# 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

	1.01.01.00				
Submi	ssion Identification Number (SID)				
Taxpaye	r's name	Social securi	ty numl	per	
KRIS	SHNA KUMARI REPALLE	691-95	-247	7	
Spouse'	s name	Spouse's soo			
Dort	Tax Return Information — Tax Year Ending December 31, 2022 (Enter	, voor vou a	ro ou	thorizina	<u> </u>
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Enterwhole dollars only on lines 1 through 5.	year you a	ie au	monzing.	)
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	82	,642.
2	Total tax		2		,946.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,599.
4	Amount you want refunded to you		4		, 653.
5	Amount you owe		5	/	, 055.
Part		eep a cop		our retu	rn)
Under Imp known for any Agent t paymer authorize paymer business taxes t persona Electro	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended evoledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejecteday in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U original taxes owed on this return and/or a payment of estimated tax, and the financial institution account induction is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate at, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requisedays prior to the payment (settlement) date. I also authorize the financial institutions involved in the particle confidential information necessary to answer inquiries and resolve issues related to the particle confidential information necessary to answer inquiries and resolve issues related to the particle confidential information necessary to answer inquiries and resolve issues related to the particle confidential information necessary to answer inquiries and resolve issues related to the particle confidential information necessary to answer inquiries and resolve issues related to the particle confidential information necessary to answer inquiries and resolve issues related to the particle confidential information necessary to answer inquiries and resolve issues related to the particle confidential information necessary to answer inquiries and resolve issues related to the particle confidential information necessary to answer inquiries and resolve issues related to the particle confidence of the	o I am now autre are the amitter, or electroction of the treet. Treasury a cated in the treet the authorize uests must be processing or ayment. I furn now author	thorizing ounts of the control of th	g, and to the from the incurrence turn original size of the target of target of the target of ta	ne best of come tax tor (ERO) ne reason Financial tware for bunt. This cancel) a er than 2 syment of that the cable, my
V	if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.				
rour s	ignature ▶ Date ▶ _				
Spous	e's PIN: check one box only				
	I authorize to enter or generate	my PIN			as my
	ERO firm name			digits, but er all zeros	
	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 n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.				
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part	Certification and Authentication — Practitioner PIN Method Only				
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't ent	6 6 er all ze	1 9 8 eros	9
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income to the tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of In	itting this retu	urn in a	accordance	
ERO's	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To I	o So			

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

2022

OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single Married filing jointly u checked the MFS box, enter the on is a child but not your depender	name of y	ed filing separately your spouse. If you	. ,	<del></del>	household (HOF	,	spou	ifying surv ise (QSS) name if th	Ü	
Your first name	and mi	ddle initial	Last na	me				Y	Your social security number			
KRISHNA	KUMA	ARI	REPA	LLE				6	91-9	95-247	7	
If joint return, sp	oouse's	first name and middle initial	Last nai	me				Sp	ouse's	s social sec	curity number	
Home address	(numbe	r and street). If you have a P.O. box, se	e instruction	ons.			Apt. no.	- 1			on Campaign	
_300 LEGQ	)ACY	DR					1628			ere if you,	or your tly, want \$3	
City, town, or p	ost offic	ce. If you have a foreign address, also o	omplete s	paces below.	Sta	te	ZIP code				Checking a	
PLANO					T		75023			ow will not	U	
Foreign country	name		F	Foreign province/stat	e/coun	ty	Foreign postal co	de yo	ur tax	or refund.	Spouse	
Digital		ny time during 2022, did you: (a) re	`				,	` '		Yes	⊠ No	
Assets		ange, gift, or otherwise dispose of eone can claim:   You as a d		<u>_</u>		a dependent	asset): (See III	structi	JI 15.)	163		
Standard Deduction	_	Spouse itemizes on a separate retu	•	•								
Age/Blindness	You:	Were born before January 2,	1958	Are blind S	pouse	: Was bor	n before Janua	•		☐ Is bl		
Dependents	s (see	instructions):		(2) Social secur	ity	(3) Relationsh	iib   ' '		· .	•	instructions):	
If more	<b>(1)</b> Fi	rst name Last name		number	number to you Child tax credi			t (	Credit for oth	her dependents		
than four dependents,												
see instructions	s ——						L	<u></u>				
and check							L					
here							L			L		
Income	1a	Total amount from Form(s) W-2,	,	,					1a	- 5	93,000.	
Attach Form(s)	b	Household employee wages not		• •					1b			
W-2 here. Also	С	Tip income not reported on line 1	`	,					1c			
attach Forms W-2G and	d								1d			
1099-R if tax	e								1e			
was withheld.	f	. ,	ents from	•	29 .				1f			
If you did not get a Form	g	Wages from Form 8919, line 6 .	· · ·						1g 1h		0.	
W-2, see	i	h Other earned income (see instructions)							111			
instructions.	z	Add lines 1a through 1h	(See IIISti	uctions)					1z		93,000.	
Attach Sch. B	2a	Tax-exempt interest	2a	<u>.</u>	 h Т	axable interes			2b	-	<del>/3/000.</del>	
if required.	3a	Qualified dividends	3a			ordinary divide			3b			
	4a	IRA distributions	4a			,	t		4b			
Standard	5a	Pensions and annuities	5a				t		5b			
Deduction for—	6a	Social security benefits	6a				t		6b			
Single or Married filing	С	If you elect to use the lump-sum	election r	nethod, check her								
separately, \$12,950	7	Capital gain or (loss). Attach Scho	edule D if	required. If not re	quired	, check here		. 🔲	7			
Married filing	8	Other income from Schedule 1, li	ne 10 .		٠				8	-1	LO,358.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b,							9		32,642.	
surviving spouse, \$25,900 10 Adjustments to income from Schedule 1, line 26												
Head of	11	Subtract line 10 from line 9. This	is your <b>a</b> c						11	8	32,642.	
household, \$19,400	12	Standard deduction or itemized	d deducti	ions (from Schedu	ile A)				12		12,950.	
If you checked	13	Qualified business income deduc							13			
any box under Standard	14	Add lines 12 and 13							14		12 <b>,</b> 950.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>								(	69 <b>,</b> 692.	

Form 1040 (2022	2)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	10,946.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	10,946.
	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	10,946.
	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 <b>total tax</b>					24	10,946.
Payments	25	Federal income tax withheld							
,	а	Form(s) W-2				<b>25a</b> 18	,599.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	18,599.
.,	26	2022 estimated tax payment						26	· ·
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from			_	28			
	29	American opportunity credit	from Form 8863	3. line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31						32	
	33	Add lines 25d, 26, and 32. T	,	-	•			33	18,599.
Defined	34	If line 33 is more than line 24						34	7,653.
Refund	35a	Amount of line 34 you want				•		35a	7,653.
Direct deposit?	b	Routing number 0 2 1					Savings		·
See instructions.	d	Account number 3 8 1					J -		
	36	Amount of line 34 you want				36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party Designee		you want to allow another	person to disc	cuss this retu	rn with the IRS?		omplete b	elow.	X No
	De	signee's		Phone		Pers	onal identifi	cation	
	nar	me		no.		num	ber (PIN)		
Sign Here		der penalties of perjury, I declare t ief, they are true, correct, and com							
пеге	Yo	ur signature		Date	Your occupation		Prote	ction Pl	nt you an Identity N, enter it here
Joint return?					SOFTWARE	ENGINEER	(see i	ıst.)	
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, <b>I</b>	ooth must sign.	Date	Spouse's occupa	tion		ty Prote	nt your spouse an ection PIN, enter it here
		one no. (551) 358-646	າ	Email address	DEDI CIMARIM	ADTO A G CMATT C	,		
		one no. (551) 358-646 eparer's name	Preparer's signat		VVKTSHNAVNM	ARI34@GMAIL.CO Date	PTIN	$\overline{}$	Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			מווסקה האדדאו		P02082	,702	Self-employed
Preparer				NAM SAGAK	GULTA TAPPAN	1   03/00/2023			
Use Only		m's name GLOBAL TAX	Y CT E BRU	INICIMITAN MI	J 08816		Phon-		678) 965-9522
0-1				TANTONICK N			Firm's	> EIIN	84-3171965
GO TO WWW.Irs.go	v/r-orn	n1040 for instructions and the late	st information.		BAA	REV 02/24/23 PRO			Form <b>1040</b> (2022)

# SCHEDULE 1 (Form 1040)

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2022
Attachment
Sequence No. 01

Your social security number

Department of the Treasury Internal Revenue Service

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

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

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

KRIS	HNA KUMARI REPALLE		691-95	5-24	77
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	-10,358.
6	Farm income or (loss). Attach Schedule F		L	6	
7	Unemployment compensation		L	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			
ı	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	0 (			
_	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			

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

Other income. List type and amount:

-10,358.

9

10

8z

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

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

## **SCHEDULE E** (Form 1040)

## Supplemental Income and Loss

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0074

(-)	SHOWN ON TERMIN							5-2477	
	HNA KUMARI REPALLE	and Day					691-9	5-24//	
Part	Income or Loss From Rental Real Estate  Note: If you are in the business of renting personal pro rental income or loss from Form 4835 on page 2, line	perty, use		<b>c</b> . See	instruc	ctions. If you a	re an indi	vidual, rep	ort farm
Α [	Did you make any payments in 2022 that would require y		Form(s)	10002 5	en inc	tructions			es 🛛 No
	f "Yes," did you or will you file required Form(s) 1099?								
_							· · ·		5   110
1a	Physical address of each property (street, city, state,	ZIP code	<del>2</del> )						
Α	12-17-1/42,8THWARD,REPALLE GUNTUR	ANDHRA	PRADES	SH II	N 522	2265			
В									
С									
1b	Type of Property 2 For each rental real estate pro				Fa	ir Rental	Persor	nal Use	QJV
	(from list below) above, report the number of f					Days	Da	ays	QUV
Α	personal use days. Check the			Α		365		0	
В	if you meet the requirements qualified joint venture. See ins			В					
С	qualified joint venture. See inc	3ti uction is	·.	С					
Туре	of Property:								
1	Single Family Residence 3 Vacation/Short-Term F	Rental	5 Land	d		Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (descr	ibe)		
						Properti			
Incom	201			Α		В	C3.		С
3	Rents received	. 3			77.	Б			
4	Royalties received			0	7 7 •				
Exper									
5	Advertising	. 5							
6	Auto and travel (see instructions)								
7	Cleaning and maintenance			2,7	11				
8	Commissions			Z, 1	44.				
9									
	Insurance								
10	Management fees			2 0	0 0				
11	-			2,0	88.				
12 13	Mortgage interest paid to banks, etc. (see instructions Other interest	<i>'</i>							
14				1 0	04.				
15	Repairs				55.				
16	Supplies	. 16		2,0	55.				
17	Utilities			1 7	44.				
18	Depreciation expense or depletion				44.				
19	Other (list)	10							
20	Other (list)  Total expenses. Add lines 5 through 19			11,0	3.5				
				11,0	55.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties), result is a (loss), see instructions to find out if you mu								
	file <b>Form 6198</b>			<b>-</b> 10 <b>,</b> 3	58				
22	Deductible rental real estate loss after limitation, if ar			,-					
~~	on <b>Form 8582</b> (see instructions)	·	(	10,35	( 8 )		١	(	,
23a	Total of all amounts reported on line 3 for all rental pro		(	10,50	23a			(	
b	Total of all amounts reported on line 4 for all royalty p	-			23b			-	
C	Total of all amounts reported on line 12 for all propert				23c				
d	Total of all amounts reported on line 18 for all propert				23d				
e	Total of all amounts reported on line 20 for all propert				23e	11	,035.		
24	<b>Income.</b> Add positive amounts shown on line 21. <b>Do</b>				230		. 24		
25	Losses. Add royalty losses from line 21 and rental real e		-		nter to	tal losses he		(	10,358.
26	Total rental real estate and royalty income or (loss							\	<u> </u>
20	here. If Parts II, III, IV, and line 40 on page 2 do n								
	Schedule 1 (Form 1040), line 5. Otherwise, include this								-10 <b>,</b> 358.

### 2022 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040 2022 Page 1

Your Social Security Number (required) 691952477

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)

REPALLE KRISHNA KUMARI

Spouse's/CU Partner's SSN (if filing jointly)

Home Address (Number and Street, including apartment number) 300 LEGQACY DR APT 1628

County/Municipality Code (See Table page 50) 0906

> ZIP Code City, Town, Post Office State PLANO 75023 TX

Driver's License Number (Voluntary) (See instructions) R26174377258911

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

I authorize the Division of Taxation to discuss my return and enclosures with my preparer.

NJ-1040-O is enclosed.

**Gubernatorial Elections Fund** Note: This does not reduce your refund or increase your balance due.

Do you want to designate \$1 to the Gubernatorial Elections Fund? You Yes No If joint return, does your spouse want to designate \$1? Spouse/CU Partner Yes No

**Direct Deposit Information** 

1 dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit) dd1. dd2. Account type (C for checking, S for savings) dd2. C dd3. dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States 021200339 dd4. Routing number dd4. 381064333416 dd5. Account number dd5.



Name(s) as shown on Form NJ-1040 REPALLE KRISHNA KUMARI

Your Social Security Number 691952477

1555

**NJ-1040** 2022 Page 2

	040										
Part-year residents, provide months/days you were a New Jersey resident during 2022:						Fiscal yea					
om: To:						Enter month of your year end			2023		
×	Single										
	Married/CU Couple, filing	joint retu	rn								
	Married/CU Partner, filing	separate 1	eturn								
	Head of Household					Enter spouse's/CU partne	er's SSN				
	Qualifying Widow(er)/Surv	viving CU	Partner								
	Indicate the year of your sp	ouse's/C	U partner's death:	2020	2021						
		al in the bo	exes to the right and co	emplete the calculation.							
Regul	ar	×	Self	Spouse/CU Partner		Domestic Partner	1	x \$1,000 =	1000		
Senio	r 65+ (Born in 1957 or earlier)		Self	Spouse/CU Partner				x \$1,000 =			
Blind	Disabled		Self	Spouse/CU Partner				x \$1,000 =			
Veter	an		Self	Spouse/CU Partner				x \$6,000 =			
Quali	fied Dependent Children							x \$1,500 =			
Other	Dependents							x \$1,500 =			
Deper	ndents Attending Colleges (Se	ee instruc	tions)					x \$1,000 =			
Total	Exemption Amount (Add total	als from t	he lines at 6 through	h 12)				13.	1000	•	
Deper	ndent Information. Provide th	ne followi	ng information for	each dependent.							
Last N	Name, First Name, Middle Ini	tial				Social Security Number		Birth Year	N	o Health Insurance	
	g Statu only one  ptions the oval Regul Senior Blind/ Veter Qualit Other Deper Total Deper Last N	rear residents, provide months/days To:  Z Status only one.  X Single  Married/CU Couple, filing Married/CU Partner, filing Head of Household Qualifying Widow(er)/Surv Indicate the year of your sp  Aptions the ovals that apply. You must enter a tot Regular Senior 65+ (Born in 1957 or earlier) Blind/Disabled Veteran Qualified Dependent Children Other Dependents Dependents Attending Colleges (Se Total Exemption Amount (Add total Dependent Information. Provide the Last Name, First Name, Middle Ini	year residents, provide months/days you were To:  Z Status only one.  X Single  Married/CU Couple, filing joint retu Married/CU Partner, filing separate i Head of Household Qualifying Widow(er)/Surviving CU Indicate the year of your spouse's/Cl  Aptions the ovals that apply. You must enter a total in the box Regular  Senior 65+ (Born in 1957 or earlier) Blind/Disabled Veteran Qualified Dependent Children Other Dependents Dependents Attending Colleges (See instruct Total Exemption Amount (Add totals from the couple of the couple	Status only one.  X Single Married/CU Couple, filing joint return Married/CU Partner, filing separate return Head of Household Qualifying Widow(er)/Surviving CU Partner Indicate the year of your spouse's/CU partner's death:  Aptions the ovals that apply. You must enter a total in the boxes to the right and constant apply. You must enter a total in the boxes to the right and constant apply. You must enter a total in the boxes to the right and constant apply. You must enter a total in the boxes to the right and constant apply. You must enter a total in the boxes to the right and constant apply. You must enter a total in the boxes to the right and constant apply. You must enter a total in the boxes to the right and constant apply. You must enter a total in the boxes to the right and constant apply. You must enter a total in the boxes to the right and constant apply. You must enter a total in the boxes to the right and constant apply. You must enter a total in the boxes to the right and constant apply. You must enter a total in the boxes to the right and constant apply. You must enter a total in the boxes to the right and constant apply. You must enter a total in the boxes to the right and constant apply. You must enter a total in the boxes to the right and constant apply. You must enter a total in the boxes to the right and constant apply. You must enter a total in the boxes to the right and constant apply. You must enter a total in the boxes to the right and constant apply. You must enter a total in the boxes to the right and constant apply. You must enter a total in the boxes to the right and constant apply. You must enter a total in the boxes to the right apply. You must enter a total in the boxes to the right apply. You must enter a total in the boxes to the right apply. You must enter a total in the boxes to the right apply. You must enter a total in the boxes to the right apply. You must enter a total in the boxes to the right apply. You must enter a total in the boxes to the right apply. You must enter a to	rear residents, provide months/days you were a New Jersey resident during 2022:  To:  Status only one.  X Single  Married/CU Couple, filing joint return  Married/CU Partner, filing separate return  Head of Household  Qualifying Widow(er)/Surviving CU Partner  Indicate the year of your spouse's/CU partner's death: 2020  Aptions  the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.  Regular  X Self  Spouse/CU Partner  Senior 65+ (Born in 1957 or earlier)  Self  Spouse/CU Partner  Self  Spouse/CU Partner  Veteran  Self  Spouse/CU Partner  Qualified Dependent Children  Other Dependents  Dependents Attending Colleges (See instructions)  Total Exemption Amount (Add totals from the lines at 6 through 12)  Dependent Information. Provide the following information for each dependent.	rear residents, provide months/days you were a New Jersey resident during 2022:  To:  Z Status only one.  X Single  Married/CU Couple, filing joint return  Married/CU Partner, filing separate return  Head of Household  Qualifying Widow(er)/Surviving CU Partner  Indicate the year of your spouse's/CU partner's death: 2020 2021  Aptions  the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.  Regular  X Self  Spouse/CU Partner  Senior 65+ (Born in 1957 or earlier)  Self  Spouse/CU Partner  Self  Spouse/CU Partner  Veteran  Self  Spouse/CU Partner  Qualified Dependent Children  Other Dependents  Dependents Attending Colleges (See instructions)  Total Exemption Amount (Add totals from the lines at 6 through 12)  Dependent Information. Provide the following information for each dependent.  Last Name, First Name, Middle Initial	rear residents, provide months/days you were a New Jersey resident during 2022:  To:  To:  Enter months/days you were a New Jersey resident during 2022:  To:  Enter months/days you were a New Jersey resident during 2022:  Enter months/days you were a New Jersey resident during 2022:  Enter months/days you were a New Jersey resident during 2022:  Enter months/days you were a New Jersey resident during 2022:  Enter months/days you were a New Jersey resident during 2022:  Enter months/days you were a New Jersey resident during 2022:  Enter months/days you were a New Jersey resident during 2022:  Enter months/days you were a New Jersey resident during 2022:  Enter months/days you were a New Jersey resident during 2022:  Enter months/days you were a New Jersey resident during 2022:  Enter months/days you were a New Jersey resident during 2022:  Enter months/days you were a New Jersey resident during 2022:  Enter months/days you have your specifications and	rear residents, provide months/days you were a New Jersey resident during 2022:  To:  To:  Enter month of you  Status only one.  X Single  Married/CU Couple, filing joint return  Married/CU Partner, filing separate return  Head of Household  Qualifying Widow(er)/Surviving CU Partner  Indicate the year of your spouse's/CU partner's death:  2020 2021  Aptions  the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.  Regular  X Self  Spouse/CU Partner  Senior 65+ (Bom in 1957 or earlier)  Self  Spouse/CU Partner  Veteran  Self  Spouse/CU Partner  Qualified Dependent Children  Other Dependents  Dependents Attending Colleges (See instructions)  Total Exemption Amount (Add totals from the lines at 6 through 12)  Dependent Information. Provide the following information for each dependent.  Last Name, First Name, Middle Initial  Social Security Number	rear residents, provide months/days you were a New Jersey resident during 2022:  To:  To:  Enter month of your year end  Status only one.  X Single  Married/CU Couple, filing joint return  Married/CU Partner, filing separate return  Head of Household  Qualifying Widow(er)/Surviving CU Partner Indicate the year of your spouse's/CU partner's death:  2020  2021  Septions  the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.  Regular  X Self  Spouse/CU Partner  Senior 65+ (Bom in 1957 or earlier)  Self  Spouse/CU Partner  Self  Spouse/CU Partner  Veteran  Self  Spouse/CU Partner  Self  Spouse/CU Partner  x \$1,000 =  Veteran  Self  Spouse/CU Partner  Self  Spouse/CU Partner  x \$1,000 =  Veteran  Self  Spouse/CU Partner  x \$1,000 =  Total Exemption Amount (Add totals from the lines at 6 through 12)  Dependents Attending Colleges (See instructions)  Dependent Information. Provide the following information for each dependent.  Last Name, First Name, Middle Initial  Birth Year	rear residents, provide months/days you were a New Jersey resident during 2022:  To:  To:  Enter month of your year end  2  Status only one.  X Single  Married/CU Partner, filing joint return  Head of Household  Qualifying Widow(er)/Surviving CU Partner Indicate the year of your spouse's/CU partner's death: 2020 2021  Spitons  the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.  Regular  X Self Spouse/CU Partner  Senior 65+ (Born in 1957 or earlier)  Self Spouse/CU Partner  Blind/Disabled  Self Spouse/CU Partner  Qualified Dependent Children  Other Dependents  Dependents Attending Colleges (See instructions)  Total Exemption Amount (Add totals from the lines at 6 through 12)  Dependent Information. Provide the following information for each dependent.  Last Name, First Name, Middle Initial  Social Security Number  Birth Year  N.  2  Status  Enter month of your year end  2  Enter month of your year end  Enter spouse's/CU partner's SSN  Domestic Partner's SSN  Domestic Partner's SSN  Enter month of your year end  Enter spouse's/CU partner's SSN  Enter spou	

# NJ-1040

Name(s) as shown on Form NJ-1040 REPALLE KRISHNA KUMARI

Your Social Security Number

691952477

1555

110 10 10	
2022	
Page 3	

15	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	93000	
15. 16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	33000	•
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.		•
17.	Dividends	17.		•
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.		•
19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.		•
20a.	Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)	20a.		•
20a.	Excludable pension, annuity, and IRA distributions/withdrawals	20b.		•
21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.		•
22.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.		•
23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.		•
24.	Net gambling winnings (See instructions)	24.		•
25.	Alimony and separate maintenance payments received	25.		•
26.	Other (Enclose documents) (See instructions)	26.		•
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	93000	•
28a.	Pension/Retirement Exclusion (See instructions)	28a.	33000	•
28b.	Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)	28b.		•
28c.	Total Exclusion Amount (Add lines 28a and 28b)	28c.		•
29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	93000	
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	1000	•
31.	Medical Expenses (See Worksheet F and instructions)	31.	1000	
32.	Alimony and separate maintenance payments (See instructions)	32.		•
33.	Qualified Conservation Contribution	33.		Ť
34.	Health Enterprise Zone Deduction	34.		•
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0	
36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.	Ŭ	
37a.	NJBEST Deduction	37a.		
37b.	NJCLASS Deduction	37b.		
37c.	NJ Higher Ed. Tuition Deduction	37c.		
38.	Total Exemptions and Deductions (Add lines 30 through 37c)	38.	1000	
39.	Taxable Income (Subtract line 38 from line 29)	39.	92000	
40a.	Total Property Taxes (18% of Rent) Paid (See instructions page 25)	40a.	1674	
40b.	Indicate your residency status during 2022 (fill in only one)  Homeowner  Tenant	Both	10,1	
41.	Property Tax Deduction (From Worksheet H) (See instructions)	41.	1674	
42.	New Jersey Taxable Income (Subtract line 41 from line 39)	42.	90326	
43.	Tax on amount on line 42 (Tax Table page 52)	43.	3627	
44.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	44.		
	Enter Code			
45.	Balance of Tax (Subtract line 44 from line 43)	45.	3627	
46.	Sheltered Workshop Tax Credit	46.		
47.	Gold Star Family Counseling Credit (See instructions)	47.		
48.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)	48.		
49.	Total Credits (Add lines 46 through 48)	49.		
50.	Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry	50.	3627	
51.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51.	0	
52.	Interest on Underpayment of Estimated Tax	52.		
	Fill in if Form NJ-2210 is enclosed			
53.	Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill in	53.	0	•

NJ-1040 2022 Page 4



Name(s) as shown on Form NJ-1040

## REPALLE KRISHNA KUMARI

Your Social Security Number 691952477

1555

Tax Due Address

54.	Total Tax Due (Add lines 50 through 53)		54.	3627 .
55.	Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)		55.	5202 .
56.	Property Tax Credit (See instructions page 24)		56.	
57.	New Jersey Estimated Tax Payments/Credit from 2021 tax return		57.	
58.	New Jersey Earned Income Tax Credit (See instructions)		58.	•
	Fill in if you had the IRS calculate your federal earned income credit			
	Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit			
59.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)		59.	
60.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)		60.	
61.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)		61.	
62.	Wounded Warrior Caregivers Credit (See instructions)		62.	
63.	Pass-Through Business Alternative Income Tax Credit (See instructions)		63.	
64.	Child and Dependent Care Credit (See instructions)		64.	
	Fill in if you are a CU couple claiming the Child and Dependent Care Credit			
65.	New Jersey Child Tax Credit (See instructions)		65.	
	Number of dependents under age 6 on 12/31/2022			
66.	Total Withholdings, Credits, and Payments (Add lines 55 through 65)		66.	5202 .
67.	If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount y	ou owe	67.	•
	If you owe tax, you can still make a donation on lines 70 through 77.			
68.	If the total on line 66 is more than line 54, you have an overpayment. Subtract line 54 from line 66 a	and enter the overpayment	68.	1575 .
69.	Amount from line 68 you want to credit to your 2023 tax		69.	•
70.	Contribution to N.J. Endangered Wildlife Fund		70.	•
71.	Contribution to N.J. Children's Trust Fund to Prevent Child Abuse		71.	•
72.	Contribution to N.J. Vietnam Veterans' Memorial Fund		72.	•
73.	Contribution to N.J. Breast Cancer Research Fund		73.	•
74.	Contribution to U.S.S. New Jersey Educational Museum Fund		74.	•
75.	Other Designated Contribution (See instructions)	Enter Code	75.	•
76.	Other Designated Contribution (See instructions)	Enter Code	76.	•
77.	Other Designated Contribution (See instructions)	Enter Code	77.	•
78.	Total Adjustments to Tax Due/Overpayment amount (Add lines 69 through 77)		78.	•
79.	Balance due (If line 67 is more than zero, add line 67 and line 78)		79.	•
80.	Refund amount (If line 68 is more than zero, subtract line 78 from line 68)		80.	1575 .

Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to: the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge. State of New Jersey Division of Taxation Revenue Processing Center - Payments Your Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Date PO Box 111 Trenton, NJ 08645-0111 Include Social Security number and make check or money order payable to: State of New Jersey – TGI Paid Preparer's Signature Federal Identification Number You can also make a payment on our website: nj.gov/taxation SYAM P02082703 PRIYA RAM SAGAR GUPTA TALLAM Refund or No Tax Due Address Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Firm's Federal Employer Identification Number Revenue Processing Center - Refunds PO Box 555 GLOBAL TAXES LLC 84-3171965 Trenton, NJ 08647-0555

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to

Division Use:

Name(s) as shown on Form NJ-1040	Social Security Number
REPALLE KRISHNA KUMARI	691-95-2477

# Schedule NJ-BUS-1

(Form NJ-1040)

New Jersey Gross Income Tax Business Income Summary Schedule

2022

P	art I Net Profits From Business	Net Profits From Business List the net profit (loss) from business(es). See Instructions.									
	Business Name	Social Security Numb Federal EIN			ber/	Profit or (Loss)					
1.											
2.											
3.											
4.	Net Profit or (Loss). (Add lines 1, 2, and 3.) (E line 18, NJ-1040. If loss, make no entry on line										
Part II         Distributive Share of Partnership Income         List the distributive share of income (loss) from partnership(s). See instructions.											
	Partnership Name	Federa	Federal EIN S			re of Pa come or			Share of Pass-Through Business Alternative Income Tax		
1.											
2.											
3.											
4.	Distributive Share of Partnership Income or (Lo (Add lines 1, 2, and 3.) (Enter here and on line If loss, make no entry on line 21.)			4.							
5. Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.)(Enter here and include on line 63, NJ-1040.) 5.											
P	art III Net Pro Rata Share of S C	orporation	Inco	me					of income (usable n(s). See instruction	ns.	
	S Corporation Name	Federal El							e of Pass-Through Business Alternative Income Tax		
1.											
2.											
3.											
4.	Net Pro Rata Share of S Corporation Income or (Us. (Add lines 1, 2, and 3.) (Enter here and on line 22, N If loss, make no entry on line 22.)		4.								
5.											
P	Part IV Rents, Royalties, Patents, and Copyrights  List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property:  1 - Rental real estate 2 - Royalties 3 - Patents 4 - Copyrights										
	Source of Income or Loss. If rental real estate enter physical address of property.	Social Security Num Federal EIN				ype – Ei iumber fi list abov	rom				
1.	12-17-1/42,8THWARD,REPALLE	691952	477						-10,358.		
2.											
3.											
4.							-10,358.				

Name(s) as shown on Form NJ-1040	Social Security Number
REPALLE KRISHNA KUMARI	691-95-2477

Schedule NJ-BUS-2 (Form NJ-1040)

New Jersey Gross Income Tax Alternative Business Calculation Adjustment

2022

			Column A	Column B						
Part I Income (Loss)			Reportable Regular Business Income		Alternative Business Income (Loss)					
1.	Net Profits From Business	1a.	0.		1b.	0.				
2.	Distributive Share of Partnership Income	2a.	0.		2b.	0.				
3.	Net Pro Rata Share of S Corporation Income	3a.	0.		3b.	0.				
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	0.		4b.	-10,358.				
5.	Loss Carryforward From Tax Year 2021				5b.	(	)			
6.	Totals	6a.	0.		6b.	-10,358.				
Part II Adjustment Calculation										
7.	Total Regular Business Income	7.	0.							
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.							
9.	Business Increment (Subtract line 8 from line 7)	9.	0.							
10.	Adjustment Percentage	10.	(	0.50						
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.							
Part III Loss Carryforward to Tax Year 2023										
12.	Loss Carryforward to Tax Year 2023				12.	( 10,358.	)			

### Instructions

	maductions
Line 1a.	Enter the amount from line 18, Form NJ-1040.
Line 1b.	Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
Line 2a.	Enter the amount from line 21, Form NJ-1040.
Line 2b.	Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
Line 3a.	Enter the amount from line 22, Form NJ-1040.
Line 3b.	Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
Line 4a.	Enter the amount from line 23, Form NJ-1040.
Line 4b.	Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
Line 5b.	Enter the amount from line 12 of your 2021 Schedule NJ-BUS-2 (Form NJ-1040).

- Line 6a. Enter the total of lines 1a through 4a.

  Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2022 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040.
- Line 12. If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

Schedule **NJ-HCC** (Form NJ-1040)

2022

New Jersey **Health Care Coverage**If your income on line 29 is at or below the filing threshold, do not complete this schedule.

Name as Shown on Return	Social Security No.
REPALLE KRISHNA KUMARI	691-95-2477
Part I	
Did you and, if applicable, all members of your tax household, have coverage for every month in 2022 (See instructions for line 53, NJ-10 include only months as a New Jersey resident.  X Yes. You do not owe a shared responsibility payment. Fill in the enclose this schedule with your return.  No. Continue to Part II.	040.) Part-year residents
Part II	
Enter the name and Social Security number for each member of you every month each person had minimum essential health coverage o (part-year residents include only months as a New Jersey resident). exemption, enter the exemption number. (See instructions for line 53 more than one exemption number, check the box. If you need more any additional individuals.  QuickZoom to Shared Responsibility Payment Calculation Worksheet.	r qualified for an exemption If an individual qualified for an 3, NJ-1040.) If an individual has space, enclose a statement listing

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Exemption Code		_	Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber	
,		. —	Check	box if t	his indi	vidual i	s unde	r 18 .	·				
Exemption Code		_	Check							•	on nun	nber	
			Check	box if t	his indi I	vidual i I	s unde	r 18	· · · ·		· · · ·	i	
Everntian Code			[]	L	  -::								
Exemption Code		_	Check   Check								on nun	nber .	
ĺ						Viduai i	Sunde	10.	i i i i i i			i i i i i i	
Exemption Code		ı	l∟l Check l	hox if t	l∟ his indi	l∟	has mo	re than	l∟ n one e	ı∟ xemnti	on nur	nber .	
Exemplion Godo		_	Check										
Exemption Code			Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber	
			Check	box if t	<u>his ind</u> i	vidual i	s unde	r 18 .	<u></u> .	<u></u>	<u></u>		
Exemption Code		_	Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber	
,		.—	Check	box if t	his indi	vidual i	s unde	r 18 .	··		·		
<u> </u>													
Exemption Code		_	Check								on nun	nber	
ĺ			Check	box if t	his indi	vidual i	s unde	r 18	 i			i —	
Exemption Code			l∟l Check∃	boy if t	 hio indi	الـــــا		ro than				lL	
Exemption Code		_	Check								OII Hui	inei	
Ī						l	S unde		iiii.	ı		ii	
Exemption Code			Check	box if t	ı∟ his indi	ı∟∟∟ı vidual l	has mo	re than	one e	xempti	on nun	nber .	
		_	Check							•			
Exemption Code			Check	box if t	his indi	vidual l	nas mo	re thar	n one e	xempti	on nun	nber	
		_	Check	box if t	his indi	vidual i	s unde	r 18 .					