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

| Subm | nission Identification Number (SID) | | | | |
|--|--|---|---|--|---|
| Taxpay | yer's name | Social securit | y number | | |
| RIT | THESH PRODDUTURI | 002-77- | -5400 | | |
| Spouse | e's name | Spouse's soc | ial security | y number | |
| Par | Tax Return Information — Tax Year Ending December 31, 2022 (Ente | r year you a | re autho | orizing.) | |
| 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 | | 118. |
| 2 | Total tax | | 2 | 5, | 108. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | | 901. |
| 4 | Amount you want refunded to you | | 4 | 1, | 793 <u>.</u> |
| 5 | Amount you owe | | 5 | | |
| Part | Taxpayer Declaration and Signature Authorization (Be sure you get and | keep a cop | y of you | ır returr | <u>1) </u> |
| return to sen for an Agent payme author payme busine taxes persor | nowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I about (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmood my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejuy delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution rization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requess days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the penal identification number (PIN) below is my signature for the income tax return (original or amended) I applied to the penal identification of the payment (settlement) and the income tax return (original or amended) I applied to the penal identification of the payment (settlement) and the income tax return (original or amended) I applied to the penal identification of the payment (settlement) and the provided the penal identification of the payment (settlement) and the provided the penal identification of the payment (settlement) and the penal i | itter, or electro- ection of the tr. S. Treasury are icated in the ta- on to debit the the authoriza- uests must be processing of payment. I furt | nic returnansmission its des ix prepara entry to to tition. To it received the elect her acknown. | n originato on, (b) the ignated Fi ation softw his accourevoke (ca I no later ronic payr owledge t | r (ERO) reason inancial vare for nt. This ancel) a than 2 ment of hat the |
| Taxp | ayer's PIN: check one box only | | | | |
| | ▼ I authorize GLOBAL TAXES LLC to enter or generate ■ ERO firm name | ř Ent | er five dig | its, but | as my |
| | signature on the income tax return (original or amended) I am now authorizing. | dor | n't enter al | zeros | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN meth below. | | | | |
| Your | signature ▶ Date ▶ _ | | | | |
| Snou | nas'a DINI, ahaak ana hay aniy | | | | |
| Spou | se's PIN: check one box only | DINI | | | |
| L | I authorize to enter or generate to enter or generate | | er five dia | | as my |
| | signature on the income tax return (original or amended) I am now authorizing. | | n't enter al | | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN meth below. | | | | |
| Spou | se's signature ▶ Date ▶ | | | | |
| | Practitioner PIN Method Returns Only—continue below | | | | |
| Part | 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 | | 6 6 1 er all zeros | | 9 |
| author | fy that the above numeric entry is my PIN, which is my signature for the electronic individual income to rized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of In | itting this retu | rn in acc | ordanće v | |
| FR∩' | 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

2022

OMB No. 1545-007

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

| Filing Status | s 🔀 S | Single Married filing jointly | Marrie | ed filing separatel | y (MFS) | ☐ Head of | household (HOH) | | | fying survi | iving |
|----------------------------------|---------------|--|-------------|---------------------|----------|------------------------------|--------------------|--|---------------------------------|-------------------------|-----------------------------|
| Check only one box. | - | u checked the MFS box, enter the non is a child but not your dependen | | our spouse. If yo | u check | ed the HOH or | QSS box, enter | | | se (QSS) name if the | e qualifying |
| Your first name | and mi | ddle initial | Last na | me | | | | Your | soci | ial security | number |
| RITHESH | | | PROD | DUTURI | | | | 002 | . – 7 | 7-5400 |) |
| | pouse's | first name and middle initial | Last nai | | | | | | Spouse's social security number | | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instruction | ons. | | | Apt. no. | Pres | ident | tial Electio | n Campaign |
| 8609 KEI | NNEDY | Y CIR N | | | | | บ7 | U7 Check here if yo | | | • |
| City, town, or p | ost offic | ce. If you have a foreign address, also co | omplete s | paces below. | Sta | ite | ZIP code | | | 0, | tly, want \$3 Checking a |
| WARREN | | | MI 48093 | | | | | | | w will not o | |
| Foreign countr | y name | | F | oreign province/sta | ate/coun | ty | Foreign postal cod | e your | tax o | or refund. | · · |
| | | | | | | | | | | You | Spouse |
| Digital Assets | | ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a | , | | | | , , , | ` ' | | Yes | ⊠ No |
| Standard | | eone can claim: You as a de | | <u></u> | | a dependent | , (| | , | | |
| Deduction | | Spouse itemizes on a separate return | • | • | | • | | | | | |
| Age/Blindnes | s You: | Were born before January 2, 1 | 958 | Are blind | Spouse | : Was bo | rn before Januar | | | ☐ Is blir | |
| Dependent | s (see | instructions): | | (2) Social secu | ırity | (3) Relationsh | | | - 1 | , | , |
| If more | (1) Fi | rst name Last name | | number | | to you | Child tax | credit | С | redit for oth | er dependents |
| than four | | | | | | | | | \perp | | <u></u> |
| dependents, see instruction | s —— | | | | | | | | \perp | | |
| and check | , — | | | | | | | | 4 | | |
| here L |] | | | | | | | | 丄 | L | |
| Income | 1a | Total amount from Form(s) W-2, b | , | , | | | | | 1a | 6 | 3,888. |
| A44(-) | b | Household employee wages not r | | | | | | . | 1b | | |
| Attach Form(s) W-2 here. Also | С | , | | | | | | | | | |
| attach Forms | d | Medicaid waiver payments not rep | | ` , | e instru | ıctions) | | . | 1d | | |
| W-2G and 1099-R if tax | е | Taxable dependent care benefits | | · · | | | | . | 1e | | |
| was withheld. | f | Employer-provided adoption bene | efits from | n Form 8839, line | 29 . | | | | 1f | | |
| If you did not | g | Wages from Form 8919, line 6. | | | | | | . | 1g | | |
| get a Form W-2, see | h | Other earned income (see instruct | , | | | | | | 1h | | 0. |
| instructions. | i | Nontaxable combat pay election (| see instr | ructions) | | <u>1</u> i | | | | 1 | |
| | <u>z</u> | Add lines 1a through 1h | | | | | | | 1z | - 6 | 3,888. |
| Attach Sch. B if required. | 2a | · - | 2a | 8. | | axable interes | | | 2b | | |
| ii required. | 3a | | 3a | 0. | | ordinary divide | | • | 3b | | 8. |
| | 4a | | 4a | | | axable amoun axable amoun | | | 4b | | |
| Standard Deduction for— | 5a | | 5a 6a | | | axable amoun | | | 5b 6b | | |
| Single or | 6a | Social security benefits If you elect to use the lump-sum e | _ | mothod shook he | | | t | $\dot{\Box}$ | OD | _ | |
| Married filing separately, | С 7 | Capital gain or (loss). Attach Sche | | • | ` | , | | H | 7 | 1 | 151. |
| \$12,950 Married filing | 8 | Other income from Schedule 1, lir | | | | | | □ □ </td <td>8</td> <td>_</td> <td>.7,929.</td> | 8 | _ | .7 , 929. |
| jointly or | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 | | | | | | • | 9 | | 6,118. |
| Qualifying surviving spouse, | 10 | Adjustments to income from Sche | | | | | | . - | 10 | | <u> </u> |
| \$25,900 • Head of | 11 | Subtract line 10 from line 9. This is | - | | | | | . - | 11 | | 6,118. |
| household, | 12 | Standard deduction or itemized | - | | | | | · | 12 | | 2,950. |
| \$19,400 If you checked | 13 | Qualified business income deduct | | ` | , | | | . | 13 | | <u>~,</u> , , , , |
| any box under Standard | 14 | | | | | | | | 14 | 1 | 2,950. |
| Deduction, | 15 | Subtract line 14 from line 11. If zer | | | | | | | 15 | | 3,168. |
| see instructions. | 1 | | | ., | , , , | | | | | | -, - 00. |

| Additional child tax credit from Schedule 8812 | Form 1040 (2022 | 2) | | | | | | | | | Page 2 |
|--|--------------------|------|--|-----------------------|--------------------|--------------------|------------------|------------|--------------|--------------|--------------|
| Transpare | Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 881 | 4 2 🗌 4972 | 3 🗌 | 1 | 6 | 5 , : | 108. |
| 18 | | 17 | Amount from Schedule 2, lin | ie 3 | | | | 1 | 7 | | |
| 20 | | 18 | Add lines 16 and 17 | | | | | 1 | 8 | 5 , î | 108. |
| 21 Add lines 19 and 20 22 Subtract line 21 from line 18. If zero or less, enter -0- 22 5, 108. | | 19 | Child tax credit or credit for | other dependent | ts from Sched | ule 8812 | | 1 | 9 | | |
| 22 Subtract line 21 from line 18. If zero or less, enter -0- | | 20 | Amount from Schedule 3, lin | ie 8 | | | | 2 | .0 | | |
| 23 | | 21 | Add lines 19 and 20 | | | | | 2 | 1 | | |
| 23 | | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | 2 | 2 | 5,1 | 108. |
| Payments | | 23 | Other taxes, including self-e | mployment tax, | from Schedule | e 2, line 21 | | 2 | .3 | | |
| Payments 25 Federal income tax withheld from: 25a 6, 901. | | 24 | Add lines 22 and 23. This is | your total tax | | | | 2 | 4 | 5 , î | |
| a Form(s) W-2 | Payments | 25 | | | | | | | | | |
| C Other forms (see instructions) 25c 25d 6, 901 | | а | Form(s) W-2 | | | | 25a 6 | ,901. | | | |
| If you have a couple 25d 6,901. 25d 6,901. 26d 2022 estimated tax payments and amount applied from 2021 return 26d 26d 27d 27d 28d | | b | Form(s) 1099 | | | | 25b | | | | |
| 20 | | С | Other forms (see instruction: | s) | | | 25c | | | | |
| 20 | | d | Add lines 25a through 25c | | | | | 25 | 5d | 6,9 | 901. |
| attach Sch. Eld. 27 28 28 29 29 28 29 29 29 | ., | 26 | · · | | | | | 2 | .6 | | |
| Additional child tax credit from Schedule 8812 | qualifying child, | | . , | | | | 1 1 | | | | |
| 30 | attach Sch. EIC. | 28 | , , | | | _ | 28 | | | | |
| 30 | | 29 | American opportunity credit | from Form 8863 | 3, line 8 | | 29 | | | | |
| Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32 | | 30 | | | | | 30 | | | | |
| Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32 | | 31 | Amount from Schedule 3, lin | | | | | | | | |
| Refund 34 If line 32 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 1,793. | | 32 | | | | | indable credits | 3 | 2 | | |
| Refund 34 | | 33 | | | | | | 3 | 3 | 6,9 | 901. |
| Sign Here Doyou want to allow another person to discuss this return with the IRS? See instructions Doyou want to allow another person to discuss this return with the IRS? See instructions Doyou want to allow another person to discuss this return with the IRS? See instructions Doyou want to allow another person to discuss this return with the IRS? See instructions Doyou want to allow another person to discuss this return with the IRS? See instructions Doyou want to allow another person to discuss this return with the IRS? See instructions Doyou want to allow another person to discuss this return with the IRS? See instructions Doyou want to allow another person to discuss this return with the IRS? See instructions Doyou want to allow another person to discuss this return with the IRS? See instructions Doyou want to allow another person to discuss this return with the IRS? See instructions Doyou want to allow another person to discuss this return with the IRS? See instructions Doyou want to allow another person to discuss this return with the IRS? See instructions Doyou want to allow another person to discuss this return with the IRS? See instructions Doyou want to allow another person to discuss this return with the IRS? See instructions Doyou want to allow another person to discuss this return with the IRS? See instructions Doyou want to allow another person to discuss this return with the IRS? See instructions Doyou want want to allow another person to discuss this return with the IRS? See instructions Doyou want want to allow another person to discuss this return with the IRS? See instructions Doyou want want to allow another person to discuss this return with the IRS? See instructions Doyou want want to allow another person to discuss this return with the IRS? See instructions Toyou want want to allow another person to discuss this return with the IRS? See instructions Toyou want want to allow another person to discuss this return with the IRS? Want to allow anoth | Dofund | 34 | | | | | | | 4 | 1, | 793. |
| Direct deposit? See Instructions See Instructio | neiulia | 35a | | | | | • | . 🗆 3 | 5a | 1, | 793. |
| Account number 2 2 9 0 5 7 3 9 1 4 6 2 | Direct deposit? | b | | | | | | | | | |
| Amount You Owe 37 Subtract line 34 you want applied to your 2023 estimated tax | See instructions. | d | | | | 5 2 1 | | | | | |
| Amount You Owe 37 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions. 38 Estimated tax penalty (see instructions) 39 Do you want to allow another person to discuss this return with the IRS? See instructions. Do you want to allow another person to discuss this return with the IRS? See instructions. Designee's name Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. If the IRS sent you an Identity Protection PIN, enter it here (see inst.) See instructions. See instructions. See instructions. Phone no. (813) 327–3065 Email address RITHESHPRODDUTURI@GMAIL.COM Preparer's name Preparer's name Preparer's signature Preparer's signature Date Preparer's name SYMPRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/24/2023 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965 | | 36 | Amount of line 34 you want | applied to your | 2023 estimate | ed tax | 36 | | | | |
| For details on how to pay, go to www.irs.gov/Payments or see instructions | Amount | 37 | | | | | | | | | |
| Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions | You Owe | | | | | | | 3 | 7 | | |
| Designee's name Designee's name Designee's name Designee's name Designee's name Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation TEST AUTOMATION ENGINEER Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Freparer's name Preparer's name Preparer's name Preparer's name Preparer's signature Preparer's name Preparer's signature Preparer's name Pr | | 38 | Estimated tax penalty (see in | nstructions) . | | | 38 | | | | |
| Designee's name Designee's name Phone no. Personal identification number (PIN) | Third Party | | • | | | | | | | 1 | |
| Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation TEST AUTOMATION ENGINEER Spouse's signature. If a joint return, both must sign. Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) If the IRS sent your spouse and Identity Protection PIN, enter it here (see inst.) Phone no. (813) 327–3065 Email address RITHESHPRODDUTURI@GMAIL.COM Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/24/2023 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-317-1965 | Designee | | | | | | | | | No | |
| Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) | | | | | | | | | on \square | | |
| belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date | Sign | Un | der penalties of periury. I declare t | hat I have examine | ed this return and | d accompanying sch | | . , | best of r | ny knowle | edge and |
| Joint return? See instructions. Keep a copy for your records. Phone no. (813) 327–3065 Paid Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLA | _ | | | | | | | | | | |
| Joint return? See instructions. Keep a copy for your records. Phone no. (813) 327–3065 Preparer Preparer's name Syam PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/24/2023 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 FIRST AUTOMATION ENGINEER (see inst.) If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Date | пеге | Yo | ur signature | | Date | Your occupation | | If the IRS | sent yo | u an Ident | ity |
| Spouse's signature. If a joint return, both must sign. Spouse's signature. If a joint return, both must sign. Spouse's signature. If a joint return, both must sign. Phone no. (813) 327–3065 Email address RITHESHPRODDUTURI@GMAIL.COM Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/24/2023 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678) 965–9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84–3171965 | | | | | | | | (accinct | | nter it here |) |
| Keep a copy for your records. Phone no. (813) 327–3065 Email address RITHESHPRODDUTURI@GMAIL.COM Preparer's name Preparer's signature Date PTIN Check if: SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/24/2023 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678) 965–9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84–3171965 | | | | | 5. | | | | | $\bot\bot$ | |
| Phone no. (813) 327–3065 Email address RITHESHPRODDUTURI@GMAIL.COM Preparer's name Preparer's signature Date PTIN Check if: SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/24/2023 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678) 965–9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84–3171965 | | Sp | ouse's signature. If a joint return, I | ooth must sign. | Date | Spouse's occupati | on | | | | |
| Preparer's name Preparer's signature Date PTIN Check if: | your records. | | | | | | | | | | |
| Preparer's name Preparer's signature Date PTIN Check if: | | Ph | one no. (813) 327-306 | 5 | Email address | RITHESHPRODDU | JTURI@GMAIL.CO | M | | | |
| Preparer Use Only Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965 | | | | | | | | | Che | eck if: | |
| Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965 | | SYAN | I PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA | RAM SAGAR | GUPTA TALLAM | 02/24/2023 | P0208270 | 3 🗀 | Self-emp | oloyed |
| Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965 | • | | | | | | | | _ | 3)965- | 9522 |
| , | Use Only | | | | NSWICK N | J 08816 | | | • | | |
| | Go to www.irs.ac | | | | | | REV 02/17/23 PRO | <u> </u> | | | |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

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

| Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social | | | | | | | | | |
|--|--|------|-------|-------|------------------|--|--|--|--|
| RITH | ESH PRODDUTURI | | 002-7 | 77-54 | 100 | | | | |
| Par | t I Additional Income | | | | | | | | |
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | | 1 | | | | | |
| 2a | Alimony received | | | 2a | | | | | |
| b | Date of original divorce or separation agreement (see instructions): | | | | | | | | |
| 3 | Business income or (loss). Attach Schedule C | | | 3 | | | | | |
| 4 | Other gains or (losses). Attach Form 4797 | | | 4 | | | | | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att. | | | 5 | -7 , 929. | | | | |
| 6 | Farm income or (loss). Attach Schedule F | | | 6 | | | | | |
| 7 | Unemployment compensation | | | 7 | | | | | |
| 8 | Other income: | | | | | | | | |
| а | Net operating loss | 8a (|) | | | | | | |
| b | Gambling | 8b | | | | | | | |
| С | Cancellation of debt | 8c | | | | | | | |
| d | Foreign earned income exclusion from Form 2555 | 8d (|) | | | | | | |
| е | Income from Form 8853 | 8e | | | | | | | |
| f | Income from Form 8889 | 8f | | | | | | | |
| g | Alaska Permanent Fund dividends | 8g | | | | | | | |
| h | Jury duty pay | 8h | | | | | | | |
| i | Prizes and awards | 8i | | | | | | | |
| j | Activity not engaged in for profit income | 8j | | | | | | | |
| k | Stock options | 8k | | - | | | | | |
| I | Income from the rental of personal property if you engaged in the rental | | | | | | | | |
| | for profit but were not in the business of renting such property | 81 | | - | | | | | |
| m | Olympic and Paralympic medals and USOC prize money (see | | | | | | | | |
| | instructions) | 8m | | | | | | | |
| n | | 8n | | - | | | | | |
| 0 | Section 951A(a) inclusion (see instructions) | 80 | | - | | | | | |
| р | Section 461(I) excess business loss adjustment | 8p | | - | | | | | |
| q | Taxable distributions from an ABLE account (see instructions) Scholarship and fellowship grants not reported on Form W-2 | 8q | | - | | | | | |
| r | | 8r | | - | | | | | |
| S | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d | 8s (| ١ | | | | | | |
| | Pension or annuity from a nonqualifed deferred compensation plan or | 05 (| | | | | | | |
| t | a nongovernmental section 457 plan | 8t | | | | | | | |
| u | Wages earned while incarcerated | 8u | | | | | | | |
| z | Other income. List type and amount: | | | | | | | | |
| _ | and modified but type and amounti | 8z | | | | | | | |
| 9 | Total other income. Add lines 8a through 8z | | | 9 | | | | | |

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

-7,929.

10

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

| Par | t II Adjustments to Income | | |
|----------|--|--------|--|
| 11 | Educator expenses | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis gov | | |
| | officials. Attach Form 2106 | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | 16 | |
| 17 | Self-employed health insurance deduction | 17 | |
| 18 | Penalty on early withdrawal of savings | 18 | |
| 19a | Alimony paid | 19a | |
| b | Recipient's SSN | | |
| С | Date of original divorce or separation agreement (see instructions): | | |
| 20 | IRA deduction | 20 | |
| 21 | Student loan interest deduction | 21 | |
| 22 | Reserved for future use | 22 | |
| 23 | Archer MSA deduction | 23 | |
| 24 | Other adjustments: | | |
| а | Jury duty pay (see instructions) | | |
| b | Deductible expenses related to income reported on line 8l from the | | |
| | rental of personal property engaged in for profit | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | |
| | and USOC prize money reported on line 8m | | |
| d | Reforestation amortization and expenses | - | |
| е | Repayment of supplemental unemployment benefits under the Trade | | |
| | Act of 1974 | - | |
| f | Contributions to section 501(c)(18)(D) pension plans | | |
| g | Contributions by certain chaplains to section 403(b) plans | - | |
| h | Attorney fees and court costs for actions involving certain unlawful | | |
| | discrimination claims (see instructions) | - | |
| - 1 | Attorney fees and court costs you paid in connection with an award | | |
| | from the IRS for information you provided that helped the IRS detect tax law violations | | |
| | tax law violations | | |
| J | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | |
| k | 1041) | | |
| - | Other adjustments. List type and amount: | | |
| Z | 04- | | |
| 25 | Total other adjustments. Add lines 24a through 24z | 25 | |
| 25 26 | Add lines 11 through 23 and 25. These are your adjustments to income . Enter here | 23 | |
| 20 | Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | 26 | |
| | | | |

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

Go to www.irs.gov/ScheduleD for instructions and the latest information.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2022

Attachment Sequence No. **12**

Department of the Treasury Internal Revenue Service

Name(s) shown on return

RITHESH PRODDUTURI

Vour social security number

002-77-5400

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes." attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with 135. Box A checked 1,050. 915. Totals for all transactions reported on Form(s) 8949 with Box B checked 9. 3. 12. 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 138. Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part II, combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 109. 10. 94. -5. 9 Totals for all transactions reported on Form(s) 8949 with 16. 34. 18. 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss)

12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

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Schedule D (Form 1040) 2022 Page 2

Part III Summary 16 Combine lines 7 and 15 and enter the result 16 151. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? X Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Sales and Other Dispositions of Capital Assets

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Sequence No. 12A

| Name(s) shown on return | Social security number or taxpayer identification number | | | | |
|--|--|--|--|--|--|
| RITHESH PRODDUTURI | 002-77-5400 | | | | |
| Defend on the Indian A. D. and Chalana and the theorem and and Fermi (1) 1000 D. | | | | | |

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

| □ (0 | Short-term transactions | not reported | to you on F | orm 1099-B | | | | | |
|--------------|--|--|--------------------------------|----------------------------------|---|-------------------------------------|---|--|--|
| 1 | (a) Description of property | (b) Date acquired | (c) Date sold or disposed of | (d) Proceeds (sales price) | (e) Cost or other basis See the Note below and see <i>Column</i> (e) | If you enter an a enter a co | any, to gain or loss amount in column (g), de in column (f). arate instructions. | (h) Gain or (loss) Subtract column (e) from column (d) and | |
| | (Example: 100 sh. XYZ Co.) | (Mo., day, yr.) | (Mo., day, yr.) | (sales price) (see instructions) | in the separate instructions. | (f) Code(s) from instructions | (g) Amount of adjustment | combine the result with column (g). | |
| ROBIN | HOOD SECURITIES LLC | 01/01/22 | 12/31/22 | 1,050. | 915. | | | 135. | |
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| nega Sche | als. Add the amounts in columns ative amounts). Enter each tota deule D, line 1b (if Box A above to is checked) or line 3 (if Box I) | al here and inc e is checked), lir | lude on your ne 2 (if Box B | 1.050 | 915 | | | 135. | |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Attachment Sequence No. 12A Form 8949 (2022)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side RITHESH PRODDUTURI

Social security number or taxpayer identification number 002-77-5400

Before you check Box D. E. or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

| X (D) Long-term transactions☐ (E) Long-term transactions | reported on | Form(s) 1099 | -B showing bas | • | | |) | |
|--|--|--------------------------------|-------------------------------------|--|-------------------------------------|---|---|--|
| (a) Description of property | (b) Date acquired | (c) Date sold or | (d) Proceeds | (e) Cost or other basis See the Note below | If you enter an enter a c | f any, to gain or loss amount in column (g), ode in column (f). parate instructions. | (h) Gain or (loss) Subtract column (e) | |
| (Example: 100 sh. XYZ Co.) | (Mo., day, yr.) | disposed of (Mo., day, yr.) | (sales price) al (see instructions) | and see Column (e) in the separate instructions. | (f) Code(s) from instructions | (g) Amount of adjustment | from column (d) and combine the result with column (g). | |
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| 2 Totals. Add the amounts in column negative amounts). Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box D above is checked). | al here and inc e is checked), lir | lude on your ne 9 (if Box E | 94. | 109. | | 10. | | |

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

above is checked), or line 10 (if Box F above is checked) .

109.

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074 Attachment Sequence No. 12A

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

Social security number or taxpayer identification number

002-77-5400

RITHESH PRODDUTURI

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your

broker and may even tell you which box to check. Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on

You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

| (C) Short-term transactions (C) Short-term transactions | • | ٠,, | • | sis wasn't report | ed to the II | 15 | |
|---|--|--------------------------------|----------------------------------|---|-------------------------------------|--|--|
| 1 (a) Description of property | (b) Date acquired | (c) Date sold or disposed of | (d) Proceeds (sales price) | (e) Cost or other basis See the Note below and see <i>Column</i> (e) | If you enter an enter a c | f any, to gain or loss amount in column (g), ode in column (f). arate instructions. | (h) Gain or (loss) Subtract column (e) from column (d) and |
| (Example: 100 sh. XYZ Čo.) | (Mo., day, yr.) | (Mo., day, yr.) | (see instructions) | in the separate instructions. | (f) Code(s) from instructions | (g) Amount of adjustment | combine the result with column (g). |
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| 2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 1b (if Box A abov above is checked), or line 3 (if Box | al here and ince is checked), lir | lude on your ne 2 (if Box B | 12. | 9. | | | 3. |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2022) Attachment Sequence No. 12A

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side RITHESH PRODDUTURI

Social security number or taxpayer identification number 002-77-5400

Before you check Box D. E. or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker, A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

| ☐ (D) | Long-term transactions | reported on Form(s) | 1099-B showing bas | sis was reported to the | IRS (see Note | above) |
|-------|------------------------|---------------------|--------------------|-------------------------|---------------|--------|
|-------|------------------------|---------------------|--------------------|-------------------------|---------------|--------|

| (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

| (F | ۱ (| Long-term | transactions | not | reported | to \ | ou or | า Form | 1099-E |
|----|-----|-----------|--------------|-----|----------|------|-------|--------|--------|
| | | | | | | | | | |

| (F) Long-term transactions | not reported | to you on Fo | rm 1099-B | | | | |
|--|--|--------------------------------|----------------------------------|---|-------------------------------------|--|--|
| 1 (a) Description of property | (b) Date acquired | (c) Date sold or disposed of | (d) Proceeds (sales price) | (e) Cost or other basis See the Note below and see <i>Column</i> (e) | If you enter an enter a co | f any, to gain or loss amount in column (g), ode in column (f). arate instructions. | (h) Gain or (loss) Subtract column (e) from column (d) and |
| (Example: 100 sh. XYZ Ćo.) | (Mo., day, yr.) | (Mo., day, yr.) | (see instructions) | in the separate instructions. | (f) Code(s) from instructions | (g) Amount of adjustment | combine the result with column (g). |
| ROBINHOOD CRYPTO LLC | 01/01/22 | 12/31/22 | 34. | 16. | | | 18. |
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| 2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box | al here and inc is checked), lir | lude on your ne 9 (if Box E | 34. | 16. | | | 18. |

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Your social security number

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041, Go to www.irs.gov/ScheduleE for instructions and the latest information. Attachment Sequence No. 13

OMB No. 1545-0074

002-77-5400 RITHESH PRODDUTURI Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions Physical address of each property (street, city, state, ZIP code) 1a PLOT NO 78 (5-9-350/78) YAPRAL, SECUNDERABAD TELANGANA IN 500087 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 570. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 2,421. 8 Commissions 8 9 9 Insurance . . 10 Legal and other professional fees 10 11 Management fees 11 1,008. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 1,631. 14 14 Repairs 1,985. 15 Supplies 15 16 16 Taxes 17 Utilities 17 1,454. 18 18 Depreciation expense or depletion Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 8,499. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must 21 -7,929. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 7,929.) 570. Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 8,499. Total of all amounts reported on line 20 for all properties 23e 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 7,929. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . -7**,**929.

2022 MICHIGAN Individual Income Tax Return MI-1040

| | VIICHIGAN INGIV s due April 18, 2023. Ty | | | | | rn IVII- | Ίυ | 40 | | | | ended Return ude Schedule AMD) | |
|------------------|---|-----------|-------------------------|-----------------|---------------|---------------|-------|--------------------------|--------|-------------|--------|--|---------|
| 1. Filer's Fi | | M.I. | Last Name | Diaoni | IIN. | | | T _{2. Filer's} | · Full | Social Sec | curity | No. (Example: 123-45-67 | 89) |
| RITHE | SH | | PRODDUTURI | | | | | İ | | | | | 00, |
| If a Joint Re | eturn, Spouse's First Name | M.I. | | | | | | 02 | | 77 | | | |
| Home Addr | ress (Number, Street, or P.O. Box) | | <u> </u> | | | | | 3. Spous | se's | Full Social | Secur | rity No. (Example: 123-45- | -6789) |
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| City or Tow | • | | | State | ZIP Code | | | 4. Scho | ol Di | strict Code | (5 dig | gits – see page 60) | |
| WARRE | EN | | | MI | 48093 | 3 | | | 5 | 0230 | | | |
| | TE CAMPAIGN FUND | | | | | 6. FAF | RME | RS, FISI | HER | MEN, OF | R SEA | AFARERS | |
| filing to go | ck if you (and/or your spouse, a joint return) want \$3 of your to this fund. This will not incre tax or reduce your refund. | r taxes | | Filer Spouse | | | | heck this shing, or s | | | our ii | ncome is from farming, | , |
| 7. 2022 | FILING STATUS. Check one |). | | | | | | ESIDEN | CYS | TATUS. | Chec | k all that apply. | |
| а. Х | Single | * If y | ou check box "c," | ," complet | te | a. X | R | Resident | | | | | |
| . — | | | 3 and enter spou | ıse's full r | name | | ٠ | | | | | * If you check box "b" ("c," you must complete | |
| b | Married filing jointly | belo | <u>w:</u> | | | b | N | Ionreside | nt * | | | and include Schedule | |
| c | Married filing separately* | | | | | c |] P | art-Year | Res | ident * | | NR. | |
| 9. EXE | MPTIONS. NOTE: If someo | ne els | e can claim you | as a dep | endent, che | eck box 9e | , en | ter 0 on I | ine 9 | and en | ter \$ | 1,500 on line 9e (see in | nstr.). |
| a 1 | Number of exemptions (see in: | etruct | ions) | | | 0 | a. | 1 | x | \$5,000 | 00 | 5000 | 00 |
| | Number of individuals who qua | | • | | | | 'a. - | | ^ | ψ3,000 | Ja. | | 100 |
| | olind, hemiplegic, paraplegic, c | | | | | | b. | | х | \$2,900 | 9b. | | 00 |
| c. N | Number of qualified disabled v | etera: | าร | | | 9 | c. | | х | \$400 | 9c. | | 00 |
| d. N | Number of Certificates of Stillb | oirth fro | om MDHHS (see | instruction | ons) | 9 | d. | | х | \$5,000 | 9d. | | 00 |
| e. (| Claimed as dependent, see lin | ıe 9 N | OTE above | | | 9 | e. | | | | 9e. | | 00 |
| f. <i>F</i> | Add lines 9a, 9b, 9c, 9d and 9e | e. En | ter here and on li | ine 15 | | | | | | r | 9f. | 5000 | 00 |
| 10. Adj | usted Gross Income from yo | our U.S | 3. Form <i>1040</i> (se | e instruc | tions) | | | | | . 10. | | 56118 | 3 00 |
| 11. Add | litions from Schedule 1, line 9. | . Inclı | ıde Schedule 1 . | | | | | | | . 11. | | | 00 |
| 12. Tot a | al. Add lines 10 and 11 | | | | | | | | | . 12. | | 56118 | 3 00 |
| 13. Sub | otractions from Schedule 1, line | e 30. | Include Schedu | սle 1 | | | | | | . 13. | | | 00 |
| 14. Inc o | ome subject to tax. Subtract | line 1 | 3 from line 12. If | f line 13 is | s greater th | an line 12, | ent | er "0" | | . 14. | | 56118 | 3 00 |
| 15. Exe | emption allowance. Enter am | ount f | rom line 9f or Sc | :hedule N | IR, line 19 | | | | | . 15. | | 5000 | 00 |
| 16. Tax | able income. Subtract line 15 | 5 from | line 14. If line 1 | 5 is great | ter than line | e 14, enter | "0" . | | | . 16. | | 51118 | 3 00 |
| | . Multiply line 16 by 4.25% (0. | | | | | | | | | Γ | | 2173 | |
| | FUNDABLE CREDITS | 0423) | ••••• | | | AMO | | | | . I/. L | | CREDIT | 7 100 |
| 18. Inco | ome Tax Imposed by governm | ent ur | nits outside Michi | igan. | | | | | | ΙГ | | | |
| | ude a copy of the return (see i | | | | 8a | | | | 00 | 18b. | | | 00 |
| 19. Mich | higan Historic Preservation Ta | ax Cre | dit (see instructio | ons). 19 | 9a | | | | 00 | 19b. | | | 00 |
| | ome Tax. Subtract the sum of se sum of lines 18b and 19b is | | | | | | | | | . 20. | _ | 2173 | 3 00 |

| 2022 N | II-1040, Page 2 of 2 | | | | | | | | | |
|----------------|--|---------------------------|---------------------|----------------------|--------------------|--------------|-----------|--------------------|----------------|---------------|
| | | File | er's Full Social S | Security Number | 0 | 02 — | _ | 77 — | 5400 | |
| 21. | Enter amount of Income Tax from lin | ne 20 | | | | | 21. | | 217 | 3 00 |
| 22. | Voluntary Contributions from Form | | | | | | 22. | | | 00 |
| | • | | | | | | | | | 1 |
| 23. | USE TAX. Use tax due on Internet, Worksheet 1 (see instructions) | | | | | | 23. | | | <u> </u> |
| 0.4 | Tatal Taral Sabilita Add San Of Of | 2 1 00 | | | | | | | 217 | 3 00 |
| | Total Tax Liability. Add lines 21, 22 | | | | | 24. | | | | <u>⊃ [00</u> |
| REFU | INDABLE CREDITS AND PAYN | MENTS | | | | | Г | | | |
| 25. | Property Tax Credit. Include MI-1 | 040CR or MI-1040C | R-2 | | | | 25. | | | 00 |
| 26. | Farmland Preservation Tax Credi | it Include MI-1040C | R-5 | | | | 26. | | | loc |
| 20. | ramana rieservation lax oreal | ii. iiioiuuc iiii 10400 | | | DERAL | | 20. | MIC | HIGAN | 100 |
| 27. | Earned Income Tax Credit. Multiply | line 27a by 6% (0.06 | s) and | | | | | | | |
| 21. | enter result on line 27b | | 27a. | | | 00 | 27b. | | | oc |
| 28. | Michigan Historic Preservation Tax | | _ | 3581 | | | 28. | | | 00 |
| 29. | Credit for allocated share of tax paid | d by an electing flow- | -through entity | / (see instruct | ions) | | 29. | | | 00 |
| | | | | | | | | | | |
| 30. | Michigan tax withheld from Schedul | le W, line 6. Include | Schedule W | (do not subn | nit W-2s) | | 30. | | 271 | 5 oc |
| 31. | Estimated tax, extension payments | and 2021 credit forw | /ard | | | | 31. | | | loc |
| 32. | 2022 AMENDED RETURNS ONLY | | | | | | | | | 1 |
| 02. | Amended returns must include Sci | | | ZUZZ TCtuffi 3 | inould skip to i | III C 00. | | | | |
| | | | | | | | | | | |
| | 32a. If you had a refund and/or negative number on line 3: | | iginai return, che | eck box 32a an | d enter this amo | ount as a | | | | |
| | 32b. If you paid with the origina any additional tax paid after | | | | | | 32c. | | | 00 |
| | any additional tax paid and | or ming, as a positive na | mber on line oz | o. Do not molac | ic interest or per | Г | | | | |
| 33. | Total refundable credits and payme | nts. Add lines 25, 26, | , 27b, 28, 29, | 30, 31 and 32 | ?c | 33. | | | 271 | 5 oc |
| REFL | IND OR TAX DUE | | | | | _ | | | | |
| 34. | If line 33 is less than line 24, subtra | ct line 33 from line 24 | 4. If applicable | e, see instruct | ions. | | | | | |
| | | | | _ | | | | | | |
| | Include interest 00 a | and penalty | 00 | \ | OU OWE | 34. | | | | 00 |
| 25 | Overnoument If line 22 is greater t | than line 24 subtract | line 24 from I | ino 22 | | 35. | | | 54 | 2 00 |
| 35. | Overpayment. If line 33 is greater to | man ime 24, subtract | . IIIIe 24 IIOIII I | ine 33 | | 35. <u> </u> | | | | 2 100 |
| 36 | Credit Forward. Amount of line 35 | to be credited to you | r 2023 estima | ted tax for vo | ur 2023 tax re | turn | 36. | | | 00 |
| 00. | Great Forward. Amount of time of | to be orealted to year | 1 2020 CStillia | ica tax ioi yo | ui 2020 tax 10 | ш | 00.1 | | | |
| 37. | Subtract line 36 from line 35 | | | | REFUND | 37. | | | 54 | 2 o c |
| | ECT DEPOSIT | a. Routing Trans | sit Number | | ccount Numbe | er . | | c. Type of | | |
| | it your refund directly to your financial tion! See instructions and complete a, b | | | | | | 1. [| X Checking | 2. Sav | vings |
| and c. | ion. Coe medicalens and complete a, 5 | 063100277 | | 22905 | 7391462 | | | | | |
| | eased Taxpayer. If Filer and/or Spous | | | | | | | declare under pe | | |
| ENTE | ER DATE OF DEATH ONLY. Example: | : 04-15-2022 (MM-DD-Y | YYY) | | | | | tion of which I ha | ave any knowle | edge. |
| Filer | | Spouse | | - | Preparer's PTIN | | 1 2211 | | | |
| | ayer Certification. I declare under | | he information in | n this return | Preparer's Nam | | | SAGAR | GIIPTA | TA |
| | tachments is true and complete to the best Signature | s. or my knowledge. | Date | | Preparer's Sign | | 1 11 11 1 | 21101111 | | |
| | | | | | | | RAM | SAGAR | GUPTA | TA |
| Spous | se's Signature | | Date | | | | | ess and Telepho | | |
| l [.] | - | | | | GLOBAL | | | • | | |
| | | | 1 | | 245 ROC | | | _~ | | |
| | By checking this box, I authorize Tre | return with m | v prenarer | E BRUNSWICK NJ 08816 | | | | | | |
| ╽╙ | 2, Shooking the box, I dutionze the | 678-965 | | | 00010 | | | | | |

Refund, credit, or zero returns. Mail your return to:

Michigan Department of Treasury, Lansing, MI 48956

Pay amount on line 34 (see instructions). Mail your check and return to: Michigan Department of Treasury, Lansing, MI 48929

2022 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2022, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 30). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

| 1. Filer's First Name | M.I. | Last Name | 2. Filer's Full Social Security No. (Example: 123-45-6789) |
|--|------|------------|---|
| RITHESH | | PRODDUTURI | 002 — 77 — 5400 |
| If a Joint Return, Spouse's First Name | M.I. | Last Name | 3. Spouse's Full Social Security No. (Example: 123-45-6789) |
| | | | |

TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

| | <u> </u> | В | С | D | | E | \neg |
|--------------------------------|----------|----------------------------------|-------------------------|---|----|---------------------------------------|--------|
| Enter "X" for: Employer's iden | | Employer's identification number | Box c — Employer's name | Box 1 — Wages, tips, other compensation | | Box 17 — Michigan income tax withheld | |
| X | | 82-0602482 | TECHNOSQUARE INC | 63888 | 00 | 2715 | 00 |
| | | | | | 00 | | 00 |
| | | | | | 00 | | 00 |
| | | | | | 00 | | 00 |
| | | | | | 00 | | 00 |
| Enter | Table | | 00 | | | | |
| | SUB | 2715 | 00 | | | | |

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS

| Α | В | С | D | E | \neg |
|--|-----------------------------------|---|----|------------------------------|--------|
| Enter "X" for: Payer's federal identification number (Example: 38-1234567) | | Payer's name Taxable pension distribution misc. income, etc. (see inst. | | Michigan income tax withheld | |
| | | | 00 | 00 | 00 |
| | | | 00 | 00 | 00 |
| | | | oc | 00 | 00 |
| | | | oc | 00 | 00 |
| | | | 00 | 00 | 00 |
| Enter Table | e 2 Subtotal from additional Sche | 00 |)0 | | |
| 5. SUE | BTOTAL. Enter total of Table 2, c | 00 |)0 | | |
| 6. TOT | AL. Add lines 4 and 5. Enter her | 2715 00 |)0 | | |

REV 02/21/23 PRO