### Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

### IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Submission Identification Number (SID)		•	
Taxpayer's name	Social security	number	
SAIESHWAR PRATHEEK PARVAGOUNI	734-99-	0887	
Spouse's name	Spouse's socia	al security number	
TEJASVI KANAPURAM	669-87-	4238	
Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter)	year you ar	e authorizing.)	
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 17,	127.
2 Total tax	-	2	0.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	[	3 2,	654.
4 Amount you want refunded to you		4 2,	654.
5 Amount you owe		5	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and ke	еер а сору	of your retur	n)
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejet for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indic payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requebusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payments to receive confidential information necessary to answer inquiries and resolve issues related to the payersonal identification number (PIN) below is my signature for the income tax return (original or amended) I am Electronic Funds Withdrawal Consent.	ter, or electron trion of the trace. Treasury an ated in the taxes to debit the attention authorized the authorized tests must be processing of syment. I furth	nic return originate unsmission, <b>(b)</b> the dist designated F x preparation softy entry to this accou- tion. To revoke (con received no later the electronic pay the acknowledge	or (ERO) e reason inancial ware for unt. This ancel) a than 2 ment of that the
Taxpayer's PIN: check one box only			
▼ I authorize GLOBAL TAXES LLC to enter or generate m	W DINI 9	0 8 8 7	ac my
ERO firm name  signature on the income tax return (original or amended) I am now authorizing.	Ente	er five digits, but 't enter all zeros	as my
I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN metho below.			
Your signature ► Date ►			
Spouse's PIN: check one box only			
	nv PIN 7	4 2 3 8	
	.,	er five digits, but	as my
signature on the income tax return (original or amended) I am now authorizing.		't enter all zeros	
I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN metho below.			
Spouse's signature ▶ Date ▶			
Practitioner PIN Method Returns Only—continue below			
Part III Certification and Authentication — Practitioner PIN Method Only			
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 6  Don't enter		9
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of Inc.	ting this retur	n in accordance	
ERO's signature ▶ Date ▶			
ERO Must Retain This Form — See Instructions			

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

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

|--|

OMB No. 1545-0074

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

Filing Status Check only	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separately	(MFS)	Head of	household (I	НОН)			ying survi	ving
one box.	-	u checked the MFS box, enter the nonis a child but not your dependent	-	our spouse. If you	check	ed the HOH or	QSS box, e	enter				qualifying
Your first name	and mi	ddle initial	Last nar	me					You	r soci	al security	number
SAIESHWA	AR PI	RATHEEK	PARV	AGOUNI					734	4-9	9-0887	
If joint return, s	pouse's	first name and middle initial	Last nar	me					Spor	ıse's	social secu	ırity number
TEJASVI			KANA	PURAM					669	9-8	7-4238	
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no		Pres	ident	ial Election	n Campaign
285 PLAI	TAT	ION STREET									re if you, c	
		ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP code					y, want \$3
WORCESTI	ΞR				MA	7	01604				his fund. C v will not c	
Foreign countr	y name		F	oreign province/state	count	у	Foreign post	al code			or refund.	3.
											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				a dependent	, (				<u> </u>	
Deduction	_	Spouse itemizes on a separate retur	•			•						
Age/Blindnes			958	Are blind Sp	ouse	: Was bor	n before Ja				☐ Is blin	
Dependent				(2) Social securi	ty	(3) Relationsh	P			1		nstructions):
If more	<b>(1)</b> Fi	rst name Last name		number		to you	Chi	ld tax	credit	С	redit for othe	er dependents
than four dependents,								<u> </u>		_		
see instruction	s ——							<u> </u>		_		
and check	, —							<u> </u>		_		
here								Ш			L	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .					.	1a	1	7 <b>,</b> 127.
	b	Household employee wages not re	•	( )						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)						.	1c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						1d				
W-2G and 1099-R if tax	е	Taxable dependent care benefits t		•					.	1e		
was withheld.	f	Employer-provided adoption bene	efits from	n Form 8839, line 29	9.					1f		
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form	h	Other earned income (see instructions)							1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)										
	z	Add lines 1a through 1h								1z	1	7,127.
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interest	t			2b		
if required.	<u>3a</u>	Qualified dividends	3a		<b>b</b> 0	rdinary divide	nds			3b		
	4a	IRA distributions	4a		b Ta	axable amoun	t			4b		
Standard	5a	Pensions and annuities	5a		b Ta	axable amoun	t			5b		
<b>Deduction for—</b> Single or	6a	Social security benefits	6a		b Ta	axable amoun	t			6b		
Married filing	С	If you elect to use the lump-sum e	lection n	nethod, check here	e (see	instructions)						
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	required. If not red	quired,	check here				7		
Married filing	8	Other income from Schedule 1, lin	ie 10 .							8		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is your <b>total ir</b>	ncome					9	1	7,127.
surviving spouse, \$25,900	10	Adjustments to income from Sche		-					. [	10		
Head of	11	Subtract line 10 from line 9. This is	s your <b>ac</b>						.	11	1	7,127.
household, \$19,400	12	Standard deduction or itemized							. [	12		5,900.
If you checked	13	Qualified business income deduct				5-A			. [	13	_	
any box under Standard	14	Add lines 12 and 13							.	14	2.	5,900.
Deduction,	15	Subtract line 14 from line 11. If zer								15		0.
see instructions.	J				-				-		·	

Form 1040 (2022	2)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	0.
Credits	17	Amount from Schedule 2, lir	ne 3				_ 	17	
	18	Add lines 16 and 17						18	0.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	0.
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	0.
<b>Payments</b>	25	Federal income tax withheld	from:						
-	а	Form(s) W-2				25a	2,654	ŀ.	
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	2,654.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	021 return			26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	otal payments				33	2,654.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	. This is the amou	nt you <b>overpaid</b>	١	34	2,654.
riciana	35a	Amount of line 34 you want	refunded to you	u. If Form 8888	3 is attached, che	ck here	[	35a	2,654.
Direct deposit?	b	Routing number 0 1 1				Checking	Saving	ıs	
See instructions.	d	Account number 4 6 6	0 1 6 9	9 5 8 '	7 9				
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g		•				37	
	38	Estimated tax penalty (see in	_	-		38		O/	
Third Party		you want to allow another							
Designee	ins	structions	•			Tyes. (	•	te below.	⊠ No
	De: nar	signee's ne		Phone no.			rsonal ide nber (PIN	entification I)	
Sign		der penalties of perjury, I declare tief, they are true, correct, and com							
Here		ur signature		Date	Your occupation				nt you an Identity
Joint return?					   SOFTWARE	DEVELOPER		rotection P ee inst.)	PIN, enter it here
See instructions. Keep a copy for	Spo	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat		If	the IRS se	nt your spouse an ection PIN, enter it here
your records.				HOME MAKER				ee inst.)	ection Fin, enter it here
	Pho	one no. (508) 410-631	0	Email address	PRATHEEKGO	UD@GMAIL.C	:OM		
Paid	Pre	parer's name	Preparer's signat	ture		Date	PTIN		Check if:
	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/10/2023	P020	82703	Self-employed
Preparer Use Only	Firr	m's name GLOBAL TA	XES LLC				Р	hone no.	(678) 965-9522
	Firr	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		F	irm's EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 03/02/23 PRO			Form <b>1040</b> (2022)

### Form **8889**

Department of the Treasury

Internal Revenue Service

**Health Savings Accounts (HSAs)** 

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. 52

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

SAIESHWAR PRATHEEK PARVAGOUNI

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 734-99-0887

Befor	<b>re you begin:</b> Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, it	f requ	ıired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions		elf-only 🗵 Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of <b>every</b> month during 2022, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,650 (\$7,300 for family coverage). <b>All others</b> , see the instructions for the amount to enter	3	7,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	7,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family		,
	coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	6	7,300.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions.	7	
8	Add lines 6 and 7	8	7,300.
9	Employer contributions made to your HSAs for 2022		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	900.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	6,400.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	<b>HSA Distributions.</b> If you are filing jointly and both you and your spouse each have separate Part II for each spouse.	arate	HSAs, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here		
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part	completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.		
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form		
	1040). Part II. line 17d	21	

BAA



# Form M-8453 Individual Income Tax Declaration for Electronic Filing

2022
Massachusetts
Department of
Revenue

Please print or type. Privacy Act Notice available u	ipon request. For	the vear January	1-December 31, 2022.	
Your first name and initial	<u> </u>	name	Your Social Security number	•
SAIESHWAR PRATHEEK PARVAGOUNI			734990887	
If a joint return, spouse's first name and initial	Last	name	Spouse's Social Security nu	ımber
TEJASVI KANAPURAM			669874238	
Present street address (and apartment number)				
285 PLANTATION STREET				
City/Town/Post Office	State	Zip	Filing status: O Single	Married filing jointly
WORCESTER	MA	01604	<ul><li>Married filing separately</li></ul>	O Head of household
<ul> <li>4 Massachusetts income tax withheld (from Form</li> <li>5 Refund amount (from Form 1, line 53, or Form 1-</li> <li>6 Tax due (from Form 1, line 54, or Form 1-NR/PY,</li> </ul>	-NR/PY, line 57) line 58)			791 718
Part 2. Declaration and Signature of Under pains and penalties of perjury, I declare that I has Return Originator and that the amounts above agree this information is true, correct and complete. I conservent to the Massachusetts Department of Revenue by the transmitter when my electronic return has been as the return can be corrected and re-transmitted. If I have my tax liability, I will remain liable for the tax liability are	have reviewed the in with the amounts s in that my return, in my Electronic Ret excepted. In the ever we filed a balance d	hown on my 2022 cluding this declar urn Originator. I au nt that it is rejected ue return, I unders	Massachusetts return. To the best of my k ration and accompanying schedules, forms athorize DOR to inform my Electronic Retu I, I authorize DOR to identify the reasons for stand that if DOR does not receive full and	nowledge and belief s and statements be irn Originator and/or or rejection so that
Your signature	Date		Spouse's signature Date	

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

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

ERO's signature and SSN or PTIN		Date	EIN		O Fill in if	
	03102023		882145487		self-employed	
Firm name (or yours, if self-employed) and address		City/Town	State	Zip	O Fill in if also	
GLOBAL TAXES LLC	245 ROONEY CT	E BRUNSWICK	NJ	08816	paid preparer	

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

Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Paid preparer's signature and SSN or PTIN	Date	EIN		O Fill in if	
P02082703	03102023 843171965		1965	self-employed	
Firm name (or yours, if self-employed) and address	City/Town	State	Zip		
SYAM PRIYA RAM SAGAR GUPTA TALLAM 245 ROONEY CT	E BRUNSWICK	NJ	08816		





### 2022 Form 1

MA22001011555 Massachusetts Resident Income Tax Return FOR FULL YEAR RESIDENTS ONLY

Federal amendment

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

SAIESHWAR PRATHE PARVAGOUNI TEJASVI KANAPURAM

285 PLANTATION STREET WORCESTER

Fill in if: Amended return 

Amended return due to IRS BBA Partnership Audit State Election Campaign Fund: \$1 You \$1 Spouse TOTAL

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

a. Total federal income Fill in if noncustodial parent 17127 Fill in if filing Schedule TDS b. Federal adjusted gross income 17127 1. Filing status (select one only): Fill in if filing Schedule FCI Single

X Married filing jointly Fill in if reporting crypto currency

Married filing separate return

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

734990887

669874238

2. Exemptions

a. Personal exemptions 8800  $\times$  \$1.000 = **2b** b. Number of dependents. (Do not include yourself or your spouse.) Enter number

c. Age 65 or over before 2023 You + Spouse =  $\times$  \$700 = **2c** d. Blindness You + Spouse =  $\times$  \$2,200 = **2d** e. Medical/dental 2e

2f f. Adoption g. Total exemptions. Add items 2a through 2f. Enter here and on line 18 2g

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

Date Your signature Date Spouse's signature

508-410-6310

8800

MA 01604

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



### 

# **2022 Form 1, pg. 2** MA22001021555

MA22001021555 Massachusetts Resident Income Tax Return 734990887

3.	Wages, salaries, tips	3	17127			
4.	Taxable pensions and annuities	4				
5.	Mass. bank interest: a. – b. exemption	= 5				
6a.	Business/profession income/loss	6a				
6b.	Farming income/loss	6b				
7.	Rental, royalty and REMIC, partnership, S corp., trust income/loss	7				
8a.	Unemployment	8a				
8b.	Mass. lottery winnings	8b				
9.	Other income from Schedule X, line 7	9				
10.	TOTAL 5.0% INCOME	10	17127			
11a.	Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	11a	1310			
11b.	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	11b				
12.	Reserved for future use	12				
13.	Reserved for future use	13				
14.	Rental deduction. a.	÷ 2 = <b>14</b>				
15.	Other deductions from Schedule Y, line 19	15				
16.	Total deductions. Add lines 11 through 15	16	1310			
17.	5.0% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0"	17	15817			
18.	Exemption amount	18	8800			
19.	5.0% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0"	19	7017			
20.	INTEREST AND DIVIDEND INCOME	20				
21.	TOTAL TAXABLE 5.0% INCOME. Add lines 19 and 20	21	7017			
22.	TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the					
	amount in Schedule D, line 21 by .0585	22	351			
BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1						





**2022 Form 1, pg. 3**MA22001031555
Massachusetts Resident Income Tax Return 734990887

23.	12% INCOME. Not less than "0." a.		× .12 = <b>23</b>	
24.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing S	Schedule D-IS	24	
	Fill in if any excess exemptions were used in calculating lines 20, 23 or 24			
25.	Credit recapture amount (from Credit Recapture Schedule)		25	
26.	Additional tax on installment sale		26	
27.	If you qualify for No Tax Status, fill in and enter "0" on line 28			
28.	TOTAL INCOME TAX. Add lines 22 through 26		28	351
29.	Limited Income Credit		29	278
30.	Income tax due to another state or jurisdiction		30	
31.	Other credits from Credit Manager Schedule		31	
32.	INCOME TAX AFTER CREDITS. Subtract the total of lines 29 through 31 f	from line 28. <b>Not less</b>	than "0" 32	73
33.	Voluntary Contributions			
	a. Endangered Wildlife Conservation		33a	
	b. Organ Transplant Fund		33b	
	c. Massachusetts Public Health HIV and Hepatitis Fund		33c	
	d. Massachusetts U.S. Olympic Fund		33d	
	e. Massachusetts Military Family Relief Fund		33e	
	f. Homeless Animal Prevention and Care		33f	
	Total. Add lines 33a through 33f		33	
34.	Use tax due on Internet, mail order and other out-of-state purchases		34	
35.	Health care penalty a. You + b. Spouse		35	
36.	Amended return only. Overpayment from original return		36	
37.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX	. Add lines 32 through	n 36 <b>37</b>	73
38.	a. Massachusetts income tax withheld from Form(s) W-2	38a	791	
	b. Massachusetts income tax withheld from Form(s) 1099	38b		
	c. Massachusetts income tax withheld from other forms	38c		
	Total. Add lines 38a through 38c		38	791



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## **2022 Form 1, pg. 4** MA22001041555

MA22001041555
Massachusetts Resident Income Tax Return 734990887

39.	2021 overpayment applied to your 2022 estimated tax		39	
40.	2022 Massachusetts estimated tax payments		40	
41.	Payments made with extension		41	
42.	Amended return only. Payments made with original return. Not less than "0"		42	
43.	Earned Income Credit. a. Number of qualifying children b. Amount from U.S.	return × .30 =	43	
	Note: You cannot claim the Earned Income Credit if your filing status is married filir			
	for an exception (see instructions). Fill in if you qualify for this exception			
44.	Senior Circuit Breaker Credit		44	
45.	Child under age 13, or disabled dependent/spouse credit		45	
46.	Dependent member(s) of household under age 12, or dependent(s) age 65 or over	(not you or your spouse)		
	as of December 31, 2022 credit.			
	Not more than two. a.	× \$180 =	÷ 46	
47.	Other Refundable Credits		47	
48.	<b>Total Refundable Credits.</b> Add lines 43 through 47		48	
49.	Excess Paid Family Leave Withholding		49	
50.	<b>TOTAL.</b> Add lines 38 through 42 and lines 48 and 49		50	791
51.	Overpayment. Subtract line 37 from line 50		51	718
52.	Amount of overpayment you want applied to your 2023 estimated tax		52	
53.	<b>Refund.</b> Subtract line 52 from line 51. Mail to: Massachusetts DOR, PO Box 7000,	Boston, MA 02204	53	718
	Direct deposit of refund. Type of account X checking savings			
	RTN# 011000138 account# 466016995879			
	100010999079			
54.	Tax due. Pay online at www.mass.gov/dor/payonline. Mail to: Mass. DOR, PO E	ox 7003, Boston, MA 02204	54	
	Interest Penalty M-2210 amt.			EX enclose Form M-2210
May t	he Department of Revenue discuss this return with the preparer shown here?			
-	ot want preparer to file my return electronically	(this may delay your refund)		Paid preparer's
	paid preparer's name	Date Check if sel	-employed	
	M PRIYA RAM SAGAR GUPTA TALLAM	03102023	ciripioyou	P02082703
	preparer's signature	Paid preparer's phone		Paid preparer's EIN
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SYAM PRIYA RAM SAGAR GUPTA TALLAM

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1

678-965-9522

84-3171965





**2022 Schedule INC** MA22INC011555

SAIESHWAR PRATHE PARVAGOUNI 734990887

### Form W-2 and 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
042437166	791	17127	1310		W2

TOTALS 791 17127 1310





### 2022 Schedule HC

MA22029011555

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions).

Note: Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return.

SAIESHWAR PRATHE PARVAGOUNI

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1a. Date of birth 08221993 1b. Spouse's date of birth 08061995 1c. Family size 2
2. Federal adjusted gross income
2 17127

3. Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. Note: MassHealth, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions.

See instructions if, during 2022, you turned 18, you

3a You:
Full-year MCC X Part-year MCC None
were a part-year resident or a taxpayer was deceased.
3a Spouse: X Full-year MCC Part-year MCC None
If you filled in the full-year or part-year MCC oval, go to line 4. If you filled in No MCC/None, go to line 6.

4. Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2022, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were enrolled in private insurance and MassHealth or Commonwealth Care and enter your private insurance information in line(s) 4f and/or 4g and go to line 5.

4a. Private insurance, including ConnectorCare (completes line(s) 4f and/or 4g below) X You Spouse 4b. MassHealth. Fill in and go to line 5 You X Spouse 4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5 You Spouse 4d. U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5 Spouse You 4e. Other program (enter the program name(s) only in lines 4f and/or 4g below). Note: Health Safety Net You Spouse is not considered insurance or minimum creditable coverage.

4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.

HEALTH PLANS INC 042734278 HHBA6109900

- 4g. Spouse Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.
- 5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Other wise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2022, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.





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You might be eligible for low- or no-cost health insurance coverage.

If you (and/or your spouse, if married filing jointly) do not have health insurance coverage, you might be eligible for health insurance coverage programs made available by the Commonwealth of Massachusetts. By filling in the oval below, you authorize DOR to share information from your tax return and attached schedules with the Health Connector. If you are married filing jointly, both spouses must check the box for the Health Connector to receive all of your information. The Health Connector will assess your eligibility for those coverage options, including low- or no-cost coverage, and contact you with information. See instructions.

I authorize DOR to share this tax return including attached schedules with the Massachusetts Health Connector for the purpose of assessing my eligibility for insurance affordability programs and contacting me with information about the same.

I authorize DOR to share this tax return including attached schedules with the Massachusetts Health Connector for the purpose of assessing my eligibility for insurance affordability programs and contacting me with information about the same.

#### Your Health Insurance

- 6. Was your income in 2022 at or below 150% of the federal poverty level? 6 X Yes Nο If you answer Yes, you are not subject to a penalty in 2022. Skip the remainder of this schedule and complete your tax return. If you answer No and you were enrolled in a health insurance plan that met the MCC requirements for part, but not all, of 2022, go to line 7. If you answer No and you had no insurance or you were enrolled in a plan that did not meet the MCC requirements during the period that the mandate applied, go to line 8a.
  - 7. Complete this section only if you, and/or your spouse if married filing jointly, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2022. Fill in below the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, fill in the months you were covered by a plan that met the MCC requirements at least 15 days or more. If, during 2022, you turned 18, you were a part-year resident or a taxpayer was deceased, fill in the oval(s) below for the month(s) that met the MCC requirements during the period that the mandate applied. See instructions.
    - You may only fill in the month(s) you had health insurance that met MCC requirements. If you had health insurance, but it did not meet MCC requirements, you must skip this section and go to line 8a.

#### Months Covered By Health Insurance

You: Jan. Feb. March Oct Nov Dec April May June July Aug. Sept. Spouse: Jan. Feb. March April May June July Sept. Oct. Nov. Dec. Aug. If you had four or more consecutive months either with no insurance or insurance that did not meet the MCC requirements (four or more blank months in a row),

go to line 8a. Otherwise, a penalty does not apply to you in 2022. Skip the remainder of this schedule and complete your tax return.

### Religious Exemption and Certificate of Exemption

8a.	Religious exemption: Are you claiming an exemption from the requirement to purchase health insurance based	8a You	Yes	No
	on your sincerely held religious beliefs that cause you to object to substantially all forms of treatment covered by			
	health insurance?	Spouse	Yes	No
If you a	nswer Yes, go to line 8b. If you answer No, go to line 9.			
8b.	If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2022 tax year?	<b>8b</b> You	Yes	No
		Spouse	Yes	No
If you a	nswer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to	line 8b, go to line 9		
9.	Certificate of exemption: Have you obtained a Certificate of Exemption issued by the Massachusetts Health	9 You	Yes	No

Connector for the 2022 tax year? If you answer Yes, enter the certificate number, skip the remainder of this schedule and continue completing your tax

return. If you answer No to line 9, go to line 10.

Spouse

Yes

No





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### Affordability as Determined By State Guidelines

**Note:** This section will require the use of worksheets and tables found in the instructions. You must complete the worksheet(s) to determine if health insurance was affordable to you during the 2022 tax year.

10. Did your employer offer affordable health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 10 in the instructions?10 You Yes NoSpouse Yes No

Fill in No if your employer did not offer health insurance that met minimum creditable coverage requirements, you were not eligible for health insurance offered by your employer, you were self-employed or you were unemployed.

11.Were you eligible for government-subsidized health insurance as determined by completing the Schedule HC11 YouYesNoWorksheet for Line 11 in the instructions?SpouseYesNo

If you answer No, go to line 12. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

12. Were you able to purchase affordable private health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 12 in the instructions?12 You Yes No

If you answer No, you are not subject to a penalty. Continue completing your tax return. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

### Complete Only If You Are Filing An Appeal

#### You must complete the Health Care Penalty Worksheet to determine your penalty amount before completing this section.

You may have grounds to appeal if you were unable to obtain affordable insurance that meets the minimum creditable coverage requirements in 2022 due to a hardship or other circumstances. The grounds for appeal are explained in more detail in the instructions. If you believe you have grounds for appealing the penalty, fill in the field(s) below. The appeal will be heard by the Massachusetts Health Connector. By filling in the field below, you (or your spouse if married filing jointly) are authorizing DOR to share information from your tax return, including this schedule, with the Massachusetts Health Connector for purposes of deciding your appeal. You will receive a follow-up letter asking you to state your grounds for appeal in writing, and submit supporting documentation. Failure to respond to that letter within the time specified in the letter will lead to dismissal of your appeal and will result in a future assessment of a penalty. Once your documentation is received, it will be reviewed by the Massachusetts Health Connector and you may be required to attend a hearing on your case. You will be required to file your claims under the pains and penalties of perjury.

**Note:** If you are filing an appeal, make sure you have calculated the penalty amount that you are appealing, but do not assess yourself or enter a penalty amount on your Form 1 or Form 1-NR/PY. Also, do not include any hardship documentation with your original return. You will be required to submit substantiating hardship documentation at a later date during the appeal process.

You: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

Spouse: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.