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.

Submission Identification Number (SID)

Taxpayer's name Social security number SURESH POTINI 472-57-2977 Spouse's name Spouse's social security number 134-77-0429 RATNAMBA POTINI Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.) Part I 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. 74,473. Adjusted gross income 1 1 2 2 0. 3 3 995. 4 4 Amount you want refunded to you 995. 5 Amount you owe 5 . Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN

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02/19/2023

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ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Suresh Potini Your signature

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN ERO firm name

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature 🕨 Ratnamba Potini	Date > 02/19/2023					
Practitioner PIN Method Returns Only—continue below						
Part III Certification and Authentication – Practition	ner PIN Method Only					
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-	digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9					

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

ERO's signature	Date 🕨	
	ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So	
		0070

Date

Filing Status Single X Married filing separately (MFS) Head of household (HOH) Doublifying surviving servicing servicing services (GSS) Orchect only Hyou checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying surviving services is a child but not your dependent: Your stretched the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying surviving services social security number ATMABRA Formation and stretel, if you have a P.O.b.ex, been instructions. Apt. no. Previdential Electron Comparison (GSS) CARVER Control of the MFS box, enterturbations. Apt. no. Previdential Electron Comparison (GSS) Core, toor, protect of flow, if you have a foreign address, also complete spoces blow. State ZP code spoces filling pinthy, ward 30 box before villing pinthy, ward 30 box before will not change by our tax or refund. Toraign conuntry name Foreign province/attat/county Foreign province/attat/county Foreign province/attat/county Foreign province/attat/county Toraign province/attataspe/atta-toraign	1040		rtment of the Treasury-Internal Revenue Servi S. Individual Income Tax		urn	202	2	OMB No. 1545	-0074	IRS Use	only-	–Do not w	rite or staple	in this space.
SURESH POTINI 472-57-2977 Hjoht Hum, spouse's first name and middle initial RATMANE. Last name Spouse's social security number RATMANE. Spouse's social security number (1246 MAPLE IN) 134-77-0429 Home address (number and street). If you have a foreign address, also complete spaces below. State ZP code Presidential Election Campaign spouse filling jointly, want 35 City, con, or pool office. If you have a foreign address, also complete spaces below. State ZP code Home address (number and street). Foreign position filling jointly, want 35 Foreign country name Foreign province/state/county Foreign position filling jointly, want 35 Spouse filling jointly, want 35 Standard Spouse jitter or denome dime divide dispose of a digital asset (or a financial interest in a digital asset)? (Socie instructions) Ide Yes No Dependents is cos instructions: You ware adua	Check only	lf yo	u checked the MFS box, enter the na	ame of y	0	1 5 (,					spou	use (QSS)	Ũ
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1099-Rif fax was withheld. f Employer-provided adoption benefits from Form 8839, line 29 1f if you did not get a form Wages from Form 8919, line 6 1g W2, see instructions. Nontaxable combat pay election (see instructions) 1i XV2, see instructions. Nontaxable combat pay election (see instructions) 1i XV2, see instructions. Add lines 1a through 1h 1z Add lines 1a through 1h 1a 2b Attach Sch. B 2a b Dordinary dividends 3b 4a IRA distributions 4a b 5b 5b Beduction for- 6a b Taxable amount 5b 6b Standard Deduction for- 6a b Taxable amount 5b 6b 6a Social security benefits 6a b Taxable amount 6b 5b 6b If you elect to use the lump-sum election method, check here (see instructions) 7 7 5b 8 Other income from Schedule 1, line 10 7 8 74, 473. 8 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 74,			., .		`	, <u>,</u>		,						
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Instructions. z Add lines 1a through 1h 1z 74,473. Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b if required. 3a Qualified dividends 3a b Ordinary dividends 3b 4a IRA distributions 4a b Taxable amount 3b 4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a Ga b Taxable amount 6b Single or Married filing jointly or Qualifying surviving spouse, \$25,900 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 4dd lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 74,473. 9 Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 9 74,473. 10 11 74,473. 9 74,473. 10 10 10 9 74,473. 10 10 10 10 9 74,473. 10 10 10 10	W-2, see	i	,	,				1	i İ	• •	• •			
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if required. 3a Qualified dividends 3a b Ordinary dividends 3b 4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 6b • Single or Married filing jointly or Qualifying r Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 • Married filing jointly or Qualifying 8 Other income from Schedule 1, line 10 7 • Married filing jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 74, 473. • Head of household, \$19,400 10 Adjustments to income from Schedule 1, line 26 10 11 74, 473. • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 25, 900. • If you checked ary box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995 or Form 8995 A 13 14 25,	Attach Sch. B	 2a		1			 ь т	axable interes	• •		• •			, 1, 1, 0.
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Standard Deduction for- 5a Pensions and annuities								,			• •			
Deduction for- 6a Social security benefits 6a b Taxable amount 6b • Single or Married filing separately, \$12,950 6a Social security benefits 6a b Taxable amount 6b • Married filing jointly or Qualifying surviving spouse, \$25,900 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 8 • Married filing jointly or Qualifying surviving spouse, \$25,900 9 Add 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 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 • Head of household, \$19,400 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 • If you checked any box under Standard 14 25,900. 14 • If you checked any box under Standard 14 25,900. 14	Standard										• •			
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\$25,900 10 Adjustments to income from schedule 1, life 20 11 74,473. • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 25,900. • If you checked any box under Standard 14 25,900. 14 25,900. 14 • Add lines 12 and 13 • • • • • • • • • • • • • • • • • • •						• •			14,413.					
household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900. If you checked any box under Standard Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 If you checked any box under Standard Deduction, 14 25,900. 13 If you checked any box under Standard Deduction, 14 25,900. 14 If you checked any box under Standard Deduction, 15 48,573	\$25,900		•						• •	• •	• •			
\$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 • If you checked any box under Standard 14 Add lines 12 and 13 14 25,900. • Deduction, Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 48,573					-	•			• •	• •	• •			
any box under Standard 14 Add lines 12 and 13 14 25,900 Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 48,573	\$19,400						,		• •		• •			25,900.
Standard 14 Add lines 12 and 13 14 25,900 Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 48,573				on from	ı ⊢orm 89	995 or Forn	1 899	5-A			• •			
	Standard			· ·	••••	· · ·	• •		• •	• •	• •			
		15	Subtract line 14 from line 11. If zer	o or les	s, enter -	U This is y	our 1	axable incom	1 e .	• •	• •	15	4	48,573.

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

Form **1040** (2022)

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	5	,418.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	5	,418.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					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		Ο.
	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	995			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d		995.
15	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return .			26		
If you have a l qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit	from Form 8863	3, line 8		29		-		
	30	Reserved for future use .		·		30				
	31	Amount from Schedule 3, lin				31				
	32	Add lines 27, 28, 29, and 31				undable credits		32		
	33	Add lines 25d, 26, and 32. T	,	•	-			33		995.
Defined	34	If line 33 is more than line 24						34		995.
Refund	35a	Amount of line 34 you want				•	. 🗆	35a		995.
Direct deposit?	b	Routing number 0 7 5	0 0 0 0	1 9			Savings			
See instructions.	d	Account number 5 5 7		4 7			0			
	36	Amount of line 34 you want a			ed tax	36				
Amount	37	Subtract line 33 from line 24								
You Owe	07	For details on how to pay, g						37		
	38	Estimated tax penalty (see in				38				
Third Party		you want to allow another	,					_		
Designee		structions	•				omplete	below.	× No	
J	De	signee's		Phone		Pers	onal iden	tification		
	nai	ne		no.		num	ber (PIN)			
Sign		der penalties of perjury, I declare t								
Here		ief, they are true, correct, and com	plete. Declaration of		1	ased on all informati				
	Yo	ur signature		Date	Your occupation				nt you an Id IN, enter it h	
Joint return?					TT ARCHIT	ЕСT		e inst.)		
See instructions.	Sp	ouse's signature. If a joint return, I					ne IRS sei	nt your spou	use an	
Keep a copy for	-1-						Ide	entity Prote	ection PIN, e	
your records.					HOME MAKE	R	(se	e inst.)		
	Ph	one no. (612) 615-524	4	Email address	SURESH.POT	INII@GMAIL.C	M			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/16/2023	P0208	82703	Self-e	mployed
Use Only	Fir	m's name GLOBAL TAX	XES LLC				Ph	one no. ((678)96	5-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Fir	m's EIN	84-31	171965
Go to www.irs.ge	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/05/23 PRO			Form 1	040 (2022)

Additional Credits and Payments

OMB No. 1545-0074 20

2

Attach to 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.						Attachment Bequence No. 03	
	Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your so							
SUR Par		AMBA POTINI			472-5	7-2	977	
		fundable Credits						
1	0	credit. Attach Form 1116 if required				1		
2	Credit for c Form 2441	child and dependent care expenses from Form 244				2		
3	Education c	redits 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 nonre	fundable credits:						
а	General bus	iness credit. Attach Form 3800	6a					
b	Credit for p	rior year minimum tax. Attach Form 8801	6b					
с	Adoption cr	edit. Attach Form 8839..............	6c					
d	Credit for th	e elderly or disabled. Attach Schedule R	6d					
е	Alternative r	notor vehicle credit. Attach Form 8910	6e					
f	Qualified plu	ug-in motor vehicle credit. Attach Form 8936	6f	5,	418.			
g	Mortgage in	terest credit. Attach Form 8396	6g					
h	District of Co	olumbia first-time homebuyer credit. Attach Form 8859	6h					
i	Qualified ele	ectric vehicle credit. Attach Form 8834	6i					
j	Alternative f	uel vehicle refueling property credit. Attach Form 8911	6j					
k	Credit to ho	Iders of tax credit bonds. Attach Form 8912	6k					
Т	Amount on	Form 8978, line 14. See instructions	61					
z	Other nonre	fundable credits. List type and amount:						
			6z					
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	-SR, o	r 1040	-NR,			
	line 20				•••	8	5,418.	
					•		ued on page 2)	
For Pa	perwork Reduct	ion Act Notice, see your tax return instructions. BAA	REV (02/05/23 PR	.o s	chedu	ile 3 (Form 1040) 2022	

Schedule 3 (Form 1040) 2022

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
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 h	Reserved for future use	13g 13h		
z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31	-SR, or 1040-NR,	15	
	BAA REV	02/05/23 PRO	Schedule 3	(Form 1040) 202

SCHEDULE 8812 (Form 1040)

Department of the Treasury

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

Attach to	Form	1040.	1040-SR.	or 1040-NR.
/		,	1010 011,	01 10 10 1111

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

2022 Attachment Sequence No. 47

Internal Revenue Service	
Name(s) shown on return	

Name(s)	Name(s) shown on return Your s						
SURES	URESH & RATNAMBA POTINI 472-						
Par	t I 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.				
2a	Enter income from Puerto Rico that you excluded						
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.					
с	Enter the amount from line 15 of your Form 4563						
d	Add lines 2a through 2c	. 2d	0.				
3	Add lines 1 and 2d	. 3	74,473.				
4	Number of qualifying children under age 17 with the required social security number 4	0					
5	Multiply line 4 by \$2,000	. 5					
6	Number of other dependents, including any qualifying children who are not under age						
	17 or who do not have the required social security number	2					
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. reside	ent					
	alien. Also, do not include anyone you included on line 4.						
7	Multiply line 6 by \$500	. 7	1,000.				
8	Add lines 5 and 7	. 8	1,000.				
9	Enter the amount shown below for your filing status.						
	• Married filing jointly—\$400,000						
	• All other filing statuses— $$200,000 \int \dots $. 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	Multiply line 10 by 5% (0.05)		0.				
12	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	dit.					
	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.				
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents	. 14	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 addition						
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NI	R throug	h line 27				
	(also complete Schedule 3, line 11) before completing Part II-A.						

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/05/23 PRO Schedule 8812 (Form 1040) 2022

Schedu	le 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	e 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 17 18a b 19	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 . TIP: The number of children you use for this line is the same as the number of children you used for line 4. Enter the smaller of line 16a or line 16b . . Earned income (see instructions) Is the amount on line 18a more than \$2,500? I8b Is the act in 19 blank and enter -0- on line 20. 	16b 17	0.
20	 ❑ Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	20	Duarta Diag
Part		s of I	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. 21		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 .		
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	
Part	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	
	BAA REV 02/05/23 PRO Sch	edule 8	812 (Form 1040) 2022



Internal Revenue Service

Form	UJ	ÐU	
(Rev.	January	(2023)	

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

OMB No. 1545-2137

Attach to your tax return.

Qualified Plug-in Electric Drive Motor Vehicle Credit

Attachment Sequence No. 69

Department of the Treasury Go to www.irs.gov/Form8936 for instructions and the latest information. Name(s) shown on return

Identifying number 472-57-2977

SURESH & RATNAMBA POTINI

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 instructions for vehicle definitions and other requirements.

Part	I Tentative Credit			
	separate column for each vehicle. If you need more colum dditional Forms 8936 and include the totals on lines 12 and		(a) Vehicle 1	(b) Vehicle 2
1	Year, make, and model of vehicle	1	VOLKSWAGEN 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	
4a	If the vehicle is a two-wheeled vehicle, enter the cost of the vehicle. If the vehicle has at least four wheels, see instructions	4a	7,500.	
b	Phase-out percentage (see instructions)	4b	100.00 %	%
С	Tentative credit. Multiply line 4a by line 4b	4c	7,500.	

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.

Part	art II Credit for Business/Investment Use Part of Vehicle									
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	2,5	500	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 p (see instructions)			13						
14	Business/investment use part of credit. Add lines S corporations, stop here and report this amount on Sch amount 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.

Part III Credit for Personal Use Part of Vehicle

			(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 blank and go to line 18	15	7,5	00.	
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 2022, see instructions	18	7,5	00.	
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 (structions)	21		
22	Subtract line 21 from line 20. If zero or less, enter -0- an the personal use part of the credit	22	5,418.		
23	Personal use part of credit. Enter the smaller of lin Schedule 3 (Form 1040), line 6f. If line 22 is smaller than li			23	5,418.

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

5	Baid Preparer's Due Diligence Checklist							
orm 🥾	Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and							
lev. No	vember 2022)	Credit for Other Dependents (ODC)), and Head of Household (HOH) Fili	ng Status		20			
	ent of the Treasury Revenue Service	To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 104 Go to www.irs.gov/Form8867 for instructions and the latest inform		Attach Seque	nment ence No.	70		
axpaye	r name(s) shown on	return	Taxpayer identificatio	n number				
SURE	SH & RATNA	MBA POTINI	472-57-297	7				
reparer	's name		Preparer tax identifica	ation numl	ber			
SYAM		I SAGAR GUPTA TALLAM	P02082703					
Part		gence Requirements						
		propriate box for the credit(s) and/or HOH filing status claimed on the reduced (check all that apply).		e the rel AOTC		arts I–V HOH		
1	Did you compl	lete the return based on information for the applicable tax year provided	by the taxpayer	Yes	No	N/A		
		obtained by you? (See instructions if relying on prior year earned income.		×				
2	worksheets for 1040) instructi worksheet(s) t	claimed on the return, did you complete the applicable EIC and/or of und in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Scher ions, and/or the AOTC worksheet found in the Form 8863 instruction hat provides the same information, and all related forms and schedules	dule 8812 (Form ns, or your own					
	claimed?			×				
3	the following.	/ the knowledge requirement? To meet the knowledge requirement, you						
	determine th	taxpayer, ask questions, and contemporaneously document the taxpayer at the taxpayer is eligible to claim the credit(s) and/or HOH filing status.	·					
	status and to	mation to determine that the taxpayer is eligible to claim the credit(s) at b figure the amount(s) of any credit(s)		X				
4	information rea	nation provided by the taxpayer or a third party for use in preparing asonably known to you, appear to be incorrect, incomplete, or inconsi ons 4a and 4b. If " No ," go to question 5.)	stent? (If "Yes,"		X			
а	Did you make	reasonable inquiries to determine the correct, complete, and consistent ir	formation? .					
b	you asked, wh	emporaneously document your inquiries? (Documentation should includ nom you asked, when you asked, the information that was provided, and d on your preparation of the return.)	d the impact the					
5	Did you satisfy keep a copy o applicable wor 8867 and any taxpayer that y the amount(s)	y the record retention requirement? To meet the record retention require f your documentation referenced in question 4b, a copy of this Form 886 rksheet(s), a record of how, when, and from whom the information used applicable worksheet(s) was obtained, and a copy of any document(s) you relied on to determine eligibility for the credit(s) and/or HOH filing st of the credit(s)	ement, you must 7, a copy of any to prepare Form provided by the atus or to figure	X				
	List those doct	uments provided by the taxpayer, if any, that you relied on:						
6	credit(s) and/o	e taxpayer whether he/she could provide documentation to substantiate or HOH filing status and the amount(s) of any credit(s) claimed on the red for audit?	return if his/her	X				
7		e taxpayer if any of these credits were disallowed or reduced in a previou		X				
-	-	e disallowed or reduced, go to question 7a; if not, go to question 8.)	- ,	<u></u>				
а		ete the required recertification Form 8862?						
~	, cu compi							

8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?

For Paperwork Reduction Act Notice, see separate instructions.

REV 02/05/23 PRO

Form 8867 (Rev. 11-2022)

Form 88	367 (Rev. 11-2022)			Page 2
Part	II 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 and does not have a qualifying child, go to question 10.)	Yes	No	N/A
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	III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim (CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A
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?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	×		
Part	Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOT)	, go tc	Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu tuition and related expenses for the claimed AOTC?	alified	Yes	No
Part	V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	is, go te	o Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the ta 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 responsion 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 or (s) and/c	n the ret or HOH	turn or filing
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed;	list for a	any 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 88 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.

-

- 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
- 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
- 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

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

15	Do you certify	/ that	all	of t	he	ans۱	wers	or	n this	Fo	rm	886	7 a	re, t	o th	e b	est	of	you	r kı	now	ledg	ge, t	rue	, co	rrec	rt, an	nd	Yes	No
	complete?																												X	

REV 02/05/23 PRO

Form 8867 (Rev. 11-2022)

DEPARTMENT OF REVENUE

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



SURE Your Fire	ESH st Name and Initial	POTINI	472572977 Your Social Security Number	08261978 Your Date of Birth (MM/DD/YYY)
	JAMBA Return, Spouse's First Name and Initial	POTINI Spouse's Last Name	<u>134770429</u> Spouse's Social Security Numb	07131985
	5 MAPLE LN Home Address		Check if Address is:	New Foreign
<u>CAR\</u> City	/ER		MN State	<u>55315</u> ZIP Code
2022	Federal Filing Status (plac	e an X in one box):		
(1) Single \mathbf{X} (2) Married Filing Jointly	(3) Married Filing Separately Spouse Name Spouse SSN	(4) Head of Househo	old (5) Qualifying Widow(er)
Depe	endents (see instructions):	500363514		
	SHITHA ent 1 First Name	POTINI Dependent 1 Last Name	925981413 Dependent 1 SSN	DAUGHTER Dependent 1 Relationship to You
	JAYANTH ent 2 First Name	POTINI Dependent 2 Last Name	925981419 Dependent 2 SSN	SON Dependent 2 Relationship to You
Depend	ent 3 First Name	Dependent 3 Last Name	Dependent 3 SSN	Dependent 3 Relationship to You
	Your Federal Return (see ins	0	0	48573
A. Wag	es, salaries, tips, etc. B. IRA,	pensions, and annuities	C. Unemployment D.	Federal taxable income
			nd 1040-SR)	
2 3			edule M1MB (see instructions)	3 74473
4	Itemized deductions (from Schedu	<i>le M1SA)</i> or your standard deduc	tion (see instructions)	4 ■ 25800
5	Exemptions (determine from instru	ictions)		5∎8900
6	State income tax refund from line	1 of federal Schedule 1		6 🔳
7	Subtractions from line 32 of Sched	ule M1M and line 21 of Schedule	M1MB (see instructions)	7
8	Total subtractions. Add lines 4 thro	bugh 7		834700
9	Minnesota taxable income. Subtra	act line 8 from line 3. If zero or les	s, leave blank.	9 <u>39773</u>
10	Tax from the table or schedules in	the Form M1 instructions		10 2127



11	Alternative minimum tax (enclose Schedule M1MT)		.11 🔳	
				2127
12 13	Add lines 10 and 11		.12	
10	Part-year residents and nonresidents: From Schedule M1NR, e	•		
	line 13, from line 28 on line 13a, and from line 29 on line 13b		13	2127
	0			
1.4	13a ■ 0 13b ■ 0 Other taxes, such as recapture amounts and the tax on lump-s			
14	Other taxes, such as recapture amounts and the tax on tump-s	sum distributions (check appropriate boxes)		
	(a) Schedule M1HOME (b) Schedule M1529	(c) Schedule M1LS	14	
				2127
15	Tax before credits. Add lines 13 and 14	••••••	15	
16	Amount from line 19 of Schedule M1C, Nonrefundable Credits	s (enclose Schedule M1C)	16	
17	Subtract line 16 from line 15 (<i>if result is zero or less, leave blan</i>	nk)	17	ZIZ/
18	Nongame Wildlife Fund contribution (see instructions) This will reduce your refund or increase the amount you owe		18	
	This will reduce your relation of melease the amount you owe		10	
19	Add lines 17 and 18		19	2127
20	Minnesota income tax withheld. Complete and enclose Sched			2626
	Minnesota withholding from Forms W-2, 1099, and W-2G and S	chedules KPI, KS, and KF	20	
21	Minnesota estimated tax and extension payments made for 2	022	21	
22	Amount from line 12 of Schedule M1REF, Refundable Credits ((see instructions; enclose Schedule M1REF)	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	line 23 (see instructions).		
	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):		
	Checking Savings 07500001			
	Routing Number	Account Number		
	AMOUNT YOU OWE. If line 19 is more than line 23, subtract li		26	
27	Penalty amount from Schedule M15 (see instructions). Also su this amount from line 24 or add it to line 26 (enclose Schedule		27	
IF Y	DU PAY ESTIMATED TAX and want part of your refund credited		27	
	Amount from line 24 you want sent to you	•	28	
			20 -	
	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	
lavb		best of my knowledge and benef.		
Your	Signature	Spouse's Signature (If Filing Jointly)		e (MM/DD/YYYY)
	26155244	SURESH. POTINII@GMAIL.COM		
	me Phone	Email Address	.1	
	AM PRIYA RAM SAGAR GUPTA TALLAM	02162023		2082703
	reparer's Signature	Date (MM/DD/YYY)	PTI	N or VITA/TCE # (required)
6/8 Prepa	39659522 rer's Daytime Phone	SYAM@GTAXFILE.COM Preparer's Email Address		
	I do not want my paid preparer to file my return electronically.	I authorize the Minnesota Department of Revenue	to discuss	this tax return
	Include a copy of your 2022 federal return and schedules.	with the preparer or the third-party designee indic		
-	Mail to: Minnesota Individual Income Tax, Mail Station 0010,			
	REV 02/02/23 PRO	10.31		

DEPARTMENT OF REVENUE

2

3

4



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	POTINI Last Name	472572977 Your Social Security Number
RATNAMBA	POTINI	134770429
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF showing Minnesota income tax withheld, complete this schedule to determine line 20 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

Α	B—Box 13	C—Box 15	D—Box 16	E
If the Form W-2 is for:	If Retirement Plan	Employer's seven-digit Minnesota	State wages, tips, etc.	Minnesota tax withheld
 you, enter 1 	box is check	Tax ID Number	(round to nearest whole dollar)	(round to nearest whole dolla
 spouse, enter 2 	mark an X below.			
a1	b1 ×	c1 MN 7158934	d174473_	e13636
a2	b2	c2 MN	d2	e2
a3	b3	c3 MN	d3	e3
a4	b4	c4 MN	d4	e4
				<u></u>
a5	b5	c5 MN	d5	e5
Subtotal for addition	nal Forms W_2 /from	n line 5 on page 2)		
		Time 5 on page 27		•
Total Minnesota tax	withheld on all Fo	rms W-2 (add amounts in line 1, co	lumn F)	3636
				· · · · · · · · · · · · · · · · · · ·
Minnesota tax with	held on Forms 1099	, W-2G, and 1042-S. If you have mo	re than four forms complete line	6 on the back
A		B	C	D
	or 1042 Sic for	-		D Minnesota tax withheld
If the Form 1099, W-2G	, 01 1042-3 15 101.	Payer's seven-digit Minnesota Tax ID	Income amount (see the table on	
• you, enter 1		Number (if unknown, contact the pay	ver) the back for amounts to include)	(round to nearest whole do
• spouse, enter 2				
a1		b1 MN	c1	d1
_				
a2		b2 MN	c2	d2
a3		b3 MN	c3	d3
a4		b4 MN	c4	d4
Subtotal for addition	nal 1099, W-2G, and	1042-S (from line 6 on page 2)		
Total Minnesota tax	withheld on all 10	99, W-2G, and 1042-S (add amount	ts in line 2, column D)	
Total Minnesota tax	withheld by partn	erships, S corporations, and fiducia	aries	
(from line 7 on page	2)			3
Total. Add the Minn	esota tax withheld	on lines 1, 2, and 3.		
Enter the total here	and on line 20 of Fo	orm M1		4■3636
		Include this schedule wit	h your Form M1.	
		If required, include Schedu	les KPI, KS, and KF.	
REV 02/02	2/23 PRO	1031	1	