Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

Social security number

ERO must obtain and retain completed Form 8879.
► Go to www.irs.gov/Form8879 for the latest information

Submission Identification Number (SID)

Taxpayer's name

. as op as			,							
KRI	SHNA KANTH ALLU	668-68-	2283							
Spouse	e's name	Spouse's soci	al securi	ty number						
ANU	ISHA DANDA	977-94-	-1239							
Par	Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are 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	134,629.						
2	Total tax		2	12,651.						
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	12,660.						
4	Amount you want refunded to you		4	9.						
5	Amount you owe		5							
Par	Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)									
Lindor	a product of participation of the second state			and to the best of						

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

Taxpayer's PIN: check one box only

X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	Ľ
				ERO firm name		5

8	
Ent don	as my

2 3 9

Enter five digits, but don't enter all zeros

as mv

4

1

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

Spouse's PIN: check one box only

X I authorize GLOBAL TAXES LLC ERO firm name

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

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

Spouse's signature >	Date 🕨									
Practitioner PIN Method Returns Only—continue below										
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.	5	1	8		_	2 3		9	89	

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 ►								
	n This Form — See Instructions to the IRS Unless Requested To Do So							
E. D. J. B. J. M. A. D. H. K. L. M. K. L. M. K. L. M. K.		Fame 9970 (Days 01 0001)						

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

Date

to enter or generate my PIN

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta >		urn 202	22	OMB No. 1545	-0074	IRS Use Only-	–Do not w	rite or staple in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly under the MFS box, enter the nation is a child but not your dependent	ame of y	ed filing separatel					spo	use (QSS)
Your first name	and m	iddle initial	Last na	me					Your so	cial security number
KRISHNA			ALLU							68-2283
		s first name and middle initial	Last na							s social security number
ANUSHA			DAND							94-1239
	'numbe	er and street). If you have a P.O. box, see						Apt. no.		ntial Election Campaigr
		IN VIEW RD						16		nere if you, or your
		ce. If you have a foreign address, also co	molete s	naces below	Sta	ate	ZIP c			if filing jointly, want \$3
MECHANIC		, ,	inploto o					50	0	this fund. Checking a
Foreign country			F	Foreign province/sta				n postal code		ow will not change < or refund. You Spouse
Digital Assets		ny time during 2022, did you: (a) reca ange, gift, or otherwise dispose of a						,.		Yes X No
Standard Deduction		eone can claim: Vou as a de Spouse itemizes on a separate retur	-			a dependent ו				
Age/Blindness	You	Were born before January 2, 1	958 🗌	Are blind	Spouse	🛚 🗌 Was bor	n befo	ore January 2	, 1958	Is blind
Dependents	s (see	instructions):		(2) Social secu	urity	(3) Relationsh	ip (4) Check the bo	ox if quali	fies for (see instructions):
If more	(1) F	irst name Last name		number		to you		Child tax cr	edit	Credit for other dependents
than four	VEDH	SIDHARTH ALLU ALLU		983-91-2	888	Son				×
dependents, see instructions	RIA	ANSH ALLU ALLU		320-31-9	971	Son		×		
and check	, 									
here										
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instructions)					1a	150,409.
	b	Household employee wages not re	eported	on Form(s) W-2					1b)
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a							10	;
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 from Form 2441, line 26 .							1e	•
was withheld.	f	Employer-provided adoption bene	fits from	n Form 8839, line	29 .				1f	
lf you did not	g	Wages from Form 8919, line 6 .							1g	
get a Form	h	Other earned income (see instruction	ons)				· ·		1h	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1</u> i				
	Z	-	1						1z	
Attach Sch. B	2a		2a			axable interest				
if required.	<u>3a</u>		3a	51.		Ordinary divide				
	4a		4a			axable amoun				
Standard Deduction for –	5a	-	5a			axable amoun			5b	
Single or	6a		6a			axable amoun	t		6b	
Married filing separately,	c	If you elect to use the lump-sum e					• •	· · · L		
\$12,950	7	Capital gain or (loss). Attach Schee					• •	L		15.004
 Married filing jointly or 	8	Other income from Schedule 1, lin							8	-15,834.
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							9	134,629.
\$25,900	10	Adjustments to income from Sche	-				• •		10	
 Head of household, 	11	Subtract line 10 from line 9. This is					• •		11	
\$19,400 r	12	Standard deduction or itemized					• •		12	
 If you checked any box under 	13	Qualified business income deduction				ло-А	• •		13	
Standard Deduction,	14 15	Add lines 12 and 13								
see instructions.	15		o or les		is your		е.		15	108,729.

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

Form **1040** (2022)

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3			16	15,151.
Credits	17	Amount from Schedule 2, lin	ne3						17	
	18	Add lines 16 and 17							18	15,151.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19	2,500.
	20	Amount from Schedule 3, lin	ne8						20	
	21	Add lines 19 and 20							21	2,500.
	22	Subtract line 21 from line 18							22	12,651.
	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 total tax						24	12,651.
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a	12,	660.		
	b	Form(s) 1099				25b				
	с	Other forms (see instruction				25c				
	d	Add lines 25a through 25c	<i>.</i>						25d	12,660.
If a barren	26	2022 estimated tax payment	its and amount a	pplied from 20)21 return				26	
If you have a l qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit fro				28				
	29	American opportunity credit				29				
	30	Reserved for future use .		,		30				
	31	Amount from Schedule 3, li				31				
	32	Add lines 27, 28, 29, and 31				L	credits		32	
	33	Add lines 25d, 26, and 32. 1		-	-				33	12,660.
Defined	34	If line 33 is more than line 2	· · · · ·						34	9.
Refund	35a	Amount of line 34 you want	-			-	-	. 🗆	35a	9.
Direct deposit?	b	Routing number X								
See instructions.	d	Account number X X X						0		
	36	Amount of line 34 you want				36				
Amount	37	Subtract line 33 from line 24	1 This is the am	ount vou owe						
You Owe	•	37 Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions						37		
	38	Estimated tax penalty (see i	nstructions) .			38				
Third Party	Do	you want to allow anothe	r person to disc	cuss this retu	rn with the IRS?	See				
Designee		· · · · · · · · · · · · · · · · · · ·	•				Yes. Cor	nplete b	elow.	X No
-		signee's		Phone				nal identifi	cation	
	nai	ne		no.			numbe	er (PIN)		
Sign		der penalties of perjury, I declare ief, they are true, correct, and con								
Here		· · · · · · · · · · · · · · · · · · ·	ipiete. Declaration (• •	, ,
	YO	ur signature		Date	Your occupation					nt you an Identity IN, enter it here
Joint return?					SOFTWARE I	DEVEL	OPER	(see i		
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	ion				nt your spouse an
Keep a copy for your records.					-			Identi (see i		ection PIN, enter it here
your records.					HOME MAKER			(See I	iist.)	
		one no. (361)522-797		Email address	KANTHK1308					
Paid		parer's name	Preparer's signat			Date		PTIN		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	03/2	8/2023	202082		Self-employed
Use Only		m's name GLOBAL TA			- 00011					678)965-9522
			Y CT E BRU	INSWICK N				Firm's	s EIN	84-3171965
Go to www.irc.o.	ov/Form	1010 for instructions and the late	et information		DAA		40/00 000			Earm 1040 (2022

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

BAA REV 03/18/23 PRO

Form **1040** (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

Attachment Sequence No. **01**

Your social security number

Internal Revenue Service Go to www.irs.gov/Fo Name(s) shown on Form 1040, 1040-SR, or 1040-NR

KRISHNA KANTH ALLU & ANUSHA DANDA 668-68-22											
Par	t I Additional Income										
1	Taxable refunds, credits, or offsets of state and local income taxes			1							
2 a	Alimony received		2a								
b	b Date of original divorce or separation agreement (see instructions):										
3	Business income or (loss). Attach Schedule C		3								
4	Other gains or (losses). Attach Form 4797		4								
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att			5	-15,834.						
6	Farm income or (loss). Attach Schedule F		🗋	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									
	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- (
		8s (/								
τ	Pension or annuity from a nonqualifed deferred compensation plan or	0									
	a nongovernmental section 457 plan	8t									
	Wages earned while incarcerated	8u									
Z	Other income. List type and amount:	8z									
9	Total other income. Add lines 8a through 8z	-		9							
9 10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF			9 10	-15,834.						
		, 01 1040-110	, 11100	10	10,004.						

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					÷
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee			ernment		
	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		24a				
b	Deductible expenses related to income reported on line 8I from the					
		24b				
с	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				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
g	Contributions by certain chaplains to section 403(b) plans	24g				
ĥ	Attorney fees and court costs for actions involving certain unlawful					
		24h				
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	24i				
j	Housing deduction from Form 2555	24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
		24k				
z	Other adjustments. List type and amount:					
		24z				
25	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your adjustments to income					
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	<u> </u>	<u> </u>	<u></u>	26	
	BAA	REV	03/18/23 PF	20	Schedul	le 1 (Form 1040) 20

Prom Testa Prom rental real estate, royaline, partnerships, S corporations, estates, trusts, REMCs, etc) Process Present estance Attach of rom 1490, 10048, 100478, or 1041. Conservations, estates, trusts, REMCs, etc) Process Nerrody index on esta Year Ecole (100176, 100176, 100176, 100176, 1001776, 1		DULE E			Supplemental							OMB No	. 1545-0074
The definition of the table information. Sequence is the table information. Year solution is the table information. Year solution. Year solution is the table information. Year solution. Year solutin table information. Year solution	(Form	1040)	(From r				-			trusts, REMICs	, etc.)	20	22
Namedy above on return Vew social security number (KT ISUNA KARTH ALLU & ANUSHA DANDA Vew social security number 668-68-2283 Part I KRI SUNA KARTH ALLU & ANUSHA DANDA 668-68-2283 Part I Management for the summer of loss from Form 4850 on page 2, line 40. 668-68-2283 A Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions										6		Attachm	nent 10
KTETSMA KANTH ALLU & ANTSH DANA 668-68-2283 Earl Income or Loss Form Rent All Bal Estate and Royattias 668-68-2283 A Did you make any payments in 2022 that would require you to file Form(s) 10997 See instructions. If you are an individual, report fammental income or loss form Rent 483 or page 2, Ine 40. C Yes No B If "Yes" (1 dyou or willy out if enguired Form(s) 10997 See instructions. If you are an individual, report fammental income or loss for page 2, Ine 40. Yes No B C Image: See instructions. If you are an individual, report fammental income or loss for page 2, Ine 40. Fair Rental Personal Use aga; Bal 20. A 3 C See instructions. If you meet the requirements to file as a quifted point ventume. See instructions. B C C Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Seir-Rental Excesses So Advertising 5 A B C 3 6 C So Advertising 5 A B C 3 6 C So Advertising 5 6 1 1, 200. 6 1 2, 200. 6 <t< th=""><th></th><th></th><th></th><th>Go to www.ir</th><th>s.gov/ScheduleE for</th><th>r instru</th><th>ictions an</th><th>id the la</th><th>atest in</th><th>i</th><th></th><th></th><th></th></t<>				Go to www.ir	s.gov/ScheduleE for	r instru	ictions an	id the la	atest in	i			
Income or Loss From Rental Real Estate and Royatilies No come or Loss From Rental Real Estate and Royatilies No come or loss from Form 4835 on page 2. line 40. A Did you make any payments in 2022 that would require you to file Form(s) 1099? Image: Colspan="2">Yes No In Physical address of each property (street, city, state, ZIP code) In Physical address of each property (street, city, state, ZIP code) In Physical address of each property (street, city, state, ZIP code) In Physical address of each property (street, city, state, ZIP code) In Physical address of each property (street, city, state, ZIP code) A IIN B C Its property (street, city, state, ZIP code) A IIN B C Its property (street, city, state, ZIP code) I Single Family Residence S Land Fer Rental Personal Use Days A dwalfied pint werture. See instructions. Properties: I Single Family Residence S Land S Coler Rental S Movert			אדדדה כ									-	number
Note: Hyou are in the business of metring personal property, use Schedule C. See instructions. Hyou are an individual, report tammediation or of loss from Form 4883 of appendix to the form(s) (1099? See instructions						d Ro	valties				500-0	0-2203	
A Did you make any payments in 2022 that would require you to file Form(3) 1099? See instructions. <	- are	Note: If yo	ou are in tl	ne business of re	nting personal proper			e C. See	e instru	ctions. If you are	an indi	vidual, rep	ort farm
B If "Yes," did you or will you file required Form(s) (1992		rental inco	ome or los	s from Form 483	5 on page 2, line 40.	-							
In Physical address of each property (street, city, state, ZIP code) A 1N Part Section													
A TN B C C C 1b Type of Property (from list below) 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QV box only if you meet the requirements to file as a qualified joint venture. See instructions. A 365 0 □ Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 2 Multi-Family Residence 3 Vacation/Short-Term Rental 6 Royalties 5 Land 7 Self-Rental 8 Other (describe) 7 Self-Rental 8 Other (describe) Income: A B C 3 600. 4 B C 4 3 600. 4 B C 5 Adventising 5 5 6 9 6 Auto and travel (see instructions) 6 6 9 9 9 Insurance 9 9 11 1,000. 11 11 1,000. 12 13 14 3,500. 14 3,500. 14 13 Other interest 13 14 3,500. 14 14,200. 14									• •			re	
B C Fair Rental Personal Use QuV 1b Type of Property 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QUV box only A 3 365 0 0 B	1a	Physical addi	ress of ea	ach property (si	reet, city, state, ZIF	- code)						
C Type of Property (trom list below) 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. Fair Rental Days Personal Use Days QJV Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 6 Royalties 5 Land 7 Self-Rental 8 Other (describe) 7 Self-Rental 8 Other (describe) Image: Comparison 9 Income: 3 A B C Image: Comparison 9		IN											
Type of Property 2 For each rental real estate property listed above, report the number of fuir rental and personal use days. Check the Q/V box only if you meet the requirements to file as a qualified joint venture. See instructions. Fair Rental Personal Use Days Q/V A 3 3 3 3 3 4 3 3 0 1 B C A 3 3 3 3 4 3 3 5 0 1 I Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 2 1 3 600 4 8 C 3 3 600 4 6 1 1 1 0 0 1 1 0 1 1 1 0 1 1 1 0 1 1 1 1 0 1													
(rion list below) above, report the number of fair refital and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. Days Days Days Image: Construction of the requirements to file as a qualified joint venture. See instructions. A 365 0 Image: Construction of Constructi		Turne of Due no		E	-1				_	in Dantal	D		
A 3 personal use days. Check the QJV box only if you meet the requirements of lie as a qualified joint venture. See instructions. A 365 0 Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 1 Single Family Residence 4 Commercial 6 Royatties 8 Other (describe) Income: 3 6 00. 4 3 Rents received 4 6 6 4 Royatties received 4 6 6 5 Advertising and maintenance 7 1,200. 6 6 Auto and travel (see instructions) 6 - - 10 Legal and other professional fees 10 - - 11 1,000. 11 - - - 13 Other interest 13 - - - 14 Repairs 13,000. 16 - - 15 4,200. 16 - - - 16 7 - - - - - 17 3,080. 22 1	10								⊢a				QJV
B If you meet the requirements to file as a qualified joint venture. See instructions. B Image: Control of the c	Α	,	,					Δ				-	
C I													
1 Single Family Residence 3 Vacation/Short-Term Rental 6 Royatties 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royatties 8 Other (describe) Income: A B C 3 Rents received 4	С			qualified joint	venture. See instru	ictions	S.	С					
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: A B C 3 Rents received 4	Туре	of Property:	•							·			
Income: A B C 3 Rents received 3 600. 4 4 Royalties received 4 600. 4 Expenses: 5 5 5 5 6 Auto and travel (see instructions) 6 7 1,200. 7 7 1,200. 7 1,200. 7 1,200. 7 8 9 Insurance 9 9 10 10 10 10 Legal and other professional fees 11 1,000. 12 13 14 3,500. 12 13 Other interest 13 14 3,080. 14 3,080. 15 14 3,080. 16 17 3,080. 16 16 17 16,1434. 19 16,434. 19 16,434. 10 12 16,434. 12 12,834. 12 15,834. 12 12,834. 12 12,834. 12 12,834. 12 12,8		• •		e 3 Vacatio	on/Short-Term Rent	tal	5 Lanc	ł					
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SCHEDULE 8812 | (

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

Attach to	Form 10	40. 1040-SR	, or 1040-NR.
		,	,

20 2

Form	1040)	

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Schedule8812 for instructions and the latest information.			Attachment Sequence No. 47		
Name(s	s) shown on return	Your s	ocial s	ecurity number	
KRIS	HNA KANTH ALLU & ANUSHA DANDA	668-	68-2	2283	
Pa					
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	134,629.	
2a	Enter income from Puerto Rico that you excluded				
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.			
c	Enter the amount from line 15 of your Form 4563				
d	Add lines 2a through 2c		2d	0.	
3	Add lines 1 and 2d	. [3	134,629.	
4	Number of qualifying children under age 17 with the required social security number 4	1			
5	Multiply line 4 by \$2,000		5	2,000.	
6	Number of other dependents, including any qualifying children who are not under age				
	17 or who do not have the required social security number	1			
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid	ent			
	alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by \$500	•	7	500.	
8	Add lines 5 and 7	•	8	2,500.	
9	Enter the amount shown below for your filing status.				
	• Married filing jointly—\$400,000				
	• All other filing statuses— $$200,000 \int \dots $	· [9	400,000.	
10	Subtract line 9 from line 3.				
	• If zero or less, enter -0				
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For				
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	· _	10	0.	
11	Multiply line 10 by 5% (0.05)		11	0.	
12	Is the amount on line 8 more than the amount on line 11?	-	12	2,500.	
	○ No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.	dit.			
	Yes. Subtract line 11 from line 8. Enter the result.				
13	Enter the amount from the Credit Limit Worksheet A		13	15,151.	
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents	. [14	2,500.	
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.				
	If the amount on line 12 is more than the amount on line 14, you may be able to take the addition	al chi	ld tay	x credit	
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-N	R thro	ugh li	ine 27	
	(also complete Schedule 3, line 11) before completing Part II-A.				

For Paperwork Reduction Act Notice, see your tax return instructions. REV 03/18/23 PRO Schedule 8812 (Form 1040) 2022 BAA

Schedu	le 8812 (Form 1040) 2022		Page 2
Part	II-A Additional Child Tax Credit for All Filers		
Cautio	n: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lin	e 27	🗌
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,500.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	No. Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots$	20	
	Next. On line 16b, is the amount \$4,500 or more?		
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
	Otherwise, go to line 21.		
Part	, , , , , , , , , , , , , , , , , , ,	IS OT H	vuerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see		
	instructions	-	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
22	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22	-	
23	Add lines 21 and 22	-	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,)		
	and Schedule 3 (Form 1040), line 11.		
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
23 26	Enter the larger of line 20 or line 25	26	
20	Next, enter the smaller of line 17 or line 26 on line 27.	20	
Part	II-C Additional Child Tax Credit		
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	
	· · · · · · · · · · · · · · · · · · ·		812 (Form 1040) 2022

	R867 Paid Preparer's Due Diligence Checkli	et	OMB	No. 1545	-0074
	Base7 wember 2022) Paid Preparer's Due Diligence Checkli Earned Income Credit (EIC), American Opportunity Tax Credit (ACT Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACT Credit for Other Dependents (ODC)), and Head of Household (HOH) Filir	TC), C) and		For tax y	
	To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1044 Revenue Service Go to www.irs.gov/Form8867 for instructions and the latest inform	0-PR, or 1040-SS.	Attach Seque	nment ence No.	70
Taxpaye	er name(s) shown on return	Taxpayer identification	n number		
KRI	SHNA KANTH ALLU & ANUSHA DANDA	668-68-2283	3		
Prepare	r's name	Preparer tax identifica	tion num	ber	
SYA	M PRIYA RAM SAGAR GUPTA TALLAM	P02082703			
Part	Due Diligence Requirements				
	e check the appropriate box for the credit(s) and/or HOH filing status claimed on the ret benefit(s) claimed (check all that apply).		the rel AOTC		arts I–\ HOH
1	Did you complete the return based on information for the applicable tax year provided or reasonably obtained by you? (See instructions if relying on prior year earned income.)		Yes X	No	N/A
2	If credits are claimed on the return, did you complete the applicable EIC and/or 0 worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Scher 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instruction worksheet(s) that provides the same information, and all related forms and schedules claimed?	dule 8812 (Form s, or your own	X		
3	 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you the following. Interview the taxpayer, ask questions, and contemporaneously document the taxpayer determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. Review information to determine that the taxpayer is eligible to claim the credit(s) are status and to figure the amount(s) of any credit(s)	r's responses to nd/or HOH filing	X		
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsist answer questions 4a and 4b. If " No ," go to question 5.)	stent? (If "Yes,"		X	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent in	formation? .			
b	Did you contemporaneously document your inquiries? (Documentation should includ you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	e the questions I the impact the			
5	Did you satisfy the record retention requirement? To meet the record retention require keep a copy of your documentation referenced in question 4b, a copy of this Form 886 applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing sta- the amount(s) of the credit(s)	7, a copy of any to prepare Form provided by the atus or to figure	X		
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?	return if his/her	X		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous	s year?	×		
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	-			
а	Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare correct Schedule C (Form 1040)?	a complete and			

For Paperwork Reduction Act Notice, see separate instructions.

REV 03/18/23 PRO

Form **8867** (Rev. 11-2022)

Form 88	367 (Rev. 11-2022)			Page 2
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
с	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not			
Part	or ODC, go to Part IV.)	claim (CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	X		
Part), go to	Part \	′.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu tuition and related expenses for the claimed AOTC?	alified	Yes	No
Part	V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	s, go to	o Part '	√I.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?		Yes	No
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HOI/	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);	nses on s) and/c	the ret or HOH	urn or filing
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed;	ist for a	ny app	icable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			

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

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

15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and	Yes	No
	complete?	X	

REV 03/18/23 PRO

Form 8867 (Rev. 11-2022)

MAKE CHECK PAYABLE TO: PENNSYLVANIA DEPARTMENT OF REVENUE MAIL TO: PENNSYLVANIA DEPARTMENT OF REVENUE PAYMENT ENCLOSED 1 REVENUE PLACE HARRISBURG, PA 17129-0001 NOTE: WRITE THE LAST FOUR DIGITS OF YOUR SSN (AND SPOUSE'S SSN IF FILING JOINT), '2022 PA-40 V' AND DAYTIME PHONE NUMBER ON YOUR CHECK.

	[2025	PA-40	۷	PA	PAYME	NT	VOUCHE	R	1555 REV 03/01	/23 PRO	
	.68-68-2i	283	AL	977	-94-	1534				91680 MENT	E AMOUNT	
ALLU KRISH DAND/ ANUSH APT	I A				З	61-522	-7'	775	÷		2.00	
	MOUNTAII NICSBUR			PART	MEN	T USE	0	NLY]	payable	e to the	money order Pennsylvania Revenue	

PA-40 - 2022 Pennsylvania Income Tax Return ENTER ONE LETTER OR NUMBER IN EACH BOX (05-22)

6686823	283 97794	1.239	N	Extension.	Ν	Amended Return.
			R	Residency Sta	atus.	
ALLU					Nonresident	Part-Year Resident
KRISHNA		Occupation SOFTWARE D		from Single, Marri	ed/Filing I a	to sintly
		Securation SOLLWARE D	J	-	-	y, F inal Return
ANUSHA		Occupation HOME MAKER				
			N	Deceased		
DANDA			N	Taxpayer Dat	e of Death	
АРТ ТТЕ				1.5		
			N	Spouse Date	of Death	
4185 M(UNTAIN VIEW	RD		Farmers.		
MECHANI	CSBURG	PA 17050	N	School Distri	ct Name	
	361-522-797	5				
	•	clude exempt income, such as combat zone pa	ay and	L.	а	150409
qualify	ing retirement benefits. S	ee the instructions.				
1b Unreim	bursed Employee Busine	ess Expenses		l	b	
	mpensation. Subtract Lin	-		L L		150409
2 Interest	t Income. Complete PA S	abadula A if required		- ₂		
	-	ributions Income. Complete PA Schedule B if	required.	5 E		3 51
	-	eration of a Business, Profession or Farm.		4		
5 Net Ga	in or Loss from the Sale	Exchange or Disposition of Property.		5		o
		Royalties, Patents or Copyrights.		6		
7 Estate of		te and submit PA Schedule J.		7		0
0 0 11	1 T 337' '			Ш		

7 Estate or Trust Income. Complete and submit PA Schedule J.
 8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.
 9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c,

2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6. **Other Deductions.** Enter the appropriate code for the type of deduction.

See the instructions for additional information.

11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

1555 REV 03/01/23 PRO





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9

10

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0

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150463

Page 1 of 2

PA-40 - 2022

Social Security Number

LLBLB2283 Name(s) KRISHNA KANTH ALLU

		1	
12 13	PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307). Total PA Tax Withheld. See the instructions.	13 13	4619 4617
14 15 16 17 18	Credit from your 2021 PA Income Tax return. 2022 Estimated Installment Payments. REV-459B included. N 2022 Extension Payment. Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only) Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.	14 15 16 17 18	
19a	 Forgiveness Credit. Submit PA Schedule SP. Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased Dependents, Section II, Line 2, PA Schedule SP Total Eligibility Income from Section III, Line 11, PA Schedule SP. Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP. 	19a 19b 20 21	00 00 0
22 23 24 25 26 27	Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1 . Total Other Credits. Submit your PA Schedule OC and/or PA Schedule DC . TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23. USE TAX. Due on internet, mail order or out-of-state purchases. See instructions. TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here. Penalties and Interest. See the instructions. Enter Code: If including form REV-1630/REV-1630A, mark the box.	22 23 24 25 26 27	0 0 4617 0 2 0
28 29	TOTAL PAYMENT DUE. See the instructions. OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.	28 29	2
30 31	The total of Lines 30 through 36 must equal Line 29.Refund – Amount of Line 29 you want as a check mailed to you.REFUNDCredit – Amount of Line 29 you want as a credit to your 2023 estimated account.REFUND	37 30	0 0
32 33 34 35 36	Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions.	32 33 34 35 36	
	ature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all panying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.		
You	Signature Spouse's Signature, if filing jointly		
SY	arer's Name and Telephone Number Date E-File Op AM PRIYA RAM SAGAR GUPTA TALLAM D32823 39659522 1555 REV 03/01/23 PRO	N	N 843171965 P02082703
	Page 2 of 2		





PA-40 A (EX) 06-22 (I) PA Department of Revenue 2022

Name (if filing jointly, use name shown first on the PA-40)

Social Security Number (shown first) 668-68-2283

OFFICIAL USE ONLY

KRISHNA KANTH ALLU

CAUTION: Federal and PA rules for taxable interest income are different. **Read the instructions.**

If your total PA-taxable interest income (taxpayer, spouse and/or joint) is equal to the amount reported on your federal return and you have no amounts for Lines 2 through 15 (not including subtotal Lines 4 and 10) of PA Schedule A, you must report your income on Line 2 of the PA-40, but you do not have to submit PA Schedule A. If there are any amounts (taxpayer, spouse and/or joint) for any of the Lines 2 through 15 (not including subtotal Lines 4 and 10) of the schedule, you must complete and submit PA Schedule A with your PA-40. A taxpayer and spouse must complete separate schedules to report their income if any amounts are reported on Lines 2 through 15 (not including subtotal Lines 4 and 10) of Schedule A. However, if all the income is earned on a joint basis, one schedule may be completed. Complete the oval to indicate whether the income included on the schedule is from the taxpayer, spouse or joint. If a separate PA Schedule A is prepared for a taxpayer and spouse, include only the taxpayer or spouse share of the income for each line.

PA SCHEDULE A - PA-Taxable Interest Income (See the instructions.)

Taxpayer 🝙 Spouse 🔵 Joint 🚞		
1. Interest income reported on your federal return. See instructions.	1.	\$ 3
2. Tax-exempt interest income included in Line 2a of your federal return.	2.	\$
3. Other addition adjustments. See instructions. Description:	3.	\$
4. Add Lines 1, 2 and 3.	4.	\$ 3
5. Interest income from federal Schedule(s) K-1. See instructions.	5.	\$
6. Interest income from direct obligations of the Commonwealth of Pennsylvania and/or its municipalities.	6.	\$
7. Interest income from direct obligations of the U.S. government.	7.	\$ 0
 Other reduction adjustments. See instructions. Description: 	8.	\$
9. Add Lines 5, 6, 7 and 8.	9.	\$ 0
10. Subtract Line 9 from Line 4.	10.	\$ 3
 Distributions from Life Insurance, Annuity or Endowment Contracts included in federal taxable income. 	11.	\$
12. Distributions from Charitable Gift Annuities included in federal taxable income.	12.	\$
 Distributions from IRC Section 529 Qualified Tuition Programs for non-educational purposes. 	13.	\$
 Distributions from Health/Medical Savings Accounts included in federal taxable income. 	14.	\$
 Interest income from PA S corporations and partnership(s), reported on your PA Schedule(s) RK-1 or federal Schedule(s) K-1. 	15.	\$
16. Total PA-Taxable Interest Income. Add Lines 10 through 15. Enter on Line 2 of your PA-40.	16.	\$3

1555 REV 03/01/23 PRO





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PA-40 B (EX) 06-22 (I) PA Department of Revenue **2022**

Name (if filing jointly, use name shown first on the PA-40)

Social Security Number (shown first) 668-68-2283

OFFICIAL USE ONLY

KRISHNA KANTH ALLU

CAUTION: Federal and PA rules for dividend income are different. Read the instructions.

If your total PA-taxable dividend and capital gains distributions income (taxpayer, spouse and/or joint) is equal to the amount reported on your federal return and does not include any amounts for Lines 2 through 11 (not including subtotal Line 6) of PA Schedule B, you must report your income on Line 3 of the PA-40, but you do not have to submit PA Schedule B. If there are any amounts (taxpayer, spouse and/or joint) for any of the Lines 2 through 11 (not including subtotal Line 6), you must complete and submit PA Schedule B with your PA-40. A taxpayer and spouse must complete separate schedules to report their income if any amounts are reported on Lines 2 through 11 (not including subtotal Line 6) of Schedule B. However, if all the income is earned on a joint basis, one schedule may be completed. Complete the oval to indicate whether the income included on the schedule is from the taxpayer, spouse or joint. If a separate PA Schedule B is prepared for a taxpayer and spouse, include only the taxpayer or spouse share of the income for each line.

PA SCHEDULE B – PA-Taxable Dividend and Capital Gains Distributions Income (See the instructions.)

Taxpayer 🝙 Spouse 🦳 Joint 🦳						
1. Dividend income from Line 3b of your federal return. See instructions. 1. \$ 51						
2. Dividend income from federal Schedule K-1(s). See instructions.	2.	\$				
3. Pennsylvania exempt-interest dividend income. See instructions.	3.	\$				
 Other reduction adjustments. See instructions. Description: 	4.	\$				
5. Add the amounts on Lines 2, 3 and 4.	5.	\$				
6. Subtract Line 5 from Line 1.	6.	\$ 51				
7. Total exempt-interest dividends. See instructions.	7.	\$				
8. Other addition adjustments. See instructions. Description:	8.	\$				
 9. Repatriation of foreign income. See instructions. a. Total earnings and profits included on Line 1 of IRC Section 965 Transition Tax Statement. 9a 						
 b. Total payments of earnings and profits included in Line 9a received in prior years. 9b 						
c. Payments of earnings and profits included in Line 9a received in current year.	9c.	\$				
10. Capital Gains Distributions - See instructions.	10.	\$				
 Dividend income from PA S corporation(s) and partnerships, reported on your PA Schedule(s) RK-1 or federal Schedule(s) K-1. 	11.	\$				
12. Total PA-Taxable Dividend Income. Add Lines 6, 7, 8, 9c, 10 and 11. Enter on Line 3 of your PA-40.	12.	\$ 51				

1555 REV 03/01/23 PRO



PA SCHEDULE E

Rents and Royalty Income (Loss)

2201410020

PA-40 E (EX) 06-22 (I) PA Department of Revenue 2

PA Department of Revenue	OFFICIAL USE ONLY
Name of the taxpayer filing this schedule	Social Security Number (shown first) or EIN
KRISHNA KANTH ALLU	668-68-2283
Sales Tax License Number (if applicable). See the instructions.	Are rental payments made by lessees through a third party broker?

See the instructions. Report the income and expenses for the use of your personal property by others. Also, report the income you received for the extraction of oil, gas and other minerals from your property, and the use of your patents and copyrights. Note: If you are in the business of renting your property, extracting minerals from your property or producing products from your patents and copyrights – use PA Schedule C.

SECTION I PROPERTY DESCRIPTION

Enter the type and complete address of each rental real estate property, and/or each source of royalty income. See the instructions.

	Туре	Description of Property For Profit Pro	perty Complete Address (street, city, state and ZIP code)
_		YES	
A	3	NO	, India
В		YES 🥅	
Б		NO 🥅	
С		YES 🥯	
U		NO 🧰)
Dro	oortu	tuno: 1 Single family residence 3 Vacation/short term rental 5	Land 7 Solf rental

 Property type:
 1. Single family residence
 3. Vacation/short-term rental
 5. Land
 7. Self-rental

 2. Multi-family residence
 4. Commercial
 6. Royalties
 8. Other, describe:

INCOME & EXPENSES SECTION II Property A Property B Property C Line a: Identify the property from Section I and indicate ownership (T/S/J) Т s — J $T \subseteq$ S J Т s J Line b: Is the property rental location in PA? YES) NO YES NO YES NO Line c: Is the property rented for any period less than 30 days? YES YES NO NO YES NO 600 1. Rent received Income: 1 2. Royalties received 2. Expenses: 3. Advertising 3 4. Automobile and travel 4 1,200 5. Cleaning and maintenance 5. 6 Commissions 6 7. Insurance 7 8. Legal and professional fees 8. 1,000 3,500 12. Repairs 12 4,200 14. Taxes - not based on net income14. 3,080 15. Utilities 3,454 16,434 18. Total Expenses - Add Lines 3 through 17 18. Income or Loss: 20. Loss - Subtract Line 1 or 2 from Line 18. (fill in the oval, if a net loss) ... 20. 0 0 22. Net Income or Loss - Total Lines 19 and 20 for non short-term rentals. See the instructions. (fill in the oval, if a net loss) 22 23. Rent or royalty income (loss) from PAS corporation(s) and partnerships from your PA Schedule(s) RK-1 or NRK-1.(fill in the oval, if a net loss) 23 24. Net Rent and Royalty Income (Loss). Add Lines 22 and 23. If submitting more than one schedule, .(fill in the oval, if a net loss) 24. 0 total all Line 22 and 23 amounts and include on Line 6 of your PA-40. REV 03/01/23 PRO



2201410020



PA-8879 (EX) 11-22

Declaration Control Number/Submission ID

Primary Taxpayer's Name	Social Security Number
KRISHNA KANTH ALLU	668-68-2283
Secondary Taxpayer's Name	Social Security Number
ANUSHA DANDA	977-94-1239
SECTION I TAX RETURN INFORMATION - TAX YEAR EN	IDING DEC. 31, 2022 (whole dollars only)
1. Adjusted PA taxable income (Form PA-40, Line 11)	150,4
2. PA tax liability (Form PA-40, Line 12)	
3. Total PA tax withheld (Form PA-40, Line 13)	
4. Amount to be refunded (Form PA-40, Line 30)	
5. Total payment (tax due) (Form PA-40, Line 28)	5
SECTION II DECLARATION AND SIGNATURE AUTHORIZ	ATION OF TAXPAYER
Under penalties of perjury, I declare that I have examined a copy of my electro of my 2022 PA Tax Return (Form PA-40), and to the best of my knowledge system and software to prepare and transmit my return electronically, I conse software and to the transmission of my tax return electronically to the PA Dep	and belief, it is true, correct and complete. In addition, by using a com int to the disclosure of all information pertaining to my use of the system

the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (direct debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdraw are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

PRIMARY TAXPAYER'S PERSONAL IDENTIFICATION NUMBER (PIN) Mark one oval only.

CX I authorize <u>GLOBAL TAXES LLC</u> to enter my PIN <u>82283</u> as my signature on my tax year 2022 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return.

Signature

SECONDARY TAXPAYER'S PIN Mark one oval only.

 I authorize
 GLOBAL TAXES LLC
 to enter my PIN
 41239
 as my signature on my tax year 2022

 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return.

Signature

Date

Date

SECTION III CERTIFICATION AND AUTHENTICATION – PRACTITIONER PIN PROGRAM PARTICIPANTS ONLY

ERO'S EFIN/PIN Enter your six-digit EFIN followed by your five-digit self-selected PIN

518952 / 31989

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2022 electronically filed income tax return for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's Signature

Date

The ERO must retain this form and supporting documents for three years. DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO. Name KRISHNA KANTH ALLU Social Security Number 668-68-2283

				Federal Form	s W-2		
# of W2	* N T / T X B L	TS	N R H	Employer Name identification number from box B	Federal wages from box 1 Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax tax withheld from box 17	ST ID
				SHINETECK INC 45-5564543	<u>150,409.</u> <u>150,409.</u> 	<u>150,409.</u> 4,617.	

Pennsylvania W-2	Taxpayer 150,409.	Spouse
Pennsylvania W-2 to Schedule NRH, line 9		
Federal Form 4137, Unreported Tips, line 6		
Noncash tips		
Non-Pennsylvania W-2 to Schedule SP, line 6		
Withholding	4,617.	

Federal Forms W-2: Local Tax

# of W2	*	TS	Employer identification number from box B	Locality name	Local wages, tips, etc. (local) from box 18	Local income tax (local) from box 19	ST ID
		<u>T</u>	45-5564543	<u>21</u>	<u> 150,409.</u> 	<u> 1,805.</u> 	<u>PA</u>

Pennsylvania Local W-2	Taxpayer 150,409.	Spouse
Federal Form 4137, Unreported Tips, line 6		
Noncash tips		
Withholding	1,805.	

Excess Reimbursements

*	Description	Employer's EIN	T/S	Amount

	Taxpayer	Spouse
Excess Reimbursements	· · · · · · · · · · · · · · · · · · ·	

*	Payer Name			Pa	yer EIN	T/S	Code	PA Taxable Comp.	e PA Tax Withheld	Fed. Income
Ex Jur Dir Ex Ho Co Da Ios	vania Payment type: ecutor fee y duty pay ector's fee pert witness fee norarium venant not to compete mages or settlement fo t wages, other than rsonal injury	r I	I J K L M N O	Descri Emplo Distrib Distrib Distrib Descri Fiducia	yer spons ution from ution from ution from ution from be: ary fees fr income no	ored re 1RA (⁷ 1 Life Ir 1 Chari 1 Emplo	etiremer Fraditior surance able Git byee Sto	nt/pension/de nal or Roth) e, Annuity or ft Annuities ock Ownersh	ferred comper Endowment C p Plan. bayer	-
Misce Withh	Ilaneous Compensation	n fror	n Fo	orm 109	99MISC/1	099K/1	099NE	C.		
		Со	mpe	ensati	on from	Fede	al For	ms 1099R		
*	Payer's EIN Payer's Name	T S	Fed #	PA Type	Gro Distrib		E	Basis	PA Taxable	PA Tax Withheld
		<u> </u>								
		<u> </u>					-			
							_	_		
	Enter an 'X' if this incom						-			
N No I PA I Un Z Mil 3 U.S I An (ind I Ea 2 Ro	vania Distribution typ entry school, state, or munic ited Mine Workers pen itary pension S. Civil service retiremen nuity or Non-civil servic cluding Qual Joint Surv rly distribution from a re llover eligible; plan is eligible	cipal sion ent/di ce dis ivors etiren	sabil abili hip / nent	lity/anr ity Annuity plan	nuity	l M² M2	Tradi Tradi Non- Life i Distri ESO ESO KSO	itional or Roti itional or Roti qualified defensurance or bution from (P: Allocated P: Non-Alloca P: Taxable E	t; plan is eligib n IRA; I'm ove n IRA; I'm und erred compens endowment Charitable Gift ESOP Stock I ated ESOP Stock SOP within a e ESOP withir	r 59.5 er 59.5 sation plan Annuities Dividend ock Dividend 401(k)
		ance,	Ann	nuity, E			racts or	Тахр	ayer	Spouse
Distr Corr	ibution from Life Insura ineligible retirement pla ibution from Charitable pensation from Form 1 holding	Gift 099F	Ann R (eli	uities . igible r	etirement	 plans)	· · · · ·			
Distr Corr	ineligible retirement pla ibution from Charitable opensation from Form 1	Gift 099F	Ann R (eli	uities . igible r 	etirement	plans) 	· · · · · ·	· · ·		
Distr Corr With	ineligible retirement pla ibution from Charitable opensation from Form 1	Gift 099F	Ann R (eli	uities igible r • • • • • Tota	etirement	 plans) Comp	ensatio		bayer 0 , 409 .	Spouse

* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.