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

Submission Identification Number (SID)		•	
Taxpayer's name	Social securit	y number	
SURESH POTINI	472-57-	-2977	
Spouse's name	Spouse's soci	al security nu	ımber
RATNAMBA POTINI	134-77-	-0429	
Part I Tax Return Information — Tax Year Ending December 31, 2022 (En	iter year you ai	e authoriz	zing.)
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	74,473.
2 Total tax		2	0.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	995.
4 Amount you want refunded to you		4	995.
5 Amount you owe		5	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get an	d keep a copy	y of your	return)
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I a return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trar to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termin payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation obusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) Electronic Funds Withdrawal Consent.	rejection of the trace U.S. Treasury are indicated in the taution to debit the authorizate must be the processing of the payment. I furtile	nic return or ansmission, nd its design ax preparatio entry to this tion. To revous received no the electron her acknowl	(ERO) (b) the reason ated Financial in software for account. This oke (cancel) a collect than 2 pic payment of ledge that the
Taxpayer's PIN: check one box only			
▼ I authorize GLOBAL TAXES LLC to enter or general state of the s	ate my PIN	2 9 7	as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent	er five digits, i't enter all ze	but
I will enter my PIN as my signature on the income tax return (original or amended) I ar if you are entering your own PIN and your return is filed using the Practitioner PIN m below.			
Your signature ▶ Date ▶	•		
Spouse's PIN: check one box only			
	ite mv PIN 7	0 4 2	9 as mv
		er five digits,	
signature on the income tax return (original or amended) I am now authorizing.		i't enter all ze	
I will enter my PIN as my signature on the income tax return (original or amended) I ar if you are entering your own PIN and your return is filed using the Practitioner PIN m below.			
Spouse's signature ▶ Date ▶	•		
Practitioner PIN Method Returns Only—continue belo	ow		
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.		6 6 1 9	9 8 9
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incom authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am su requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of	ıbmitting this retu	rn in accord	lance with the
ERO's signature ▶ Date ▶	•		
ERO Must Retain This Form — See Instructions			

Don't Submit This Form to the IRS Unless Requested To Do So

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

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OMB No. 1545-0074

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

one box. If you checked the MRS 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: Your first name and middle initial Last name SURESI If joint return, spouse's first name and middle initial Last name POTINI POTINI POTINI If joint return, spouse's first name and middle initial Last name RATNAMBA POTINI 134 - 77 - 0429 Them address flumber and streety. If you have a PO, box, see instructions. Apt. no. Posses's social security number (122-57-2977 Spouse's first name and middle initial Last name POTINI RATNAMBA Apt. no. Posses's social security number (134 - 77 - 0429 Them address flumber and streety. If you have a PO, box, see instructions. Apt. no. Posses's social security number (134 - 77 - 0429 Apt. no. Posses's social security number (134 - 77 - 0429) Them address flumber and streety. If you have a PO, box, see instructions. Apt. no. Posses's social security number (134 - 77 - 0429) Apt. no. Child your can be filling jointly, ward 33 on 90 to this struct. Octobering a great province/state/country Foreign province/state/cou	Filing Status	S [] S	Single X Married filing jointly [Marrie	ed filing separately (MFS)	Head of	hous	ehold (HOF	l)		ifying surv	iving
person is a child but not your dependent: Vour first name and middle initial Uast name SURSS! If point return, spouse's first name and middle initial Last name POTINI A72-57-29.77 A71-NAMPA A72-57-29.77 A71-NAMPA A72-57-29.79 A71-NAMPA A73-47-70-04.29 A72-67-29.79 A71-NAMPA A73-47-70-04.29 A74-77-04.29 A74-77-78 A74-77-78	Check only	If vo	u checked the MFS hove enter the r	name of v	your spouse. If you	chack	red the HOH or	· 059	Shov ente	r the c			a qualifying
Your social security number SURESH SURESH Epoint values, souse's first name and middle initial Last name SURESH Epoint values, souse's first name and middle initial Last name Superior social security number 472 = 57-242	OHE DOX.				your spouse. If you t	JIICON	ted the HOHO	QU	J DOX, CITE	i iiie c	illu s	name ii tii	e qualitying
SURTESH POTINI Last rame Spouse's social security number Spouse State ZIP code Spouse	Your first name		· · · · · · · · · · · · · · · · · · ·		me					Yo	our soc	cial security	/ number
If point roturn, spouse's first name and middle initial Last name RATNAMBA POTINI POTINI 34 - 77 - 0429												-	
RATINAMBA		oouse's	first name and middle initial										
Home address (number and street). If you have a FO. box, see instructions. Apt. n.				POTT	NT					_ ·			•
City, town, or post office. If you have a foreign address, also complete spaces below. CITY, town, or post office. If you have a foreign address, also complete spaces below. CITY, town, or post office. If you have a foreign address, also complete spaces below. CITY, town, or post office. If you have a foreign address, also complete spaces below. CITY, town, or post office. If you have a foreign address, also complete spaces below. INN S5315 Town of the wise of the spaces of a digital asset (or a financial interest in a digital asset)? (See instructions). Town or post office. If you have a foreign address, also complete spaces below. Inn or a space of a digital asset (or a financial interest in a digital asset)? (See instructions). Town of the wise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Spouse itembres 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 Dependents (see instructions): (1) First name as parate 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 Dependents (see instructions): (1) First name Last name Instructions): (1) First name Last name Instructions): (1) First name Last name Instructions): (2) Social security (1) First name Last name Instructions): (2) Atlant Formicly W-2, box 1 (see instructions): (3) Baughter SASI JAYANTH POTINI 925-98-1419 Son SAI JAYANTH POTINI 925-98-14			r and street). If you have a P.O. box, see						Apt. no.				
City, town, or post office. If you have a foreign address, also complete spaces below. CARVER Foreign province/state/county Foreign province/state/county Foreign post office. If you have a foreign address, also complete spaces below. Foreign province/state/county Foreign province/state/county Foreign post office. If you have a foreign address, also complete spaces below. Proving postal code You Spouse Vour postal code Vour spouse as a dependent Vour spouse Vour sp										- 1			
Foreign province/state/county Foreign province/state/county Foreign postal code Spouse Foreign province/state/county Foreign postal code Spouse Spous			office. If you have a foreign address, also complete spaces below. State							0,			
Foreign country name	CARVER			•		M	N	55	315		_		•
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 No Standard Someone can claim: You as a dependent Your spouse as a dependent Spouse You say a dependent Your spouse as a dependent Your spouse Y				-	Foreign province/state	/coun	ity	Fore	eign postal co	_	1		
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).												You	Spouse
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).	Digital	At ar	ny time during 2022, did you: (a) red	ceive (as	a reward, award, or	r pavi	ment for prope	rtv o	r services):	or (b)	sell.		
Standard Deduction								-				☐ Yes	⊠ No
Spouse itemizes on a separate return or you were a dual-status alien	-								, ,				
Dependents See instructions Common Commo	Deduction			•									
Dependents See instructions Common Commo	Age/Rlindness	Your	Were born before January 2	1958 F	Are blind Sn	nuse	. □ Was bor	n he	fore Janua	n/2 1	958	☐ Is blir	nd
If more than four than four dependents than four dependents. See instructions and check here				.000	<u> </u>					, ,			
Introde IAKSHITHA POTINI 925-98-1413 Daughter ATTACH Sen Be instructions and check here in the dependent see instructions and check here in the dependent see instructions and check here in the see instructions in the see instruction	-					. у		lip	. ,		· 1	,	,
dependents, see instructions and check here					925-98-1413 Daug		Daughter				X		
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b Household employee wages not reported on Form(s) W-2 Attach Form(s) W-2 here, Also attach Forms W-2 mere, Also attach Forms W-2G and Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Taxable dependent care benefits from Form 2441, line 26 Employer-provided adoption benefits from Form 8839, line 29 Mages from Form 8919, line 6 Mages from Form 8919, line 6 Other earned income (see instructions) In Day Mages from Form 8919, line 6 Other earned income (see instructions) In Day Add lines 1 a through 1h Attach Sch. B Tax-exempt interest Za	Incomo	1a	Total amount from Form(s) W-2, k	oox 1 (se	e instructions) .					- .	1a	7	4,473.
Attach Forms W-26 and 1099-Ri ft ax was withheld. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. In you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. It you did not get a Form W-2, see instructions. It you declar through 1h Attach Sch. B 2a Tax-exempt interest . 2a b Taxable interest . 2b In Taxable interest . 2b In Taxable interest . 2b In Taxable amount . 4b In Taxable amount . 5b In Taxable a	income	b		,	,						1b		
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W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. Add lines 1a through 1h Attach Sch. B if required. Attach S		d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d			
## was withheld. If you did not get a Form ## you get a Form ## yo	W-2G and	е								1e			
get a Form W2-2, see instructions. Mages from Form 8919, line 6 1g		f								1f			
get a Form W-2, see instructions. In h Other earned income (see instructions) It i Nontaxable combat pay election (see instructions) It i Nontaxable combat pay election (see instructions) It i Nontaxable combat pay election (see instructions) It i 74,473. Attach Sch. B 2a Tax-exempt interest . 2a b Taxable interest . 2b		g	Wages from Form 8919, line 6 .								1g		
Instructions. Z Add lines 1 a through 1h	get a Form	h	Other earned income (see instruc	tions)							1h		0.
Add lines 1a through 1h		i	Nontaxable combat pay election	(see insti	ructions)		1i						
If required. 3a Qualified dividends	motractions.	z	Add lines 1a through 1h								1z	7	4,473.
dathind who have a standard beduction for—Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under \$25 and and and and and and an and an an and an	Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interest	t			2b		
Standard Deduction for—Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, Deduction, Description of Married filing 10 Qualified business income deduction from Form 8995 or Form 8995-A Social security benefits .	if required.	3a	Qualified dividends	3a			•				3b		
Social security benefits . 6a b Taxable amount 6b Single or Married filing separately, \$12,950 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here		4a	IRA distributions	4a		b T	axable amoun	t.			4b		
Single or Married filing separately, \$12,950 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here \$\begin{array}{c} 7 \\ Married filing jointly or Qualifying \$\text{surviving spouse}, \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Standard	5a	Pensions and annuities	5a		b T	axable amoun	t.			5b		
Married filing separately, 7 Standard deduction or itemized deductions (from Schedule A) 15 Subtract line 12 and 13 15 Subtract line 14 from line 1.1 If zero or less enter -0- This is your taxable income 16 If you elect to use the lump-sum election method, check here (see instructions) 17 Capital gain or (loss). Attach Schedule D if required. If not required, check here 27 28 Other income from Schedule 1, line 10 8 Other income from Schedule 1, line 10 9 74, 473. 9 74, 473. 10 Subtract line 10 from line 9. This is your total income 10 Standard deduction or itemized deductions (from Schedule A) 11 12 13 14 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 48 573		6a	Social security benefits	6a		b T	axable amoun	t.			6b		
Standard deduction or itemized deduction from Schedule A) Capital gain of (loss). Attach Schedule D if required, if not required, check here 7 Capital gain of (loss). Attach Schedule I in not required, check here 7 8 Other income from Schedule 1, line 10 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 74, 473. 9 74, 473. 10 Subtract line 10 from line 9. This is your adjusted gross income 11 74, 473. 12 Standard deduction or itemized deductions (from Schedule A) 13 Qualified business income deduction from Form 8995 or Form 8995-A 14 Add lines 12 and 13 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 48 573	Married filing	С	If you elect to use the lump-sum e	election i	method, check here	(see	instructions)						
jointly or Qualifying spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your total income		7	Capital gain or (loss). Attach Sche	edule D i	f required. If not req	uired	l, check here				7		
Qualifying surviving spouse, \$25,900 4dd lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 74, 473. Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 74, 473. If you checked any box under Standard Peduction, Deduction, 1 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 48, 573.	Married filing	8	Other income from Schedule 1, lin	ne 10							8		
## Add fines 12 and 13 Add lines 14 from line 11 If zero or less enter -0- This is your taxable income 10	Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	7, and 8.	This is your total in	com	е				9	7	4,473.
household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, 12 Standard deduction or itemized deductions (from Schedule A)		10	Adjustments to income from Sche	edule 1,	ine 26						10		
\$19,400	Head of	11									11		
any box under Standard 14 Add lines 12 and 13		12										2	5 , 900.
Standard 14 Add lines 12 and 13 1. 15 Subtract line 14 from line 11. If zero or less enter -0. This is your taxable income. 15 48 5.73	If you checked	13	Qualified business income deduc	tion from	Form 8995 or Forn	n 899	95-A				13		
	Standard												
		15	Subtract line 14 from line 11. If ze	ero or les	s, enter -0 This is	your	taxable incom	ne			15	4	8,573.

Form 1040 (202)	2)									Page 2		
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		. 16		5,418.		
Credits	17	Amount from Schedule 2, lin	ne 3				-	. 17				
	18	Add lines 16 and 17						. 18		5,418.		
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			. 19				
	20	Amount from Schedule 3, lir	ne 8					. 20		5,418.		
	21	Add lines 19 and 20						. 21		5,418.		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22		0.		
	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		0.		
Payments	25	Federal income tax withheld										
-	а	Form(s) W-2				25a	9	95.				
	b	Form(s) 1099				25b						
	С	Other forms (see instructions	s)			25c						
	d	Add lines 25a through 25c						. 25d		995.		
If you have a	26	2022 estimated tax paymen	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	m Schedule 8812			28						
	29	American opportunity credit	from Form 8863	3, line 8		29						
	30	Reserved for future use .				30						
	31	Amount from Schedule 3, lin	ne 15			31						
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ındable credit	s .	. 32				
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 33		995.		
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amoun	nt you overpai	d.	. 34		995.		
Tierana	35a							☐ 35a		995.		
Direct deposit?	b	Routing number 0 7 5			c Type: 🛛	Checking [Savi	ngs				
See instructions.	d	Account number 5 5 7	8 1 4 3	4 7								
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36						
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 structions			rn with the IRS?		Comp	lete below.	. ⊠ No			
		signee's		Phone				identification	· ——			
		name no. number (PIN)										
Sign Here		der penalties of perjury, I declare t lief, they are true, correct, and com			r than taxpayer) is ba			which prepa	o the best of my knowledge and h preparer has any knowledge.			
	Yo	ur signature		Date	Your occupation			If the IRS se Protection I				
Joint return?					 IT ARCHITE	сст		(see inst.)	IIV, CITTEL I			
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupati			If the IRS se	nt your sp	ouse an		
Keep a copy for		, ,	J					•	tection PIN	I, enter it here		
your records.					HOME MAKER	₹		(see inst.)				
		one no. (612) 615-524		Email address	SURESH. POTI	_						
Paid		eparer's name	Preparer's signat			Date	PT		Check if			
Preparer	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/16/202	3 PO	2082703		-employed		
Use Only	Fin	m's name GLOBAL TA								65-9522		
Coc Cilly	Eir	m's address 2/15 POONE	V CT F BDII	M NOTWOKE	T 00016			Eirm's EIN	0.4	2171065		

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

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 SURESH & RATNAMBA POTINI

Your social security number 472-57-2977

Pai	Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441, Form 2441		2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5	Residential energy credits. Attach Form 5695		5	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800 6	а		
b	Credit for prior year minimum tax. Attach Form 8801 6	o		
С	Adoption credit. Attach Form 8839			
d	Credit for the elderly or disabled. Attach Schedule R 6	b		
е	Alternative motor vehicle credit. Attach Form 8910 66	Э		
f	Qualified plug-in motor vehicle credit. Attach Form 8936 6	f 5,418.		
g	Mortgage interest credit. Attach Form 8396	9		
h	District of Columbia first-time homebuyer credit. Attach Form 8859 6	า		
i	Qualified electric vehicle credit. Attach Form 8834 6	i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911 6	j		
k	Credit to holders of tax credit bonds. Attach Form 8912 6	K		
-1	Amount on Form 8978, line 14. See instructions 6	I		
Z	Other nonrefundable credits. List type and amount:			
	6	z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	5,418.
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-S	R, or 1040-NR,		
	line 20		8	5,418.
		(cc	ntınu	ed on page 2)

Schedule 3 (Form 1040) 2022 Page **2**

Par	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:			
а	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		
С	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	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		14	
1 4 15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-		14	
10	line 31		15	

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

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

2022

OMB No. 1545-0074

Attachment Sequence No. **47**

Your social security number

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

SURESH & RATNAMBA POTINI 472-57-2977 Child Tax Credit and Credit for Other Dependents 1 Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . 1 74,473. Enter income from Puerto Rico that you excluded 2a Enter the amounts from lines 45 and 50 of your Form 2555 . . . b 2b 0. c Enter the amount from line 15 of your Form 4563 Add lines 2a through 2c 2d3 3 4 Number of qualifying children under age 17 with the required social security number 0 5 5 Number of other dependents, including any qualifying children who are not under age 6 Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4. 7 7 1,000. Add lines 5 and 7 8 8 1,000. Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000 9 400,000. 10 Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. 10 0. 11 11 0. Is the amount on line 8 more than the amount on line 11? . . . 12 1,000. No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. **Yes.** Subtract line 11 from line 8. Enter the result. 13 Enter the amount from the Credit Limit Worksheet A 13 0._ Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents . . . 0._ Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19. If the amount on line 12 is more than the amount on line 14, you may be able to take the additional child tax credit on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27

(also complete Schedule 3, line 11) before completing Part II-A.

BAA

Schedule 8812 (Form 1040) 2022 Page **2**

Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line	27 .	
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	1,000.
b	Number of qualifying children under 17 with the required social security number:0 x \$1,500.		
	Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	0.
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	No. Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\dots \dots \dots \dots \dots \dots \dots$	20	
	Next. On line 16b, is the amount \$4,500 or more?		
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
	Otherwise, go to line 21.		
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	s of P	uerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see		
	instructions		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22		
23	Add lines 21 and 22		
24	1040 and		
	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,		
	and Schedule 3 (Form 1040), line 11.		
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the larger of line 20 or line 25	26	
	Next, enter the smaller of line 17 or line 26 on line 27.		
	II-C Additional Child Tax Credit		
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	

Form **8936** (Rev. January 2023)

Department of the Treasury

Internal Revenue Service

Qualified Plug-in Electric Drive Motor Vehicle Credit

(Including Qualified Two-Wheeled Plug-in Electric Vehicles and New Clean Vehicles)

Attach to your tax return.

Go to www.irs.gov/Form8936 for instructions and the latest information.

Note: This credit is for qualified plug-in electric drive motor vehicles placed in service before 2023, qualified two-wheeled plug-in electric vehicles acquired before but placed in service in 2022, and new clean vehicles placed in service after 2022. See separate

OMB No. 1545-2137

Attachment Sequence No. **69**

Name(s) shown on return

SURESH & RATNAMBA POTINI

Identifying number

instructions for vehicle definitions and other requirements. **Tentative Credit** Use a separate column for each vehicle. If you need more columns, (a) Vehicle 1 (b) Vehicle 2 use additional Forms 8936 and include the totals on lines 12 and 19. VOLKSWAGEN 1 Year, make, and model of vehicle. 1 ID 4 2 Vehicle identification number (see instructions) 2 WVGJNPE26NP039825 3 Enter date vehicle was placed in service (MM/DD/YYYY) 3 07/20/2022 If the vehicle is a two-wheeled vehicle, enter the cost of the vehicle. If the vehicle has at least four wheels, see 4a instructions 7,500. Phase-out percentage (see instructions) 4b 100.00 % % 7,500. **c** Tentative credit. Multiply line 4a by line 4b 4c

Next: If you did NOT use your vehicle for business or investment purposes and did not have a credit from a partnership or S corporation, skip Part II and go to Part III. All others, go to Part II.

Par	Credit for Business/Investment Use Part of	Vehi	cle		
5	Business/investment use percentage (see instructions)	5		%	%
6	Multiply line 4c by line 5. If the vehicle has at least four wheels, leave lines 7 through 10 blank and go to line 11	6			
7	Section 179 expense deduction (see instructions) .	7			
8	Subtract line 7 from line 6	8			
9	Multiply line 8 by 10% (0.10)	9			
10	Maximum credit per vehicle	10	10 2,4		2,500
11	For vehicles with four or more wheels, enter the amount from line 6. If the vehicle is a two-wheeled vehicle, enter the smaller of line 9 or line 10	11			
12	Add columns (a) and (b) on line 11			12	
13	Qualified plug-in electric drive motor vehicle credit from partnerships and S corporations (see instructions)			13	
14	Business/investment use part of credit. Add lines S corporations, stop here and report this amount on Schamount on Form 3800, Part III, line 1y	nedule	e K. All others, report this	14	

Note: Complete Part III to figure any credit for the personal use part of the vehicle.

Form 8936 (Rev. 1-2023) Page **2**

Credit for Personal Use Part of Vehicle Part III (a) Vehicle 1 (b) Vehicle 2 15 If you skipped Part II, enter the amount from line 4c. If you completed Part II, subtract line 6 from line 4c. If the vehicle has at least four wheels, leave lines 16 and 17 7,500. blank and go to line 18 15 16 Multiply line 15 by 10% (0.10) 16 17 Maximum credit per vehicle. If you skipped Part II, enter \$2,500. If you completed Part II, subtract line 11 from line 10 17 18 For vehicles with four or more wheels placed in service before 2023, enter the amount from line 15. If the vehicle is a two-wheeled vehicle, enter the smaller of line 16 or line 17. For vehicles placed in service after 7,500. 2022, see instructions 18 19 Add columns (a) and (b) on line 18 19 7,500. 20 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18 . . . 20 5,418. 21 Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions) 21 22 Subtract line 21 from line 20. If zero or less, enter -0- and stop here. You cannot claim 22 5,418. 23 Personal use part of credit. Enter the smaller of line 19 or line 22 here and on Schedule 3 (Form 1040), line 6f. If line 22 is smaller than line 19, see instructions . . . 23 5,418.

REV 02/05/23 PRO Form **8936** (Rev. 1-2023)

(Rev. November 2022)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

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 identification number

SUR	ESH & RATNAMBA POTINI	472-57-297	7		
Prepare	ation numb	per			
	M PRIYA RAM SAGAR GUPTA TALLAM	P02082703			
Part	·				
	e check the appropriate box for the credit(s) and/or HOH filing status claimed on the return benefit(s) claimed (check all that apply).		the rela		arts I–V HOH
1	Did you complete the return based on information for the applicable tax year provided		Yes	No	N/A
	or reasonably obtained by you? (See instructions if relying on prior year earned income.)		×		
2	If credits are claimed on the return, did you complete the applicable EIC and/or C worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Sched 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions worksheet(s) that provides the same information, and all related forms and schedules claimed?	ule 8812 (Form s, or your own	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you rethe following.	nust do both of			
	 Interview the taxpayer, ask questions, and contemporaneously document the taxpayer determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. 	's responses to			
	• Review information to determine that the taxpayer is eligible to claim the credit(s) an status and to figure the amount(s) of any credit(s)		X		
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsist answer questions 4a and 4b. If "No," go to question 5.)	tent? (If "Yes,"		×	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent in	formation? .			
b	Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	the impact the			
5	Did you satisfy the record retention requirement? To meet the record retention requirement keep a copy of your documentation referenced in question 4b, a copy of this Form 8867 applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) put taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing state the amount(s) of the credit(s)	ment, you must 7, a copy of any o prepare Form provided by the atus or to figure	×		
	List those documents provided by the taxpayer, if any, that you relied on:				
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?		×		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous	year?	X		
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	•			
а	Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a correct Schedule C (Form 1040)?				

Form 88	867 (Rev. 11-2022)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
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	Yes	No	N/A
	and does not have a qualifying child, go to question 10.)			
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?			
С	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)?			
Part	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is	Yes	No	N/A
	a citizen, national, or resident of the United States?	×		
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?	×		
40				
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			
Dowl	statement to the return?	X	Dt \	
Part	The state of the s			
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quatuition and related expenses for the claimed AOTC?		Yes	No
Part	y ,			VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?		Yes	No
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HO	H filing	status
	 A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s); 	nses on s) and/o	the retor HOH	turn or filing
	 B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkled credit(s) claimed and HOH filling status, if claimed; 	list for a	ıny app	licable
	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 880 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	 Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s). 	's eligib	ility for	the
	 A record of how, when, and from whom the information used to prepare this form and the applica obtained. 	ble worl	ksheet(s) was
	A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount	payer's ınt(s) of	respon the cre	ses, to dit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for eac related to a claim of an applicable credit or HOH filing status (see instructions for more information	h failur).	e to co	mply
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete?		Yes	No





2022 Form M1, Individual Income Tax Do not use staples on anything you submit.

SUR! Your Fir	ESH st Name and Initial	POTINI Last Name	472572977 Your Social Security Nur	08261978 Wour Date of Birth (MM,	/DD/YYY
RATI If a Join	NAMBA Return, Spouse's First Name and Initial	POTINI Spouse's Last Name	<u>134770429</u> Spouse's Social Security I	Number 07131985 Spouse's Date of Birth	
	6 MAPLE LN Home Address		Check if Address is:	New Fo	oreign
CARY City	/ER		MN State	55315 ZIP Code	
2022	Federal Filing Status (place	ce an X in one box):			
<u> </u>	.) Single (2) Married Filing Jointly	Spouse Name		usehold (5) Qualifying W	'idow(er
Depe	endents (see instructions):	Spouse SSN			
	SHITHA lent 1 First Name	POTINI Dependent 1 Last Name	925981413 Dependent 1 SSN	DAUGHTER Dependent 1 Relationship	to You
	JAYANTH lent 2 First Name	POTINI Dependent 2 Last Name	925981419 Dependent 2 SSN	SON Dependent 2 Relationship	to You
Depend	dent 3 First Name	Dependent 3 Last Name	Dependent 3 SSN	Dependent 3 Relationship	to You
	Your Federal Return (see in.	structions) O , pensions, and annuities	C. Unemployment	48573 D. Federal taxable income	
			0 and 1040-SR)	1 ■74	<u>473</u>
2			Schedule M1MB (see instructions)		
3	Add lines 1 and 2			3 74	<u>473</u>
4	Itemized deductions (from Sched	ule M1SA) or your standard dea	duction (see instructions)	4■25	200
5	Evernations (determine from instr	are missy or your standard det			000
6	Exemptions (determine from mistr			5 <u>8</u>	900
_		ructions)			900
7	State income tax refund from line	1 of federal Schedule 1		6■	900
8	State income tax refund from line Subtractions from line 32 of Scheo	1 of federal Schedule 1dule M1M and line 21 of Sched		6 ■	900
	State income tax refund from line Subtractions from line 32 of Scheo Total subtractions. Add lines 4 thr	uctions)	ule M1MB (see instructions)	6 ■	900

2022 M1, page 2



11	Alternative minimum tax (enclose Schedule M1MT)		.11 ■	
12 13	Add lines 10 and 11 Full-year residents: Enter the amount from line 12 on line 13. Part-year residents and nonresidents: From Schedule M1NR, eline 13, from line 28 on line 13a, and from line 29 on line 13b	. Skip lines 13a and 13b. enter the amount from line 32 on		2127
	13a ■O 13b ■)		
14	Other taxes, such as recapture amounts and the tax on lump-s			
	(a) Schedule M1HOME (b) Schedule M1529	(c) Schedule M1LS	14	
15	Tax before credits. Add lines 13 and 14		15	2127
16	Amount from line 19 of Schedule M1C, Nonrefundable Credits	16 ■		
17	Subtract line 16 from line 15 (if result is zero or less, leave blan	nk)	17	2127
18	Nongame Wildlife Fund contribution (see instructions) This will reduce your refund or increase the amount you owe		18 ■	
19	Add lines 17 and 18		19	2127
20	Minnesota income tax withheld. Complete and enclose Sched		13	
	Minnesota withholding from Forms W-2, 1099, and W-2G and S		20 ■	3636
21	Minnesota estimated tax and extension payments made for 2	022	21 ■	
22	Amount from line 12 of Schedule M1REF, Refundable Credits (22 ■		
23	Total payments. Add lines 20 through 22		23	3636
24	REFUND . If line 23 is more than line 19, subtract line 19 from For direct deposit, complete line 25		24 ■	1509
25	Direct deposit of your refund (you must use an account not a	ssociated with a foreign bank):		
	X Checking Savings 07500001			
	Routing Number	Account Number		
	AMOUNT YOU OWE . If line 19 is more than line 23, subtract li Penalty amount from Schedule M15 (see instructions). Also su	•	26 ■	
	this amount from line 24 or add it to line 26 (enclose Schedule		27 ■	
	OU PAY ESTIMATED TAX and want part of your refund credited			
28	Amount from line 24 you want sent to you		28 ■	
	Amount from line 24 you want applied to your 2023 estimated ayer(s): I declare that this return is correct and complete to the		29 ■	
Your	Signature	Spouse's Signature (If Filing Jointly)	Date	e (MM/DD/YYYY)
61	26155244 ime Phone	SURESH. POTINII@GMAIL. COMEmail Address	Ι	·
	AM PRIYA RAM SAGAR GUPTA TALLAM Preparer's Signature	02162023 Date (MM/DD/YYYY)		2082703 N or VITA/TCE # (required)
	89659522	SYAM@GTAXFILE.COM		y roz n (required)
	arer's Daytime Phone	Preparer's Email Address		
	I do not want my paid preparer to file my return electronically.	I authorize the Minnesota Department of Revenue		
	Include a conv of your 2022 federal return and schedules	with the preparer or the third-party designee indica	ted on my	federal return.

Mail to: Minnesota Individual Income Tax, Mail Station 0010, 600 N. Robert St., St. Paul, MN 55145-0010 1031 REV 02/02/23 PRO





2022 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

SURESH Your First Name and Initial RATNAMBA If a Joint Return, Spouse's First Name and Initial		POTINI				472572977		
			POTINI				Your Social Security Number 134770429	
		_						
If a Joint Return, Spouse's	First Name and Initial	Spouse's Las	st Name			Spouse's So	ocial Security Number	
If you received a feder complete this schedul amounts to the neare W-2G; keep them wit 1 Minnesota wages a complete line 5 on	lle to determine line est whole dollar. You th your tax records. and Minnesota tax w the back.	e 20 of Form N I must include All instruction ithheld on Forr	11. List only the for this schedule when are included on the	ms that reponsive the second in the second i	ort Minnesota incom our return. DO NOT s N-2G. If you have mor	ne tax withhe send in your re than five Fo	eld. Round dollar Forms W-2, 1099, o	
A	B—Box 13	C—Box 15			D—Box 16		E Minnesota tax withheld	
If the Form W-2 is for:		Employer's seven-digit Minnesota Tax ID Number		State wages, tips, etc. (round to nearest whole dollar)		(round to nearest whole dollar		
you, enter 1spouse, enter 2	box is check mark an X below.	lax ID Numb	per	(rouna to	o nearest whole aoliar)	(rouna to	nearest whole dollar	
a1 1	b1 X	c1 MN	7158934	d1	74473	e1	3636	
a2	b2	c2 MN		d2		e2		
a3	b3	c3 MN		d3		e3		
a4	b4	c4 MN		d4		e4		
a5	b5	c5 MN		d5		e5		
	nheld on Forms 1099	, W-2G, and 10 B Payer's seve	W-2G, and 1042-S. If you have more B Payer's seven-digit Minnesota Tax ID Number (if unknown, contact the pay		re than four forms, complete line c Income amount (see the table on			
a1		b1 MN		c1		d1		
a2		b2 MN		c2		d2		
a3		b3 MN		c3		d3		
a4		b4 MN		c4		d4		
Subtotal for addition	onal 1099, W-2G, and	l 1042-S (from	line 6 on page 2)					
Total Minnesota ta	ax withheld on all 10	99, W-2G, and	1042-S (add amoun	ts in line 2, c	column D)	2 🔳		
3 Total Minnesota ta (from line 7 on pag4 Total. Add the Min	ge 2)				!	3■		
	e and on line 20 of Fo				,	4 🔳	3636	

Include this schedule with your Form M1. If required, include Schedules KPI, KS, and KF.