Form 8879
(Rev. January 2021)
Department of the Treesury

epartment 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)

Taxpay	/er s name	Social securi	ty numb	ber
RAG	HUNATHARAO TANIPARTHI	815-99	-2938	8
Spouse	o's name	Spouse's soo	cial secu	urity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	r year you a	ire aut	thorizing.)
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	39,282.
2	Total tax		2	2,954.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	7,308.
4	Amount you want refunded to you		4	4,354.
5	Amount you owe		5	
Dow	Townsway Declayation and Connetwys Authorization (Decurrences and	keen een		· · · · · · · · · · · · · · · · · · ·

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. 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

GLOBAL	TAXES	T.T.C	to enter or generate my	PIN
OLODAD	THEFT			1 11 1

9	2	9	3	8	
	er fiv i't en				as

my

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.

Your signature

Date 🕨

Spouse's PIN: check one box only

I authorize

X I authorize

to	enter	or	generate	my	PIN

as mv Enter five digits, but don't enter all zeros

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 sig	gnature 🕨 🛛 Da	ate 🕨								
	Practitioner PIN Method Returns Only—continue	bel	ow							
Part III	Certification and Authentication – Practitioner PIN Method Only									
ERO's EFIN	/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		 6 all ze	 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 F Don't Submit This Form to the I										
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 01/24/23 PRO	Form 8879 (Rev. 01-2021)							

1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		n 20 2	2	OMB No. 1545	-0074	IRS Use O	nly—Do	not wr	ite or staple in this space.
Filing Status		Single Married filing jointly	-	filing separately (N	,			. ,		spou	ifying surviving Ise (QSS)
one box.		u checked the MFS box, enter the nation is a child but not your dependent		r spouse. If you ch	neck	ed the HOH or	QSS	box, enter	the ch	nild's	name if the qualifying
Your first name	and mi	iddle initial	Last name						You	ur soo	cial security number
RAGHUNAT	HAR	0A	TANIPA	ARTHI					81	.5-9	99-2938
lf joint return, s	oouse's	s first name and middle initial	Last name						Spo	ouse's	s social security number
Home address	(numbe	er and street). If you have a P.O. box, see	instructions				A	Apt. no.	Pre	sider	ntial Election Campaign
8803 ROI	DEO I	OR					2	203			ere if you, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete spac	ces below.	Sta	te	ZIP c	ode			if filing jointly, want \$3 this fund. Checking a
IRVING					ТΧ	2	750	63			w will not change
Foreign country	name		Fore	eign province/state/c	count	y	Foreig	n postal cod	e you	ur tax	or refund.
											You Spouse
Digital		ny time during 2022, did you: (a) rece									
Assets		ange, gift, or otherwise dispose of a	-	_		-	asset)	? (See inst	tructio	ns.)	Yes X No
Standard	_	eone can claim: 🗌 You as a de	-	Your spouse							
Deduction		Spouse itemizes on a separate retur	n or you we	ere a dual-status a	alien	l					
Age/Blindness	You:	Were born before January 2, 1	958 🗌 A	Are blind Spo	use	: 🗌 Was bor	n befo	ore Januar	y 2, 19	958	Is blind
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check the	box if	qualifi	ies for (see instructions):
If more	(1) F	irst name Last name		number		to you		Child tax	credit	(Credit for other dependents
than four]		
dependents, see instructions]		
and check	,]		
here]		
Income	1a	Total amount from Form(s) W-2, be	`	,					•	1a	43,082.
	b	Household employee wages not re					• •		•	1b	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	`	,			• •		•	1c	
attach Forms	d	Medicaid waiver payments not rep			nstru	ictions)	• •		•	1d	
W-2G and 1099-R if tax	e	Taxable dependent care benefits f		-	•		• •		•	1e	
was withheld.	f	Employer-provided adoption bene		-	•		• •		•	1f	
If you did not	g	Wages from Form 8919, line 6 .			•		• •		•	1g	0.
get a Form W-2, see	h :	Other earned income (see instruction	,		•	· · · · ·	· ·		·	1h	0.
instructions.	i 	Nontaxable combat pay election (s Add lines 1a through 1h			•	🔲				1z	43,082.
Attach Sch. B	z 2a	S I	2a		ьт	 axable interest	• •		•	2b	45,002.
if required.	2a 3a		3a			ordinary divider			•	3b	
	4a	-	4a			axable amount			•	4b	
Standard	5a		5a			axable amount				5b	
Deduction for-	6a		6a			axable amount				6b	
 Single or Married filing 	c	If you elect to use the lump-sum e							\square		
separately,	7	Capital gain or (loss). Attach Sched				,			\Box	7	
\$12,950Married filing	8	Other income from Schedule 1, lin								8	-3,800.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9	39,282.
surviving spouse,	10	Adjustments to income from Sche		•						10	
\$25,900 • Head of	11	Subtract line 10 from line 9. This is								11	39,282.
household, \$19,400	12	Standard deduction or itemized								12	12,950.
If you checked	13	Qualified business income deducti				5-A				13	
any box under Standard	14	Add lines 12 and 13								14	12,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer			our i	axable incom	e.			15	26,332.
see manucuons.											

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

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	2,	,954.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	2,	,954.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	2,	,954.
	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	2,	,954.
Payments	25	Federal income tax withheld								
, ,	а	Form(s) W-2				25a	,308.			
	b	Form(s) 1099				25b		1		
	с	Other forms (see instructions				25c				
	d	Add lines 25a through 25c	,					25d	7,	,308.
	26	2022 estimated tax payment						26		
If you have a l qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit fror				28		-		
	29	American opportunity credit				29		-		
	30	Reserved for future use .		,		30				
	31	Amount from Schedule 3, lin				31				
	32	Add lines 27, 28, 29, and 31						32		
	33	Add lines 25d, 26, and 32. T	,					33	7,	,308.
	34	If line 33 is more than line 24						34		,354.
Refund	35a	Amount of line 34 you want	-			, .		35a		,354.
Direct deposit?	b	Routing number 1 2 1					Savings			
See instructions.		Account number 3 2 5					ournigo			
	36	Amount of line 34 you want a				36				
Amount	37	Subtract line 33 from line 24						-		
You Owe	37	For details on how to pay, g						37		
	38	Estimated tax penalty (see in	-			38		01		
Third Party		you want to allow another								
Designee		structions	•				omplete	below.	X No	
Deelgiiee	De	signee's		Phone			onal identi			
	nai			no.		num	ber (PIN)			
Sign		der penalties of perjury, I declare t			1 2 0		,		,	0
Here	bel	ief, they are true, correct, and com	plete. Declaration	of preparer (othe		ased on all informati				
	Yo	ur signature		Date	Your occupation				nt you an Ider	
Joint return?					SOFTWARE	FNGINFFR		inst.)	IN, enter it he	
See instructions.	Sp	Spouse's signature. If a joint return, both must sign. Date Spouse's occupation			If the	e IRS ser	nt your spous	e an		
Keep a copy for	-1-		j				Iden	tity Prote	ection PIN, en	
your records.							(see	inst.)		
		one no. (310)634-947	4	Email address	RAGHU3K@G	MAIL.COM				
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Preparer	VENK	ATA SAI PAVAN KUMAR DUDIPALLI				01/30/2023	P0247	0833	Self-em	nployed
Use Only	Fir	m's name GLOBAL TAX	KES LLC				Pho	ne no. (678)965-	-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	ı's EIN	88-214	45487
Go to www.irs.ge	ov/Form	n1040 for instructions and the late	st information.		BAA	REV 01/24/23 PRO			Form 10)40 (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2 2

Attachment

Internal Revenue Service	(Co to unum ire dow/Form10/0 for instructions and the latest intermation							
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number					
RAGHUNATHARAO	TANIPARTHI	815-99	-2938					

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-3,800.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I.	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
ο	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	, or 1040-NR, line 8	10	-3,800.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2022

11 Educator expenses 11 12 Certain business expenses of reservists, performing artists, and fee-basis government 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 Temployed health insurance deduction 17 19 Alimony paid 19a 19 Alimony paid 19a 20 IRA deduction 21 21 Reserved for future use 22 23 Archer MSA deduction 21 24 Actor fush customer reported on line 8 from the rental of personal property engaged in for profit 24a 24 24a 24a 24d 24a 24a	Par	t II Adjustments to Income					8
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a Jury duty pay (see instructions) 24a b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24b c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c d Reforestation amortization and expenses 24d e Repayment of supplemental unemployment benefits under the Trade Act of 1974 24d g Contributions to section 501(c)(18)(D) pension plans 24f g Contributions by certain chaplains to section 403(b) plans 24g h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24i j Housing deduction from Form 2555 24i i Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) 24k i Other adjustments. List type and amount: 24i 24i 24i 24i							
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 e Repayment of supplemental unemployment benefits under the Trade Act of 1974	b						
Act of 1974 24e 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) i 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 j Housing deduction from Form 2555 k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) z Other adjustments. List type and amount: 25 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on							
 f Contributions to section 501(c)(18)(D) pension plans	Ũ		24e				
 g Contributions by certain chaplains to section 403(b) plans	f						
 h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions). i 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 j Housing deduction from Form 2555. k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) z Other adjustments. List type and amount: 24i 24i<td>-</td><td></td><td></td><td></td><td></td><td></td><td></td>	-						
 discrimination claims (see instructions)			9				
 i 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 j Housing deduction from Form 2555 k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) 24i 24j 24k 			24h				
<pre>from the IRS for information you provided that helped the IRS detect tax law violations</pre>	i						
tax law violations 24i j Housing deduction from Form 2555 k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) z Other adjustments. List type and amount: 24j 24k 24k 24z 24z 24z 25 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on		from the IRS for information you provided that helped the IRS detect					
 j Housing deduction from Form 2555			24i				
k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) 24k 20 Other adjustments. List type and amount: 21 24k 22 24z 23 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	i						
1041) 24k Z Other adjustments. List type and amount: 25 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	J k						
 z Other adjustments. List type and amount:	r\		24k				
25 Total other adjustments. Add lines 24a through 24z 24z 25 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on 25	7		2-71			-	
 25 Total other adjustments. Add lines 24a through 24z	~		247				
26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	25					25	
						20	
	20					26	
BAA REV 01/24/23 PRO Schedule 1 (Form 1040) 20							1 (Earm 1040) 00

(Form	1040)	(From r	ental real estat	e, royalties, partnersl	hips, S	6 corporati	ons, es	states,	trusts, REMI	Cs, etc.)	ゆに	99
Departm	ent of the Treasury			Attach to Form 1040,	1040-	SR, 1040-I	NR, or	1041.			Attachm	
Internal I	Revenue Service		Go to www.	irs.gov/ScheduleE for	r instru	uctions an	d the la	atest in	formation.		Sequence	ce No. 13
Name(s)	shown on return	-								Your socia	al security r	number
	UNATHARAO									815-99	9-2938	
Part				al Real Estate an								
	Note: If yo	ou are in tl	he business of r	enting personal proper 35 on page 2, line 40.	ty, use	Schedule	c . See	e instru	ctions. If you a	are an indiv	vidual, repo	ort farm
Α				at would require you	to file	Form(s) 1	0002	Soo ing	tructions			s 🕅 No
				d Form(s) 1099?								
							• •					
1a				street, city, state, ZIF		,						
A	PLOT 422,	MIYAPU	R HYDERAB	AD TELANGANA I	IN 50	00049						
B												
C								1		1		
1b	Type of Prope			tal real estate prope				Fa	ir Rental	Person		QJV
	(from list belo	W)		t the number of fair a days. Check the Q					Days	Day	-	
	3			he requirements to f			<u>A</u>		365		0	
				t venture. See instru			B					
C							С					
	of Property:) a cidana a		ion/Short-Term Ren	tal	Eland		7	Self-Rental			
	Single Family F Multi-Family Re		4 Comr		lai	5 Land				riba)		
		sidence	4 0011	TIErcial		6 Roya	lilles	0	Other (desc	nbe)		
									Propert	ies:		
Incom							Α		В			С
3					3		4	10.				
4		ived			4							
Expen												
5	•				5							
6			,		6							
7					7		8	00.				
8					8							
9					9							
10	-	-			10							
11	•				11			00.				
12				(see instructions)	12							
13 14	Other interest				13 14		0	90.				
14					14		-	00.				
16	Taxes				16		9	00.				
17					17		q	20.				
18					18							
19	Other (list)				19							
20	· · · ·	s. Add lir	nes 5 throuah	19	20		4.2	10.				
21			•	nd/or 4 (royalties). If			, -					
				ind out if you must								
					21		-3,8	00.				
22	Deductible rer	ntal real e	estate loss aft	er limitation, if any,								
	on Form 8582	(see inst	tructions)		22	(3,80	00.)	()(()
23a	Total of all am	ounts rep	oorted on line	3 for all rental prope	rties			23a		410.		
b	Total of all am	ounts rep	ported on line	4 for all royalty prop	erties			23b				
С	Total of all am	ounts rep	ported on line	12 for all properties				23c				
d	Total of all am	ounts rep	ported on line	18 for all properties				23d				
е				20 for all properties				23e	4	1,210.		
24				vn on line 21. Do no						. 24		
25				1 and rental real estat							(3,800.)
26	Total rental r	eal estat	te and royalty	income or (loss).	Comb	ine lines 2	24 and	25. E	nter the resu	ult		

Supplemental Income and Loss

SCHEDULE E

26

.

-3,800.

OMB No. 1545-0074

TAXABLE YEAR		FORM
2022 California e-file Signature Authorization for Ind	ividuals	8879
Your name	Your SSN or ITIN	
RAGHUNATHARAO TANIPARTHI	815-99-2938	1
Spouse's/RDP's name	Spouse's/RDP's SSN	N or ITIN
Part I Tax Return Information (whole dollars only)		
1 California adjusted gross income (AGI). See instructions		39282
2 Amount You Owe. See instructions		
3 Refund or No Amount Due. See instructions	3	1929
Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.) Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying		
electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown or income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare t agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable apport domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refunder to understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable,	n the corresponding lines d tax payments as shown hat direct deposit refund a intment of the other spou transmitter, or intermedia delayed, I authorize the id was sent. If I am filing x liability and all applicabl y of my electronic income	of my electronic on my return amount on line 3 ise/registered te service FTB to disclose a balance due e interest and tax return. I have
Taxpayer's PIN: check one box only		
I authorize GLOBAL TAXES LLC	enter my PIN 5 2	2 9 3 8
I authorize GLOBAL TAXES LLC to ERO firm name		enter all zeros
as my signature on my 2022 e-filed California individual income tax return.		
I will enter my PIN as my signature on my 2022 e-filed California individual income tax return. Check this box only return is filed using the Practitioner PIN method. The ERO must complete Part III below.	y if you are entering your	own PIN and your
Your signature Date Date		
Spouse's/RDP's PIN: check one box only		
L authorize	enter my PIN	
ERO firm name as my signature on my 2022 e-filed California individual income tax return.	, <u> </u>	enter all zeros
I will enter my PIN as my signature on my 2022 e-filed California individual income tax return. Check this b and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	ox only if you are enteri	ng your own PIN
Spouse's/RDP's signature Date Date		
Practitioner PIN Method Returns Only continue below		
Part III Certification and Authentication — Practitioner PIN Method Only		
ERO's Electronic Filer Identification Number (EFIN)/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Do not enter	6 6 1 9 8	9
I certify that the above numeric entry is my PIN, which is my signature for the 2022 California individual income tax r confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB e-file Providers.	eturn for the taxpayer(s)	indicated above. I ook for Authorized
ERO's signature Date Date Date	0/2023	

DO NOT MAIL THIS FORM TO THE FTB

2022 California Resident Income Tax Return

	APE	ATTACH FEDERAL RETURN
815-99-2938 TANI RAGHUNATHAR TANIPARTHI		22
8803 RODEO DR IRVING TX 75063	APT 203	3
05-06-1980		

		Enter your county at time of filing (see instructions)
ë	ullet	LOS ANGELES
enc		If your address above is the same as your principal/physical residence address at the time of filing, check this box • 🔍 🗙
sid		If not, enter below your principal/physical residence address at the time of filing.
Å		Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.
ipa	igodoldoldoldoldoldoldoldoldoldoldoldoldol	
Principal Residence	-	
0	_	City State ZIP code
	igodoldoldoldoldoldoldoldoldoldoldoldoldol	
		If your California filing status is different from your federal filing status, check the box here
tus	1	X Single 4 Head of household (with qualifying person). See instructions.
Filing Status	2	Married/RDP filing jointly. See instr. 5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died.
ing	-	
ii:		See instructions.
	3	Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.
	-	
	6	If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr • 6
	Fo	r line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.
รเ	7	Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked Whole dollars only
tio	_	box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. $\textcircled{0}7 \ 1 \ X \ \$140 = \textcircled{0}\$ \ 140$
Exemptions	8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2
Exe	9	Senior: If you (or your spouse/RDP) are 65 or older, enter 1;
		if both are 65 or older, enter 2. See instructions
		REV 01/24/23 PRO
		175 3101224 Form 540 2022 Side 1

You	ir nai	me: I	'ANIP	ART	ΉI			Your S	SSN o	or ITIN:	815	-99-	-293	8						
	10	Depende	ents: Do		clude y endent 1		f or you	ur spous	se/RD		endent 2						Dependent 3			
		First N	ame 🧿							•						igodoldoldoldoldoldoldoldoldoldoldoldoldol				
suo		Last Na	ame 🧿							•						ullet				
Exemptions		SSN. S instruc								•						•				
Exe		Depend relation to you								•						۲				
	Tota	l depend	ent exen	nption	S							• 10		Х	\$433 =	= •)\$			
	11	Exemp	tion amo	ount: /	Add line	7 thro	ugh lin	e 10. Tr	ansfer	this am	ount to	line 32	2		🦲) 11	\$		14(C
	12	State w Form(s	vages fro) W-2, b	m yoı ox 16	ır feder	al 			• 12	2			43	082	. 00					
	13	Enter fe	ederal ad	justec	gross	income	e from t	federal I	Form ⁻	1040 or	1040-SF	R, line	11		• 13	}		3928	32	. 00
	14	Califorr	nia adjus ine 27, c	tment	s – sub	tractior	ns. Ente	er the ar	mount	from So	chedule	CA (54	40),							. 00
d)	15	Subtra	t line 14	from	line 13	. If less	s than z	ero, ent	ter the	result i	n parent	heses.						3928	2	. 00
Icom	16	Califorr	nia adjus	tment	s – add	itions.	Enter tl	he amoi	unt fro	om Sche	dule CA	(540)	,							. 00
Taxable Income			ine 27, c															3928		
Таха	17		nia adjus	-												<u>'</u>		3920) Z	. 00
	18	Enter the larger of Your California itemized deductions from Schedule CA (540), Part II, line 30; OR Your California standard deduction shown below for your filing status: • Single or Married/RDP filing separately																		
	19		ct line 18 han zerc	from	line 17	. This is	s your	taxable	incon	ne.					• 19			3408	80	. 00
	31	Tax. Ch	eck the l	oox if	from:	×] Tax T	able	[Ta	x Rate S	chedu	ıle							
	32	Exemp	tion cred	its Fr	e ter the	amour	FTB 3		• [• 31			78	34	. 00
Тах	02		08, see i						-						• 32	2		14	0	. 00
	33	Subtrac	ct line 32	from	line 31	. If less	s than z	ero, ent	ter -0-						• 33	3		64	4	. 00
	34	Tax. Se	e instruc	tions.	Check	the box	x if fror	n: ●	Sc	hedule (G-1 ●		FTB 5	870A	• 34	ļ				. 00
	35	Add lin	e 33 and	line 3	4										• 35	ō		64	4	. 00
edits	40	Nonref	undable	Child	and Dep	penden	t Care I	Expense	es Creo	dit. See	nstructi	ons			• 40)				. 00
al Cré	43	Enter c	redit nan	ne						code (ar	nd amo	ount	• 43	}				. 00
Special Credits	44	Enter c	redit nar	ne						code (ar	nd amo	ount	• 44	Ļ				. 00
		Side 2	Form 54	0 202	22		_	175	1	31()2224	1	Г				REV 01/24/23 PRO			

You	r nar	me: TANIPARTHI Your SSN or ITIN: 815-99-2938		
Ś	45	To claim more than two credits. See instructions. Attach Schedule P (540) • 4	5	. 00
credit	46	Nonrefundable Renter's Credit. See instructions	16	. 00
Special Credits	47	Add line 40 through line 46. These are your total credits	17	. 00
Spe	48	Subtract line 47 from line 35. If less than zero, enter -0		644 .00
xes	61	Alternative Minimum Tax. Attach Schedule P (540) • 6		. 00
Other Taxes	62	Mental Health Services Tax. See instructions	52	• <u>00</u>
Oth	63	Other taxes and credit recapture. See instructions	;3	00
	64	Add line 48, line 61, line 62, and line 63. This is your total tax	64	644 .00
	71	California income tax withheld. See instructions	/1	2573 _00
	72	2022 California estimated tax and other payments. See instructions	/2	. 00
	73	Withholding (Form 592-B and/or Form 593). See instructions	/3	. 00
ents	74	Excess SDI (or VPDI) withheld. See instructions	4	. 00
Payments	75	Earned Income Tax Credit (EITC). See instructions		. 00
	76	Young Child Tax Credit (YCTC). See instructions		. 00
	77	Foster Youth Tax Credit (FYTC). See instructions		. 00
	78	Add line 71 through line 77. These are your total payments.		2573 00
×			0	
Use Tax	91	Use Tax. Do not leave blank. See instructions	0 .00	
_			igation unectly to GDTFA.	
altv S	92	If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage If you did not check the box, see instructions.	×	
ISR Penaltv		Individual Shared Responsibility (ISR) Penalty. See instructions • 92	.00	
				2573 _00
Due	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78		
Overpaid Tax/Tax Due	94 95	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91		2573 00
aid Ta	96	subtract line 92 from line 93	J5	
verp		subtract line 93 from line 92)6	.00
0	97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95 9 REV 01/24/23 PRO	07	1929 .00
		175 3103224	Form 540 2022	Side 3

Yoi	ur nar	ne:	TANIPARTHI	Your SSN or ITIN:	815-99-2938			
q	y 98	Amo	unt of line 97 you want applied to yo	ur 2023 estimated tax		● 98	0	. 00
erpai	ב 99 99	Over	unt of line 97 you want applied to yo paid tax available this year. Subtract lue. If line 95 is less than line 64, sul	line 98 from line 97		• 99	1929	. 00
0) F	- 100	Tax d	lue. If line 95 is less than line 64, sul	otract line 95 from line 64	4	• 100		. 00
						<u>Code</u>	Amount	
		Califo	ornia Seniors Special Fund. See instr	uctions		● 400		.00
		Alzhe	imer's Disease and Related Dementi	a Voluntary Tax Contribut	tion Fund	• 401		.00
		Rare	and Endangered Species Preservation	on Voluntary Tax Contribu	ition Program	• 403		.00
		Califo	ornia Breast Cancer Research Volunt	ary Tax Contribution Fund	1	• 405		.00
		Califo	ornia Firefighters' Memorial Voluntar	y Tax Contribution Fund .		• 406		.00
		Emer	gency Food for Families Voluntary Ta	ax Contribution Fund		• 407		<u> 00 </u>
		Califo	ornia Peace Officer Memorial Founda	tion Voluntary Tax Contri	bution Fund	• 408		<u> 00 </u>
		Califo	ornia Sea Otter Voluntary Tax Contrib	ution Fund		• 410		. 00
		Califo	ornia Cancer Research Voluntary Tax	Contribution Fund		• 413		. 00
tions		Scho	ol Supplies for Homeless Children V	oluntary Tax Contribution	ı Fund	• 422		. 00
Contributions		State	Parks Protection Fund/Parks Pass F	Purchase		• 423		. 00
ပိ		Prote	ct Our Coast and Oceans Voluntary	Tax Contribution Fund		• 424		. 00
		Кеер	Arts in Schools Voluntary Tax Contr	ibution Fund		• 425		. 00
		Preve	ention of Animal Homelessness and	Cruelty Voluntary Tax Cor	ntribution Fund	• 431		. 00
		Califo	ornia Senior Citizen Advocacy Volunt	ary Tax Contribution Fund	d	• 438		. 00
		Nativ	e California Wildlife Rehabilitation V	oluntary Tax Contribution	Fund	• 439		. 00
		Rape	Kit Backlog Voluntary Tax Contribut	ion Fund		• 440		. 00
		Suici	de Prevention Voluntary Tax Contrib	ution Fund		• 444		. 00
		Ment	al Health Crisis Prevention Voluntary	Tax Contribution Fund		• 445		. 00
		Califo	ornia Community and Neighborhood	Tree Voluntary Tax Contr	ibution Fund	• 446		. 00
	110	Add a	amounts in code 400 through code 4	146. This is your total cor	ntribution	• 110		. 00
Int	111	AMO	UNT YOU OWE. If you do not have an	amount on line 99, add lir	ne 94, line 96, line 100, a	und line 110.	See instructions. Do not send cash.	
Amount			to: FRANCHISE TAX BOARD, PO E Duline – Go to ftb.ca.gov/gav for mo		ITO CA 94267-0001	•• • 111		. 00

Pay Online – Go to ftb.ca.gov/pay for more information.

REV 01/24/23 PRO

You	r nan	ne:	TANIPART	ΉI] Your SSN	l or ITIN:	815-99	-2938	3					
and ies	112 113		rest, late return pe erpayment of esti			yment penal	ties				112				. 00
Interest and Penalties		Cheo	ck the box: $ullet$	FTB	5805 attac	hed	FTB 5805	iF attached			113				.00
Ξď		Tota	l amount due. Se	e instruc	ctions. Encl	ose, but do n	ot staple, a	ny payment			114				. 00
	115	REF	UND OR NO AMO)UNT DU	JE. Subtrac	t the sum of	line 110, lin	e 112, and li	ine 113 f	from line 9	99. See	instruc	tions.		
		Mail	to: FRANCHISE	TAX BOA	ARD, PO BO	X 942840, S	ACRAMEN	FO CA 9424(D-0001. .	•	115			1929	.00
Refund and Direct Deposit		See	n the information instructions. Hav or the following ar	re you ve mount of	erified the r f my refund	outing and a	ccount nun	nbers? Use v	whole do	ollars only				or a deposit sli	p.
Direc		• F	Routing number	• Typ	e Checking	 Account 	number					• 116	Direct d	leposit amount	
and		1	21000358		Savings	32517	192691	8						1929	. 00
lefund		The	remaining amour		-	e 115) is auth	orized for c	lirect deposi	t into the	e account	shown l	below:			
ш		• F	Routing number		e Checking Savings	Account	number					• 117	Direct d	leposit amount	. 00
Voter Info.		Forv	voter registration	informa	ation, check	the box and	go to sos.c	a.gov/electi	ons. See	e instructi	ons				
Our p to loo Unde is tru	ORTA privacy cate FT er pena le, cor	ANT: notice B 113 alties rect, a	voter registration See the instructio e can be found in an 11 EN-SP, Franchise of perjury, I declare and complete.	ons to fin nual tax b Tax Board	nd out if you booklets or on I Privacy Notic	should attac ine. Go to ftb.c e on Collection	h a copy of a.gov/privacy . To request t , including ac	your comple to learn abou	ete federa It our priva nail, call 8(schedules	al tax retu acy policy s 00.338.050 s and stater	rn. tatement, 5 and ent ments, ar	or go to er form o nd to the	o ftb.ca.go v code 948 w e best of m	//forms and search /hen instructed. IV knowledge and	belief, it
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CA (540)

2022 California Adjustments — Residents

Important: Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

Na	ame(s) as shown on tax return			SSN or ITIN								
R	RAGHUNATHARAO TANIPARTHI 815992938											
Pa Se	art I Income Adjustment Schedule ection A – Income from federal Form 1040 or 1040-SR	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions								
1	a Total amount from federal Form(s) W-2, box 1. See instructions 1a	43082	۲	•								
	b Household employee wages not reported on federal Form(s) W-21b		۲	۲								
	c Tip income not reported on line 1a 1c		۲	\odot								
	d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d		۲	۲								
	e Taxable dependent care benefits from federal Form 2441, line 26 1e		۲	۲								
	f Employer-provided adoption benefits from federal Form 8839, line 29 1f	•	۲	۲								
	g Wages from federal Form 8919, line 6 1g		۲	۲								
	h Other earned income. See instructions 1h	0	۲	۲								
	i Nontaxable combat pay election. See instructions 1i			۲								
	z Add line 1a through line 1i1z	43082	۲	۲								
2	Taxable interest. a • 2b		۲	۲								
3	Ordinary dividends. See instructions. a • 3b		۲	۲								
4	IRA distributions. See instructions. a • 4 b		\odot	\odot								
5	Pensions and annuities. See instructions. a • 5b		۲	۲								
6	Social security benefits. a • 6b		۲									
_		•	۲	۲								
	ection B – Additional Income from federal Schedule 1 (F Taxable refunds, credits, or offsets of state	-orm 1040)										
'			۲									
2	a Alimony received. See instructions			•								
3	Business income or (loss). See instructions 3		۲	۲								
			۲	۲								
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc	-3800	۲	۲								
6	Farm income or (loss)6		۲	۲								
7	Unemployment compensation		۲									

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Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8 Other income: a Federal net operating loss8a	• ()		۲
b Gambling	۲	۲	
c Cancellation of debt	\odot	\odot	\odot
d Foreign earned income exclusion from federal Form 2555	• ()		۲
e Income from federal Form 8853 8e	۲		۲
f Income from federal Form 8889	۲	۲	
g Alaska Permanent Fund dividends	۲		
h Jury duty pay8h	۲		
i Prizes and awards8i	۲		
j Activity not engaged in for profit income 8j	۲		
k Stock options8k	۲		
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	۲		
m Olympic and Paralympic medals and USOC prize money	$\textcircled{\textbf{O}}$		
n IRC Section 951(a) inclusion 8 n	۲	۲	
o IRC Section 951A(a) inclusion	۲	\odot	
p IRC Section 461(I) excess business loss adjustment 8p	۲	۲	۲
q Taxable distributions from an ABLE account 8q	\odot		
r Scholarship and fellowship grants not reported on federal Form(s) W-2 8r	۲		
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d8s	• ()		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t	۲		
u Wages earned while incarcerated8 u	$\textcircled{\bullet}$		
z Other income. List type and amount.			
• 8z	۲	۲	\bullet

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Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
9 a Total other income. Add lines 8a through 8z. 9a	۲	۲	۲
b1 Disaster loss deduction from form FTB 3805V. 9b1		۲	
b2 NOL deduction from form FTB 3805V 9b2		۲	
b3 NOL from form FTB 3805Z, 3807, or 3809 9b3		۲	
10 Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions	③ 39282	۲	۲
Section C – Adjustments to Income from federal Schedule 1 (Form 1040)			
11 Educator expenses	۲	۲	
12 Certain business expenses of reservists, performing artists, and fee-basis government officials 12	۲	۲	۲
13 Health savings account deduction 13	\odot	۲	
14Moving expenses. Attach form FTB 3913.See instructions	۲		۲
15 Deductible part of self-employment tax. See instructions. 15	۲	۲	
16 Self-employed SEP, SIMPLE, and qualified plans16	\odot		
17 Self-employed health insurance deduction. See instructions.	۲	۲	
18 Penalty on early withdrawal of savings	۲		
19 a Alimony paid	۲		۲
b Recipient's: SSN •			
Last Name 🖲			
20 IRA deduction	۲	۲	۲
21 Student loan interest deduction	۲		۲
22 Reserved for future use			
23 Archer MSA deduction			

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Section C – Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
24 Other adjustments: a Jury duty pay	۲		
 b Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit	۲	۲	۲
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	۲	۲	
d Reforestation amortization and expenses24d			
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e	•		
f Contributions to IRC Section 501(c)(18)(D) pension plans24f	۲	۲	۲
g Contributions by certain chaplains to IRC Section 403(b) plans	۲	۲	•
h Attorney fees and court costs for actions involving certain unlawful discrimination claims	۲		
i 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 violations24i	۲	۲	
j Housing deduction from federal Form 2555 24 j			
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)24k	•		
z Other adjustments. List type and amount.			
• 24z	۲	\odot	۲
25 Total other adjustments. Add line 24a through line 24z 25		\odot	۲
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26	۲	\odot	
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions27	• 39282	\odot	\odot

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Part II	Adjustments to	Federal Itemized	Deductions
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	-]	
Che	ck the box if you did NOT itemize for federal but will itemiz	te for	California		B Subtractions See instructions	C Additions See instructions
Me	dical and Dental Expenses See instructions.		(F011111040))			
1	Medical and dental expenses • 1					
2	Enter amount from federal Form 1040 or 1040-SR, line 11					
3	Multiply line 2 by 7.5% (0.075) • 2946 3					
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0		1			\odot
	es You Paid a State and local income tax or general sales taxes5		2062		3063	
9	a State and focal income tax of general sales taxes		3063		3063	
	b State and local real estate taxes 5	b)			
	c State and local personal property taxes5	c 💽	1			
	d Add line 5a through line 5c	d 💽	3063			
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C	ie 💿	3063		3063	• 0
6	Other taxes. List type • 6	_				
0	other taxes. List type 🔍 6					
7	Add line 5e and line 67		3063	۲	3063	• 0
	 a Home mortgage interest and points reported to you on federal Form 1098	a 💿	1			۲
	b Home mortgage interest not reported to you on federal Form 1098	b 💽	1			۲
	c Points not reported to you on federal Form 10988	c 💽				۲
	d Reserved for future use	d				
	e Add line 8a through line 8c	e 💽		۲		•
9	Investment interest		1	۲		•
10	Add line 8e and line 9 10	۲		۲		•

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Pa	rt II Adjustments to Federal Itemized Deductions Continued	A	Federal Amounts (from federal Schedule A (Form 1040))		B Subtractions See instructions		C Additions See instructions
Gif	ts to Charity		· · · · ·				
	Gifts by cash or check			۲		۲	
12	Other than by cash or check	$ \mathbf{O} $		۲		۲	
13	Carryover from prior year					ullet	
_	Add line 11 through line 1314			۲		۲	
	casualty and Theft Losses Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions 15					۲	
Oth	er Itemized Deductions						
	Other—from list in federal instructions 16	۲		۲		۲	
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C17		3063		3063	ullet	0
18	Total. Combine line 17 column A less column B plus co	lumn	C			⁾ 18	0
Job	Expenses and Certain Miscellaneous Deductions						
19	Unreimbursed employee expenses: job travel, union due Attach federal Form 2106 if required. See instructions	es, jo	b education, etc.	19_			
20	Tax preparation fees			20			
21	Other expenses: investment, safe deposit box, etc. List type			21	0		
22	Add line 19 through line 21			22	0		
	Enter amount from federal Form 1040						
20	or 1040-SR, line 11		39282				
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0.			24 _	786		
25	Subtract line 24 from line 22. If line 24 is more than line	22,	enter 0			25	0
	Total Itemized Deductions. Add line 18 and line 25					26	0
27	Other adjustments. See instructions. Specify. •					27	
28	Combine line 26 and line 27					28	0
29	Is your federal AGI (Form 540, line 13) more than the Single or married/RDP filing separately Head of household Married/RDP filing jointly or qualifying surviving s No. Transfer the amount on line 28 to line 29.			\$229	,908		
	Yes. Complete the Itemized Deductions Worksheet in th	e ins	tructions for Schedule CA	A (540)	, line 29 🏵	29	0
30	Enter the larger of the amount on line 29 or your stand Single or married/RDP filing separately. See instru Married/RDP filing jointly, head of household, or qu Transfer the amount on line 30 to Form 540, line 18	ictior ialifyi	is ng surviving spouse/RDP	° \$10	,404	30	5202
				_	REV 01/24/23 PRO		
	Side 6 Schedule CA (540) 2022 175	1	7736224	I			-

1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		n 20 2	2	OMB No. 1545	-0074	IRS Use O	nly—Do	not wr	ite or staple in this space.
Filing Status		Single Married filing jointly	-	filing separately (N	,			. ,		spou	ifying surviving Ise (QSS)
one box.		u checked the MFS box, enter the nation is a child but not your dependent		r spouse. If you ch	neck	ed the HOH or	QSS	box, enter	the ch	nild's	name if the qualifying
Your first name	and mi	iddle initial	Last name						You	ur soo	cial security number
RAGHUNAT	HAR	0A	TANIPA	ARTHI					81	5-9	99-2938
lf joint return, s	oouse's	s first name and middle initial	Last name						Spo	ouse's	s social security number
Home address	(numbe	er and street). If you have a P.O. box, see	instructions				A	Apt. no.	Pre	sider	ntial Election Campaign
8803 ROI	DEO I	OR					2	203			ere if you, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete spac	ces below.	Sta	te	ZIP c	ode			if filing jointly, want \$3 this fund. Checking a
IRVING					ТΧ	ζ	750	63			w will not change
Foreign country	name		Fore	eign province/state/c	count	ty	Foreig	n postal cod	e you	ur tax	or refund.
											You Spouse
Digital		ny time during 2022, did you: (a) rece									
Assets		ange, gift, or otherwise dispose of a	-	_		-	asset)	? (See inst	tructio	ns.)	Yes X No
Standard	_	eone can claim: 🗌 You as a de	-	Your spouse							
Deduction		Spouse itemizes on a separate retur	n or you we	ere a dual-status a	alien	1					
Age/Blindness	You:	Were born before January 2, 1	958 🗌 A	Are blind Spo	use	: 🗌 Was bor	n befo	ore Januar	y 2, 19	958	Is blind
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check the	box if	qualifi	ies for (see instructions):
If more	(1) Fi	irst name Last name		number		to you		Child tax	credit	(Credit for other dependents
than four]		
dependents, see instructions]		
and check]		
here											<u> </u>
Income	1a	Total amount from Form(s) W-2, be	`	,			• •		•	1a	43,082.
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2							1b		
W-2 here. Also	C	Tip income not reported on line 1a	`	,			• •		•	1c	
attach Forms	d	Medicaid waiver payments not rep			istru	ictions)	• •		•	1d	
W-2G and 1099-R if tax	e	Taxable dependent care benefits f		-	•		• •		•	1e	
was withheld.	f	Employer-provided adoption bene		-	•		• •		·	1f	
If you did not get a Form	g h	Wages from Form 8919, line 6 .			•		• •		•	1g 1h	0.
W-2, see	h i	Other earned income (see instruction Nontaxable combat pay election (s	,		•	· · · · ·	· ·		•	111	0.
instructions.	z	A shall the end of the second bandle			•	1				1z	43,082.
Attach Sch. B	2a	S I	2a		ь т	axable interest	· ·		•	2b	15,002.
if required.	3a		3a			rdinary divide			•	3b	
	4a	-	4a			axable amoun				4b	
Standard	5a		5a			axable amoun				5b	
Deduction for-	6a		6a			axable amoun				6b	
 Single or Married filing 	c	If you elect to use the lump-sum e							\square		
separately,	7	Capital gain or (loss). Attach Schee				,			\square	7	1
\$12,950Married filing	8	Other income from Schedule 1, lin								8	-3,800.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8. Thi	is is your total inc	ome	ə				9	39,282.
surviving spouse,	10	Adjustments to income from Sche		•						10	
\$25,900 • Head of	11	Subtract line 10 from line 9. This is			ne					11	39,282.
household, \$19,400	12	Standard deduction or itemized								12	12,950.
If you checked	13	Qualified business income deducti				5-A				13	
any box under Standard	14	Add lines 12 and 13								14	12,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer			our t	taxable incom	e.			15	26,332.
300 1130 000013.											

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

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 🗌 881	4 2 4972	3		16	2,	954.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	2,	954.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	2,	954.
	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	2,	954.
Payments	25	Federal income tax withheld								
,	а	Form(s) W-2				25a	,308.			
	b	Form(s) 1099								
	с	Other forms (see instructions				25c				
	d	Add lines 25a through 25c	,					25d	7,3	308.
	26	2022 estimated tax payment						26		
If you have a l qualifying child,	27	Earned income credit (EIC)		• •		27				-
attach Sch. EIC.	28	Additional child tax credit fror				28		-		
	29	American opportunity credit				29		-		
	30	Reserved for future use .		,		30				
	31	Amount from Schedule 3, lin				31		-		
	32	Add lines 27, 28, 29, and 31						32		
	33	Add lines 25d, 26, and 32. T	,					33	7,	308.
Defend	34	If line 33 is more than line 24	,					34		354.
Refund	35a	Amount of line 34 you want	-			, .		35a		354.
Direct deposit?	b	Routing number 1 2 1					Savings			
See instructions.		Account number 3 2 5					ournigo			
	36	Amount of line 34 you want a				36				
Amount	37	Subtract line 33 from line 24								
You Owe	57	For details on how to pay, ge						37		
	38	Estimated tax penalty (see in	-			38		0.		
Third Party		you want to allow another								
Designee		structions	•				omplete	below.	X No	
	De	signee's		Phone		Pers	onal identi	fication		
	na	mē		no.		num	ber (PIN)			
Sign		der penalties of perjury, I declare t			1 2 0		,		,	0
Here		ief, they are true, correct, and com	plete. Declaration of			ased on all informati				0
	Yo	ur signature		Date	Your occupation				nt you an Ident IN, enter it her	
Joint return?		SOFTWARE ENGINE				ENGINEER		inst.)		
See instructions.	Sp	ouse's signature. If a joint return, k	Date	Spouse's occupa	If the	e IRS se	nt your spouse	an		
Keep a copy for		,				Iden	tity Prot	ection PIN, ent		
your records.							(see	inst.)		
		one no. (310)634-947	4	Email address	RAGHU3K@G	MAIL.COM				
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:	
Preparer	VENK	ATA SAI PAVAN KUMAR DUDIPALLI				01/30/2023	P0247	0833	Self-emp	oloyed
Use Only	Fir	m's name GLOBAL TAX	XES LLC				Pho	ne no. (678)965-	9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	's EIN	88-214	5487
Go to www.irs.ge	ov/Forr	n1040 for instructions and the late	st information.		BAA	REV 01/24/23 PRO			Form 10 4	40 (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 20 22

Attachment Sequence No. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number RAGHUNATHARAO TANIPARTHI 815-99-2938

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-3,800.
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		
1	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p	_	
q	Taxable distributions from an ABLE account (see instructions)	8q	-	
r	Scholarship and fellowship grants not reported on Form W-2	8r	-	
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (4	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	-	
u	Wages earned while incarcerated	8u	-	
Z	Other income. List type and amount:	0-		
0	Total other income. Add lines to through 97	8z		
9 10	Total other income. Add lines 8a through 8z	or 10/0_NP_line 9	9 10	-3,800.
-	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-Sh			- 3 , 800 .

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2022

11 Educator expenses 11 12 Certain business expenses of reservists, performing artists, and fee-basis government 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 Temployed health insurance deduction 17 19 Alimony paid 19a 19 Alimony paid 19a 20 IRA deduction 21 21 Reserved for future use 22 23 Archer MSA deduction 21 24 Other adjustments: 22 a Jury duty pay (see instructions) 22 24 Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24e 24e 24e 24e 24d 24e 24e 24d 24e 24e 24d 24e 24e 24d 24e <	Par	t II Adjustments to Income					
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 25 Total other adjustments. Add lines 24a through 24z	~		247				
26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	25	Total other adjustments. Add lines 24a through 24z				25	
						20	
	20					26	
BAA REV 01/24/23 PRO Schedule 1 (Form 1040) 20							lo 1 (Form 1040) 00

(Form	1040)	(From r	ental real estate	e, royalties, partnersl	hips, S	6 corporati	ons, es	states,	trusts, REMI	Cs, etc.)	20	99
	nent of the Treasury			Attach to Form 1040,							Attachm	nent 10
	Revenue Service) shown on return		GO tO WWW.II	rs.gov/ScheduleE for	rinstru	uctions an	d the la	itest ir	formation.	Vour cooi	Sequeno al security	ce No. 13
	IUNATHARAO	ידאאדסא	отит								9-2938	number
Part				al Real Estate an	d Ro	valties				015 7	200	
	Note: If yo rental inco	ou are in tl ome or los	he business of re is from Form 483	nting personal proper 35 on page 2, line 40.	ty, use	Schedule						
Α	Did you make ar	ny payme	ents in 2022 tha	t would require you	to file	Form(s) 1	099? 8	See ins	structions .		. 🗌 Ye	s 🛛 No
B	f "Yes," did you	u or will y	ou file required	Form(s) 1099? .							. 🗌 Ye	s 🗌 No
1a	Physical add	ress of ea	ach property (s	treet, city, state, ZIF	code	e)						
Α	PLOT 422,	MIYAPU	R HYDERABA	D TELANGANA I	IN 50	00049						
В												
С												
1b	Type of Prope			al real estate prope				Fa	ir Rental	Person		QJV
	(from list belo	vv)		the number of fair days. Check the Q			•		Days	Da	-	
 	3			le requirements to f			A B		365		0	
			qualified joint	venture. See instru	ictions	S	<u>с</u>					
	of Property:						U					
	Single Family F	Residence	a 3 Vacati	on/Short-Term Ren	tal	5 Land		7	Self-Rental			
	Multi-Family Re		4 Comm		lai	6 Roya		-	Other (desc	ribe)		
								0				
									Propert	ies:		
Incom							<u>A</u>	1.0	В			C
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19	Other (list)	•			19							
20	· · · · · · · · · · · · · · · · · · ·	s. Add lir	nes 5 through 1	9	20		4,2	10.				
21				d/or 4 (royalties). If								
-				nd out if you must								
	file Form 6198	в			21		-3,8	00.				
22				r limitation, if any,								
		-	-		22	(3,80		()	(
23a				for all rental prope				23a		410.		
b				for all royalty prop				23b				
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24				n on line 21. Do no				 	• • • • •	. 24	/	2 0 0 0
25				and rental real estat							(3,800.
26	i otal rental r	eal estat	te and royalty	income or (loss).	Comb	ine lines i	24 and	25. E	nter the res	uit		

Supplemental Income and Loss

SCHEDULE E

26

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-3,800.

OMB No. 1545-0074