b. Interest income			14b	
	c. Total capital gain income			14c	
	d. Total income this return			14d	17496
	e. Non-Massachusetts source	ce income. Not less than "0"		14e	29537
	f. Total income			14f	47033
	g. Deduction and exemption	ratio		14g	0.3720
15a.	Amount paid to Soc. Sec. M	edicare, R.R., U.S. or Mass. Retireme	ent	15a	2000
15b.	Amount your spouse paid to	Soc. Sec., Medicare, R.R., U.S. or M	ass. Retirement	15b	
16.	Reserved for future use			16	
17.	Reserved for future use			17	
18.	Rental deduction. a. Nonresidents, fill in if during	2022 you did not have a family home	or any dwelling outside Massachusetts to	÷ 2 =18 which you generally or c	customarily returned or
	intend to return in the future				
19.	Other deductions from Sche			19	
20.	Total deductions. Add lines	•		20	2000
21.	5.0% INCOME AFTER DED	PUCTIONS. Subtract line 20 from line	12. Not less than "0"	21	15496
22.	Exemption amount. a.	4400		22	1637
23.		MPTIONS. Subtract line 22 from line	21. Not less than "0"	23	13859
24.	INTEREST AND DIVIDEND			24	
25.	TOTAL TAXABLE 5.0% INC			25	13859
26.			rate, fill in and multiply line 25 and the		
	amount in Schedule D, line 2	21 by .0585		26	694

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MA22006041555 Massachusetts Nonresident/ Part-Year Resident Income Tax Return 289713914

27.	12% INCOME. Not less than "0." a.	× .12 = 27	
28.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS	3 28	
	Fill in if any excess exemptions were used in calculating lines 24, 27 or 28		
29.	Credit recapture amount (from Credit Recapture Schedule)	29	
30.	Additional tax on installment sale	30	
31.	If you qualify for No Tax Status, fill in and enter "0" on line 32		
32.	TOTAL INCOME TAX. Add lines 26 through 30.	32	694
33.	Limited Income Credit	33	
34.	Income tax due to another state or jurisdiction	34	
35.	Other credits (from Credit Manager Schedule)	35	
36.	INCOME TAX AFTER CREDITS. Subtract the total of lines 33 through 35 from line 32. N	Not less than "0" 36	694
37.	Voluntary Contributions		
	a. Endangered Wildlife Conservation	37a	
	b. Organ Transplant Fund	37b	
	c. Massachusetts Public Health HIV and Hepatitis Fund	37c	
	d. Massachusetts U.S. Olympic Fund	37d	
	e. Massachusetts Military Family Relief Fund	37e	
	f. Homeless Animal Prevention and Care	37f	
	Total. Add lines 37a through 37f	37	
38.	Use tax due on Internet, mail order and other out-of-state purchases	38	
39.	Health care penalty a. You + b. Spouse	39	
40.	Amended return only. Overpayment from original return	40	
41.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 36	_	694
42.	a. Massachusetts income tax withheld from Form(s) W-2 42a	808	
	b. Massachusetts income tax withheld from Form(s) 1099 42b		
	c. Massachusetts income tax withheld from other forms 42c		
	Total. Add lines 42a through 42c	42	808

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MA22006051555
Massachusetts Nonresident/
Part-Year Resident Income Tax Return
289713914

43.	2021 overpayment applied to your 2022 estimated tax			43	
44.	2022 Massachusetts estimated tax payments			44	
45.	Payments made with extension			45	
46.	Amended return only. Payments made with original return. No	ot less than "0"		46	
47.	Earned Income Credit. a. Number of qualifying children Part-year residents, multiply line 47c by line 3	b. Amount from U.S.	return ×	.30 = c.	
	Note: You cannot claim the Earned Income Credit if your filing	status is married filing	senarately unless w	==	
	for an exception (see instructions). Fill in if you qualify for this e	-	ooparatory amood y	ou quamy	
48.		жоорион		48	
49.	Child under age 13, or disabled dependent/spouse credit			49	
50.	Dependent member(s) of household under age 12, or depende	ent(s) age 65 or over (n	ot vou or vour spous		
	as of December 31, 2022 credit.	(-)9 (,,	,	
	Not more than two. a. \times \$180 = b.	Part-year resider	nts multiply line 50b	by line 3 = 50	
51.	Other Refundable Credits	,	, ,	51	
52.	Total Refundable Credits. Add lines 47 through 51			52	
53.	Excess Paid Family Leave Withholding			53	
54.	TOTAL. Add lines 42 through 46 and lines 52 and 53			54	808
55.	Overpayment. Subtract line 41 from line 54			55	114
56.	Amount of overpayment you want applied to your 2023 estim	ated tax		56	
57.	Refund. Subtract line 56 from line 55. Mail to: Massachusetts [OOR, PO Box 7000, Bo	oston, MA 02204	57	114
	Direct deposit of refund. Type of account X checkin	•			
_	savings				
ŀ	TN# 011000138 account# 46600929	99430			
58	Tax due. Pay online at www.mass.gov/dor/payonline. Mail to	o Mass DOR PO Box	7003 Boston MA	02204 58	
•••	Interest Penalty	M-2210 amt.		v==v:	EX enclose
	y				Form M-2210
May t	ne Department of Revenue discuss this return with the preparer	shown here?	Yes		
I do n	I do not want preparer to file my return electronically (this may delay your refund)			ır refund)	Paid preparer's
Print	Print paid preparer's name Date Check if s				SSN/PTIN
SYAM PRIYA RAM SAGAR GUPTA TALLAM 02152023					P02082703
Paid preparer's signature Paid preparer's phone					Paid preparer's EIN
678-965-9522				522	84-3171965

SYAM PRIYA RAM SAGAR BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1





2022 Schedule INC MA22INC011555

SAI KIRAN BURAM 289713914

Form W-2 and 1099 Information

A. FEDERAL ID NUMBER B. STATE TAX WITHHELD C. STATE WAGES/INCOME D. TAXPAYER SS WITHHELD E. SPOUSE SS WITHHELD F. SOURCE OF WITHHOLDING

020737613 808 17496 3624 W2

TOTALS 808 17496 3624





2022 Schedule NTS-L-NRPY

MA22021011555 No Tax Status and Limited Income Credit 289713914

Schedule NTS-L-NRPY. No Tax Status and Limited Income Credit

1.	Total 5.0% income	1	17496		
2.	Adjustments to income	2			
3.	Adjusted 5.0% income. Subtract line 2 from line 1. Do not enter if less than "0"	3	17496		
4.	Interest exemption used	4			
5.	Adjusted gross interest, dividends and certain capital gains	5			
6.	Long-term capital gain	6			
7.	Additional income/loss while a nonresident/part-year resident	7	29537		
8.	Total income. Combine lines 3 through 7	8	47033		
9.	Additional adjustments to income while a nonresident/part-year resident	9			
10.	Massachusetts Adjusted Gross Income (AGI)	10	47033		
	If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status				
11.	If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and				
	add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b)				
	by \$1,000 and add \$14,400 to that amount	11			
12.	If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b)				
	by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750				
	and add \$25,200 to that amount	12			
13.	No Tax Status threshold	13			
14.	Income for Limited Income Credit	14			
15.	Tax before adjustments	15			
16.	Tax for Limited Income Credit	16			
17.	Limited Income Credit	17			